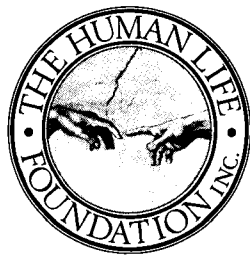


# the HUMAN LIFE REVIEW



SUMMER 1993

*Featured in this issue:*

William Murchison on .....The Straight '90s

Faith Abbott on .....One-Time-Only People

Mary Kenny on .....Once Upon a Time

Maria McFadden on .....Rapping Adoption

Micheal Flaherty on .....Norplant and

Margaret Sanger's Legacy

Elizabeth Kristol on .....The Politics of

Pre-Natal Testing

Henry J. Hyde on .....A *Cri de Coeur*

Franklin Delano Roosevelt.....A D-Day Prayer

**Also in this issue:**

• Ray Kerrison • Tom Dearmore • Richard Stith • Lori Roeleveld •

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. . . ABOUT THIS ISSUE

Our Summer issue brings you a particularly timely set of essays: the subjects discussed have been much in the public eye this spring and summer, from the controversial administration of President Bill Clinton to the much-debated topic of adoption in the U.S. On the other hand, the promotion of Norplant in inner-city areas has received too little attention. As usual, these issues are tackled by our authors with insights and arguments not found in "correct" press coverage.

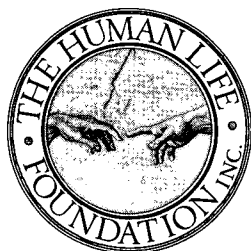
We would like to thank *First Things* and Elizabeth Kristol for allowing us to reprint "Picture Perfect: The Politics of Prenatal Testing," which we'd call must-reading for any of our readers who are expecting children. *First Things: A Monthly Journal of Religion and Public Life*, is available at \$24 per year from The Institute on Religion and Public Life, 156 Fifth Avenue, Suite 400, New York, NY 10010.

We would also like to thank *National Review* for the use of the article on the pro-adoption TV ads. *NR* ran a cover story on adoption in its May 21st issue, before the DeBoer case fury forced the national press to cover the issue. If you are interested in more facts and information about adoption, contact the National Council for Adoption, 1930 17th St., NW, Washington, DC 20009.

We also thank Mr. Tom Dearmore, who was most helpful in getting us permission to reprint his 1973 editorial on *Roe v. Wade* (*Appendix B*).

Finally, thanks to Wayne Stayskal of the *Tampa Tribune*, and the *London Spectator* for keeping us supplied with the good-and-funny cartoons you are sure to enjoy.

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## INTRODUCTION

**I**T IS A RARE MOMENT in history: we can label the final decade of this century with the same moniker by which we remember the previous *fin de siècle*—The Gay Nineties—and guffaw loudly at the *difference*. Who would have believed, even *one* decade ago, that “Gay Rights” would become a dominant national issue? In fact, of course, it is only a *symbolic* issue, representing the logical culmination of what Mr. William Murchison calls “the liberal social order.” And just as an “old order” was dissolving in the 1890s, Murchison says, so is that liberal order dissolving now. It has gone as far as it can go (meaning *too* far) in exalting elitist “rights” over necessary responsibilities, which has provoked widespread hankering among the Normal Majority to “start making distinctions again: one thing right, another thing wrong.”

No, Mr. Murchison doesn’t expect the counter-revolution to happen immediately—“Put me down as a pessimist for the short term” he says—but when even Ann Landers fears for the future of the moral chaos she and her ilk have promoted so well (and lucratively), optimism “for the long run” is justified? We think so and, in any case, Murchison makes his good case for it good reading, in very entertaining prose, which we trust you will enjoy as much as we did.

As Rush Limbaugh might have us put it, *ditto* for the following piece, in which our faithful Faith Abbott discovers a new perspective on what we all know: “no one looks like anyone else,” and when you consider how many billions of us there *are*—all with the same basic features—it’s an amazing reality. And it obviously applies to *pre*-born humans as well: each one is different. Yet some “very learned people”—Professor Ronald Dworkin, for instance—claim to see the unborn “not as individuals of unique design but as a class, a category, whose collective importance lies in being a controversial social issue.” True, the shortsighted Professor takes the abortion controversy seriously—he calls it “this century’s Civil War”—but he sees no reason for doing battle when “We almost all accept” that “human life in all its forms is *sacred*” [his emphasis].

Given that statement, you may well wonder how Dworkin can remain a prominent propagandist for the “choice” of abortion. The answer turns out to be long enough to fill the book Dworkin has written, but Faith manages to condense it into a good story, to which she adds several other good stories she’s read about recently, before ending up with some 35-year-old opinions from the late Pearl Buck, whom Faith just happened to know at the time, but she

*didn't* know that the then-famous Miss Buck had written so eloquently against abortion—she's only now stumbled upon the quotes, and thinks you ought to read them—it's a typical Abbott epic that picks you up quickly and sets you down off at the end knowing a lot of things you never knew before, because *she* didn't either.

Prof. Dworkin is probably better known in England (he has taught jurisprudence at Oxford for the past quarter century), where he also propagandizes for his "solution" to the abortion dilemma. For instance, last May he took part in a debate in London (sponsored by *The Times* and Dillons the Bookstore) on the question "What are the rights and wrongs of abortion and euthanasia?" As it happens, one of his opponents was our own Mary Kenny (the other was the Hon. David Alton, MP, Britain's Henry Hyde), who was kind enough to send us the text of her opening statement.

As you will see, Kenny makes some very sharp debater's points, including this one: "I think we fail to look closely enough at what is the effect on *society* if human life is just a matter of personal choice"—the law is above all a *teacher*, and the lesson of legalized abortion on demand is that life is *not* sacred—not even in the peculiar meaning that Prof. Dworkin gives that word. The point has, we'd say, a particular relevance for Americans, who are prone to act on the notion that what is legal is *moral* as well? In any case, we think you will find Kenny's arguments most persuasive, and her opening story both good and funny.

Without question, legalized abortion has had a major impact on the always-troubled "choice" of legal adoption. Paradoxically, the Sexual Revolution has provided a windfall dividend of children born "out of wedlock"—yet the waiting lists of couples wanting to adopt grow painfully longer. And "choice" really is involved: time was when un-wed "biological parents" saw adoption as an obvious solution; nowadays, with all moral stigma gone, they can indeed be *choosy* about what they do *and* who they do it for. Also gone is the general consensus that adoption was "for keeps"—what was done couldn't and shouldn't be *undone*. Perhaps worst of all conflicting state laws and other legal confusions are being exploited by self-interested parties (not least lawyers), creating a labyrinthine mess that is producing a growing number of "hard cases" of human misery.

How did once-noble adoption acquire such a bad name? For once, it is not a "liberal answer" to say that the situation is complex, but our Maria McFadden provides the kind of solid reporting that is notoriously *missing* in far too much media coverage. The fact is, adoption now suffers from *bad press*: what was once "a traditional answer to unwanted pregnancies" has become "the latest issue 'outed' by the media" *via* stories about birth mothers "forced" to give up their babies, adoptees both abused and longing to know who their "real" parents are—Maria gives you plenty of examples, although, as she admits "I have yet to read of an adoptee who would rather have been aborted."

One conclusion seems inescapable: the underlying reason that the "mainline"

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media—dominated, as everybody knows, by “Pro-choice” partisans—campaigns against adoption is that it *is* an alternative to abortion, and an obviously humane one. But “Every decision to bring an ‘unwanted’ baby to term is a political and ideological loss” not only to abortion advocates but also to the prosperous Abortion Industry. Add in psychological factors (“those who refuse to admit the life present in a fetus will naturally balk at that fetus being looked at as a potential adopted child”), and it’s not hard to understand why adoption is being rapped. But it is also gaining new advocates, and the public image may be shifting—the whole thing makes another good story, albeit not a pretty one. We’ll have more on adoption in future issues.

There is yet another vexed issue that has received too little public attention: Should taxpayer funds be used to in effect bribe “poor women” to use Norplant, the contraceptive implant that supposedly gives “protection” against pregnancy—but *not* sexual diseases? If that sounds like a kooky nostrum, be advised that 13 states already have legislation pending that would offer financial “incentives” to women on welfare who would agree to have the implant, the obvious point being that the states would then *save* money by not having to support more welfare babies, etc. Mr. Micheal Flaherty not only questions the purported financial “gain” but also the moral *loss* to women who deserve something better than “a license for sexual promiscuity.” And he’s amazed that promoters of such “save-money-quick” schemes are oblivious to the *certainty* that Norplant—implanted in a woman’s arm—will increase the already-disastrous incidence of sexually-transmitted diseases, including of course AIDS, when “a dramatic increase in such diseases among the urban poor” is a far greater and more costly threat than motherhood. It *does* make you wonder whether “safe sex” is only for the upper class! But then we shouldn’t be surprised: Planned Parenthood is pushing Norplant, which no doubt makes Foundress Margaret Sanger proud, as you will see.

Even Mrs. Sanger’s urge to purge superior stock of imperfect progeny might have cooled had she lived to see the wonders now being propagated by “Science” through the medium of “prenatal testing”—the choices already available are impressive, and the possibilities mind-boggling. As Elizabeth Kristol bluntly describes it, whereas contraceptives brought us only “quantity control,” prenatal testing “offers a system of quality control”—it’s already available to those Mrs. Sanger might have called “the better people” and—Who knows?—like Norplant, it may soon be subsidized for lesser breeds.

But the *immediate* point Kristol makes is alarming: it isn’t just that “most people” have no idea what’s going on, but that “Science” too remains ignorant about possible long-term consequences. Meanwhile, the serious risks of testing already in widespread use is being questioned. But there’s no doubt “progress” is being made: the number of Down syndrome babies is dwindling rapidly—their “defects” may soon be wiped out by abortions, the only available “treatment” for what the tests show. Miss Kristol calls it a revolution that has

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*already* taken place not only before its implication could be fully assessed, but also before “we” knew about it. We’d say she deserves some kind of medal for putting this in-depth study together; we’re certainly glad to make it available to our readers.

We can say the same for our next offering, which is the text of a speech given by the redoubtable Henry Hyde (he surely needs no introduction?) in the House of Representatives during the recent debate on the Hyde Amendment; the amendment carried that day and, after you read Mr. Hyde’s remarks, we think you’ll agree he made it very difficult indeed for any but the most hard-hearted to vote *Nay*. Needless to add, his words fit naturally into this journal.

You might say that our final offering does *not*: it has nothing to do with abortion or any of the other issues we regularly cover for you; it *is* a piece of American history which we thought you might be interested in reading right now. Why? Well, go back to Mr. Murchison’s lead article: his subject is really the “cultural war” long since declared by “liberals”—now personified by Mr. Bill Clinton—on what we call “traditional” American values. But few ever define what those values were, or *where* they remain in our society. Well, tradition *is* inarticulate: one *feels* it in events past, not present.

So imagine our surprise when we happened to hear (on one of those interminable TV replays of World War II documentaries) the voice of Franklin Delano Roosevelt reciting a prayer. As it happened, his voice interrupted our scanning of a New York *Times* editorial lauding Mr. Clinton’s efforts to force “Gay Rights” on the military. We stopped to listen and, next day, sought out the printed text. It is a fact that Bill Clinton is the first president since FDR who has not known war first-hand. What this has meant for his sense of history we cannot say, but we suspect that Mr. Roosevelt’s words might be worth his attention, if only to suggest that “change” has already happened in America—we’ve come a long way from the moral and *religious* traditions we once shared.

\* \* \* \* \*

Following our custom, we have added several appendices—a rather short list this time, but we think you will find some powerful stuff, beginning with our friend Mr. Ray Kerrison (*Appendix A*), who provides a sizzling description of the incredible state of “safe, legal abortion” in New York, the nation’s Abortion Capital. The local media run exposé after exposé of abortion horrors—there is always *another* one to make “news”—but *nothing* is ever done by state or city officials who, like Gov. Mario Cuomo, are “liberal” on abortion, evidently even to a woman’s “right” to get herself killed or maimed. By the way, Mr. Kerrison is the *only* columnist in New York who digs into the abortion reality—he too deserves a handsome medal for providing a public service to endangered fellow citizens.

Come to think of it, Mr. Tom Dearmore may be the only major editorial

## INTRODUCTION

writer to have publicly changed his position on *Roe v. Wade*: back in 1973, Dearmore began the lead editorial for the now-defunct (but then-important) Washington *Star* with “No victory for women’s rights since [the 19th Amendment] has been greater than the one achieved Monday in the Supreme Court.” Now, 20 years later, he still thinks it was “a nicely polished piece” of writing, “the only problem is that I was terribly wrong.” Dearmore wrote *that* last May in the Little Rock *Arkansas Democrat-Gazette*—Mr. Bill Clinton’s home-town paper—but we’re giving too much away: in *Appendix B* you get both editorial pieces, which make fascinating (and, we believe, historic) reading. A footnote: we couldn’t find a copy of the old *Star*, but Mr. Dearmore was kind enough to dig out his original copy from a stack of boxes in his cellar; he called to say it was on its way, adding that he had re-read it with dismay—but he’s *more* than made up for it now!

Something else happened last May to “celebrate” *Roe*’s 20th anniversary: Germany’s highest court re-affirmed that “from the beginning of pregnancy a right to life belongs to unborn human life, on the strength of its human dignity”—you’ll find the original German as well in *Appendix C*, thanks to Prof. Richard Stith, who provides a neat summary of the court’s action and his analysis of what it all means. The most salient point is, the German judges still view human dignity through the prism of Nazi atrocities; they cannot bring themselves to create a new generation of *Untermenschen*—they continue to say “Never again”—we salute them for that.

*Appendix D* is in fact an appendix to Maria McFadden’s article on adoption, being a description of the remarkable series of TV “commercials” currently being run by the Arthur S. DeMoss Foundation—remarkable not only because they are far and away the most professional “pro-life” ads yet seen, but also because their message (“Life. What a beautiful choice.”) has provoked bitter opposition from “Pro-choice” spokespeople and their media allies. If you have seen the ads yourself, you know why: they *are* effective, and wonderfully “politically-incorrect” as well—long may they run!

Our final piece (*Appendix E*) also bucks strongly against the politically-correct onslaught: Mrs. Lori Roeleveld took advantage of a newspaper opinion column to pour out her own very definite conclusions about the full meaning of being pregnant. For example: when women “choose to stand by our unborn children for nine months, we set an example for the men who helped create them. If we offer them up for adoption, we are helping other women who do not have the privilege of bearing life within their own bodies.”

It’s hard to imagine anything more anti-trendy than *that*—and the plug for adoption seems just the right note on which to end this issue, which we hope you will find stimulating, even if not soothing.

J.P. MCFADDEN  
EDITOR



# The Straight '90s

*William Murchison*

**T**ake note: This is the decade of the Nineties—the last wheezing, slobbery gasp of the 20th century. Over the last two centuries, these expiring gasps and gulps have made history, as could our own. Who can be sure, of course, given that trying to size up an era, while living in it, is like evaluating Texas Stadium from the concession stand?

Anyhow. Toward the close of a modern century something seems to happen: a surge of suppressed energy, the impulse to scratch ancient itches. A restlessness takes hold. Old orders dissolve; new ones emerge, slithery and open-lunged, from the womb. The 1790s delivered revolution in France—the rights of man, an atheist state, a continental war lasting for two decades. The 1890s was the Mauve Decade or the Gay '90s (to whose denizens “gay” meant something entirely different from what it now means to us). At all events, the 1890s, however tenderly remembered for bustles and bicycles built for two, was when the post-Napoleonic order started pulling apart. Automobiles came in, democracy and egalitarianism consolidated their hold on the popular mind. Just over the horizon: Stravinsky, women’s suffrage, the Western Front.

In the 1990s another kind of order dissolves before our eyes. It is not the one you might suppose—the dynamic yet somehow balanced order of the '50s; the one that, even at this great remove, inspires so many misty-eyed reminiscences. (Oh, Ozzie! Oh, Harriet!) That’s gone. Coming apart at the seams is the order that elbowed it aside—the liberal social order.

If you call it order. Most of the time it looks like anything but. Every conceivable interest group, from physically-challenged Hispanic lesbian dwarves to friends of the Southern California gnatcatcher, asserts a non-negotiable claim against society. Often it seems to be every person, as we nowadays say, for him/herself.

That’s why the new order doesn’t work. That’s why it is dissolving. Put me down as a pessimist for the short term, an optimist for the long run.

If it makes one feel less lonesome, even Ann Landers is pessimistic.

*William Murchison, a syndicated columnist based at the Dallas Morning News, is a frequent contributor to this and other journals of opinion.*

Not Ann, surely? The author of the country's most widely syndicated column (1,200 newspapers), unable to insulate herself from the social chaos on which she battens professionally? In fact, Ann recently confessed to the *New York Times* that "American society seems to be falling apart. One of every two marriages ends in divorce. The drug problem is horrendous and seems to be getting worse. Let's face it. America is sick."

Hillary Clinton herself has lately called for a new "politics of meaning," the meaning of which concept she's scarcely begun to unfold. Still, Mrs. Clinton laces her speeches with old-fashioned words like "responsibility." It is possible to be gratified by her acknowledgment of the concept, even if, as seems likely, she hasn't a clue to what it really means.

Odd corners, these, in which to hear alarm bells going off. Ann Landers supports abortion and sees the sin of cohabitation as reposing in the extra work it heaps on the female Significant Other. Mrs. Clinton is, well, the wife and *éminence grise* of Mr. Clinton, whose administration wants homosexuality legalized in the military and abortion made as widely available—at taxpayer expense—as is humanly possible. Her stake in the new social order is considerable. Yet she has spoken more recently not only of a politics of meaning but also a politics of virtue.

Virtue? Maybe that's the problem. The new order has undermined the basis for speaking of virtue. Yet the word itself remains in circulation—as if we *ought* to be in favor of so nice-sounding a notion.

**A**s the 20th century of the Christian era expires, the new order crumbles, having sapped the notion of virtue and, with that notion, the basis for drawing distinctions. Even the sappers, like Ann Landers, begin to feel uneasy. Imagine how the admirers of virtue feel—starting with indignant, dispossessed, even mutinous. (Does all this sound a bit like France, *circa* July 1789?)

The war against human distinctions is of ancient origin. Wasn't America's own story one of sustained struggle to break down artificial barriers between man and man? "All men are created equal," wrote Thomas Jefferson, in perhaps the best-known passage of American literature. (Today, of course, he'd say, "All men and women . . .") It took the late 20th century to put a wholly new spin on Mr. Jefferson's proposition: namely, that if all men were equal, so necessarily were their ideas.

This was a considerable heresy. The right of political and economic equality, in the early American republic, was not to be equated with the right of moral equality. In other words, a good man was better than a bad one. A virtuous life was better than a vice-filled one. True equality was rooted in character, not wealth. The toiling husbandman hymned by Jefferson might be, and sometimes was, a more admirable character than the opulent merchant on whom Hamiltonian hopes reposed.

This common-sense view remained generally in favor through the 1950s. The whirlwind of the '60s blew it away, or chased it to the root cellar. By the early 1970s it had become plain that we lived under a new dispensation. The idea of human life as good—indeed, good because of its divine origin—was no better than the idea of life as disposable on whim or personal preference. It all came down to individual perception. Non-marital sex rose in social esteem to a position of near equality with the conjugal ideal, blessed by the church and Ann Landers, preserved by the laws and customs of the larger society. Significantly, the good old word “virtue” formerly described a woman’s (less often a man’s) chastity: her innocence of premarital relations with a man. To part with that treasure, for so it was accounted by the larger society, was subtly to degrade herself.

At a minimum, the loss of virtue was not a thing to be advertised, if only because that could bring on invitations to relive the original experience, over and over and over, in the same bed, the same barn or backseat. That way lay the poorhouse, or much worse. Such was the old dispensation, when there existed a thing such as shame. The enlightened '70s, convinced that all ideas, all viewpoints, were pretty much the individual’s business, saw to it that shame went out the living room window.

As that fine old emotion landed amid the nasturtiums, another new perception began to grow in society’s consciousness: the heterosexual relationship was merely one possibility available to, as we nowadays say, the sexually active. Why not . . . homosexuality? Nothing whatever, according to the new sensibility, was wrong with the physical love of man for man. The gay rights movement is engaged presently in driving that conviction into our brains, as with a clawhammer. The military doesn’t *need* homosexual soldiers and sailors so as to keep the country safe for buggery. The gay rights movement needs the legitimization of homosexuality in that macho setting, the military,

as a signal to the “straight” culture that terms like “straight” have lost all meaning and accordingly should be dropped.

The idea of virtue, to get back to Mrs. Clinton’s word, has gone out of the culture, because virtue implies the superiority of one thing to another. No virtue, no vice, just an array of impulses on a great moral smorgasbord. Have a bite.

No one probably could have foreseen the rapid atrophy of the human faculty of distinction-making. Here, after all, was a moral gift, passed down and polished over centuries: the gift of gazing at two notions, two ideals—or more—and concluding that one of these better suited the dignity and nature of man. In the ’70s discernment became unfashionable, out-and-out discrimination vile and unthinkable: associated with white cops loosing dogs on black protestors. (The capacity of the cultural left to capture the potent images was among their most valuable weapons, but that’s another story for another time.)

This was true up to a point at least, because as it happens there are no vacuums in nature, moral or otherwise. New norms arise to take the place of the old ones. The new norms, however, speak to different situations and necessities than the old ones. The old ones—duty, responsibility, restraint, chastity—spoke to the moral well-being of the individual, as to the need for social peace and order. The old virtues, when practiced, were about the fulfillment of God’s purposes for this individual or that one. The new norms and virtues are political—that is to say, politically correct. Disdain of white European culture, loathing of “sexism,” support for a woman’s “right to choose,” amity towards new forms of sexual expression, reverence for the earth as against the works of man—such are the would-be guideposts. Would-be, I say, because no moral premise underlies them.

The criteria of good and bad having been abolished, at least partially, all that defenders of the new norms can do is engage in shouting matches with the unconvinced: Is *too*. Is *not*. Is *too* . . . sterile exchange after sterile exchange. If the old orthodoxy was moral—or had at least its moral side—the new is sociological and political. Everything is a matter of opinion, like preference in movies. How do you enforce mere preferences? You don’t; nor, if the social peace matters, are you well-advised to try.

Thus the house of the new order rests on the slightest slab foundation—no piers sunk deeply into the soil of experience and insight. Cracks multiply and spread. There is little point rehearsing for this readership

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the social stresses and concerns of the day—drugs, public schools turned into circuses, abortion for any reason or no reason, AIDS, political correctness, the concerted movement to legitimate sodomy. Ann Landers herself cited some of these symptoms.

How, nevertheless, is one to treat them? The new order fumbles awkwardly with its coat buttons. It hasn't the slightest notion. We can't draw distinctions anymore. We're equal—remember? There is no basis for what might be called argumentation, because there are no agreed-upon standards of morality. We are back: Is *too*; is *not*; is *too* . . .

Who, then—what group, what faction has within its hands the means of recovery? Shhh, don't tell: the new order would go ape. The Church has the means. And there is more: only the Church has the means, through its understanding—its peculiar understanding, one might say—of human destiny and purpose.

As the new order crumbles unexpectedly to dust, into the penitential silence glides the old order, made new all over again: eyes lifted expectantly, obediently, a psalm of thanksgiving on its lips. At least such is my *fin de siècle* scenario.

Ann Landers is right about one thing: America is sick. The crisis nears. Things can hardly get worse. They might—might, I say—get a great deal better.

Might for this if no other reason: that the Church—not meaning any one Christian body but THE Church, the Body of Christ—retains the faculty of judgment. This is a harder job, a higher vocation than it sounds. There is a feel to the judgment enterprise, a rhythm. One doesn't just step up to the plate and start swinging, as has been the case these past 25 years. One has to stand right up, grip the bat appropriately, follow the pitcher's windup and delivery.

This is why the new order's failure to maintain a moral order of any sort has been so spectacular. The new order—given over to the idea that one should do basically whatever one likes—doesn't know what to do when some of those likes result in chaos and physical or psychic harm. On what grounds do you warn off a man exercising his right to live however he chooses?

On the ground that no such "right" exists, the Christian Church would respond: a whole new-old way of looking at things; a right-wrong, good-evil, up-down way.

It is tricky, all right, saying "the Church." The Church, in modern

times, is a heterogeneous enterprise, full of apologists for modern ways and mores. Not all clergymen are “hung up,” in the jargon of the '60s, on chastity. They are themselves new order men—and women, given how many members of their sex have taken some form of “holy orders” since the early '70s. Many clamor for the ordination of practicing homosexuals (as opposed to homosexuals who successfully, and blessedly, fight down tendencies that could put them at odds with their church's moral teachings). These same liberals often profess doubts on cardinal doctrines of the Faith, though such a matter is beyond the scope of this inquiry. Yet plenty of faithful bishops, priests and ministers remain—and enjoy the decisive advantage of fearlessness in judging, weighing, sifting, calling a thing by its right name.

The rising clamor for somebody to Do Something about impending moral collapse certainly will not result in the further loosening of moral standards. These are as loose already as they can well be made. The indicated response is tightening, on the basis of well-understood standards.

There are no other standards than these; there is no basis other than a religious basis for applying them. This is the point the secular society must get through its head. Secular standards won't do. Only religious standards, as coming from above, command the kind of deference that can reunite a riven society. The Clintons prate about “virtue,” and their regard for it, but the President's fellow Southern Baptists see right through him. Resolutions enacted by the recent Southern Baptist Convention criticize Bill Clinton's stands on abortion and homosexuality.

The tension between morality and politics is built-in and well-nigh inescapable, as when a Louisiana sex-education curriculum is struck down by a state court. The curriculum recommends sexual abstinence as one means of preventing pregnancy and sexual disease. Ah, but the court reasons that the promotion of abstinence violates “the taboo on interjecting religious beliefs and moral judgments into teaching.”

Such a finding is as interesting as it is outrageous. What the court has done is concede to religion the high ground of common sense. In other words, it can't be argued that abstinence doesn't work. Of course it works. Avoid sex, and you avoid the consequences of sex. But abstinence is also a moral proposition; in other words, morality equates with common sense. To do the right thing is to do

the sensible thing, the thing that works. The court's problem is that moral connection. The Constitution (on the court's showing) rules out the interjection of moral and religious beliefs into public discourse.

This means, under the new order, we can't teach what works best. All we can teach is what works second or third best, such as condoms, which are notoriously ineffective in preventing pregnancy, much less AIDS.

Now I ask: How long is a society grievously sick—according to its most widely-syndicated diagnostician—going to buy this kind of rubbish? We rule out the best remedy as unconstitutional. We settle for runner-up remedies, not on account of their effectiveness but rather to facilitate the worship of ideological propriety. What is this (omitting eschatological questions) but moral Lysenkoism? The late Soviet biologist, Trofim Lysenko, concocted theories that in his heyday, the 1930s, were politically correct but scientifically disreputable. The regime wouldn't listen to reputable biologists who contradicted him. Science didn't count, politics counted. In order that this comfortable fantasy might be perpetuated, the regime presided over the near-destruction of Soviet biology, with all the practical consequences brought on by that needless disaster.

So with moral questions such as the value of sexual abstinence. Common sense and empirical evidence don't count; political theories count. That a theory—a mental fabrication—might endure without challenge, young girls cope with altogether preventable pregnancies and diseases. On what showing does this make sense? Where is—to invoke an exquisitely late-20th-century phrase—one's human compassion?

Maybe the significant point is that this sort of thing reflects the conventional wisdom—so ripe for replacement in these expiring years of a badly-run-down century. We start, if we look hard, to see the direction events are proceeding as the 1990s wear out. The reassertion of common sense—hand in hand with the repudiation of nonsense—is the event that can be looked for soonest. This age will not welcome with open arms the return of religious certainties; that will have to come later, when the connection between religious-based morality and common sense is reaffirmed. We will begin to hear what is true—that morality is less a code of rules and regulations than a set of propositions about human nature; that conformity with these propositions enhances human well being. The way is prepared for this recognition. The new order's failure to enhance, or even protect, our well being is evident at every turn.

Progress on this front will be uneven. It isn't necessarily gratifying to renounce self-gratification. (Undermining other people's gratification is easier!) The doctrine, for instance, of abortion as the mother's sovereign privilege has deeply embedded itself in modern consciousness. The mental and emotional scars that abortion leaves are well attested to, and the human properties of the unborn baby widely advertised, yet still the language of "choice" is a wheedling, whispering tongue, full of fine words about autonomy. By the what's-in-it-for-me test, abortion is more easily justified than homosexuality, premarital sex, adultery, illegitimacy, and those other formerly famous "sins of the flesh."

But once the slumbering moral impulse is reawakened—even on practical grounds—there may be no putting it back to sleep. The claims of religion are comprehensive; no department of life is too small, or for that matter too large, to escape religion's scrutiny. Religious recovery is what the world of the 21st century likely is in for, on the existing evidence. Here would be a pivotal event indeed, grander by far than the French Revolution, and just the medicine for national sickness.

**T**he spiraling decline of religious belief and practice is the proximate cause of the era's moral perplexities. Once that is reversed—by Grace, what else?—we can start making distinctions again: one thing right, another thing wrong. Renewing acquaintance with these categories will not be easy; it is alarmingly easy, however, to foretell the consequences of non-renewal. If there are no distinctions among choices, every choice is fair game. Homosexual rights are all the rage today. Where, on these amoral grounds, lie the sanctions against pedophiliac rights? Do not old pedophiles, to paraphrase the bumper sticker, need love, too? If so, why hamper their search for it?

Ann Landers fails to extend these doubtless-misunderstood citizens the same courtesy she extends homosexuals, that of encouraging the taking of pleasure wherever pleasure is to be found. In a recent column she writes to a self-confessed pedophile, "Please get counseling at once." What are her grounds, nonetheless, for such a directive? That children are not informed, willing participants in the sex act? What, in the context of a do-your-own-thing culture, has willingness got to do with it? Willing, unwilling—maybe these are outdated categories, relics of a barbarous era lacking relevance to modern concerns.

As it happens, they're not that at all. But how make such a case outside the context of a moral code that shows us the awful vulnerability



of human beings—a code that is in fact a guide to the nature of created humanity? The decline of religious conviction has more than depopulated the churches (which, at that, are better populated than Europe's nearly empty citadels of religion). It has put mostly out of mind the nature of man; not excluding, if you please, woman.

**R**eligion sees man as divinely created and shaped. How unlike the man of the 1990s, a carnal creature whose soul, if he acknowledges one, is situated somewhere below the belt buckle. Appetite is a thing the man of the '90s satisfies at all costs, irrespective of obligations to others. His own concerns are his primary concern. A free agent, he seeks fulfillment here, seeks it there, rarely finds it (one gathers from hearing him complain), but forever moves on anyhow. The shedding of wives, or husbands, all along the way is a cardinal feature of our restless, perpetually forward moving culture. If one doesn't work, try another.

But the '90s themselves move along toward the end, amid signs of proliferating discontent. A situation, in human affairs, will get just so bad before those with the power to do so intervene to make it better. We may be approaching that point.

As things worsen, paradoxically, prospects for their improvement brighten. A public debate over culture has been joined in the world of national journalism. Hard questions are being asked at last, starting with "What has happened to us?" and ending up somewhere in the neighborhood of "How do we fix it?" Proposals that impinge on choice—just imagine!—are floated freely, such as the abolition of no-fault divorce and the withholding of welfare benefits from unwed mothers.

William J. Bennett, the former education secretary and "Drug Czar," has lately made a splash with his Index of Leading Cultural Indicators, which compares unfavorably the culture of 1960 with that of today. We learn that America has experienced in just 30 years "a 560 percent increase in violent crime; more than a 400-percent increase in illegitimate births; a quadrupling in divorce rates; a tripling of the percentage of children living in single-parent homes; more than a 200-percent increase in the teenage suicide rate; and a drop of almost 80 points in the S.A.T. scores." To which only one reaction is appropriate: Horrors!

For "fundamentalist" free choicers, the going is harder than before. Bill Clinton stirred up the proverbial hornets' nest when he announced that open homosexuals henceforth would be welcomed into the U.S.

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military. A very public, very painful—to the President—controversy ensued. It appeared that comparatively few of his fellow Americans were as ready as their President to rip a few more pages out of the moral law. More than 80 per cent of soldiers, we learned, were opposed to the Commander-in-Chief's announced strategy. Opposed to choice? Favorable to drawing distinctions between sexual pursuits? Just so.

Where does it all end? God knows—an intensely consoling thought, if we get down to it. Anyway, we'll soon enough see.



*'I can't help wondering what all the worldly goods I renounced would be worth now.'*

THE SPECTATOR 20 April 1991

## One-Time-Only People

Faith Abbott

**M**Y SON! blared the front page of the New York *Daily News* on June 14th. There was a large photo showing a group of frightened-looking young Chinese men huddled in blankets on a Long Island beach. The caption was: "The Chinese alien (circled) was recognized by his father in Fujian Province when villagers passed around a *Daily News* photo of last week's beaching of the Golden Venture." You'll remember that was the sneaky slow-boat-from-China, filled with 300 Chinese "immigrants," that went aground on New York's Rockaway peninsula on June 6th. "This is my son, this is my son," screamed the father; above the circled picture we read "Father's joy at seeing son alive." So even a grainy newspaper photo of a son is recognized by a father halfway around the world.

*Isn't* it amazing that no one looks like anyone else? When you think of how many of us there *are*, and that each of our faces has the same basics—eyes, ears, nose, mouth?

As any artist—or even doodler—knows, a tiny slant here, a bit more space there, make one sketch quite unlike the next. And that a few strokes can make millions of sketches all different makes one think of a supernatural artist who had each individual in mind when he or she was first created. This is a thought I find comforting when I wonder (though of course I *know* better) if God is really "personal" after all. When a "personal God" seems remote, just look in the mirror, I tell myself.

Newborn babies don't look alike, either, nor do babies born early (ask any parent of a preemie), so obviously babies in the womb look different too. Yet there are some very learned people in whose minds (or so it would seem) the unborn exist not as individuals of unique design but as a class, a category, whose collective importance lies in being a controversial social issue. One such learned person is Professor Ronald Dworkin. He calls the raging argument in America about abortion and euthanasia "this century's Civil War." But he doesn't believe there *has* to be this war, once we examine the *reason* for it, which he has discovered to be this: we don't understand what our disagreements are really all about. And so, to enlighten us, he

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Faith Abbott, our faithful contributing editor, can't resist New York's *tabloid* papers.

has written a book: *Life's Dominion*, subtitled "An Argument about Abortion, Euthanasia, and Individual Freedom." The book was the lead review of the New York *Times Book Review* on May 16 and it was reviewed by Laurence H. Tribe, author of *Abortion: the Clash of Absolutes*.

Mr. Dworkin is professor of law at New York University and professor of jurisprudence at Oxford University; Mr. Tribe is professor of constitutional law at Harvard Law School. So I guess you could call them colleagues. On the whole, Professor Tribe likes Professor Dworkin's book: one gathers the *Times* does, too, since on that same Sunday the *Times Magazine* ran an article by Dworkin himself, entitled "Life is Sacred. That's the Easy Part."

In this article, Dworkin says that "There is nothing odd or unusual about the idea that it is wrong to destroy some creatures or things, not because they themselves have interests that would be violated but because of the intrinsic value they embody." He goes on: "We take that view, for example, of great paintings and also of distinct animal species, like the Siberian tiger, that we work to save from extinction." The whole controversy, it seems, has to do with *rights* and *interests*. "Paintings and species do not have interests: if it nevertheless seems terrible to destroy them, because of their intrinsic value, it can also seem terrible to destroy a human life, *which most people think even more precious*, even though that human life has not yet developed into a creature with interests either" [*emphasis mine*]. "So," he goes on, "people can passionately oppose abortion for that reason even though they do not believe that a collection of growing cells just implanted in a womb already has interests of its own."

Now I don't know how "we" are working to save the Siberian tiger, but I can tell you something about the Canadian Goose, because I read about this species in our archdiocesan paper, *Catholic New York*. It seems the citizens of Mamaroneck, in New York's Westchester County, have a problem. They have done such a good job of preserving the species that now their *lawns* are endangered, because the Canadian geese are having a population explosion, and they eat grass. At first the Mamaroneck citizens thought they could solve the problem simply by killing the geese and/or destroying their eggs. But hunting geese is banned by the town, destroying eggs requires a federal permit, and along with the permit comes the requirement to test *each egg*. You drop it into a bucket of water: if the egg floats, it must be

spared; if it sinks within a certain number of seconds, it's OK to destroy it. An egg must be less than two weeks old in order to be "legally killed"; the speed at which it sinks determines its age. (You can forget trimesters and viability.) Furthermore, the permit requires that an "egg-testing supervisor" must make sure that everything is done according to law.

The title of this column was "Some Life Is Protected."

Professor Dworkin has determined that what the acrimony is *not* about is whether or not an unborn baby (an "immature fetus") is already a person with interests and rights. No, he says, the disagreement comes because of an *ideal we share*: "We almost all accept, as the inarticulate assumption behind much of our experience and conviction, that human life in all its forms is *sacred*—that it has intrinsic and objective value quite apart from any value it might have to the person whose life it is." The abortion debate, he asserts, stems from a failure to recognize "an absolutely crucial distinction" between the idea that abortion is wrong because "it violates someone's right not to be killed" (which he calls the "derivative objection" because it is derived from the rights and interests of individuals) and the idea that abortion is wrong "in principle" because "it disregards and insults the intrinsic value, the sacred character, of any state or form of human life" (which he calls the "detached objection" because it is detached from questions of anyone's rights or interests).

I'm not sure I understand this, but it must be important because Jeffrey Rosen, *The New Republic's* reviewer, mentioned it too. He also said that Dworkin's new book is his first sustained attempt to make his thinking accessible to a general audience. "He wants to project his ideas beyond his cult of academic disciples, 'to succeed,' as he says, 'in the political forum.'"

In the *Times* review, Laurence Tribe calls Dworkin's book "a philosophical inquiry that centers on a specific set of moral and political puzzles." Among the "vexing questions" the author explores ("with enormous ingenuity and insight") are "Does it make sense to say that the unborn or the permanently comatose have interests or rights? And if they do not, might it nonetheless be wrong to terminate a healthy pregnancy or to end the life of a comatose patient who had once struggled to stay alive?" And "When does the decision to continue a pregnancy, to keep someone on a life support system or to refuse assisting in a suicide conflict with respect for the intrinsic

value of each human life rather than express it?" In other words, "the crucial question is not whether to respect the sanctity of life, but which decision best respects it." Professor Dworkin says, in his magazine piece, that "Americans disagree about when abortion is morally permissible, not because many of them reject the idea that human life is sacred but because they disagree about how best to respect that value when continuing a pregnancy would itself frustrate or damage human life in some other grave way." When—for example—a child would be born badly deformed, when childbirth would "frustrate a teen-ager's chances to make something of her own life"—when the economic burden of another child would mean more "privation" for siblings "already living in poverty." Back in the year 1770 there lived a certain mother who, by these guidelines, might have felt justified in ending her fifth pregnancy. Another child would surely be an economic burden, would mean more "privation" for siblings, and would quite possibly be sickly or disabled, what with a mother who had tuberculosis and a father with syphilis. One child *also* had tuberculosis; one had died, one was blind and one was deaf-and-dumb. So far as "quality of life" was concerned, things looked bleak: a rosy future could hardly be predicted for the child in the womb. He turned out to be Beethoven.

Professor Dworkin doesn't say *how* we can know when "continuing a pregnancy" will have "damaging effects." What we can know *for certain* is that "ending a pregnancy" ends a life.

"An unsettling vanity," writes Mr. Rosen in *The New Republic*, "runs throughout Dworkin's work. He seems to believe that if people thought hard about an issue they would realize that their intuitions are less coherent than his own." And, supposedly, once we understand Dworkin's analysis of how and why Americans disagree about abortion, we will understand "why so many people think that even when early abortion is morally wrong, government has no business forbidding it." In his view, there is no contradiction in insisting that abortion sometimes dishonors a sacred value and that government must nevertheless allow women to decide for themselves when it does. "On the contrary," he writes, "that very distinction is at the heart of one of the most important liberties modern democracies have established, a liberty America leads the world in protecting—freedom of conscience and religion." Once the abortion argument is seen in this light, it is "obvious" that "it is an essentially *religious* argument—not about who has rights and how government should protect these,

but a very different, more abstract and spiritual argument about the meaning and character and value of human life itself.”

About euthanasia (“the far edge of death”) Dworkin contends that keeping people clinically alive (“unconscious, sedated, intubated and groomed and tended as vegetables”) does not respect but rather degrades what has been intrinsically valuable in their lives. Others believe—about euthanasia as about abortion—that “mere biological life” is so inherently precious that nothing can justify deliberately ending it. The disagreement is, he says again, “an essentially religious or spiritual one, and a decent government, committed to personal integrity and freedom, has no business imposing a decision. Dictating how people should see the meaning of their own lives and deaths is a crippling, humiliating form of tyranny.”

So I guess it's like this: if we change our collective view of these two controversies—if we realize that we are arguing not about whether abortion and euthanasia are murder but about “how best to honor a humane ideal we all share,” then “we can cure the bitterness in our national soul.” There is even hope for something more: “a healing sense, after all the decades of hate, that what unites us is more important than our differences.”

Reviewer Tribe writes that he is especially perplexed by Dworkin's claim—“the recurring theme in his book”—that our society's battles over questions of life and death have been so violent simply because we have been tricked, or we have tricked ourselves, into misunderstanding the true nature of our disagreements. And as for the *effectiveness* of Dworkin's message, Mr. Tribe ends his review with this: “He may not convince you of his claims about abortion or euthanasia . . . but it is actually in the details and the detours of this book's long intellectual journey, rather than in its ultimate destinations, that the reader encounters lasting wisdom.”

I suspect that one person definitely *not* eager to take a long intellectual journey with this book, nor to encounter lasting wisdom, is Washington *Post* copy editor Carolyn Hax: on March 21st the paper ran an essay by Ms. Hax on the *Commentary and Opinion* page, titled “No Birth, No Pangs: For Many Young Women, Abortion Is a Given.” Ms. Hax doesn't care about “the intrinsic value of human life” nor does she seek “common ground”—on the contrary, she argues vehemently that pro-choicers are compromising their position because they're unwilling to tell it like it is: the “abortion right is being left undefended

by its true champions—the women who owe not their lives, but their *lifestyles*, to the convenience of legal abortion.” “Yes,” she repeats for shock value, “convenience.”

In the London *Economist* of June 12, the reviewer of Dworkin’s book writes that “Some of his assumptions . . . seem over-cheerful. People left to their own decisions will not always act for the good, for the principle that seems highest to them; many decisions, especially about abortion, are made for no higher reason than convenience.”

The reason you don’t hear abortion-rights leaders talking about “convenience” is obvious, says Ms. Hax: “It’s as politically effective as letting Operation Rescue write your direct mail.” Furthermore, “Admitting that convenience is a common justification for abortion makes some people squeamish.” One of her friends balked at the thought of defending “abortion of convenience” but she admitted to having had unprotected sex, with no concern: “Spontaneous sex,” writes Hax, “brought to you by the safety net of abortion—shall I upgrade convenience to luxury?”

She explains that she is of the generation which came of age as women in the eye of the abortion storm, “a relative calm of acceptance during which millions of women learned to take abortion for granted, as a means to a lifestyle that would allow them to view sex as a pleasure and being single as a way of life—a lifestyle that allowed room for irresponsibility.” Here are some of the “perks” of this liberated lifestyle: extended travel, higher education, unbroken career paths, choosing a different father, limiting family size, and the luxury of “going out and getting drunk after work.”

Although there are dozens of reasons for women to be pro-abortion, Ms. Hax writes, “not since the early heady days of the abortion rights movement of the late 1960s have we heard its leadership bandy around the phrase that summarizes the right we want and have come to expect: ‘abortion on demand.’” But of course this is hardly politic. Patricia Ireland, president of the National Organization for Women, concedes that the terms “abortion on demand” and “pro-abortion” are victims of the 20-second sound bite, and are targeted by “the opposition”—the natural strategy is “to implore women to exercise their right to abortion with the utmost of caution, to scramble to higher moral ground, to assume the stance ‘Nobody *likes* abortion, but it’s necessary under extreme circumstances.’” Carolyn Hax calls this sort of thing “a reality dodge” and says that in most cities it’s



easier to find a non-traumatic abortion of convenience than it is to find an abortion-rights advocate willing to validate that choice.

Perhaps we should applaud Ms. Hax's blunt rejection of abortion euphemisms. As long as "pro-abortion" and "abortion on demand" are considered dirty words by abortion-rights proponents, she says, they will continue to be used against advocates of legal abortion: "As long as abortion is deemed something other than abortion on demand, increasingly restrictive laws will worm their way in at the state level." (Look, she says, at what's happened in Pennsylvania, Utah, Mississippi and the Dakotas.) "And if you start restricting abortion on demand, you're going to cut into one well-exercised option. Are the women who have done so ready to defend it for what it is?"

Having said all this (and much, much more) Ms. Hax says we shouldn't get the impression that her generation is devoid of conscience on the subject.

Oh?

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Just over a year ago, Roger Rosenblatt, a rather well-known essayist and television commentator, wrote *Life Itself: Abortion In The American Mind*, which purports to redefine the debate on abortion and offer a solution: odd, then, that Professor Dworkin doesn't mention that book in *his*. But whereas Mr. Dworkin believes that if Americans on both sides will only understand that what divides them can actually forge a *unity*, Mr. Rosenblatt contends that "the most bitterly divisive social question of our time" can and should be a "manageable conflict." He presents a formula (the book jacket informs us) "by which we may begin to recognize and live with one another on this matter in spite of, and within, our divided views. . . . To create a society in which abortion is permitted and its gravity appreciated is to create but another of the many useful frictions of a democracy." So it is healthy, and a Social Good, to live with "conflicted feelings" on abortion "as well as on a number of other important national issues"? Which "other important national issues" involve the wholesale slaughter of would-be citizens—over 30 million since *Roe v. Wade*, some five times the number of Hitler's Holocaust victims?

Like Professor Dworkin, Rosenblatt also had a book-related article in the New York *Times Magazine*: "How to End the Abortion War"

(January 19, 1992). It brought many Letters to the Editor and I saved some from the February 9th issue. To re-read them now is interesting, in the aftermath of President Clinton's expressed desire to make abortions "safe, legal, and rare," since Mr. Rosenblatt's theme has been perceived as a "permit but discourage" formula. One person writes: "Rosenblatt and others should not tire in their efforts to find middle ground, but it would be unrealistic to think that we will be able to occupy it together anytime soon." Another writes: "Even if our society should choose to 'permit but discourage' abortion, as Rosenblatt suggests, we will never be able to live with it until we admit that it is a form of killing and that it is also often a matter of personal survival. Then perhaps we can begin to address the morality of abortion in a more realistic fashion, *much as we have come to accept slaughtering animals for food and sending soldiers off to war*" (*my emphasis*). From yet another letter: "He points out that Government funding and lawmaking would be required to make abortion readily available to all. How could the Government do that on the one hand, while also implementing tangible, effective discouragements on the other?" How indeed. The same writer began his letter with: "What Rosenblatt proposes is that abortion be permitted but discouraged—except that he stops short of telling us *how*."

Likewise, Ronald Dworkin postulates that if only both sides would recognize that they actually *agree* on the essential sanctity of life, and differ only on how best to *respect* it, they would "put down their arms." As Laurence Tribe says: "It's a charming thought and a lovely hope, but Mr. Dworkin says little to make it plausible."

It is interesting to note how often reviewers of Dworkin's book use forms of the word "abstract." Certain distinctions "are lost in the sweep of Dworkin's abstractions." Dworkin has "an appetite for abstraction." "The abstract expressionism of his constitutional vision" is mentioned, and "It is as legal argument that his very abstract book fails to persuade." Also: "The most exciting liberal constitutional theorists today have weaned themselves of Dworkian abstraction . . ." *The New Republic's* scholarly and very long (it's in four sections) review mentions that Dworkin "interprets the Bill of Rights so abstractly, in fact, that the various clauses lose their distinctiveness altogether, and merge into a general mandate for judges to engage in what he calls 'substantive moral theory.' Despite his rhetoric about beginning with the principles that the Framers identified, then, he is not really interested in the Framers' understanding of the words that they chose.

*Life's Dominion*, like Dworkin's previous work, is all but bereft of references to constitutional history and structure. . . . Dworkin has altogether abstracted away the need to consult a written, historically rooted document."

And so on.

Professor Dworkin is rather abstract about life being "sacred" too. That *Times Magazine* article, you'll remember, was titled "Life Is Sacred. That's the Easy Part." In a box on the first page there are these words: "In truth, both sides approach the incendiary issue of abortion and euthanasia from their own spiritual values." What does *that* mean? Well, says Dworkin, it means that the value of human life is for some a matter of religious faith; for others, of secular but deep philosophical belief.

*The Economist's* reviewer said that Dworkin's purpose is "to take the arguments of both sides apart, and to find common principles that bind them together." But in fact the professor only wants to end the acrimonious debate, while abortions go on. Phrases such as "moral reasoning is a form of constitutional reasoning" sound impressive but don't help save a single life. It would be interesting to know if Dworkin—for all his erudition—is knowledgeable about the *specifics* of the abortion process. Maybe yes, but in an *abstract* way? Here's something that is *not* abstract, from the *New York Post*, July 17th: "Fetus Found In Trash At Abortion Clinic On East Side." The *Daily News* also featured the story: the two reports differed slightly about how the fetus happened to be discovered and what remains were found in the bag, but the *fact* is that the awful discovery was made in the early hours of July 16th, and police were called. Another fact is that this fetus was one of *seventy-three* killed on Thursday, July 15th. As I read the stories, I wondered about the women who had aborted in that clinic on that day: Would *they* read the stories? And if so, would "the product of conception" suddenly seem less abstract and more *personal*? Would they suddenly ask themselves "Could that have been *my* baby?" (It's unlikely that they would say "fetus.")

The grisly garbage bag was in a pile of trash outside the Eastern Women's Clinic, on East 30th Street in Manhattan: Eastern is one of only eleven *licensed* abortion clinics in the whole city; it has fatally botched at least two abortions in recent years. "We're a private clinic, so we will not release any information," said a woman who works there—who refused to identify herself.

The *Daily News* reported that private carters picking up garbage at 3:30 a.m. found the fetus when they tossed a black plastic trash bag into the truck. It tore open when it struck a metal bar . . . the carters saw a leg and called police. The bag was bloody inside and contained a torso with arms attached, severed legs, and a partial head. In the *Post*'s version, the fetus was found when one of the sanitation men smelled a foul odor and opened the bag. A spokeswoman for the Medical Examiner's Office stated that the fetus was in the 18th or 19th week of gestation and had recently been aborted. And "The Department of Environmental Protection is conducting an investigation into the way the fetus was disposed of."

Since both the *Post* and *News* ran the story up front on Saturday, the New York *Times* apparently decided it had to say *something* about it too, so on Sunday it ran a very small story at the bottom of page 30; it had few details, but did—as had the other papers—mention something very specific I'd not been aware of: "According to state law, fetuses up to 20 weeks are considered infectious medical waste and must be disposed of properly, usually in red plastic bags." The *Post* said that *after* 20 weeks, fetuses "are viewed as bodies and are cremated or buried."

You wonder how the Medical Examiner's Office determines the age of a "fetus"—unlike the Canadian goose egg, it can't be dropped into a bucket of water to see if it sinks or floats. You also might wonder why "20 weeks" is a line of demarcation between "infectious medical waste" and "a body" which by law must be buried or turned to ashes. (You might also wonder how many hundreds of gruesome "body bags" outside abortion clinics go undetected, day after day.)

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Just recently I have discovered that there was an International Conference on Abortion back in 1967—six years before *Roe v. Wade*. (Do we sometimes forget that the abortion debate began well before that Supreme Court decision? But of course it wasn't so "acrimonious" then.) The conference was sponsored by the Harvard Divinity School and the Joseph P. Kennedy Jr. Foundation: the two institutions pooled resources to assemble scholars from all fields and from all parts of the world, to define and study the issues, and in 1968 a book was based on the proceedings, titled *The Terrible Choice: The Abortion Dilemma*.

This is what Arthur Schlesinger Jr. said about the book: "Few problems raise more racking questions—medical, social, religious, moral—than abortion. *The Terrible Choice* offers a lucid, fair-minded and objective introduction to this complex and anguished subject. It will help our society understand and meet its responsibilities." Frank McGee of NBC News wrote (and I wonder what Professor Dworkin would think of this): "Wise men humbly recoil from their own audacity in presuming to answer the life and death question of abortion. . . . All of us need sober and sensitive studies like the one made by the International Conference on Abortion."

What first caught my attention, when I came across this book, was: "Foreword by Pearl S. Buck." I had known Pearl Buck in the late '50s, when I was working as secretary to her stepson, the editor of the John Day publishing company. John Day had, in fact, published *The Good Earth*: the manuscript had been "on option" for over a year; no other publishing company wanted it—much, no doubt, to their later regret. Miss Buck was undoubtedly our most famous author, and much of our mail was addressed to her; there were fan letters and requests for biographical material and photos from all over the world. (I can still see, in my mind's eye, one envelope that reached us from somewhere in Europe with no Post Office problems: it was addressed to "Pearl Buck, USA.")

Of her many books, the one that sold the most steadily was *The Child That Never Grew*. It was about her only child, who was born severely retarded. "PSB" (as our small editorial staff privately referred to her) was, I knew, a supporter of numerous liberal causes, a Nobel Prize winner, an outspoken (but very gracious) lady with strong opinions about "social issues." The subject of abortion was far from my mind in those days, and more so in the '60s when I was busy with a family that—unlike her daughter—kept growing. So when I found this book I was eager to read her Foreword: What had she felt about abortion back then?

She begins by saying that it's an encouraging sign of our times that various important hitherto taboo subjects can now be discussed and written about frankly, and among these none is more important than abortion. For this book she foresees "a very solid success because of the need for the varied information it contains," and "With all this varied information, the choice for life—or against life—still remains with the woman, if laws permit. . . . Public opinion may

very likely, in these permissive days, allow the final decision to rest with the individual woman. . . . If enough women believe that abortion is a private matter, then laws will take that shape, finally. It is pertinent, therefore, as early as now, for women to face their own minds and hearts, and decide what they believe is right." (So far, pretty much what I expected.) She goes on: "Far be it from me to weight the decision for or against abortion. I am only a woman among others. And yet as the mother of a child retarded from phenylketonuria, I can ask myself, at this reflective moment, if I had rather she had never been born. . . . Could it have been possible for me to have had foreknowledge of her thwarted life, would I have wanted abortion? Now, with full knowledge of anguish and despair, the answer is no, I would not." She would have chosen life, for two reasons:

First, I fear the power of choice over life or death at human hands. I see no human being whom I could ever trust with such power—not myself, not any other. Human wisdom, human integrity are not great enough. Since the fetus is a creature already alive and in the process of development, to kill it is to choose death over life. At what point shall we allow this choice? For me the answer is—at no point, once life has begun. At no point, I repeat, either as life begins or as life ends, for we who are human beings cannot, for our own safety, be allowed to choose death, life being all we know. Beyond life lie only faith and surmise, but not knowledge. Where there is no knowledge except for life, *decision for death is not safe for the human race.* [My emphasis.]

Having established the principle, she goes on to her second reason for rejecting abortion in her own case:

My child's life has not been meaningless. She has indeed brought comfort and practical help to many people who are parents of retarded children or are themselves handicapped. True, she has done it through me, yet without her I would not have had the means of learning how to accept the inevitable sorrow, and how to make that acceptance useful to others. Would I be so heartless as to say that it has been worthwhile for my child to be born retarded? Certainly not, but I am saying that even though gravely retarded it has been worthwhile for her to have lived.

It can be summed up, perhaps, by saying that in this world, where cruelty prevails in so many aspects of our life, I would not add the weight of choice to kill rather than to let live. A retarded child, a

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handicapped person, brings its own gift to life, even to the life of normal human beings . . .

For this gift bestowed upon me by a helpless child, I give my thanks.

As I have said, Pearl Buck was considered very liberal in her day; perhaps, were she here now, she would support "liberalized" abortion laws. Perhaps not. In any case, she cannot un-say what she said then. As I also said, she was a very gracious lady; I can't imagine her taking those words back.



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Editorial cartoon by Wayne Stayskal (Tampa Tribune, 1993, reprinted with permission).



# Once Upon a Time

*Mary Kenny*

I would like to begin with a true story.

Once upon a time there was a mother with three children who believed her family was complete. She was in her mid-forties and she had not been pregnant for ten years, so when she missed a menstrual period, she believed it was the onset of the menopause, and thought no more about it. But then she began to notice other symptoms associated with pregnancy—a sudden repugnance for the smell of coffee, morning sickness. She then knew she was pregnant and she was absolutely appalled. She told me that the only thing she knew for certain in her life was that she did not want this child. Her husband was in his mid-sixties, her elderly mother was living with them, there wasn't much money, and there was a war on.

Abortion was not available but, helped by a woman friend, the lady in question did everything within reason to bring on a miscarriage. She went horse riding, had gin baths, took endless laxatives. But nothing would remove the pregnancy, short of the unavailable surgical intervention. She cried buckets, tears of rage, frustration and misery. But in the end, nature had its way and the pregnancy progressed healthily.

Before she gave birth to the child, the woman went to Confession and told the priest that she had done everything she could to get rid of it, and that she couldn't repent of this, because she didn't welcome it. The priest said to her: "Don't trouble yourself about this, my dear. It'll all work out. And when you are old, you will be glad you had this child."

And when my mother told me this story, she was old, and she added: "And I am."

That woman was my mother and that child was me. And of course once I actually appeared, I was so welcomed that I was utterly spoiled. I had a very good relationship with my mother, and indeed in later life, the pride that she took in me was quite embarrassing. She would tap people on the shoulder in aeroplanes and draw attention to her

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Mary Kenny, our contributing editor (Europe), is a well-known journalist and broadcaster in London, where she took part in the *Times*/Dillons debate on May 18 with, among others, Prof. Ronald Dworkin of New York University and Oxford. The question was: What are the rights and wrongs of abortion? We reprint here Mrs. Kenny's opening statement.

wonderful daughter; she would scold newspaper editors for using pictures of me she considered not sufficiently reflecting my good looks, which were largely in the eyes of Mama the beholder . . .

I tell this story because I think it does say something important about human behaviour, which is much more elastic, flexible and indeed imaginative than this debate generally gives it credit for; *La donna é mobile*. People change their minds, life is unexpected, there are surprises in store for all of us. If I may say so, it is rather a masculine characteristic to catagorise things, and put them into neat little headings. This serves science very well. If an Austrian monk called Gregor Mendel had not catagorised hybridity in plants, we would not today have the science of genetics: catagorisations help scientific thinking—at which men are often very good.

But human behaviour is not an exact science. That is why every economic theory is unreliable—because you do not know how people will behave! And I think this catagorisation of people into “wanted” and “unwanted,” “planned” and “unplanned” is off the point, often rather offensive, and a sectarian approach to people.

Julian Hafner—who last spoke in these debates about marriage—claims that a third of mothers have ambivalent feelings about their planned and wanted children! And I believe, paradoxically, that it is loading women with much more guilt and depression by telling them that every child has got to be either “wanted” or “planned,” because it doesn’t allow for the ambivalence and fluidity which is often part of human relations. Human beings are surprising, and you never know what your relationship with your child is going to be, even if it is planned.

**P**rofessor Dworkin, in his book *Life's Dominion: An Argument About Abortion, Euthanasia, and Individual Freedom*, is keen to underline the fact that the “pro-life” point of view is fundamentally religious, whereas the “liberal” viewpoint, as he prefers to put it, tends not to be, although liberals may also consider human life sacred. This division between “religious” and “liberal” was something I used to be keen to rebut, because the pro-life argument is quite strongly based on rational grounds. It is very far from being a sentimental argument, and is actually logically very coherent. In fact, an abortion doctor whom I interviewed at length, and indeed grew to respect for his openness and honesty, Professor Peter Huntingford, told me that he considered there were only two arguments worthy of respect

in this field: one was what he called the extreme feminist point of view—that is, abortion at any stage in the pregnancy, just because it is a woman's choice, with no other reason given; and the other he called the Catholic viewpoint—which was no abortion, ever, under any circumstances. A general rule does not make judgments on individual women. If you say "abortion is always wrong" you are not sitting in judgment of any particular woman—you are just stating a general principle. If you say "abortion is sometimes right and sometimes wrong," you are saying "some women are good and some women are bad" and that is more judgmental of individuals.

Yet despite the rationalism of the pro-life position, I accept Ronald Dworkin's theme that on the whole pro-life people tend to be religious, and pro-choice people, not. Because of course logic is not enough. The fundamental difference lies in the whole notion of autonomy: "I have absolute rights over my body," as against acceptance: "I accept there are limitations to my rights." Germaine Greer once said, surprisingly, but interestingly, "If we had rights over our own bodies, we would have the right not to get cancer." And it seems to me that in the end it is not really matters of fact that are in question over the life and death issue—Professor Dworkin fully concedes that there is something sacred about human life and it should command our respect—but matters of *attitude*. We do not have, cannot have "rights" over our bodies. Take the ludicrous Californian proposal that the "right to die at the time and place of our own choosing . . . is an integral part of our right to control our own destinies": this obsession with rights and control over nature leads to huge unhappiness (and, of course, a great deal of cosmetic surgery in California!).

Edmund Burke warned, at the time of the French Revolution, that when we begin by demanding rights of the state, we go on to demand rights of our neighbour, and finally we demand rights of nature itself. And that is the point we have got to: we are demanding rights of nature itself: rights to terminate a pregnancy when it doesn't suit us, rights to terminate our lives when we choose, rights to have a baby and fertility treatment when it suits us, rights to prolong our life when it suits us. It is a recipe for unhappiness, for human wisdom surely lies in the balance between taking responsibility for the conduct of our lives yet accepting that we cannot always have our own way, which is the vulgar meaning of high-flown talk of "autonomy."

Professor Dworkin's book is so measured that it is difficult to quarrel with its tone: and there is no doubt that these are difficult

areas of enormous judicial complexity. It is for the lawgivers to legislate in these matters, and my only area of competence, perhaps, is looking at the cultural approaches. My main criticism of Ronald Dworkin's approach to this subject is that it suffers from what I consider the prevailing philosophical malaise of our time—obsessive individualism. Constantly we are asked: Is this in the best interest of the individual? What are the individual's rights and entitlements?

There is a sort of moral Thatcherism which has gripped our thinking today. Our thinking reeks of the notion that "there is no such thing as society—there is only the individual and his family." We seem to have lost the older and the wiser idea that "no man is an *Island*, entire of it self; every man is a piece of the *Continent*, a part of the *main*." Seldom do we contemplate the idea, it seems, that "any man's *death* diminishes *me*, because I am involved in *Mankind* . . ."

I think we fail to look closely enough at what is the effect on *society* if human life is just a matter of personal choice and personal autonomy. And I think we can see some of the deleterious effects of this cold-blooded and shoulder-shrugging philosophy in the wave of youth suicides. Suicide is the most common reason for death—with road accidents—among young men in Britain today. Suicide has trebled among young people over the past decade. We have constant reports of the most tragic cases of suicide among young people, and it makes my blood boil to think that our social response to this is "it's your body, it's your life." Young people are now being taught, by this ethic, that they can commit suicide if they want to—it's just a personal choice, decontextualised from the whole of society, from the whole moral universe.

I am very sorry if an elderly lady in Minnesota who has broken her hip and has cardiopulmonary complications was kept too long on a respirator, or that a young woman in Missouri in a coma is kept alive artificially, perhaps against common sense, and perhaps at the behest of doctors practising defensive medicine. There are some very hard cases, but it remains a sound principle that hard cases make bad law. The law also has to be asked: What kind of example is it giving to *society*? The law is also a teacher: *magister* also means teacher. The Catholic Church is called, by its faithful, *Mater et Magistra*: mother and teacher. And I think this is what we have to look at in this context: What is the law teaching if it teaches that human life is just a matter of personal choice? It is teaching young people to commit suicide, for one.

I spoke at Manchester Grammar School a little while ago, and the headmaster told me an extremely melancholy story about just having buried one of his most brilliant, most likeable and most promising pupils. This boy was the only child of an extremely clever Jewish family who adored him. Young people are volatile. They take their lives on a whim. If society says to them—through the law—“It’s your life, it’s your choice”—then they will take their lives that much more easily. Suicide is partly a social construct since it is more widely practised in societies which have no taboo on it. And yet, even utilitarian philosophers, with no religious considerations whatsoever, have concluded that a man would need to be a childless orphan living on a desert island for his suicide not to have an impact on someone else. No man is an island. I have never felt the same about Anna Karenina since I interviewed a train driver who spoke to me about the fear and the horror for the driver when a suicide throws himself on the track. And it is only beginning with the train-driver. That Manchester family will never recover from their son’s death, which carries the full seal of liberal approval that “it’s your choice.” You are not free to do what you like with your body: you are not free to pump it full of heroin, or to destroy it when you choose.

Where abortion and euthanasia differ—if we are considering euthanasia the end of life among elderly people, or very sick people—is that, in the end, death cannot be avoided; and perhaps it is more important for us to learn how to die, and to accept death, as many spiritual and wise people, going back to antiquity, have told us, than to concentrate on choosing it. But much abortion, by contrast, *could* be avoided. The vocabulary about abortion choice sometimes implies that terminating a pregnancy is the only way of controlling fertility. When the East German feminists marched to affirm their abortion rights soon after unification, their language indicated that they had seldom considered any form of fertility control but abortion.

In America, and the West generally it seems, similar ideas prevail. Abortion is constantly spoken of as the only method of fertility control—you have a baby or you have an abortion, and there are no other options in between. Adoption, of course, is always ruled out by the politically correct. Societies like the United States—or indeed Denmark, within the context of European union—speak about defending their abortion laws when they should be ashamed of their abortion practices. It is a scandal that the Americans terminate one third of all pregnancies. It is a dreadful failure on so many levels.

MARY KENNY

Denmark, which has the full menu of contraceptive services, terminates 28% of pregnancies. Italy, over 30%. Even Margaret Sanger, the founder of International Planned Parenthood, like Marie Stopes in Britain, absolutely underlined fertility control *before* conception. Margaret Sanger actually said “Control your fertility, but do not take human life.” What a pity the International Planned Parenthood Federation does not ponder that slogan today.

There is an implication in Ronald Dworkin’s book that Catholics are, or the Catholic church is, misogynistic, anti-woman, in the emphasis on the sanctity of life in the womb. I don’t see it like that at all—and neither, clearly, do the many women who support the Catholic church in this matter; the pro-life movement is also a “woman’s movement,” in many respects. Go to any pro-life conference and see how many *women* the cause attracts. I believe that the notion that the fruit of the womb is divine—that is the whole idea of the Incarnation, that God becomes man through a woman, a teenage unmarried girl, for that matter, accepting a pregnancy—enhances women, and psychologically empowers women, and makes one think respectfully of motherhood. The idea of the Nativity, for example, has immense power, because it is saying that the new-born child is a miracle, and in whatever circumstances, born in a stable of a homeless family, the child is always welcome.

I remember on the occasion when I found I was pregnant with my younger son, I went to visit a friend of mine, who was an old radical feminist, and she had just come back from an abortion march. I told her I was pregnant and I added that I was worried about earning my living as a journalist with two young children. And she turned to me with tears in her eyes—this woman who had just come back from an abortion march—and said: “Mazel tov. The child is always welcome.” And I think that is the true maternal voice: yes to the control of fertility, but once the pregnancy is in place, then mazel tov: the child is always welcome. In that life-affirming response lies the flame of civilisation, and the redemption of the world.

## Rapping Adoption

Maria McFadden

Imagine a modern-day scenario. Two women somewhere in America get pregnant—unexpectedly. Neither wants her child. One decides to abort the fetus and donate its flesh and organs to medical research; by her human sacrifice, she thinks she might be able to save a life, perhaps help a Parkinson's patient. The other thinks at first about adoption: Wouldn't someone want her child, considering all she has heard about couples and infertility? Couldn't she make someone happy *and* give her child life?

But then she thinks more and more about the arguments against it: How can she bear not knowing where her child is, if he or she will be cared for; she has heard many stories lately about adopted children being abused or growing up “dysfunctional” and haunted by their status. She has seen that made-for-TV movie several months back (based on a true story) about a teenage mother who was forced to give up her baby—when she went to find him 20 years later, she found he had died at age 10, beaten to death by his adoptive mother. And there are so many older children who need to be adopted, and . . . well, once she sees her child it will be too painful to give it up anyway. So she has an abortion.

If we assume that these two women were influenced by the mores of the liberal media, the first would probably say (whatever she might actually feel) that she not only exercised her constitutional right, but she did a good deed for another. In a recent *Redbook* poll on fetal tissue research and its effect on abortion, one woman said: “A woman's decision would certainly be swayed if she thought she could justify it by telling herself she was doing mankind some good by her choice.” The second woman might also say that she did a noble thing, by “saving” her child from an uncertain future, and she did what was right for *herself*, too.

The common denominator, of course, would be that both babies were killed, in the name of “higher” principles. And yet not so long ago the decision to kill either child would have been abhorrent, and the decision to “give away” both for adoption the noble, life- and love-giving answer.

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Maria McFadden, our managing editor, is now a.k.a. Mrs. Robert E. Maffucci.

It should not surprise us that, with the attacks on traditional morality of the past thirty years, adoption—a traditional answer to unwanted pregnancies—would come under attack as well. Since abortion has steadily become a matter of a woman exercising her right not to be inconvenienced by a pregnancy, asking a woman to go through the inconvenience anyway but not keep the child doesn't make Feminist sense. One might have thought that if people were less ashamed about unmarried sex and unwanted pregnancies, there might at least be more support for unwed mothers who want to donate a child to someone else. Instead, adoption has become the latest issue "outed" by the media. Like alcoholism, sexual abuse, and dysfunctional families, adoption now has its bitter victims—birth mothers who were "forced," adopted children who have suffered abuse, adoptees and birth mothers who go through their lives never feeling whole (although I have yet to read of an adoptee who would rather have been aborted).

This "outing" of adoption, like the campaign for "abortion reform" in pre-*Roe* days, has become a regular feature in the liberal (read pro-abortion) media, and the campaign has been highly effective. In addition to the smear campaign in the newspapers and magazines (plus books with titles like *Shedding Light on the Dark Side of Adoption* and *Death by Adoption*), TV movies and "perversion-of-the-week" talk shows—those great teachers of social morality—have been steadily barraging Americans with negative stories about adoption.

The reason is, at least partially, that "pro-choicers," since the *Webster* decision, have made adoption a particular target. *Webster* made them realize pro-lifers could still win some battles in the abortion war, and pro-lifers were touting adoption as an abortion alternative, so the attacks had to be stepped up on pro-lifers and any cause they embraced. Adoption is of course a choice, but the deathly logic of the abortion-rights lobby compels the "choicers" to scream (pardon the words) bloody murder whenever an alternative to abortion is presented. Every decision to bring an "unwanted" baby to term is a political and ideological loss for the "choicers," as it is for the monetary interests of the abortion industry. Furthermore, those who refuse to admit the life present in a fetus will naturally balk at that fetus being looked at as a potential adopted child.

Sad to say, though, even some on the anti-abortion side have at times joined the anti-adoption crusade, perhaps unwittingly, by publicizing stories of adopted children and their mothers reuniting after a life of "never feeling whole." These heart-tugging stories



are in favor of life, or there wouldn't be a child to reunite with, but they imply that adoption doesn't ever work, whereas there *are* many happy adopted children and adoptive parents. Less than five per cent of adoptees search for their birthparents, and it would be interesting to ask the other 95 per cent if they felt reasonably "whole," but that wouldn't make for good *Oprah*.

Adoption is not a perfect solution; it is difficult for everyone involved. So is life. But the fact remains that there are many childless couples who are broken-hearted over their inability to have children, and who have the emotional and financial stability to make good families, and there are millions of babies killed who could have gone to such couples. Tragically, there are also thousands of children without parents, not because no one wants them, but because they have been rendered unadoptable by a maze of laws, policies and prejudices which favor biological parents' rights and discourage trans-racial and trans-national adoptions. You won't hear this from the media—you *will* hear that white couples don't want to adopt black children, that people don't want handicapped kids, that no one wants older children. We are all meant to feel guilty about bringing another child into an adoption pool who will go ahead of these "rejects." These negative ideas are so prevalent that their validity is hardly investigated by the press.

As Marvin Olasky wrote in *National Review* (May 21), the war on adoption is a phenomenon of America in the 1990s. Books and magazine articles range from the angst of adopted children and birth mothers to bizarre tales of adopted kids who turn out to be child psychopaths.

Last September, *The Atlantic* featured a story titled simply "Problem Adoptions." The article begins: "Every year some sixty thousand children join unrelated adoptive families in the United States. Most of the time adoption is a joyous experience for child and family"—and then, suddenly, "but in a significant and growing number of cases, it brings turmoil and grief." Sure enough, the next twenty pages detail the turmoil and grief, unrelieved by any joy whatever. There is a story of parents who adopted a child who had emotional problems (they knew this when they adopted him) and who had been abused in foster care; after the adoption, his emotional problems increased, and he became violent at times. His parents were seeking counseling for him and themselves, but there wasn't much hope that the child would get over his problems. In less extreme cases mentioned,

there are children adopted who turn out to have ADHDs—Attention Deficit Hyperactivity Disorders, or learning disorders, which are said to be more prevalent in adoptees than in the general population. Fair enough: with an adopted child, there may be physical, emotional or mental problems not evident at the adoption. Another family adopted three children, none of whom turned out to fit the expectations of the parents, and all of whom now have problems—alcoholism, scrapes with the law, psychiatric problems. The article uses this family as an example of parents and children who were poorly matched; that may be true, but there are certainly biological children who suffer because of their parents' expectations of them—even “the best” of families have problems with alcoholism, mental illness, or inter-familial hostilities. Biological ties do not necessarily make for harmony!

It does take special people to adopt. It isn't that these stories don't deserve our attention, they do: they caution adoptive parents about what they are getting into, or to be prepared for what they can't know; they make a case for careful screening processes. But there isn't a single story of a happy adoption, so one can only assume that the article's *point* is to discourage.

The author, Katherine Davis Fishman, goes on to describe the adopted person's struggles with grief, ambivalence, and behavioral problems. One Joyce Maguire Pave, an adoptee and family therapist, is quoted as saying “An inordinate number of adopted girls or boys get or get someone pregnant in adolescence,” though she gives no statistics. She just asks: “Think what it would be like if you didn't know another person related to you” and “if all you know about your birth parents is that they became pregnant in adolescence, how can you be like them?” There is a tendency for *biological* daughters of unwed mothers to continue the cycle and get pregnant as teens, and also a tendency for teenagers in the inner cities to want to get pregnant to “have something to love”—I don't think being adopted is a primary reason for teen pregnancies. Pave also says that some children diagnosed with ADHDs and given medication don't have the classical symptoms (which are *not* described in the article) but are “simply very distracted . . . In a sense all adoptees have attention-deficit disorder, because they daydream. If you were trying to make sense out of your life, and you knew you had another set of parents, and found yourself thinking about that in a history lesson, you would be distracted also.” Daydreaming and getting distracted because

of life at home—that surely describes virtually *all* children? That is not to say that an adoptee doesn't have a particular sense of yearning or loss, but it *is* to say that often they also have a particular sense of being chosen and wanted—not all biological children were “wanted,” at least at first, but all adoptees *were*.

More importantly, to say that adopted children have problems should not be used to discourage adoption any more than any parents' stories of difficult times and difficult children should discourage hopeful couples who want to have biological children. It is unrealistic to expect pure happiness on the part of adopted children as proof of the efficacy of the institution. As with any human institution, it has its share of failures and successes.

But the message sent by *The Atlantic* article—there are many others like it—is that, for prospective parents, adoption is risky because you don't know who you will get, and in any case it hurts the adoptee. For the unhappily-pregnant woman, the message from the abortion industry and the liberal media (especially women's magazines) is that it is better to abort than adopt, for the sake of the *mother's* emotional health. Over and over again we read women's words: “I just couldn't do it, not know where my baby is, go through that all my life—abortion was the only option.” Since post-abortion syndrome is not dealt with in the press, but post-adoption stories *are*, women are lead to believe that it will hurt less.

*Glamour* magazine had an adoption story, “Giving Up a Baby,” (August 1988) which focused on six birth mothers and the pain they live with having given up their children. The new *Our Bodies, Ourselves*—which might be subtitled “Everything you wanted to know about sex and reproduction for the modern liberal woman”—describes adoption as a “limbo loss,” whereas abortion is *final*, and therefore easier to take:

The loss of a child to adoption is a unique and unnatural one. Unlike death, which is final, adoption creates a loss that is renewed daily, as each day is a new day of trying to live without the surrendered child whose life continues separately. It is a limbo loss, in which there are constant questions, but no answers. Is my child well or ill? Happy or miserable? Alive or dead?

If the mother has an abortion at least she knows the baby is dead—is this a *comfort*? Underlying the avowed concern for the adoptee is an extreme selfishness: “It's *my* baby, and if I can't have it, *no one* will.” If the point of *Our Bodies, Ourselves* is to relieve women

of the guilt about “expressing” themselves sexually, there should be no consequences from that expression. In the book’s own words: “A lifetime of suffering is too much to demand for any woman’s expression of her sexuality.” What the authors are really saying about “limbo loss” is that a quick abortion might prevent you from realizing that sex has pretty major consequences on a woman’s body and her psyche—when a woman gets pregnant and realizes her body is in fact housing a tiny being, she cannot help but have new feelings about sex. What is not addressed here is post-abortion syndrome. It’s not the sexual expression that causes the lifetime of suffering, it’s the killing of one’s own child.

**I**n so far as those who condemn adoption are for it at all, they want “open” adoption, in which no records are sealed and, ideally, birth parents and adoptive parents are not only in touch but also have some kind of relationship. Part of this is a reaction—in these days when everyone is encouraged to react against what was done to them by their parents—to the pain and anxiety experienced when children learn they are adopted and want to find their birth parents; also when birth parents regret their adoption decision and cannot contact their child, and when medical records that are important to the health of the adopted child are sealed.

Such issues make it seem reasonable to discuss the merits of the closed system, but it is also reasonable to expect that, human nature being what it is, contact with birth parents can be fraught with difficulties for everyone. And can it be fair to ask adoptive parents to go through life in fear that biological parents, who have relinquished their rights, will come back to claim their child? In fact, this is happening more and more often, causing incredible suffering for all involved, most especially the children. Little Jessica DeBoer has spent most of her two-year-old life with her foster parents; all the while they have been involved in an excruciating struggle with her birth parents. Her birth parents have won, and she soon will be yanked away from the only family she has known. In *Time* magazine’s coverage of the story, it is reported that after Jessica’s mother signed papers for her adoption, she went to a meeting of Concerned United Birthparents and “heard other mothers’ stories of the sorrow they felt at giving up their babies.” Soon after she changed her mind. *Time* suggests that, while in most states the rights of biological parents are “all but inviolable,” as more stories emerge of children being treated

like property and ripped away from what they know as their families, the tide may turn. As if to back up that hope—which may be a sign of the tide turning in media coverage as well—the article focuses strongly on the love children feel for their adopted families.

I suspect that, for some, the call for open adoption is really a call to *end* adoption: with today's moral standards being what they are, the need for adoption should disappear. No one need be ashamed, in modern America, of acting on sexual impulse without taking responsibility. If you don't want the child, fine, abort it; if you do, and you want to keep it, fine, two parents aren't better than one, a father isn't necessary, etc. But this doesn't solve the dilemma of childless couples who want to be parents, or, more in vogue, single women and men who want to "parent" and can't have biological children—what of them? Where can they get children if most unwanted babies are aborted?

One such woman's quest has produced some important facts about adoption that are getting notice in the press. Elizabeth Bartholet, a single mother, has written *Family Bonds: Adoption and the Politics of Parenting*, which exposes the "scandal" of adoption policies. Perhaps because Bartholet is a Harvard law professor, a divorced woman, and now a single mother—in other words, she is not a born-again Christian or pro-lifer—her book was discussed in a commentary in *The New Yorker* (May 10) and, more surprising given the trend, the piece is sympathetic to adoption proponents. It admits that "the media's coverage of incidents involving adoption has been dominated by what P.R. people call negative images"—the DeBoer case, the Woody Allen-Mia Farrow debacle, and black-market babies overseas. It also argues that adoption is getting a bad break because of "upheavals in social mores," and that the negatives have been exaggerated. For instance, it says, the *real* tragedy of the Woody-Mia case is that Soon-Yi is Mia's *daughter*, adopted though she is. *The New Yorker* even dares to say, in reference to open adoption, that "many experts fear that this openness, which often includes full identification of everyone involved, and sometimes even visitation rights, may confuse children about who their psychological parents are."

And, discussing the alleged "genealogical trauma" of adoptees, it adds: "Maybe so, but if that's always the case, then Jim Palmer has been traumatized into baseball's Hall of Fame, James Michener has been repeatedly traumatized to the top of the best-seller lists,

and Steven Jobs has been traumatized into revolutionizing the computer industry.” As for Bartholet’s book, it is praised as “very smart and sane”; Bartholet “challenges nearly every negative assumption about adoption, and argues persuasively that the assumptions themselves may be the chief causes of the bad results they predict.”

Bartholet has indeed written a fascinating and powerful indictment of today’s adoption world. What makes her book different right off is that the author is unabashedly in favor of adoption; her book is a plea to governments and social agencies to make adoption easier. Bartholet, a divorced mother of one biological son, decided in a very modern way that she wanted another child, even though there was no particular “significant other” in her life. She and her lover at the time tried to no avail. She eventually learned that she had been rendered sterile by an IUD, at which point she embarked on a frustrating, time-consuming and costly quest with *in vitro* fertilization (IVF). What she writes about *that* industry alone is horrifying (but more on that further on).

Once Bartholet gave up on IVF, she set about trying to adopt but found that her chances in this country were just about nonexistent. As a single woman in her forties, she would be at the bottom of the list to adopt one of the very few infants that are actually available in the U.S. There are public adoptions and private adoptions; both involve extensive parental screening but, as in most areas of life, money talks—if you have enough money you can arrange a private adoption with minimal screening. On top of the adoption lists are young, married whites of some financial means and stability; they have a chance of adopting an HWI, a healthy white infant.

The majority of children who need parents are not HWIs; many HWIs are aborted, and if not they are easily placed. There are many thousands of children in this country who are minority, or older, or handicapped, and as Bartholet points out, it is very hard to adopt them, even if—and sometimes especially if—you are an “ideal” couple. The legal system favors biological parents’ rights, even if that parent has abandoned a child or is so high on drugs that she or he isn’t aware of the child. Thousands of these children are put in institutions or in foster homes (some of which are good, some bad, some horrible) until legal red tape is cleared up—which may never happen.

Thousands of people who want to parent, married couples and singles alike, are not allowed to adopt such children. Bartholet claims that the “least desirable” child is matched up with the “least desirable

parent”—for example, a single male will have a better chance of adopting a mentally retarded child than a couple. This can work—and in one case I know of it has, beautifully—but is it fair to resist giving such a child (and handicapped children are also in high demand) to a couple with emotional and financial stability, who might better care for his or her special needs by being able to share the burdens? It seems a cruel system that rates people on desirability—Down Syndrome children, for instance, who are on their way to becoming extinct through abortion, are often seen as special gifts, not burdens.

Probably the most stomach-turning scandal is the role the National Association of Black Social Workers (NABSW) plays in adoption. In 1972 it issued a proclamation opposing trans-racial adoption: “Black children should be placed only with Black families whether in foster care or for adoption. Black children belong, physically, psychologically and culturally in Black families . . .” The NABSW pledged to stop “this particular form of genocide” in their communities. Bartholet reports that today most public and private agencies are governed by such race-matching policies; white social workers have accepted the NABSW’s attack on trans-racial adoption “not just because of liberal white guilt, but because it fits with the traditional assumptions of their professional world,” that racial differences matter deeply. Meanwhile, two-thirds of “hard-to-place” children are black and two-thirds of families waiting to adopt are white. Bartholet, formerly a civil rights lawyer, finds that “current racial matching policies are in conflict with the basic law of the land on race discrimination.”

In the U.S. today, there are uncounted thousands of black babies born who are not wanted by their biological parents, and thousands more black children who spend their lives in institutions or foster homes. They are often born into abuse and neglect and it often continues until they are of age—at which point, as social workers have always preached, the victims often become perpetrators. Meanwhile there are many white couples and singles who want to give these children a decent home and a future, yet trans-racial adoption is considered a last resort. As Bartholet writes, “current matching policies place a high priority on expanding the pool of prospective black adoptive parents so agencies can place children without utilizing the waiting white pool.” To do this, agencies will consider black applicants that would be rejected in traditional screening—singles, people on welfare, and people in their fifties and sixties. In one sad paragraph, Bartholet writes:

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Numerous cases have appeared in the media, in congressional hearings, and in litigation involving the removal of black children from white foster families with whom they have lived for long periods, often years. This action can be triggered by the white family's expression of interest in adopting their foster child; the agency intervenes to move the child to a same-race foster family which may or may not be interested in adoption. The white parents in such cases often have poignant stories to tell.

Again, there are problems inherent in trans-racial adoption, and it wouldn't be surprising if the child grows up confused, even resentful. But identity problems can often be worked through, whereas life in foster families often can't. Recently a little black boy was murdered in Harlem, his body stuffed in a trash compactor by the lover of his trans-sexual guardian "aunt." His biological mom was in the eighth grade when she had him, and so he was "cared" for by her relatives. His crime was that he walked into the room while his murderer and his "aunt" were having sex. How we might wish he had been adopted and allowed to grow up and have identity struggles!

Through contacting agencies and support groups for singles who want to adopt, Bartholet found that she had a better chance of adopting a child from another country, and her quest eventually led her to Peru. She had to take a leave from her job, go through bureaucratic nightmares in both countries, spend a great deal of money, and in Peru fear at every moment that the baby would be taken away before he was officially "hers." Still, she was lucky, and she returned two years later to adopt again. She is now the proud mother of three sons—one grown biological son from her marriage, and the two Peruvian boys. But trans-national adoption itself is terribly difficult, subject to international politics and the foreign country's interior bureaucracies, plus the fear that children might have been stolen from poor mothers. And one has to be able to take the time to go to the country and wait for court dates and social-worker visits. It's not a project for the weak. Bartholet asks for reforms:

The nations of the world need to move beyond political hostilities and symbolic acts and focus on the real needs of children. If they did, they would accept international adoption as a good solution for at least some portion of the world's homeless children and could begin to restructure their laws and policies to make it work effectively.

The stigma being given adoption is a real tragedy in the face of so many homeless children and so many childless adults. And Bartholet makes a telling point in comparing adoption to fertilization techniques



such as IVF. The adoption process is lined with red tape and legal quagmires—for example, the screening process includes intrusive questioning into your finances, mental health, spiritual health (Bartholet had to come up with a letter from a minister, though she herself wasn't religious), emotional and physical health, and even sexual habits. In sharp contrast, the ever-burgeoning world of reproductive technologies has very few restrictions. When Bartholet first investigated, IVF clinics were only taking married couples, so Bartholet faked a husband, hoping they'd never ask for the certificate—they didn't. Now, she says, clinics are quietly opening their doors to singles. All you really need is the cash for the procedure.

Typically, a single IVF cycle costs between \$5,000 and \$10,000, and patients are advised to pursue several cycles to increase their chances of achieving pregnancy. Bartholet began eight IVF cycles and got as far as embryo transfer in three or four. She says she only learned much, much later that the chances of a woman over forty getting pregnant and keeping the pregnancy through IVF are near zero. The percentages of success given to women at the clinic, she alleges, are based on women whose eggs were successfully fertilized and placed in the uterus, not on all the women who try the procedure, and so they are artificially high.

In practice, IVF is a “last-chance” option held out to infertile women—a chance that is often next to zero, as Bartholet belatedly found. Some women like Bartholet go through many cycles before they give up, and they are older, and poorer, which doesn't leave them well-equipped to start the ordeal of the adoption process. Yet were the procedure to work, there would have been no prying questions into the mother's life and circumstances. Furthermore, in the cases of sperm donation and surrogate motherhood, an actual adoption is taking place. A woman may give her womb to a child conceived by a stranger's sperm, or have an embryo implanted from two strangers—this is not her genetic child—but where is the outcry over the adoption? Bartholet writes:

IVF technology has thrust on us a plethora of important social issues, which have so far been left almost entirely to the doctors to resolve. We can now split parenting into its component parts, taking sperm and eggs from one man and one woman, transferring any resulting embryos to another woman to carry, and giving any resulting child to another to raise. . . . The doctors are now institutionalizing contracts for the sale of eggs, embryos, and gestational services, and arranging on a systematic basis “IVF” adoptions, in which

one couple's embryos are transferred to another. . . The IVF doctors are making all the decisions as to what kind of embryo experimentation is appropriate, just as they have made the decisions from the beginning about discarding or destroying "excess" embryos . . .

The U.S. government, unlike other countries, has done almost nothing to regulate these doctors: "Doctors, unlike adoption agencies, have been largely trusted to regulate themselves."

What is the difference here? Why are there no ethical outcries from the liberal community over our reproduction technology? The answers are interconnected. Firstly, in this society we worship medicine and money; IVF involves both. It is not seen as cruelly robbing women of money and time by offering slim hope; on the contrary, we are all to join in awe of the technology—Frankenstein-like as some of us think it is—and if it doesn't take, well, we are at least worshipping our modern gods for the good of all society. Little space is given in the *New York Times* or *Glamour* magazine to the greed of the clinics, or the emotional trauma these test-tube children might go through, or musings about whether a father who needed an anonymous sperm donor to make his wife pregnant loves the child as much as if it were his own.

There are no movies (yet anyway) about a test-tube baby who went mad and killed his parents, though there was a recent TV movie ("Tainted Blood") about—I kid you not—a genetic disease that makes one kill one's parents. Twins were adopted separately; one murdered his adoptive parents, and our heroine, Racquel Welch, discovered this genetic condition just in time to save the other twin's adoptive parents from murder. The twin then shoots herself instead, having always been unhappy about being adopted. This would be too ridiculous to mention, except that even idiotic movies like this one serve to get the negative, anti-adoption message into the national psyche. It seems to me that the weird world of reproductive technology would make a much better horror film.

What Bartholet *doesn't* address is the abortion industry's vested interest in making adoption unattractive. Abortion, like IVF, makes money—but abortion makes no babies, and IVF very few. The wish for fewer babies has as its overt concern an emphasis on biological parenting. And *rights* take precedence over the children. As in abortion, a biological mother's rights have become so important that what is best for the child is lost. The "choice" to bear or not to bear has made us arrogant: if I choose to abort my baby, no one can tell me not to because it is mine. If I bear a child, I can choose

to let my child languish in a foster home or orphanage until I am ready to be a mother. Or if I come back years after I have signed the child away, I can reclaim the child because it is and always will be mine. Also included in this “logic” is: if I cannot conceive normally, and I have a sperm donation or a test-tube baby, the child will still be my own; if I adopt, the child will always be someone else’s, and therefore, second best.

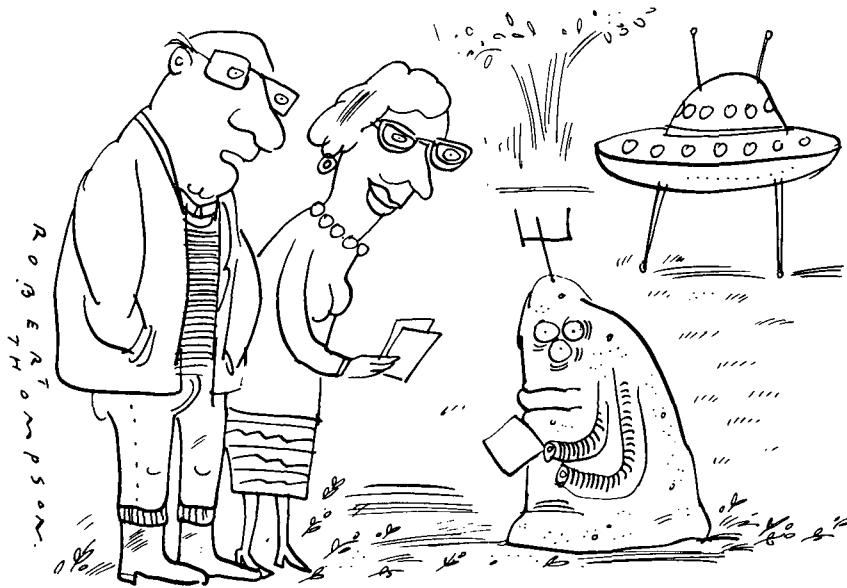
There is no experience that can compare with having a family and—even though we seem to have forgotten it—that is what we humans are here to do: make families, clans, communities. We have a huge glut in this country of pregnancies, and an awful dearth of newborns; we have a glut of unwanted older children whose souls are being strangled by the neglect and abuse perpetuated by monstrous, bias-twisted laws. And we have all sorts of desperate women running to sperm banks or IVF clinics. The child that one woman callously aborts would have made some desperate women ecstatic—but “reproductive choice” dictates that no one ask for such a sacrifice and exchange.

In P.D. James’ powerful new novel, *The Children of Men*, the human race of the future is dying out—suddenly, in one brief time period, all men and women are completely sterile. The last generation to be born is treated like gods, and as there are no babies, dolls and pets are treated with grotesque care—christenings of cats, elaborate pantomimes with dolls. Sex, being then completely divorced from the possibility of procreation, has lost its appeal to most survivors.

This frightening futuristic fantasy world takes the sins and selfishness of our age to their logical extreme, and the consequences are ghastly. How many childless people today spend their heart’s capacity on animals alone, when there are so many children that might be loved? (How many people who applaud the pulling apart of live fetuses for use in fetal-tissue transplants protest medical experiments on animals, which are meant to help us cure human diseases?) Yes, children are riskier, more involving—you will never be the same once you open your heart to your child, but perhaps that brings us to the basic problem of our age: Are we as humans living for pleasure and the least amount of aggravation, or is anything worthwhile in life going to involve pain and sacrifice? Families certainly involve the latter, but, as with adoption, the beauty of families exists not in spite of but because of the scars.

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Finally, as *The New Yorker* says, there is a “power that the heart has over blood.” That’s what adoption is all about, and it’s also about giving, sacrificing, and realizing that good parents aren’t only those who can conceive naturally—good parents are people who will love, nurture and provide for children. It’s the simplest truth—but can we hear it amid the shouts of the “pro-choicers” who bitterly oppose a choice that saves a child?



'For heaven's sake, Maureen, not everybody wants to see photographs of the grandchildren.'

THE SPECTATOR 5 June 1993

# Norplant and Margaret Sanger's Legacy

*Micheal Flaherty*

As everybody knows, it is “politically correct”—indeed, mandatory—to despise David Duke, the erstwhile Klansman and neo-Nazi who alarmed all good Americans by almost becoming governor of Louisiana and then having the effrontery to run for president. Mr. Duke has now been run out of politics, but one of his worst ideas remains with us.

In 1990, Duke sponsored a bill in the Louisiana legislature to provide financial “incentives” to poor women if they would use Norplant, the contraceptive implant that supposedly gives “protection” against pregnancy for up to five years. It was a modest bill: Duke proposed only an additional \$100 annually for women on welfare. And nothing came of it—the bill died in committee.

But the notion of bribing women to use Norplant is far from dead. The Alan Guttmacher Institute (Planned Parenthood’s “research” arm) reports that legislators in 13 states have proposed nearly two dozen bills similar to Duke’s. Many of these bills are actually far more enticing, providing up to five times the financial incentive offered in Duke’s legislation.

Of the 13 states that currently have legislation pending, Maryland seems to be the most enthusiastic about Norplant. Governor Donald Schaefer considers it a crucial step in reforming welfare. Following his lead, the Paquin School in working-class Baltimore became the first high school in the nation to offer the matchstick-sized contraceptive to its students. And, as I write, the state’s House of Delegates is considering a plan to hand out a *million* condoms and provide Norplant to thousands of “poor” women—all “free” (i.e., paid for by tax-payers)—a House subcommittee has already approved the plan unanimously!

The rationale behind such proposals is ostensibly straightforward: preventing women—especially young, urban poor women—from having children will “liberate” them from the burden of unplanned pregnancies and spare future generations of children the pain of growing up in poverty. The intended result is a substantial reduction of both the underclass and the amount of tax-payer money committed to welfare payments.

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The problem is, this simple “solution” to a complex problem may well do nothing but *intensify* the misery of the urban poor and augment membership in the underclass. The immediate drawbacks are glaringly obvious: increasing welfare payments for women will provide yet another incentive for women to stay on welfare, and entice *more* women to go on the public dole. The “savings” projected could prove to be marginal at best.

The moral consequences of such a misguided public policy are far more troubling. Norplant will in effect give women a license for sexual promiscuity—but *no* protection against sexually transmitted diseases, including HIV, the virus believed to cause AIDS. A dramatic increase in such diseases among the urban poor presents much more of a threat to the health of the community than early motherhood.

Most alarming is the possibility that “voluntary promotion” of Norplant could quickly lead to involuntary coercion. Already, judges in both California and Texas have ordered female defendants convicted of child abuse to have Norplant inserted. Few people will shed a tear at forcing a convicted child abuser to use Norplant. But if child abusers and drug users can be forced to take Norplant, could other categories of women—namely poor and minority women—be next?

This is one issue on which organizations that usually find themselves on opposite sides of public policy involving birth control agree. Vigorous proponents of birth control like the National Organization for Women (NOW) and the National Black Women’s Health Project have joined Gary Bauer’s Family Research Council in opposing legislation that would provide financial incentives to women who take Norplant. They agree that a policy which crudely assesses human lives in terms of their cost to society places far too much authority in the hands of the government, opening the door for further government intervention in the reproductive choices of poor women.

Planned Parenthood, however, has refused to join NOW and has publicly endorsed Norplant legislation pioneered by the “racist” Mr. Duke. Such an alliance is not as unusual as most observers might think. The motivating philosophy behind Planned Parenthood’s promotion of birth control in the inner city has been historically racist and classist in nature. Originally outspoken supporters of eugenics, Planned Parenthood has stopped focusing on certain races and classes of people in word—but *not* in deed. Of the more than 100 school-based clinics offering birth control that have opened nationwide in the last decade, none have been at all-white or suburban middle-

class schools. All have been at black, minority, or ethnic schools (Baltimore's Paquin School is 90 per cent black).

Teenage pregnancy presents the same problems to poor white women, but Planned Parenthood has never set its sights on poor school districts in the rust belt or the rural midwest. Why promote Norplant almost exclusively among minority women? The question cannot be answered without a look at the history of Planned Parenthood and its founder, Margaret Sanger.

A pioneer in the feminist movement, Mrs. Sanger went on to become the founder and first president of Planned Parenthood, now the largest abortion provider in the country. It is only natural that she should find herself the pro-choicers' patron saint. Unlike other dead and buried feminists, however, Sanger's popularity continues to increase posthumously. Some recent accolades include being inducted into Arizona's Hall of Fame (space was not a problem) and being named by *Life* magazine in 1990 as one of "the 100 most important Americans of the 20th century." Her spirit is constantly invoked at pro-choice gatherings. Patricia Ireland, NOW's president, considers herself a kindred spirit, claiming that she acts "in the tradition of Margaret Sanger."

More recently, Mrs. Sanger was the subject of a particularly adoring biography by Ellen Chesler. The book received the ultimate literary reward—a gushing endorsement on the front page of the *New York Times Book Review*. It has become required reading among the cultural elite. Hollywood seductress Kathleen Turner enjoyed the book so much that she read excerpts from it at a fundraiser for Planned Parenthood at Martha Stewart's postcard-perfect Long Island estate. The cocktail party, reported in the *Times*' ultra-chic "Chronicle" section last June, had fashion mogul Calvin Klein, superstar model Christie Brinkley, *Rolling Stone* founder Jann Wenner, and screenwriter Nora Ephron as just four of the 700 Manhattan elite raising a glass in memory of the fiery activist.

However, not a single one of the toasts offered, nor a single page in Ms. Chesler's book, mentioned Sanger's guiding philosophy—eugenics. Perhaps Christie Brinkley and some of her fellow revelers just don't *know* that the driving force behind Margaret Sanger's activism was not the desire to improve the lives of her fellow sisters and empower them with choice. On the contrary, Sanger believed that the government should be the ultimate arbiter of "choice," and that women who had children against the government's wishes should be either penalized or sterilized involuntarily.

Sanger's radical beliefs were not stage-whispered among a small coterie of friends. Rather, they were explained in vivid detail in several of her books, as well as in *Birth Control Review*, a magazine she also founded. In *Pivot of Civilization*, first published in 1922, she described her objectives: "More children from the fit, less from the unfit—that is the chief aim of birth control." The people Sanger considered unfit were "all non-Aryan people." She estimated that these people—the "dysgenic races"—comprised 70 per cent of the American population. Sanger believed that this "great biological menace to the future of civilization . . . deserved to be treated like criminals." She proposed to "segregate morons who are increasing and multiplying." Mrs. Sanger was certain that successful implementation of her proposals would result in "a race of thoroughbreds."

It is no coincidence that Margaret Sanger's contempt for those people she considered "dysgenic races" sounded suspiciously similar to the Nazis' hatred for those people they considered "*Untermenschen*" (subhuman). Indeed, Mrs. Sanger's enthusiasm for eugenics rivaled that of Nazi Germany. As George Grant points out in his book, *Grand Illusions: The Legacy of Planned Parenthood*, Sanger devoted the entire April 1933 issue of *Birth Control Review* to eugenics. One of the articles, "Eugenic Sterilization: An Urgent Need," was written by Ernst Rudin, Hitler's director of genetic sterilization and a founder of the Nazi Society for Racial Hygiene.

Sanger did not restrict her ethnic hatreds to "non-Aryan" whites. Mirroring the nativist anxiety of her day, Sanger tried to formulate a plan to stem what she perceived as a rising tide of black Americans. In 1939, she initiated the "Negro Project" to popularize birth control and sterilization within the black community. Enlisting the support of prominent black ministers and political leaders, she mused: "The most successful educational approach to the Negro is through a religious appeal. We do not want the word to get out that we want to exterminate the Negro population, and the minister is the man who can straighten out that idea if it occurs to any of their more rebellious members."

Although Sanger has been dead for decades, her racial and class hatreds have been institutionalized in Planned Parenthood. Today, 70 per cent of the clinics operated by Planned Parenthood in the United States are in black and Hispanic neighborhoods. Such a dramatically increased presence has not brought a decrease in the number of pregnancies. It has, however, produced a frightening increase



in the number of abortions among black women. For every three black babies born, two are aborted. Blacks account for 43 per cent of all abortions performed in the United States, a startling percentage considering that they comprise only about 12 per cent of the total population. This is hardly a matter of their own "choice." In a poll taken in 1988 by the National Opinion Research Center, 62 per cent of all blacks said that abortion should be illegal in all circumstances, a fact ignored by patronizing whites who cite "poor blacks" as constituents for whose abortion rights they are fighting.

Given Margaret Sanger's outspoken support for eugenics and its alarming correlation to the demographic reality of birth control and abortion today, it seems incredible that black civil-rights leaders are not up in arms. More incredible is the looking-glass logic that has actually enshrined abortion as a "civil right." Perhaps if little mention was made of Sanger this would be more understandable. However, abortion proponents have actually taken every opportunity to eulogize her and align themselves with her ghoulish vision of an "ethnically-cleansed" country. Consider the words of three of her successors in Planned Parenthood. The late Dr. Alan Guttmacher, her immediate successor, boasted that Planned Parenthood is "merely walking down the path that Ms. Sanger carved out for us." Faye Wattleton, the first black president of Planned Parenthood, who was named *Ms.* magazine's 1989 Woman of the Year for her work in that capacity, said that she was "proud" to be "walking in the footsteps of Margaret Sanger."

Most admiring is Alexander Sanger, Margaret's thoroughbred grandson and president of Planned Parenthood of New York City, the largest of 170 affiliates nationwide. Sanger spoke chillingly of his desire to continue the family tradition in an interview with the *New York Times*: "With all her success, my grandmother left some unfinished business, and I intend to finish it."

**M**uch of Margaret Sanger's success has been accomplished by her followers through masterful revisionist history. Sanger has been reinvented as an egalitarian social reformer. Her successors' ability to praise her unapologetically in spite of her overtly racist views has been a public-relations coup. Equally impressive (and ironic) has been their success in presenting themselves as devoted friends of the poor and minorities. That is why it is so difficult to believe the current Planned Parenthood leaders when they categorically deny

that their policies are based on class and racial prejudice—and deny that they *ever* were. Nevertheless, for the sake of argument, let us assume that Planned Parenthood is motivated only by the best intentions. How successful have they been in helping the poor and underprivileged?

Birth control has been promoted not only as the answer to unplanned pregnancies, but also for collateral “benefits”—e.g., a decrease in child abuse and an expansion of opportunities for women—but it has failed on all counts. The proliferation of birth-control clinics in the inner cities has not led to fewer pregnancies. In fact, it has contributed to *more* pregnancies through promotion of the sexual revolution and the idea that sex is little more than recreation. And the rate of child abuse has increased steadily despite the propaganda campaign to “make every child a wanted child.” Nor is there any empirical evidence to prove a relationship between an increase in the availability of birth control and an increase in upward mobility for women.

Birth-control advocates attribute their failures to carelessness by birth-control users rather than to an ineffective public policy. This is partially true. For instance, the annual failure rate among low-income single women using a diaphragm is more than three times higher than among older and wealthier users. The failure rate with condoms is also three times greater among low-income single women under 24 and their partners. That is why advocates of Norplant—heralding it as “teenager-proof”—have rallied around the new contraceptive. It only has to be inserted once and it “protects” women against unexpected pregnancies for five years with no additional responsibilities. But will teenagers rush to the clinics to have it inserted?

In an article in *The American Spectator*, Tom Bethell argues that a lack of competent use of various types of birth control is not the only reason poor urban teenagers become pregnant. Bethell mentions Washington *Post* reporter Leon Dash’s 1989 book, *When Children Want Children*, based on months of research in the Washington ghetto. One 16-year-old woman, Tauscha Vaughn, spoke of the complicated reality ignored by birth control advocates: “Mr. Dash, will you please stop asking me about birth control? There’s too many birth control pills out here. All of them know about it. When they are twelve, they know what it is. Girls out here get pregnant because they want to have babies.” Dash also writes about four pregnant teenagers in one family he interviewed who “wanted children for a variety of reasons—to achieve something tangible, to prove something

to their peers, to be considered an adult, to get their mother's attention, and to keep up with an older brother or sister."

Norplant has forced Planned Parenthood into a rather interesting contradiction. A few years ago, they argued that the immediate threat presented by AIDS mandated that all teenagers be given the "facts" about protecting themselves against HIV. Because they were purported to be the best way to prevent the spread of AIDS, condoms were not only to be encouraged but made free and readily available in the schools. They piously insisted that failure to provide teenagers with information and condoms would be both unrealistic and irresponsible. Almost overnight, the goal became not *prevention* but "safe sex."

Yet if sex with condoms is "safe," it logically follows that the converse—sex without condoms—is "dangerous." But isn't this what Planned Parenthood is promoting with its embrace of Norplant? Surely any increase in the number of women using Norplant will mean a decrease in the number of men using condoms—leaving Norplant users exposed to all the sexually transmitted diseases condoms are supposed to prevent. Call it "risk homeostasis"—the theory that reducing risks in one area (pregnancy) usually results in increased risks in a separate area (disease).

Risk homeostasis is certainly not a foreign concept or an alarmist conservative theory. Malcolm Gladwell, a reporter who once covered AIDS for the *Washington Post*, calls it "a well-described concept in the social sciences." Certainly the social engineers of Planned Parenthood are quite familiar with it. Why are these "safe sex" advocates rallying behind a policy that promises an *increase* in AIDS among women of the poor and primarily black underclass? Moreover, as the Alan Guttmacher Institute itself recently pointed out, the rate of other sexually transmitted diseases—venereal diseases, chlamydia, herpes—is alarmingly high in the U.S. These STDs are more easily transmitted than HIV and, while not fatal, can cause infertility, permanent scarring, and birth defects. Giving Norplant to teens makes it even *more* likely that they will acquire and transmit these diseases. One can only surmise that Planned Parenthood considers preventing motherhood more important than preventing STDs and AIDS among poor and minority women. Many words come to mind to describe such a reckless policy advocated by a group with such a frightening history: hypocritical, classist, racist. Planned Parenthood, however, likes to describe it as compassion.

The biggest danger of Norplant legislation, however, is its ability to masquerade as a *solution* to the real problems of the inner cities. One can only think of the advice the demon Screwtape gives to a younger devil in C.S. Lewis' *The Screwtape Letters*: "Always have them focusing on the wrong thing. Keep them distracted. If there's a flood, have them reaching for the fire hoses." Norplant is the latest fire hose liberals are reaching for to stop the flood of scourges in the inner cities.

Inserting contraceptives in the arms of poor women will not stop the escalation of violence that imprisons urban residents in their own homes. It will not improve substandard housing or the hopelessly dismal quality of education in the inner cities. True, it may decrease the number of accidental pregnancies, but not without perpetuating the idea that the young can have no control over their sexual lives, and not without placing women who use it at a much greater risk to contract AIDS and other sexually transmitted diseases. More than 20 years ago, Carl Rowan, the black syndicated columnist, recognized the failure of birth-control initiatives to address these problems: "The challenge is to illustrate every day that rats, roaches, and hunger pains are viewed by all society as more of a menace than an accidental pregnancy."

Norplant can only mislead impressionable teenagers into believing that sex has no consequences other than pregnancy. It has already led to troubling calculations of the cost poor children present to society and public policies designed to encourage poor women not to have children. The truth is, Norplant is *not* a panacea that will bring happiness and opportunity to the underclass. It is a Trojan horse filled with *more* problems, and more false hopes.

Picture Perfect:

## The Politics of Prenatal Testing

*Elizabeth Kristol*

During the past two decades, prenatal screening for fetal defects has become a standard part of nearly every pregnant woman's medical care. Tests conducted during the first half of pregnancy are designed to detect a wide range of genetic and other disorders, and to give women the option of obtaining abortions if defects are diagnosed. Some people have heralded this development as a breakthrough in the age-old war against disease. Others regard it as more than that: a tool to improve society. Modern birth control methods, the argument goes, brought us quantity control; the addition of prenatal testing offers a system of quality control. For the first time in history, parents are able to customize, albeit in limited ways, the kinds of children they bring into the world.

Prenatal diagnosis may be a routine procedure, but it raises a number of troubling issues. While the women who avail themselves of the tests are usually worried about their children's health, the political, legal, and medical communities have their own reasons for encouraging large-scale screening for fetal defects. Unbeknownst to most prospective parents, moreover, scientists are still debating the safety of the most widely offered screening tests. The ethical issues raised by prenatal screening are even touchier.

Prenatal testing is eradicating illness in a whole new way—pre-emptively. In so doing, it is imperceptibly altering the pattern of disease in this country. It is changing society's fundamental attitudes toward parenting, toward sickness, and toward social responsibility. It is even influencing women's notions of childbirth, medicine, and motherhood.

The most common form of prenatal testing is ultrasound imaging, which uses sound waves to produce a picture—or “sonogram”—of the fetus. Today, more than 80 percent of all pregnant women in the United States receive a sonogram during their pregnancy. Women deemed at “high risk” for giving birth to a child with

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chromosomal abnormalities are also offered amniocentesis, a procedure in which a needle, guided by ultrasound, is inserted into the uterus and withdraws a small amount of amniotic fluid for cell analysis. Amniocentesis is usually done between the sixteenth and twentieth weeks of pregnancy. Women may also opt for the somewhat riskier procedure of chorionic villus sampling (CVS), which is usually done between the tenth and twelfth weeks, or earlier on an experimental basis. CVS removes a small amount of chorionic villi (hair-like fringes of the placenta) for analysis, either by using a catheter to pass through the cervix to the womb or by inserting a needle into the abdomen.

Since CVS and amniocentesis are invasive procedures that can harm both the mother and the developing fetus, researchers have long sought a method of testing that cannot endanger mother or child. In the early seventies scientists discovered that high levels of alphafetoprotein (AFP), which is usually leaked from the fetus into the mother's bloodstream in very small quantities, could indicate the presence of neural-tube defects such as anencephaly (incomplete development of the brain) and spina bifida (malformation of the spine), defects that affect one to two in every 1,000 live births. In 1983 it was discovered that an unusually *low* level of AFP in the mother's blood stream was a possible indication of Down's syndrome. A simple blood test for AFP is frequently offered to women—regardless of age and known genetic risk factors—between the sixteenth to eighteenth week of pregnancy. After ultrasound, it is the second most common form of prenatal testing.

More experimental and high-risk diagnostic procedures include cordocentesis (which examines fetal blood drawn from the umbilical cord), fetal skin sampling, and fetoscopy. And what had long been considered the cutting edge of prenatal screening—the testing of embryos before implantation—is slowly becoming a reality. In this method, a couple undergoes in vitro fertilization, and the resulting embryos are genetically analyzed. The healthiest are implanted in the mother, while those bearing signs of genetic defect are discarded. Future forms of testing may push the screening process still earlier, before conception has taken place; research is already underway into the testing of oocytes before fertilization.

These experimental forms of genetic screening are clearly controversial. But even the most common forms of prenatal testing are open to dispute. Despite the matter-of-fact manner in which physicians offer the tests to their patients, their safety has never been scientifically established.

Ultrasound, for example, which doctors present as a thoroughly uncontroversial procedure, is still being contested within the medical literature. A classic example of a “creeping technology,” ultrasound in pregnancy has never been subjected to a large-scale randomized controlled trial to assess either its safety or usefulness. Ann Oakley, a historian of maternal medicine, has compared the growing use of ultrasound with that of X-rays, which became popular after the turn of the century and were widely used on pregnant women until it was discovered, a half-century later, that they could cause cancer in children.

The FDA regulates the energy output and manufacture of ultrasound devices, but there is no licensing or testing of those who operate the machines. Because of variations in scanning conditions and tissue properties, moreover, doses cannot be measured exactly; an NIH consensus conference on ultrasound concluded that “there are no data on the dose to either the mother or the fetus in the clinical setting.” The participants also noted that numerous animal studies suggest that exposing a fetus to ultrasound can affect prenatal growth, although there is considerable debate over whether the energy levels used in animal studies can predict the effect of lower levels of energy on humans.

The controversy surrounding ultrasound centers on whether the benefits of its use during routine pregnancies exceed its unknown long-term effects. Prenatal ultrasound is primarily used to verify conditions that the doctor or patient already suspects: it double-checks a diagnosis of pregnancy, establishes the age of the fetus, and confirms conditions—such as ectopic pregnancy, multiple pregnancy, or fetal death—that the doctor has deduced from the patient’s symptoms or the results of a physical examination. It may also reveal previously undetected fetal diseases or structural disorders in the mother. American and European researchers have repeatedly tried to determine whether the knowledge gained via ultrasound leads to a healthier baby, yet studies evaluating the impact of ultrasound on such key measurements as perinatal morbidity and mortality, birth weight, and Apgar scores (tests conducted immediately after an infant’s birth) have failed to establish any statistically significant effects.

The American College of Obstetricians and Gynecologists, following the formal position of the American College of Radiologists, has shied away from endorsing “routine” prenatal ultrasound. But in all its literature ACOG simply assumes that obstetricians will offer ultrasound as part of standard prenatal care. As one editor of an

obstetrics journal wrote, "Although ultrasound screening is not absolutely necessary for routine prenatal care, I think its use as a screening examination in early pregnancy is here to stay." It is left to the rare critic, such as Stephen Thacker of the Centers for Disease Control, to make the obvious point that "the acquisition of more information and the clinical impression that a procedure is beneficial do not necessarily lead to better outcomes."

Amniocentesis and CVS do pose known dangers, and a physician is supposed to discuss these with the patient at the time the tests are offered and have her sign an informed-consent form. There is a miscarriage rate of 1-2 percent following CVS. The procedure also carries a small risk of uterine infection. In addition, recent studies in the United States and abroad have linked CVS to a number of birth defects, including missing or stubby fingers and toes, small tongues, underdeveloped jaws, and, in some instances, missing limbs.

Estimates of the possibility of miscarriage following amniocentesis range between .5 and 1 percent. Other documented long-term risks to children tested by amniocentesis include breathing and orthopedic problems, particularly club foot. There is also a possibility that the needle may come into contact with the fetus; one Canadian study discovered needle marks on six out of ninety-one infants whose mothers had the test. On rare occasions, deformities may result from a tap that depletes the amount of amniotic fluid to a dangerous level.

In both CVS and amniocentesis, an initial tap may prove unsuccessful. The doctor may fail to draw enough fluid, he may obtain urine instead of amniotic fluid, or cells in the sample may fail to grow. In such instances, the procedure may have to be repeated, which compounds the risk to the patient.

**H**ow is it that perfectly healthy women may find themselves having a series of medical tests, some of which pose distinct risks to themselves or their children? The typical pregnant woman would be disturbed to realize that a good deal of the testing that goes on is motivated by factors that are, at best, tangentially related to her well-being or the health of her child.

The use of AFP tests has a peculiarly nonmedical history. Both ACOG and the American Academy of Pediatrics urged the FDA not to approve early release of AFP test kits in the late 1970s. They noted that in order to detect enough cases of open spina bifida and anencephaly the tests would necessarily have a high false-positive



rate—about fifty false positives for every true positive. They recommended that the FDA make its release contingent on laboratories' ability to coordinate follow-up tests to weed out false positives, a crucial concern in a test parents may rely on in deciding whether to continue a pregnancy. But when the FDA went ahead and approved the marketing of the kits without these restrictions, ACOG's legal department promptly issued a liability "alert" to its members, urging all obstetricians to offer the procedure to their patients. This, it said, should place the doctor in the "best possible defense position" in the event of a birth defect.

The momentum generated by this single recommendation—inspired by law rather than medicine—was powerful. To offset the inaccuracy of AFP tests, ACOG developed a rigorous protocol for obstetricians. If AFP levels are unusually high, for instance, doctors are urged to repeat the test. If the second test also comes back positive they are to do an ultrasound to determine the reason for the elevated AFP level (such as multiple pregnancy or inaccurate assessment of fetal age). If that is inconclusive, they are to advance to amniocentesis. If that is abnormal, they are to perform a high-resolution ultrasound. With each subsequent test, there is an increased chance that any number of anomalies, slight or severe, may be detected. Thus, a patient who follows her doctor's suggestion to undergo testing for neural-tube defects might find herself, a few weeks down the line, being counseled to contemplate an abortion for a variety of lesser disorders for which she had no original intention of seeking testing.

Like the medical community, the public health sector has its own reasons for promoting widespread prenatal screening. The U.S. Department of Health and Human Services has announced a goal of screening at least 90 percent of the U.S. population "for fetal abnormalities," an objective that "will be measured by tracking use of maternal serum alphafetoprotein screening tests." The HHS report that explains this goal states that "current ACOG standards recommend that MSAFP screening be offered to all patients"—without noting that this was a legal, not medical, recommendation. Likewise, the California Department of Health, as part of its ambitious statewide screening program, requires everyone who offers prenatal care to inform pregnant patients of the AFP test in an effort to detect greater numbers of potential birth defects. The fact is that governments on both the state and national level have considerable interest in

being able to point to reductions in disease. And morbidity and mortality rates are key expressions of a region's standard of living.

When most people hear of "reducing illness," they usually think of providing greater access to health care or developing new treatments for disease. Public health experts, however, frequently boast of reducing illness by means of prenatal diagnosis and abortion. The highly influential 1983 report of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research asserted that "genetic screening and counseling" may be used "to contribute to the public health goals of reducing the incidence and impact of inherited disorders." Similarly, an article heralding the "Decline of Down's Syndrome after Abortion Reform in New York State" boasted that "in 1975, terminations resulted in abortion of one-quarter of the expected cases of Down's syndrome in upstate New York and one-half of the cases in New York City. . . . It appears that abortion reform has become an effective measure to reduce the incidence of severe mental retardation." In England, the journal *Prenatal Diagnosis* reported one regional study in which abortions after a diagnosis of neural-tube defects led to an 86 percent reduction in the birth of individuals with these disorders. The authors concluded that "the success of the program in medical terms is apparent."

Policymakers and medical experts are under pressure not only to achieve noticeable improvements in health but also to reduce soaring health care costs. Widespread prenatal screening followed by abortion for fetal defects would accomplish both of these objectives. The motivation to reduce costs also helps explain the long-standing emphasis on preventing the birth of children with Down's syndrome, a disorder that is more financially costly to society—accounting for about 15 percent of the institutionalized mentally retarded population—than it is personally costly to its victims. (There are certainly other disorders and diseases that cause greater pain and discomfort.)

In the 1950s and 1960s, when studies seemed to indicate that more than half the children with Down's syndrome were born to mothers over the age of thirty-five, women over thirty-five were urged to have amniocentesis. When two decades of screening and abortion of Down's fetuses in this age group failed to have a significant impact on the national Down's syndrome population, new studies were undertaken. These revealed that only about 20 percent of Down's children are born to women over thirty-five, and that in many cases (nearly a quarter, according to one study) the father may be the

source of the extra chromosome that causes the disorder. By itself, then, amniocentesis of women over thirty-five would not do the trick. The discovery that Down's syndrome could also be detected by the AFP blood test, which is safe enough to be given to all pregnant women, was therefore regarded as a major breakthrough.

There has been no shortage of arguments to eliminate the ill or disabled before they become a financial burden to society. In a survey of British obstetricians in the late 1970s, researcher Wendy Farrant discovered that two-thirds of the respondents rated "savings in costs to society of caring for people with disabilities" as an important benefit of a national screening program for neural-tube defects; 13 percent agreed that "the state should not be expected to pay for the specialized care of a child with a severe handicap in cases where the parents had declined the offer of prenatal diagnosis of the handicap." More recently, the British Royal College of Physicians recommended a nationwide program of prenatal screening on the grounds that cost-benefit analysis showed that "it is cheaper to screen and counsel the whole population than it is to treat affected children who would otherwise be born to unprepared couples."

Medical cost-benefit analyses are startlingly cold-blooded. Studies feature graphs comparing the costs to society of a disabled child with the expense of testing and abortion. Articles debate the appropriate discount rate that should be used in calculating the lifetime costs to the state of caring for a disabled individual. One recent study, which noted the growing cost of providing services for mentally handicapped young adults, lamented the increase in the number of patients with Down's syndrome—an increase the authors attributed to medical advances that have allowed those with Down's to live longer and healthier lives. Debate has surfaced within the cystic fibrosis community over whether advances in the comfort and lifespan of individuals with CF outweigh earlier arguments favoring abortion of fetuses diagnosed with the disorder.

Crucial to all the discussions, reports, and studies supporting prenatal testing is the assumption that women will have abortions if fetal defects are detected. The hard truth is that there are still very few conditions that can be treated in utero. Hospitals will occasionally do fetal blood transfusions or perform surgery for urinary tract obstruction, and drug therapy is useful for treating some metabolic diseases. Experimental research in the area of gene therapy, the

replacement or correction of a defective gene in the fetus, would open up the possibility of new forms of prenatal treatment. For the foreseeable future, however, the chief purpose of prenatal diagnosis is to give parents the opportunity to abort a fetus diagnosed with a disorder. It is telling that research in the area of prenatal diagnosis is overwhelmingly concentrated on finding ways to diagnose conditions in the first few months of pregnancy, when abortion is a simpler and safer procedure, even though information about the fetus is much richer later on.

Yet the "A" word is almost never mentioned in the screening literature. When allusion to the subject is unavoidable, it is glossed over with an extraordinary amount of euphemism. This is the case even in medical journals, where doctors are addressing one another rather than pregnant patients. Physicians refer to "screening and its sequelae." Pregnancies are "terminated," "selectively terminated," or, most bewildering, "interrupted." Parents who receive news of a fetal disorder are urged to "choose a reproductive option," "decide the disposition of their pregnancy," or, simply, "intervene." In discussing abortion procedures, physicians refer to "permanent asystole" or "mechanical disruption of the fetus" rather than fetal death. The word "amniocentesis" often serves as a stand-in for testing-plus-abortion; one genetics textbook states, "If all mothers of thirty-five years and over had amniocentesis then this would reduce the incidence of chromosomal disease by 30 percent." Many British physicians take recourse in acronyms, referring simply to "TOP"—termination of pregnancy.

Much of this coyness can be explained by political expediency. A technical bulletin on screening issued by ACOG, a group that presumably would rather be identified with babies than abortion, never mentions the "A" word, but recommends that "supportive or therapeutic services appropriate to the decision should be made available." The report of the 1983 President's Commission on genetic screening is, for obvious political reasons, a masterpiece of double-speak. When the report discusses screening for Tay-Sachs disease, abortion is nowhere mentioned but everywhere between the lines. Prenatal testing of the fetus, says the report, "has provided carrier couples with an option that did not exist previously. In the past, couples who had a child with Tay-Sachs disease often found the 25 percent risk of having another affected child to be unacceptable, and decided therefore not to have any more children. Prenatal screening for Tay-Sachs has meant the continuation of countless pregnancies

and the conception of hundreds of infants who would otherwise not have been born.”

The Commission also refers to the inevitable tension between the “public health goals of reducing the incidence and impact of inherited disorders” and “the special place accorded to the right of individuals to obtain and use screening information as their personal values dictate, whether or not their decisions result in a *reduction in genetic disease*” [*emphasis added*]. The only occasions where the Commission report actually uses the term “abortion” is when it wishes to capitalize on its pejorative sense; in its discussion of sex selection, the report straightforwardly condemns the use of prenatal diagnosis “to abort a fetus of the unwanted sex.”

While many pregnant women welcome the choices prenatal testing has given them, others are ambivalent, have misgivings, or have simply not given the matter much thought. Yet the pressures to be tested are powerful. The most obvious pressure comes from the context in which tests are offered. Studies show that even women who have reservations about screening find it difficult to decline tests when their obstetricians suggest them. In one survey, about a third of the women who had already agreed to be tested “had wondered if it was right to perform a kind of quality control of the fetus.”

In the doctor’s office and in the many popular books available on pregnancy and childbirth, there is an assumption that reasonable and enlightened women will naturally want to make use of new screening technologies. The 1983 President’s Commission on genetic screening is typical in describing prenatal testing and carrier screening (the testing of couples before conception to determine whether they carry a genetic defect) as enhancing a woman’s choices. “Genetic screening and counseling are medical procedures that may be chosen by an individual who desires information as an aid in making personal medical and reproductive choices,” it says. “Professionals should generally promote and protect patient choices to undergo genetic screening and counseling. . . .”

Politicians and pollsters have long known that the words “information” and “choice” are powerful ones for Americans—especially for women. Barbara Katz Rothman, a sociologist at Baruch College in New York, has observed that we are raised to welcome all offers of both: “If there is information to be had, and decisions to be made, the value lies in actively seeking the information and consciously making the

decision. To do otherwise is to 'let things happen to you,' not to 'take control of your life.'" Women who reject screening are regarded as "turning *away* from the value of choice, and even more profoundly, turning away from the value of information."

Doctors, however, don't have to live with the anxiety generated by testing and the gathering of information; patients do. Yet physicians and women's health advocates repeatedly insist that the best reason for women to undergo prenatal screening is for "the reassurance it almost always brings." This is a strange assertion. Certainly, worrying is a natural part of any pregnancy: Can my body do all the things necessary to carry the baby to term? Will the baby be healthy? Will I be a good parent? Such free-floating concerns have always plagued women. But in the past few decades, the normal anxieties of pregnancy have been inflamed by a highly specific set of specters—specters prompted less by genuine health threats than by the promotion of certain tests.

Because there is a test for Down's syndrome, for example, women over the age of thirty have been bombarded with articles about the risks of having a child with Down's; many women can chant the statistics for each age category. To look at this situation from afar, one would assume that women today are at increased risk of giving birth to a child with Down's, or that Down's syndrome accounts for a majority of birth defects or, at least, a majority of cases of mental retardation. In fact, Down's syndrome accounts for only a fraction of all birth defects (including mild retardation) and only a quarter of the cases of serious retardation, which can be caused by a number of unpredictable genetic factors as well as trauma during the birth process. Similarly, the other chromosomal abnormalities, fetal infections, neural-tube defects, and blood and metabolic disorders that can currently be diagnosed before birth do not begin to exhaust the universe of possible defects.

Women have been trained to concentrate their anxieties on Down's syndrome for the simple reason that they are offered tests for it. But they are offered tests for Down's, not because the risk is personally high for them, but because the public health sector has a powerful interest in reducing the number of citizens who may end up requiring government support. Major research efforts have therefore been concentrated on screening for Down's, one of the few forms of mental retardation whose cause is known.

Displaced anxiety can lead to artificial peace of mind. In the current climate of testing it is all too easy for prospective parents

to forget that illness can befall a baby at any time during pregnancy and delivery, or after birth, and that the majority of birth defects are undetectable and unpreventable. Yet, as obstetricians will be the first to admit, many women who receive a negative result on a prenatal test seem to feel that they are in the clear. This false sense of security can make an undiagnosed birth defect or subsequent childhood illness all the more difficult to handle.

Pressures to undergo testing are invariably followed by subtle pressures to abort in the event of a positive diagnosis. While prospective parents may have worked out what action they would take if the fetus is diagnosed with anencephaly or Down's syndrome, they may be unprepared for ambiguous diagnoses, or diagnoses of milder conditions. Most parents do not realize that one in a hundred amniocentesis procedures (and an even higher proportion of CVS tests) will yield a combination of normal and abnormal cells that make predictions of any kind very difficult. Nor do most parents consider the possibility—present with any medical test—that test results may be switched or misinterpreted. And most parents are unfamiliar with conditions like sex-chromosome abnormalities, which are diagnosed in about one in 290 amniocenteses. Nearly all children born with a sex-chromosome abnormality will have a normal life span. Some may be infertile or require hormonal therapy; some may need special help with schooling or behavioral problems. (So, of course, may many “normal” children.) Yet in one study twenty-five out of forty fetuses so diagnosed were aborted.

Any momentous life change, whether desired or dreaded, seems overwhelming in the abstract. Yet most people do rise to these occasions. The incorporation of prenatal screening into childbearing, however, allows couples' abstract fears and prejudices to override their natural instincts. Comparisons between the attitudes of parents contemplating having a disabled child with those who already have a child with a disability are revealing. Surveys of women undergoing amniocentesis have shown that 62 percent say they would abort for sex-chromosome abnormalities, and 57 percent for blindness or paralysis of the legs. Yet only 20 percent of parents who have children with cystic fibrosis would consider abortion for CF. Clearly, having a personal relationship with an afflicted individual can summon up a host of nurturing instincts that do not come into play in a theoretical deliberation. It is interesting to note that these same parents of children with CF would be far

more willing to abort for disorders they had no personal experience with. A similar pattern has been reported in parents of children with Down's syndrome.

The majority of genetic counselors on hand to advise parents during the testing process pride themselves on being "nondirective." They see their goal as providing information and helping patients sort out their feelings. But Angus Clarke, a geneticist at the University of Wales College of Medicine, has become skeptical of such claims of neutrality. In an article examining the use of counseling in his field, he concluded that "an offer of prenatal diagnosis implies a recommendation to accept that offer, which in turn entails a tacit recommendation to terminate a pregnancy if it is found to show any abnormality. I believe that this sequence is present irrespective of the counselor's wishes, thoughts, or feelings, because it arises from the social context rather than from the personalities involved. . . ."

Within the medical literature there is a clear assumption that counselors are there, in effect, to help patients through the difficult process of *agreeing* to be tested and *agreeing* to abort in the event of a diagnosed defect. A March of Dimes casebook on genetic counseling uses the phrase "nonroutine decision" to refer to a couple's choice to continue a pregnancy after a diagnosis of fetal defect. A booklet Yale University Medical School's prenatal testing unit hands out to couples who have just received a positive diagnosis treats as inevitable the grief that will accompany the decision to abort a defective fetus—and, by implication, as inevitable the fact that parents *will* choose to abort. "How do we describe the decision to actively end a pregnancy that often has been so joyously anticipated?" The booklet implies that parents should shield themselves from those who will simply "make moral judgments" and carefully likens the mourning process following an abortion after prenatal diagnosis to the loss of a child through miscarriage or accidental death.

But the fact is that parents *are* responsible for ending the pregnancy, and their reactions to the decision, and to the abortion itself, are all the more intense for that. The medical community has only recently turned its attention to the emotional issues surrounding abortion in these circumstances, and the results suggest that the experience is more traumatic than had been expected—almost always more traumatic than abortion in the event of an unwanted pregnancy.

Studies comparing first-trimester abortion following CVS with second-trimester abortion after amniocentesis show similar levels



of grief. But abortions after amniocentesis are more taxing physically and more grueling emotionally. Late-second-trimester abortions usually consist of an injection of prostaglandin into the amniotic sac, followed by labor that takes anywhere from several hours to more than twenty-four hours, culminating in delivery of the dead fetus. In an attempt to help parents come to terms with the loss, many hospitals encourage women to view or hold the fetus after delivery. A photo is often kept on file in case a woman who does not wish to see the fetus at the time of the abortion wishes to do so later on. A small number of women opt for a dilation and evacuation procedure, in which the fetus is surgically removed from the womb.

Researchers who have begun to study the reaction of parents who abort for fetal defect seem surprised at the extent of emotional distress. One group of researchers reached what one would have thought would be an obvious conclusion—that “for most women the event had the psychological meaning of the loss of a wanted child.” In one of the largest studies of what are called the “psychosocial sequelae” of abortion after prenatal diagnosis, these researchers interviewed eighty-four women and many of their husbands two years after the event. They learned that more than 20 percent of the women still experienced grief and guilt that “interfered with their mental well-being.” Some of the younger women in the group had been having recurring panic attacks and nightmares. One man had been impotent since the abortion. Ten couples had separated at some point during the two years as a result of the stress the abortion placed on the relationship.

Nearly half the couples said that their behavior toward their children had become overprotective, anxious, or irritable. Two couples left their children for six months with relatives. Five men left the interview room “to hide their tears.” And thirteen couples refused even to participate in the study because the subject was too painful for them to discuss. The researchers observed that 40 percent of the women and 9 percent of the men displayed a “loss of moral self-esteem produced by the awareness of their own contribution to the pregnancy loss.” Although only 32 percent of the women practiced a religion, 82 percent “experienced a strong spiritual disturbance.” The researchers speculated that “55 percent of the women and 58 percent of the men were potentially at risk of prolonged or unresolved grief because they felt unable to voice their feelings.”

The survey concluded that, “while a second trimester termination

of pregnancy for fetal abnormality may be physically relatively safe for the mother, it remains an emotionally traumatic, major life event for both father and mother.” Yet the researchers who arrived at this conclusion did not reassess prenatal screening in light of their findings. Instead, they simply criticized the “post-termination care” the couples received, and urged that those who abort under such circumstances receive more counseling: “Grief cannot be prevented but may be shortened if couples are given the right tools, in the form of skilled preparatory counseling, to come to terms with it.”

As prenatal screening becomes increasingly routine, disability ceases to be viewed as a random misfortune. But even if a woman had all the reproductive choices in the world—whether to conceive, whether to undergo diagnostic testing, whether to treat the fetus, or whether to abort for a particular condition—she still would not be guaranteed a healthy child. When children are born with disabilities or suffer injuries in childhood, will parents steeped in a culture of screening regard them with resentment? The effect of this culture, Barbara Rothman has pointed out, is that conditionality, rather than acceptance, is built into parental love from the start. Screening for defects is a way of saying: “These are my standards. If you meet these standards of acceptability, then you are mine and I will love and accept you totally. After you pass this test.” Pediatrics expert Jeffrey Botkin agrees that screening may have a destructive effect on the parent-child relationship, noting that testing raises parents’ expectations of their children, rather than encouraging parents to recognize the uniqueness of each child.

Disability advocates and feminists interested in the social impact of reproductive policies have criticized society’s growing role in developing and enforcing quality-of-life standards. Even some feminists who are resolutely pro-choice have trouble with abortion for defect. As Harvard’s Ruth Hubbard has explained, “It is one thing to abort when we don’t want to be pregnant and quite another to want a baby, but to decide to abort this particular fetus we are carrying in hopes of coming up with a ‘better’ one next time.” Disability groups and feminist supporters fear that when physicians encourage the abortion of fetuses with diseases or disabilities, they are fostering intolerance of the less-than-perfect people who are already born. Anecdotal evidence gives cause for concern: in one study of seventy-three parents-to-be undergoing prenatal screening, 30 percent said they thought screening might encourage negative attitudes toward

the disabled; half thought that mothers of disabled children would be blamed for their failure to undergo screening or have abortions.

Angus Clarke has remarked on the poisonous effect of the double standard that governs prenatal screening. Physicians and policymakers, he notes, assume that abortion for sex selection is “tantamount to a declaration that females are of much less social value than are males. Society is not willing to make such a statement, which would have profound implications for how women are viewed in society, and also for how women view themselves.” Yet there are no restrictions on the patient’s autonomy to abort for any disability whatsoever. This, Clarke says, indicates the “low value that our society places upon those with genetic disorders and handicaps. We draw some moral lines for social but none for genetic termination of pregnancy.”

The President’s Commission on genetic screening bears this out. While endorsing testing for disorders and defects, the commission roundly condemns sex selection on the grounds that it is “incompatible with the attitude of virtually unconditional acceptance that developmental psychologists have found to be essential to successful parenting. For the good of all children, society’s efforts should go into promoting the acceptance of each individual—with his or her particular strengths and weaknesses—rather than reinforcing the negative attitudes that lead to rejection.”

Other criticisms of prenatal testing stress the procedure’s potential impact on the distribution of illness in society. The epidemiologist Abby Lippman has warned that since affluent people are more likely to avail themselves of testing and more likely to abort when presented with a positive or ambiguous diagnosis, the wealthier classes may be avoiding illnesses—such as Down’s syndrome and spina bifida—that up until now have always been randomly distributed. This demographic shift may leave the disabled without the lobbying clout so crucial to obtaining funding for research and treatment.

As screening becomes increasingly widespread and sophisticated, physicians, policymakers, and the courts will be forced to make judgments about what kind of life is worth living and what kinds of disabilities are too costly to society. Already, parents who undergo prenatal testing are finding that answering life-and-death questions is more difficult than they had imagined. How “normal” does a baby have to be to continue the pregnancy? Which is worse, a severe physical or slight mental handicap? Should one abort if there is a 30 percent

chance that a genetic disease will be transmitted? Is it worth giving birth to a child who will die at the age of forty? Thirty? Twenty?

Prenatal testing has the potential to raise countless uncharted dilemmas. If parents who choose to abort in the case of a detected defect already have children, how do they explain the sudden disappearance of the pregnancy? Do they tell the children it was a miscarriage, or do they try to explain that the pregnancy was ended because the baby had an illness? Other, more peculiar, situations present themselves when mild or ambiguous disorders are diagnosed and parents choose not to abort. In the case of conditions that may affect growth, sexual development, or level of aggression, Rothman has noted, parents might find themselves locked into a certain perception of their children, always on the lookout for signs of abnormality. Perfectly normal childhood behavior will be scrutinized for manifestations of certain diseases. There is no way to know how this atmosphere might affect a child's development and sense of self. As the ability to detect a wider range of nonfatal genetic conditions becomes possible, these sorts of challenges may become increasingly common.

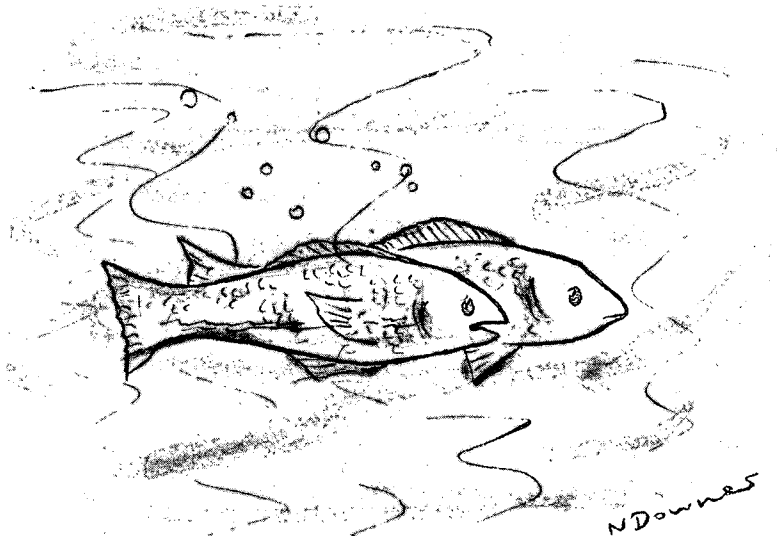
Rothman has also described the daunting problem posed by the detection of late-onset disorders, such as Huntington's disease, that do not manifest themselves until adulthood. If parents know the awful secret that their child probably will not live past a certain age, how will this knowledge affect their relationship with the child? Will they find themselves keeping an emotional distance to protect themselves from future pain? Will they, consciously or unconsciously, skimp on ways they invest in their child—whether in education or in encouragement of talents, hobbies, and other skills?

**T**he decisions raised by prenatal testing are the stuff of moral philosophy. But they put real-life parents in inhumane situations. Moreover, they coarsen our very notions of what it means to be a responsible member of society. Through the gradual introduction of new forms of technology and testing, the medical establishment and the public health sector have been developing subtle quality-of-life standards and not-so-subtle ways of discouraging the birth of those who do not measure up. Debate on the issues raised by screening, when it does take place, has been confined to a small circle of professional ethicists, legal scholars, and feminists interested in reproductive policy.

Testing for birth defects, meanwhile, has crept into the life of nearly every woman of childbearing age, whether she avails herself

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of it or not. It is not too strong to say that childbearing has, in a profound sense, been transformed. This transformation is not the province of one interest group or another: it is not exclusively a medical issue, a legal issue, an economic issue, or a women's issue. Like many revolutions in medicine and technology, prenatal testing took on a life of its own before its implications could be fully assessed. Like too many revolutions, its destructive social consequences may prove to be both far-reaching and long-lived.



*'Sure I was relieved. But then I started thinking, "Why did he throw me back?"'*

THE SPECTATOR 6 April 1991

## *A Cri de Coeur*

*Henry J. Hyde*

**M**y colleagues, the French have a marvelous gift for phrasemaking, and one of their marvelous phrases is: *cri de coeur*, a cry of the heart, of which there are two cries of the heart in every human being's life. The very first cry of the heart occurs in the womb, and if my colleagues have ever looked at a sonogram picture of a little baby in the womb, they would know that that is when the first *cri de coeur* occurs: I want to be born. It is a reflection of instincts, the urge to survive. It is inaudible but it is there: I want to be born.

The second cry of the heart is at the end of our lives. It is the last thing we say: I don't want to die. I don't want to die.

I would suggest to my colleagues that abortion violates both of those cries. It violates one's right to be born, one's right to life, which our Declaration says is a fundamental endowment, and it is inalienable, the right to life. Abortion says no to that first cry of the heart, and in the same instance it says: No, death will be visited upon you because you are unwanted by some people—so you die, and so both of those cries of the heart are violated by destroying the unborn in the womb.

And I say to you, my colleagues, not only do you kill the unborn when you do that, but you kill generations of progeny. You foreclose the future whenever you commit an abortion. An abortion forecloses the future for generations and generations.

Now *Roe v. Wade* is the law. It has been ratified, and it has been affirmed by the Supreme Court in *Planned Parenthood v. Casey*, and we cannot argue with that. That is the law, and we have to live with the law. There is no question about that.

But providing a constitutional right to an abortion does not mean society has to subsidize the exercise of that constitutional right. The two are entirely different.

We have a right of free speech. Does that mean the government has to buy us a personal computer? A typewriter? A megaphone?

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**Henry J. Hyde** is the well-known congressman from Illinois and original sponsor of the Hyde Amendment. This article is the text of his June 30 speech on the floor of the U.S. House of Representatives during the debate on the amendment (which subsequently carried by a 255-178 vote), and is reprinted here with Mr. Hyde's permission.

We have a right to travel in this country. Must the government provide us with a plane ticket?

The exercise of the right need not be subsidized because of the existence of the right. In fact, the Supreme Court, in *Harris v. McRae* in June of 1980 said, and I quote from the same court that gave us *Roe v. Wade*: "Abortion is inherently different from other medical procedures because no other procedure involves the purposeful termination of a potential life."

I respectfully disagree with the court. That in the womb is not potential life. That is a life—that is a life with potential. But nonetheless I accept the court saying this is a unique procedure, purposefully destroying an unborn child in the womb.

Now this bill that we are dealing with today (and my amendment) forces us to confront whether we want to coerce (and taxing is coercion) literally millions of people to subsidize the triumph of King Herod, the slaughter of the innocents. What is more innocent than an unborn child? It is not a chicken, not a tumor, it is not a diseased appendix. This is a tiny member of the human family. The data is clear, and anybody who denies that is exercising self-deception. But today we are going to subsidize the slaughter of the innocent and make people to whom abortion is morally repugnant, millions of people, be complicit in that terrible action.

The President said, "I want to make abortion legal, safe and rare." Well, it can be made legal, I guess, but it cannot be made safe for the unborn. It is terminal for the unborn. And rare? Not if it is subsidized, because then, I say to my colleagues, you're going to get a million more abortions, and you know we already have in this country 1,500,000 abortions every year legally.

I ask my colleagues, isn't that enough? Isn't that enough? Do we have to force people to pay for a million more?

All politicians, when they campaign, they say "I'm for the little guy, I'm for the little guy." There is no one literally more little than an unborn child in the womb, defenseless. They are our most vulnerable, our most inarticulate minority, the unborn in the womb.

Humanity asks an anguished question, and it asks it many, many times. It asks it a million and a half times in our country to the unborn: To be or not to be? That is Hamlet's great question, and we answer it "not to be" when we perform an abortion. We answer that a million and a half times a year.

HENRY J. HYDE

The rhetoric of abortion and the literature of abortion on the pro-abortion side very seldom discusses the unborn child. The rights of the pregnant woman are paramount. The right to autonomy, to sovereignty, is a triumph of "me over thee." I understand that.

But, My God, think for a moment. I say to my colleagues, if you can, exercise your moral imagination, and think about the other party to the abortion decision, the unborn being—the child who might write the book, the child who might compose the symphony, the child who might discover the cure, the child who might lead his country in a time of peril. That child has no one to hear, "I want to be born." Answer that cry of the heart with your vote today. A million and a half abortions are quite enough. We live in a tidal wave of blood from the abortions that go on.

Martin Luther King had a marvelous gift for a phrase. He was one of the finest speakers that I ever heard, and Martin Luther King, when he talked about difficult ideas, emotional situations, talked about love, about death, about sin, about salvation, had a wonderful phrase. He said these things can only be spoken of with "the inaudible language of the heart, the inaudible language of the heart." That is the cry: "I want to be born." That is a tiny member of the human family, and I tell my colleagues that when you abort that child, that innocent, voiceless child, that child can't rise up in the streets, has no one to speak for him and no one to defend him but us.

If a child were in front of a railroad track, were lying on a track and a train was coming along, would we not run and save that child?

My colleagues can save millions of children by voting for the Hyde Amendment and voting against the motion to rise, so I say: Listen to that cry of the heart from the unborn—I want to be born.

What is your answer?



## A D-Day Prayer

*Franklin Delano Roosevelt*

**M**y Fellow Americans: Last night, when I spoke with you about the fall of Rome, I knew at that moment that troops of the United States and our Allies were crossing the Channel in another and greater operation. It has come to pass with success thus far.

And so, in this poignant hour, I ask you to join with me in prayer:

Almighty God: Our sons, pride of our nation, this day have set upon a mighty endeavor, a struggle to preserve our Republic, our religion, and our civilization, and to set free a suffering humanity.

Lead them straight and true; give strength to their arms, stoutness to their hearts, steadfastness in their faith.

They will need Thy blessings. Their road will be long and hard. For the enemy is strong. He may hurl back our forces. Success may not come with rushing speed, but we shall return again and again; and we know that by Thy grace, and by the righteousness of our cause, our sons will triumph.

They will be sorely tried, by night and by day, without rest—until the victory is won. The darkness will be rent by noise and flame. Men's souls will be shaken with the violences of war.

For these men are lately drawn from the ways of peace. They fight not for the lust of conquest. They fight to end conquest. They fight to liberate. They fight to let justice arise, and tolerance and good will among all Thy people. They yearn but for the end of battle, for their return to the haven of home.

Some will never return. Embrace these, Father, and receive them, Thy heroic servants, into Thy kingdom.

And for us at home—fathers, mothers, children, wives, sisters and brothers of brave men overseas—whose thoughts and prayers are ever with them—help us, Almighty God, to rededicate ourselves in renewed faith in Thee in this hour of great sacrifice.

Many people have urged that I call the nation into a single day of special prayer. But because the road is long and the desire is great, I ask that our people devote themselves in a continuance of prayer.

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Franklin Delano Roosevelt, the thirty-first president of the United States, broadcast the prayer reprinted here by radio to the nation on June 6, 1944, while American and allied troops were storming ashore on the beaches of Normandy.

FRANKLIN DELANO ROOSEVELT

As we rise to each new day, and again when each day is spent, let words of prayer be on our lips, invoking Thy help to our efforts.

Give us strength, too—strength in our daily tasks, to redouble the contributions we make in the physical and the material support of our armed forces.

And let our hearts be stout, to wait out the long travail, to bear sorrows that may come, to impart our courage unto our sons wheresoever they may be.

And, O Lord, give us Faith. Give us Faith in Thee; Faith in our sons; Faith in each other; Faith in our united crusade. Let not the keenness of our spirit ever be dulled. Let not the impacts of temporary events, of temporal matters of but fleeting moment—let not these deter us in our unconquerable purpose.

With Thy blessing, we shall prevail over the unholy forces of our enemy. Help us to conquer the apostles of greed and racial arrogancies. Lead us to the saving of our country, and with our sister nations into a world unity that will spell a sure peace—a peace invulnerable to the schemings of unworthy men. And a peace that will let all men live in freedom, reaping the just rewards of their honest toil.

Thy will be done, Almighty God.

Amen.

## APPENDIX A

*[The following column first appeared in the New York Post on July 16, 1993, and is reprinted here with permission.]*

### **Sleazy Docs: The Truth Behind Abort Hoax**

*Ray Kerrison*

The state of New York is in the act of perpetrating a cruel hoax on women. It claims that women are being mutilated and killed in abortion clinics because the state does not have enough investigators to police the establishments and keep the butchers out.

If any woman believes that nonsense, God help her.

The real reason women continue to die from abortions is that the industry, by its very nature, attracts sleazy, incompetent, uncaring, money-grubbing medical practitioners, and no amount of policing will change it. As some lawyers become shysters, so some doctors become abortionists.

No self-respecting doctor dedicated to saving lives and healing the sick would be caught dead in an abortion mill. Its stigma is overwhelming. So the moment a woman shows up at an abortion mill, she immediately places herself in the hands of someone only remotely removed from quackery.

Therein lies the great lie of the abortion industry and the deceit of the radical feminist movement. Women were persuaded that once abortion was legalized, back-alley butchers would be driven out, and abortions would be performed by reputable, skillful doctors in hygienic, well-equipped hospitals and clinics.

The graves of thousands of women who have died because of "legal" abortions give silent testimony to the illusion. Not to mention the thousands of walking wounded, who have been mutilated, crippled, traumatized or rendered barren by botched abortions. They were not warned that only the dregs of the medical profession become abortionists.

And it is going to get worse. For all the liberal media propaganda endorsing abortion, for all the celebrities who boast of their abortions, for all the high-profile feminists like Gloria Steinem and Faye Wattleton who make abortion their sacred mission in life, abortion remains a thoroughly discredited, shabby, repugnant profession.

It is so disreputable that fewer and fewer doctors are entering the field, and more and more hospitals are getting out of it. The head of a Planned Parenthood facility in Indiana recently complained that she had tried for nine months to recruit a doctor to perform abortions and had come up empty. Abortion clinics in big cities like New York admit that their most serious problem is finding doctors. The shortage is so severe that in some states physicians' assistants are performing abortions.

So the legalized abortion industry that was going to be the answer to every distressed woman's prayer is increasingly becoming her nightmare. Clinics are stacked with avaricious incompetents, moonlighters, bunglers, fly-by-nighters and swindlers.

The state not only knows it, but condones it. Abortion is the biggest unregulated

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industry in New York. That's the way politicians want it, because they are terrified of feminists. It's the way feminists want it. Notice how Steinem and Wattleton never show up at an abortion victim's funeral.

The state and women's organizations are so indifferent to the true welfare of women that they don't even bother to count the number who die or are mutilated in abortion. There are no statistics.

Therefore, the state's claim that women are being slaughtered in abortion clinics because there are not enough investigators is fiction. Worse, its propaganda is criminally misleading.

The New York Post yesterday published a list of hospitals and clinics recommended by the state Health Department for "safe abortions." Leading the list, incredibly, was the Eastern Women's Center Inc. in Manhattan.

Do you remember this "safe" abortion facility? This is where a frightened little schoolgirl of 13—her name is not important here—was so bloodily mangled in an abortion by a moonlighting, out-of-state "doctor" that she was rushed, brain dead, to a hospital. Three days later, she died with her distraught, numbed and bewildered parents at her bedside. They subsequently won a huge court settlement.

Another woman I know of also died from an abortion in this place. In just two years, it was fined a total of \$92,000 for all kinds of violations, including lack of medical direction and supervision, hygiene, etc. And this clinic, let it be noted, is licensed by the state of New York. And recommended by the state as a safe abortion facility!

Women are being savagely hoodwinked by abortion proponents. They should know that the racket is stuffed with bumbling incompetents because no dedicated doctor wants any part of it.



*'The patient's financial condition is giving us cause for concern.'*

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## APPENDIX B

[The following commentary ran as an "Other Voices" Op-Ed column in the Little Rock Arkansas Democrat-Gazette on Sunday, May 16. Mr. Dearmore, who is now retired (and lives in Springfield, Missouri), was as he notes an editorial writer for the now-defunct Washington Evening Star; his original 1973 editorial is also reprinted below, both with the kind permission of the author.]

### An Opinion Writer Changes His Mind on Abortion

Tom Dearmore

Bill Clinton was starting his tenure with five signatures to facilitate abortion or, in one case, expand its uses. As he signed the memoranda, removing barriers raised by the previous administration, he drew applause from his pro-choice guests in the White House.

But as I watched the president from my home state sit down at the famous desk he had dreamt of since boyhood, a feeling of melancholy took over. And indeed, there was a fleeting look of worry on his boyish face as his pen raced along.

Watching him, this writer's mind raced back to the old lines of Fitzgerald:

The Moving Finger writes, and, having writ, moves on;  
nor all your piety nor wit shall lure it back to cancel half a line, nor all your tears wash out a word of it.

To be sure, a larger finger than Bill Clinton's was envisioned here, but the point is immutable; error is indelible and accounting inevitable. And suddenly I remembered that precisely 20 years beforehand, on the day *Roe v. Wade* was handed down, another young man from Arkansas, also in his 40s, was down at *The Evening Star* in Washington writing the paper's editorial that commended the court decision.

I was the writer, and I have dug the editorial out of my files, and it was a nicely polished piece, if I may say so.

The only problem is that I was terribly wrong. The following years of studying the unpleasant subject, and reflecting on it, and trying to shove it aside but not succeeding, have brought this inescapable conclusion. I was wrong. The *Star* was wrong. Most of the leading commentators were wrong, avoiding depth of analysis.

Bill Clinton is wrong. Deadly wrong.

For what we are dealing with here is—despite all the intellectual detours around the central point—life. For many years I have sat in editorial meetings and heard delegations pose the question: Does not a woman have the right to control her own body? It is a simplistic question, for what we are talking about here is not her own body; it is another body, a separate human.

Mr. Clinton said his signing of the edicts was done in the service of freedom. He might recall that the man whose name he shares assiduously now, and from whose Monticello his last bus event was staged before the inaugural, gave us the creed of the new America in three parts. The first was life. Then liberty, then the pursuit of happiness.

In the new, relativistic ethos that Mr. Clinton reflects, it is turned exactly around:

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The pursuit of happiness is first, feeding upon life, while liberty often has come to mean “anything goes.”

The president’s problem is that no telegenic grin, much less any rationale he presents to justify his position, will disarm this fearsome question. Cold reality intervenes, despite efforts of the major media and much of the public to downplay it. Indeed, the only way to be at peace with the idea of convenience abortion is not to think about it in any depth—to retain a distance, an ambiguity that turns away from precise analysis. This is what many of us have done much of the time, steering away from conclusions that might be unpopular in our upscale setting. For the frightful aspects of abortion at the medium and advanced stages, as to physical details and the certainty of the separate life being destroyed, demolish any intellectual defense of it once they are examined fully.

But one hesitates to examine, to alienate some in the progressive elites whose implication seems to be that acceptance of fetal inhumanity is required for passing the test of sophistication. Actually, it is required for passing the test of blindness as to physical and moral realities. We are not dealing with inert matter here: assuredly in the second trimester, at least, we are dealing with a certifiable new human, a definite person whose little fingers are clasping and unclasping, whose brain waves are emanating, whose future unique identity is assured except for some lethal intervention.

And the fact is that intervention comes in most cases not to protect the life of the mother but simply to avoid inconveniences, many of them trivial, related to the unhampered “pursuit of happiness,” or visions of social or career advancement, that might be hampered, for example, by missing a college term. Or among many reasons unrelated to health, to avoid the embarrassment of being an unwed parent.

For too many, the baby would interfere with the self-gratification that abhors examination that is not fashionably relativistic.

But there is nothing indecisively relative about the emergent humanity at stake here; it is alive—period. Surely Mr. Clinton should wonder if his facilitating signatures will increase the tonnage of fetuses produced by abortion, the output of which totals some 1.6 million terminations annually, adding up to about 30 million since the justices produced *Roe* to the cheers of the prestige media.

Now some of us are sobered by the results, as Mr. Clinton may be by his signatures in times ahead as he learns, perhaps, the wisdom of old Gellius’ observation, “Truth is the daughter of time.” He well might ponder one question that may not have struck him just yet. Does that hand-clasping, unborn baby dismissed as “tissue” by some folk feel pain as it is being aborted? Does it flinch and struggle perhaps as the process is executed?

Maybe the president would rather put off seeking the answer to this until tomorrow, and then until the next tomorrow, for there is a sizable body of expert testimony and evidence, supported by electronic observations of physical reaction, that the child being aborted indeed does suffer pain, though there still will be denials from some on the pro-choice side.

Congress should hear testimony on this repelling aspect as it considers the so-called Freedom of Choice Act of 1993, which would go far beyond *Roe* in preventing any meaningful limitation of even late-term abortions. It would shrivel the small power now left to the states in this field. Congress should want to know about the pain element, as should Mr. Clinton, who made a strong point last year of telling those of us who escaped the pre-birth instruments, "I feel your pain."

Also, he might ruminate on the seldom-mentioned confluences of his point of view with elemental racism. He sits now in a city that is a leader in abortion, producing some 19,000 in 1991, for example, more than 60 percent of the recipients having had one or more abortions beforehand. More than three-fourths were performed on young black women.

I recall, years back, hearing an influential figure in the city, speaking privately, express gratification at the prevention of tens of thousands of added black babies from appearing in the District of Columbia. How could the schools, given their awful problems, stand this added load? he asked. I heard the same point made elsewhere; massive abortion in black communities is immensely pleasing to white racism. Doubtless, also, the gentleman who applauded those abortions would greet with a thin smile today the word that the new president is keeping his own child well away from the disastrous public schools of the District in an expensive, majority-white, private school.

These are some of the more torturous points that some of us have hesitated to make as the abortion total has rocketed. Many of us are guilty of evasion of painful realities, as were the uncomfortable jurists themselves back then—unable to put a definite finger on the matter of fetal viability, calling the unborn child "potential life." Potential, indeed; they should look now at the ultrasound projections of the active child well before birth. Life is there. Feeling is there.

Especially ominous is Mr. Clinton's extension of the application of abortion to include the use of fetal tissue for medical research. Reflecting on this I recall the faces of young friends who died in the inferno of the '40s to help stop the man with the mustache who used terminated life for scientific research.

No one compares Bill Clinton to that man, but from small initiatives—tinkering with extinguished human life—some large horrors can develop.

At a meeting with school children, answering a boy's question, Mr. Clinton turned on to a foggy detour. He circumvented the provable reality of physical life by saying that a major question remains: Does the unborn child have a soul, and if so, at what point in its development is the soul received?

This is a masterpiece of evasion—the soul, of course, being inscrutable, invisible, unmeasurable by any conceivable device, unlike the physical life. Mr. Clinton should reflect, though, on the certainty that the unborn babe is scheduled for a soul, even if he thinks it may not have one just yet.

And of course there is a grievous matter that now clouds the debate: The murder of an abortion doctor in Florida inflames discussion and makes many pro-life advocates cringe. But this is simply an individual aberration, a contemptible,

## APPENDIX B

isolated extreme. It is not relevant in any way to determining the legitimacy of abortion itself.

Political promises were kept with Mr. Clinton's signatures, but in the long term he may be haunted more by these promises kept than by others broken, for this is the heaviest moral issue of the century in our domestic life; it is engraved ineradicably in the consciences of millions who will be heard in times ahead.

No amount of materialistic piety or fashionable wit will hush the opposing outcry, especially as the public becomes acquainted, willingly or not, with more of the unspeakable particulars.

*[The following editorial ran in both the Washington Evening Star and Daily News on January 27, 1973.]*

### A Woman's Right

*Tom Dearmore*

No victory for women's rights since enactment of the 19th Amendment has been greater than the one achieved Monday in the Supreme Court. The historic decree on abortion at last extended the protections of the Constitution broadly to an area of the law in which women are most singularly and severely affected.

As expected, it is being criticized on one hand as too sweeping and permissive, and on the other as not going far enough. Some liberationists will argue that a woman's absolute right to an abortion at any period of pregnancy should have been affirmed. But it seems to us that the court struck a judicious balance, weighing law and morality as best it could.

The justices held that a state may not forbid an abortion—provided the woman's doctor approves—in the first six months of pregnancy. But the states' regulatory powers are by no means swept away. They may, for the middle three months of pregnancy, impose requirements to protect the health of the mother in operations. And in the final three months, they may prohibit abortions, except to save the "life or health" of the mother, though the manner of deciding that may not be made excessively rigorous. Hence, the states still are empowered to set standards under which abortions may be administered.

But the new power given to women is solidly fixed in a single sentence of the ruling: The right of privacy under the 14th Amendment "is broad enough to encompass a woman's decision whether or not to terminate her pregnancy." This is a decision that women should have the right to make, within the bounds of safe medical practice, and six months should be more than sufficient for deciding in most cases. The court, though, has properly circumscribed that right in the



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advanced stages of pregnancy, in which the unborn child could live outside its mother's womb. So enough leeway is given, it seems, to prevent unsafe and wholesale abortions, and the sanctity of life, both adult and unborn, is recognized.

The latter question is the hard moral hurdle which many Americans won't be able to scale as readily as the court has. But it is now established in law at what point the unborn begin to share the rights of persons, and states no longer may forbid abortions except to save the life of a mother. That is indeed a long step in the law, altering the practices of most states.

And the remarkable aspect is that only two justices dissented from this difficult decision, and only one of President Nixon's conservative appointees to the court. Those judicial observers who have foreseen a retreat from activism by this newly rearranged court—a hesitancy to stretch the application of the 14th Amendment—find their prophecies confounded. The court continues to be unpredictable, and in this delicate case, we think it was right.



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## APPENDIX C

*[The recent abortion decision by Germany's Constitutional Court received scant attention in the U.S. media; we thank Professor Richard Stith (who teaches law at Valparaiso University in Indiana) for the following summary of the Court's action and its meaning, based on the official texts of both the new and previous (1975) rulings, as well as Professor Stith's conversations with knowledgeable observers of the Court.—Ed.]*

### **“On the strength of its human dignity . . .”**

*Professor Richard Stith*

On May 28, 1993, the German Constitutional Court reaffirmed that **“from the beginning of pregnancy a right to life belongs to unborn human life, on the strength of its human dignity”** (*“... dass dem ungeborenen menschlichen Leben von Beginn der Schwangerschaft an kraft seiner Menschenwürde ein Recht auf Leben zukomme...”*). In this 6-2 landmark decision, the Court struck down a post-unification abortion statute, declaring it insufficiently protective of unborn children.

The stricken statute had required informational counseling and a three-day wait prior to an abortion. The Court found these inadequate to safeguard unborn children from “unlawful attacks.” In order to be constitutional, the law must ordinarily either penalize abortion or else protect the child through extensive pro-life counseling and social supports for pregnant women. Abortion cannot be included in a national health insurance scheme, for such inclusion would make this “act of killing” seem normal, in the words of the official court summary of the new decision. (The full, approximately 200-page opinion was not yet available in the U.S. at the time this report was written.)

Back in February of 1975, just two years after *Roe v. Wade*, the West German Constitutional Court first ruled that the constitutional provision, “Everyone has the right to life,” includes the unborn. That decision was also 6-2, but with an entirely different panel of judges. The experience of Nazism, according to the Court, had shown the importance of recognizing the inherent dignity of every individual human being. State policy must be one of inclusion rather than exclusion from the human community of respect and concern. Thus the State has a duty in principle to prohibit abortion. The 1975 decision went on to say, however, that where unusual hardships make the continuation of pregnancy “too much to demand” of a woman, abortion need not be punished.

The East German communist regime did not share this commitment to individual human dignity. Abortion was there permitted on demand, though only during the first twelve weeks of pregnancy. German reunification resulted in a new federal statute under which abortion was to be “not unlawful” during the first twelve weeks of pregnancy, as the East Germans had wanted, provided that the pregnant woman first underwent neutral informational counseling and then waited three days before the abortion. The demands of national unity placed intense pressure on the Constitutional Court to uphold this legislation.

In acts of great political courage, the German high court last fall prevented the new statute from going into effect and now has declared it partially unconstitutional. Reaffirming the 1975 decision, the Court held again that the State has “a duty to place itself protectively before unborn life, shielding this life from unlawful attacks by others”—the same kind of language used by non-violent “rescuers” in the United States.

As in 1975, the new decision permits abortion in those situations where the continuation of the pregnancy would impose unusually severe hardships on the mother. These situations include, according to the Court, life of the mother, rape, and cases of serious impairment to the health of the mother or child. For normal pregnancy, however, abortion must remain “unlawful” (*rechtswidrig*).

In a step that must surprise Americans on both sides of the abortion debate, the Court nevertheless agreed that criminal punishment may not be the only, or even the most effective, means of protecting the unborn. Required waiting periods and pro-life counseling—together with extensive post-birth leave and salary benefits, day-care, and all the other supports possible in a welfare state like Germany—might be better than threats of punishment at convincing a mother that she should let her child live. And, it was urged to the Court, there is no way to have both. If abortion will be punished, women will not come in for government-sponsored counseling, and as a result they may never hear about the facts, principles, and social supports that favor life. The Court concluded that the State, if it wishes, may attempt to curb abortion without penalization, thus leaving even non-hardship abortions unpunished, in the first twelve weeks.

But the State may depenalize early abortion only if it at the same time seeks to eliminate financial and other pressures on women to abort and also requires counseling that is solidly pro-life, rather than merely informational. In order for a woman to reach a responsible decision in conscience, she should know that the unborn child “at every stage of pregnancy has a right to life.” Counselors also have a duty to offer help with personal problems, such as finding an apartment or continuing her education, just as private pro-life pregnancy centers do in the U.S.

The State also has a constitutional duty to keep the public conscious of the wrongfulness of abortion. It cannot, for example, include payment for non-hardship abortions as a universal part of any national health care plan, because then abortion would come to seem a normal medical procedure. The Court wants non-hardship abortions to be seen by society as still “unlawful,” even though they are not punished criminally.

In what may appear the strangest part of its decision, the Court permits State funding even of non-hardship abortions for poor women who might otherwise seek out a cheaper procedure from a non-physician. Yet the Court claims consistency. The offer of funding might well be necessary to induce a poor woman to come in for counseling, argues the Court, and that counseling is what the Court hopes will convince her to choose life.

Six of the eight judges on the Court joined in ruling that non-hardship abortions

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must remain “unlawful.” One of the six, however, would nevertheless have permitted non-hardship abortions to be part of a national health plan, arguing that it is not always possible to separate these abortions from lawful hardship abortions. (The majority-minority split was not along partisan or religious lines. For example, the single woman on the Court, a Protestant Social Democrat, joined in the majority.)

Most interesting, perhaps, is the fact that even the two dissenting judges agree that the State has a duty to protect unborn human life from abortion from the beginning of pregnancy. This was also the position of the dissenters in 1975. Both sets of dissenters disagree with their respective majority judges basically only on the means that must be chosen by the State in carrying out its protective duty.

Some abortion rights advocates have suggested that the German constitution might now be amended in order to fully legalize early abortion. That, however, is likely to prove impossible. The provisions guaranteeing protection for human life and dignity, on which the 1975 and 1993 decisions are based, are made essentially non-amendable by the German Basic Law.

The May decision should have a great impact on other nations. German legal theory is very highly respected throughout the world. Moreover, Germany is known to be a highly secularized society, much more so than the United States, so the decision cannot be dismissed as religious. German courts do not base their arguments on religion.

Here in America, it is urgent that we point out to Congress that in Germany even abortion supporters accepted informational counseling, a waiting period, and limits on abortion after the first twelve weeks of pregnancy. The first two regulations also serve to protect the woman from an uninformed choice she may later regret. Yet even these minor protections for child and mother would be invalidated by the truly extremist “Freedom of Choice Act” (FOCA) now under consideration in Washington.

As we continue to endure the frightening absurdities of the U.S. abortion debate, we can draw aid and comfort from the fact that the highest German court has **once again unanimously** agreed that human life exists throughout pregnancy and that the human community has a duty to find appropriate ways to protect this life.

## APPENDIX D

[The following article first appeared in *National Review* (June 7, 1993) as a sidebar to an article on adoption. It is reprinted here with permission (© 1993 by *National Review, Inc.*)]

### The Choice That Pro-Choicers Aren't Pro

Maria McFadden

In early 1992, cable-television watchers across America were surprised to see a commercial that was patently pro-life. It was an attractive, professionally done commercial, the kind that might promote Chase Manhattan Bank or U.S. Healthcare, with artfully shot photos of kids, lots of beautiful kids. A school door opens and children in parochial-school uniforms pour out laughing; impish toddlers grin out at us from Halloween costumes. Meanwhile a warm-sounding voice says: "All these children have one thing in common. All of them were unplanned pregnancies . . . that could have ended in abortion. But their parents toughed it out, listened to their hearts and discovered . . . that sometimes the best things in life aren't planned. Life. What a beautiful choice."

This is one of a series of pro-life ads still being run by the Arthur S. DeMoss Foundation, a Christian evangelical group based in St. Davids, Pennsylvania. As *Newsweek* reports, the late Arthur DeMoss was a born-again Christian who made a fortune in the insurance business. His widow, Nancy, now heads the foundation, which contributes to such groups as Campus Crusade for Christ, the Pat Boone Foundation, and the conservative Free Congress Foundation.

Another commercial specifically features an adoption: a man receives a telephone call, and then tells his wife that their baby is ready. The next shot is of the couple receiving an infant from a nurse's arms; all three adults have tear-brimming smiles. A third commercial focuses on a young girl who has survived a botched abortion. As we see the attractive girl sing "Amazing Grace" with what looks like her high-school choir, she narrates her tale; she has had medical problems resulting from the abortion attempt, but she is alive, and she realizes what a precious gift life is.

Reaction to the ads from Planned Parenthood, the National Abortion Rights Action League, and even the advertising industry has been fast and furious. That the ads would be damned for being anti-abortion was to be expected; however, there has been an equal amount of bitterness over their pro-adoption stance, even though only the one ad explicitly promotes adoption. *Glamour* calls the first ad described above part of DeMoss's "pro-adoption ad campaign," and *Newsweek's* story, headlined "A Hymn to Adoption—or Is It?" implies that the children in the first ad have been adopted—though they are identified simply as "unplanned." This confusion between anti-abortion and pro-adoption messages leads one to suspect that the two are inextricably linked in the media's mind as dangerous to those who claim to be "pro-choice."

*Newsweek* goes on to say: "The ads would be less controversial were it not for the provocative adoption-abortion link." Would they? Alexander C. Sanger, President and CEO of Planned Parenthood of New York City (and grandson of Margaret

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Sanger), wrote in January, “The DeMoss Foundation ads should be seen for what they are, a stealth weapon in that Foundation’s attack on abortion . . . The ads are a terrible and ineffective way to promote adoption . . . The DeMoss Foundation offers a shameless sales pitch: thirty seconds of romanticized views of beautiful children. The rosy, heavenly images in the ads seem more likely to persuade young teens, whose views of parenting may already be more ideal than real, to choose to keep their babies, rather than choosing adoption or abortion.” Keeping babies is apparently as unacceptable as placing them for adoption.

Critics of the ads complain that they are expensive and “slick,” though those two words would probably describe any effective ad campaign, for anything from cigarettes to stuffing mix to help for the homeless. Peter Donald of the *New York Observer* sniffs righteously at the estimated \$40 million spent by the “wealthy” foundation. But the DeMoss Foundation’s estimated assets of \$400 million pale beside the Rockefeller Foundation’s \$2.1 billion or the Ford Foundation’s \$6.2 billion; both the latter have donated millions of dollars to Planned Parenthood. Though it claims to be privately funded and non-profit, Planned Parenthood receives millions of U.S. tax dollars every year. Planned Parenthood’s revenue in 1991 alone was \$403 million, of which \$124 million came from the government.

Barbara Lippert, an advertising critic for *Adweek* writing in the August 1992 *Glamour*, likened the ads to the TV spots during Reagan’s 1984 re-election campaign, which focused not on him but on “golden images of weddings, houses being built, and children running.” She claims their “Downy-soft visual style” got them past the censors who refused to run “two out of four Planned Parenthood ads because of their ‘content.’” (She also mentions that NARAL has run spots on CNN, which however came under “incredible scrutiny.”) The idea that parents should “tough it out” she denounces as being judgmental; “While adoption is wonderful, much is left out of the scene showing parents picking up a perfect white baby. The process all too often neglects the children who are born HIV-positive or crack addicted, or who are sick or handicapped.”

Mary Beth Seader, at the National Council for Adoption, says such charges are dead wrong. “There are waiting lists for Down Syndrome and spina-bifida babies, and thousands of kids—HIV babies; drug-addicted, handicapped older kids—are unavailable for adoption because their parental rights haven’t been terminated.” Miss Seader thinks that the DeMoss adoption ad is “the most positive thing we’ve seen in a long time.”

Critics and friends alike agree that the ads are good. This unsettles the liberal media: one would expect born-again, pro-life Christians to produce grainy black-and-white ads with poor sound quality, which would never appear on prime-time cable.

Compare the reaction to an ad in the controversial but politically correct realm. Esprit de Corps, a clothing company aimed at hip young women, launched a \$9 million advertising campaign in 1992, called “What would you do?” They asked this question of “average” young people and used the answers and photos in their advertisements. One of the ads has a teenage girl saying she would “Keep a

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woman's right to choose . . . unless George Bush is free to babysit." The ad provoked the wrath of pro-lifers, but was so popular with other viewers, said Danny Kraus of Esprit public relations, that customers organized a "boycott" of Esprit products. "It was a great campaign," to "make people start to think," emotes Kraus; it was not "product driven" but aimed at Esprit's "putting their money where their mouth is." The ad campaign won an award from *The City*, a San Francisco magazine, and was also included by the *San Francisco Chronicle's* "Ad Beat" column as one of the best ad campaigns of 1992.

There have been no awards for the DeMoss ads, but lots of phone calls—both pro and con. Because of the deluge of calls, the Foundation has stopped taking calls at its main offices. A recording directs those interested in the ads to leave their fax number. Anyone who does so will receive a brief statement, explaining that the ad campaign "celebrates life. It deals with family values and treats a delicate subject in a kind and gentle way. It seeks to change minds, not laws, by getting people to think about a difficult subject in a new light." And that's just what pro-choicers are afraid of.



'Why do you always have to drag him  
along?'

THE SPECTATOR 10 October 1992

SUMMER 1993/93

## APPENDIX E

*[The following news story appeared in the Providence, Rhode Island Journal-Bulletin (June 27, 1993) as a "First Person" opinion column, which readers are invited to submit. It is reprinted here with the author's permission.]*

### **'Life-giving is beyond my body, beyond my choice'**

*Lori Stanley Roeleveld*

The past 18 months have been a reproductive roller coaster for me. My husband and I have a son who is now 4, and we wanted to have a second child.

We easily conceived in December 1991, but lost the baby in February. We conceived again in April, only to lose that child in May. With our losses still fresh, we tried and conceived again last June. We were graced, at last, with a beautiful daughter who arrived one month early, in February of this year.

The memories that stand out for me from this past year and a half are those hours I spent in the darkened rooms of ultrasound labs. Three times I lay on a hard metal table, clad in a hospital gown, my belly covered with cold ultrasound goo, nervously awaiting a sign from the technician that my child's heart was still beating. Twice the answer was no.

The technicians could never tell me themselves, of course, but the answer was easily discerned by the gradual ceasing of polite conversation, the transformation of the technicians' smile to a thin, tense line and the final, gentle instructions to return to the doctor's office, where he could answer my questions.

Twice in six months I replayed this sullen scene. When I returned to the lab for an ultrasound in my third pregnancy, questions that were once routine were now laden with pain.

"Counting this one, how many pregnancies have you had?"

"Four."

"How many children do you have?"

"One."

My reproductive tally echoed within me.

This third ultrasound, however, proved to be a joy, as the technician happily pointed out to me my baby's beating heart, her face, her leg bone. Although I was less than 16 weeks into my pregnancy, she could even tell me that the baby was a girl.

Throughout these past months of conception, loss, death, birth and life, I have watched the abortion debates with new insight. I now find the slogan "My body, my choice" amazingly arrogant.

If there is one lesson I have learned through this year, it is that I do not create life. Life passes through my womb. I could no more start the beating hearts of my living children than I could restart those of the two I lost. My husband is as responsible for my children's conception as I. It is simply a function of design that the child abides within me and not him.

I do not create life, I house it. I did nothing different with any of my four children,



but two lived within my womb and two died there. Life-giving is beyond my power, beyond my body, beyond my choice.

**When life begins**

The technology of ultrasound makes me wonder anew at the debate over when life begins. Barely a breath into my second trimester, my daughter was complete: Arms, legs, face, beating heart, life. I have an ultrasound picture of her with her hand in front of her face and she has slept with her hand that way since her birth. She was herself within my womb, just as she is now outside it.

Is it simply my intention toward the life within me that determines the difference between a baby and fetal tissue? When the doctors searched my womb in May, only six weeks into my pregnancy, they were searching for a heartbeat, a sign of *life* at six weeks.

I have heard of waitresses who refused to serve alcohol to pregnant women and were applauded. If the woman intended to abort the baby anyway, would it then be okay to drink? Could I ingest cocaine during pregnancy without judgment if my intent was to abort at some point? If a man were to beat me up and cause me to miscarry in my first trimester and I had intended to carry the baby to term, would he be guilty of causing me to lose my baby or simply causing me to expel fetal tissue? A lesser crime?

I find it incongruous that we debate this issue while animal-rights activists abound and are applauded for defending life. High-schoolers are lauded for refusing to dissect frogs when it offends their conscience. Environmentalists fight for the rights of trees and we call them heroes.

No one asks when the soul enters a dog or cat or frog or mink or oak. If a group of land developers threatened to destroy the eggs of an endangered owl, would we accept their reasoning that they would never harm living owls, they simply wanted to "crack a few eggs"?

We acknowledge all these as life, worthy of protection. Why is it so hard to see human life in its earliest form?

People say abortion is a woman's issue. It certainly is. In India, ultrasound is used to determine the sex of unborn children, and almost 100 percent of the abortions performed are unborn women.

As a woman, I don't need my government or my church to tell me when life begins, or to inform me that it is precious and should be nurtured, protected. I believe in a woman's right to choose her lifestyle, her religion, her career, her spouse, her politics and her behavior, but I cannot extend that belief to include the right to choose to take another human life. I want my daughter to know that no one can do anything to a woman's body that she doesn't want them to do, even if that body is temporarily inside another woman.

**'The ultimate act'**

For, you see, pregnancy is a temporary state of being, and abortion is a permanent solution.

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Maybe you feel offended that I want to “impose” my belief system on you. As I see it, abortion is the ultimate act of imposing one’s views on another human.

I am not insensitive to the fact that unplanned pregnancies are complicated situations, but there are alternative solutions. There are men and women who long to care for a child as their own. There is no reason to destroy lives because they are unwanted by their birth parents. Someone will want them, cherish them even. I worked for eight years with abused children. The numbers of abused, uncared-for children did not decrease with the legalization of abortion. In fact, they increased. Perhaps abortion contributes to this increase because it devalues human life.

When men run out on their unborn children, they are called “deadbeat dads.” When women do it, it’s called “freedom of choice.”

I believe we, as women, need to stand up, not only for our rights, but also for our responsibilities. When we choose to stand by our unborn children for nine months, we set an example for the men who helped create them. If we offer them up for adoption, we are helping other women who do not have the privilege of bearing life within their own bodies.

When we choose life, we say to our children that we are not victims of circumstance. We make our choices and we accept responsibility for our actions. We are women and we are proud of our wombs, not burdened by them.

I am pro-life simply because I believe that, as a woman, it makes no sense to be anything else.



THE SPECTATOR 3 July 1993

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