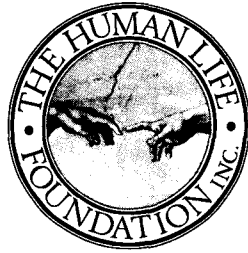


the HUMAN LIFE REVIEW



FALL 2001

Featured in this issue:

Ellen Wilson Fielding on When "Rights" Collide
Brian Caulfield on Grief and Grace at Ground Zero
Mark Pickup on The Silver Linings of Fear
Nancy L. Harvey on Hitler's Children

Final Decisions: Assisted Life v. Assisted Death

Rita Marker • Kathryn Jean Lopez • F. P. Tros • Wesley J. Smith

Lynette Burrows on No Birth and No Control
William Murchison on Sex Rediscovered
Raymond J. Adamek on *Roe's* Days Are Numbered

Also in this issue:

Debra Saunders • William Saletan • Maggie Gallagher • Eric Cohen &
William Kristol • J. Bottum • David van Gend • *The Wall Street Journal*

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ABOUT THIS ISSUE . . .

. . . one nice thing about being late with this issue (okay, the *only* nice thing) is that our “sabbaticalling” senior editor Bill Murchison is back “earlier” than we’d expected. In “Sex Rediscovered” (page 61), Murchison reviews *Modern Sex: Liberation and Its Discontents*, an excellent new collection of essays edited by Myron Magnet and published by the Manhattan Institute (it’s good value, too—posted at just \$11.96 on *amazon.com*).

Raymond J. Adamek is also returning to our pages—after an interval of 24 years! Dr. Adamek, professor emeritus of sociology at Kent State University, has written extensively about abortion, and his contribution here, “Roe’s Days Are Numbered” (page 69), reflects the sober assessment of someone who’s been taking the public pulse for a long time.

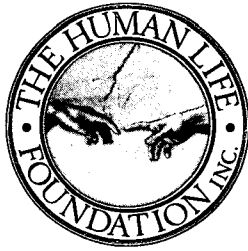
The same can be said of F. P. Tros, a new contributor who reports on recent, surprising cracks in the euthanasia regime that’s grown up over the past two decades in his native Holland. Last year, Mr. Tros contacted us wanting to know how he could get in touch with Wesley Smith, the anti-euthanasia activist whose articles frequently appear here (see “The Birth of Hospice,” page 57). Mr. Tros’ letter initiated an amicable correspondence between him and senior editor Faith Abbott, who was delighted when he sent us “Too Big for Their Wooden Shoes,” (page 53).

Another new contributor, Mrs. Nancy L. Harvey, is, sadly, deceased. Faith Abbott’s epistolary energy was the moving force (again) behind our publication of “Hitler’s Children” (page 31), Mrs. Harvey’s “final” essay. An extended editor’s note preceding it will tell you something about the “quality” of the author’s life as she endured a disabling (but not dispiriting) disease.

Hardly an issue goes by these days that doesn’t include something from the must-read editorial pages of the *Wall Street Journal*. Our thanks for permission to reprint “Mount Clone” (page 85) and also “No, It’s A Moral Monstrosity” (page 89) by Eric Cohen and William Kristol. Thanks also go to *Slate* magazine (*slate.com*) for allowing us to share with you William Saletan’s “The Ethicist’s New Clothes” (page 81), and to the *Weekly Standard*, where J. Bottum’s “While the Senate Sleeps” (page 92) originally appeared.

Finally, we’d like to publicly acknowledge our gratitude to Dr. David van Gend, secretary of the Queensland (Australia) branch of the World Federation of Doctors Who Respect Human Life, not only for the good work he does, but for sending us the occasional article. “The First Clone: Nobody’s Child,” (page 94) was published in the December issue of *News Weekly*—we’re happy to have it provide a strong finish to our Fall (egads!) issue. We do apologize for being late.

ANNE CONLON
MANAGING EDITOR



the HUMAN LIFE REVIEW

Fall 2001

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INTRODUCTION

IN HIS *MESSAGE FOR THE WORLD DAY OF PEACE* (JANUARY 1), Pope John Paul II said: “Terrorism is built on contempt for human life. . . . Those who kill by acts of terrorism actually despair of humanity, of life, of the future.” Terrorism, one might say, is an ultimate expression of the culture of death. No political or religious end can justify such brutal disregard for innocent human life.

Welcome to a unique issue of our *Review*—unique because it has been written in an unprecedented time. Though I write this in the early days of 2002, this is our (regrettably delayed) Fall issue—mostly written during the season that began 10 days after the worst day many of us have known.

I think most of our authors here would agree: no words came in the days following the attacks. Our minds were dumbfounded, foggy with shock, grief and fear. It even seemed, in those first days, that the work of the *Review*, to counter abortion, euthanasia and related ills, had been eclipsed. Who could focus on stem-cell research when people had watched, at the scene and on television, human beings leaping to their deaths, when families watched the towers crumble, some knowing that their loved ones were inside.

And yet, as we found our voices again, it became increasingly clear that “our” issues were more relevant than ever. The stark contrast between the cultures of death and life, of despair and hope, were apparent immediately after the attacks: while a multitude of Americans responded to the horror with stunning acts of bravery and goodness, Planned Parenthood of New York, as *its* response to the attacks on the city, *offered free “reproductive services”* for the rest of September. As Brian Caulfield writes in this issue: “One can only wonder how deep the ethic of death can go, when the answer to thousands dead at Ground Zero is the killing of more innocents in the womb.”

Nevertheless, this “offer” was not big news, as it was largely overwhelmed by a slew of press stories about babies: the baby born to the widow of one of the men on a hijacked plane, a day or so after the 11th, the baby born to a woman who escaped the towers and went immediately into labor . . . we couldn’t get enough news about babies. News anchors commented on such stories by exclaiming to each other that babies are a sign of hope for the world, aren’t they, a sign that life goes on. In a recent follow-up story in the *New York Times*, which tracked pregnant women widowed on September 11th, there was no hand-wringing over whether the pregnancies were “desirable” under the circumstances—the article focused on the poignancy of the women’s

pregnancies, and the tenderness they brought out in strangers. One widow who suffered a miscarriage in the weeks following the 11th described the experience of losing her baby as having “the towers fall again”—that was how devastated she was to lose the life that she and her husband had created.

As the articles in this issue illustrate, though our landscape has been (literally and metaphorically) changed forever, our focus remains the same: we seek to help others make connections between the so-called “choices” promoted by the culture of death, and the disregard for individual life which diminishes us all.

Our Senior Editor Ellen Wilson Fielding, in her lead article, takes as a starting point the juxtaposition of the 11th, when “Americans recoiled in horror from the brutal calculus that could assign life or death on the basis of which best prospered the terrorist cause,” and the late-November announcement, from Advanced Cell Technology, of the “self-proclaimed initial success in cloning briefly viable human embryos”—another sort of moral calculus about life. The embryos would be created “purely for the benefit they could bring others” and then disposed of, a means to an end. “When businessmen determine to use unborn human beings as a means to what seems to them a noble end—the mitigation of disabilities, the cure of illness—they are choosing not merely a bad means, but an inhumane one.”

Fielding goes on to expose the paradox involved in the touted scientific “advances” in cloning and embryonic stem-cell research: the supposed beneficiaries of the research, many of whom “lobby most desperately for the use of fetal tissue”—the disabled and their advocacy groups—are the very people who need to be concerned most with how, or *if*, our society chooses to protect its weakest members. “How sure are they that they lie far enough up the slope of human worthiness and usefulness to be safe from flunking the same utilitarian test they’ve imposed on the unborn?”

We go next to two direct reflections on the terrorist attacks. Brian Caulfield, fast becoming a “regular” to our pages, has quite a story to tell. Not only were his wife and infant son at their home, only blocks away from the twin towers when the planes hit, but until her pregnancy Maria had worked at Cantor Fitzgerald, on the 104th floor of Tower One. Caulfield writes: “For me, a lifelong New Yorker who has lived from his teen years in the shadow of the towers, the terrorist attacks are more than distant images. They are personal.” Caulfield takes us on a tour of “Grief and Grace at Ground Zero,” pondering the evil (including Planned Parenthood’s “typical mix of twisted morality and self-serving publicity”) and the bravery. He asks how we can hold on to the *good* that came out of that awful day: “Either we become the better persons we were forced to be on that day, and love our neighbors as ourselves, or we will surrender to the evil that attacked us.”

Mark Pickup, a Canadian, is a disability-rights and anti-euthanasia activist who suffers from multiple sclerosis. In his reflection on the September attacks, he

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draws a parallel between the new fear of terrorism and the terrorism of a disease. "Life with MS," he writes, means "waiting for the next strike. . . . I would go to bed at night not knowing what function I would wake up with—or without." Yet Pickup has realized that humans are by nature resilient: we are not made to live in constant fear and dread. He has found a "silver lining" in his own struggle, which he offers to us in an inspiring essay.

Pickup stresses the importance to the disabled of an interdependent community. "People with disabilities are particularly susceptible to a sense of isolation and exclusion from society." Our next piece (which came to us under unusual circumstances, read our editor's note, p. 31) was written by a disabled woman who found a loving sense of inclusion in a place with a troubled history. The late Nancy Harvey, who also suffered from a debilitating disease, was an opponent of abortion and euthanasia. "Hitler's Children," a reflection and a warning, based on her thoughts and experiences during a visit to Germany in March of 2001, was her last formal essay (she died in July). We are honored to include it here.

Lynette Burrows is the *Review's* British treasure. Her essays are always lively and often contain unusual information, and her latest is no exception. In "No Birth and No Control: The IPPF Formula for a Brave New World," Burrows takes on the International Planned Parenthood Federation, and its dangerous agenda for *born* children. Burrows came across a chilling "leaked" memo from the "contraceptive giant" which confirmed her worst suspicions: the organization is mobilizing efforts to get European governments to ratify sexual "rights" for children, and to "further marginalise parents in their efforts to protect" their own. As she discusses the tragic consequences Planned Parenthood's agenda has had on the young, Burrows includes some *shocking* facts about other treacherous ideas passed off by "experts" in British history (you'll do a mental double-take, it's so incredible). Sadly, though, the destruction caused by today's "sexperts" needs to be acknowledged: "One day soon we are going to have to face the waste of time and life involved in children not yet out of their teens having to visit genito-urinary clinics as if they were seasoned old soldiers or dirty old men."

In the special section which follows, we shift our attention to decisions regarding the end of life. In November, while the press focused on anthrax and the war on terror, Attorney General John Ashcroft issued a memorandum to the Drug Enforcement Administration, informing Administrator Asa Hutchinson that doctors in Oregon, despite that state's "Death with Dignity Act" of 1997, were still answerable to federal law when it came to prescribing federally-controlled substances to assist a suicide. Outraged reaction was immediate, and indignant editorials claimed Ashcroft was egregiously discounting states' rights to further his personal agenda.

Not surprisingly, average newspaper readers don't have a handle on the

facts, which is convenient for advocates of the “right” to die. Our esteemed friend Rita Marker, the indefatigable leader of the International Task Force on Euthanasia and Assisted Suicide, graciously agreed to contribute needed clarification on the issue. She explains how it was actually Janet Reno, in a ruling in 1998, who decided to, er, reinterpret the law when it came to states’ rights versus federal regulations. Ashcroft is “merely affirming the fact” that federal laws do indeed apply to Oregonians.

National Review’s Kathryn Jean Lopez writes next about a notorious figure in the death movement Down Under—Australia’s Dr. Philip Nitschke. Lopez has interviewed Nitschke, and she asked him about some of his worst ideas—the so-called “peaceful pill,” and his not-so-novel notion of a suicide boat, *à la* the abortion boat dreamed up by Dutch doctor Rebecca Gomperts (see Chris Weinkopf’s *The Abortion Boat*, Winter 2001). Nitschke’s lethal logic is based on his idea that a “right to life” necessarily includes a “right to death” at the time and manner of a person’s choosing, regardless of circumstances, or age—he advocates the suicide “option” for ill *children*.

Nitschke’s crusade, of course, is not unique. In Holland, much of what he has dreamed about has been in practice for some time. Our next author is a *Review* subscriber from Holland. F. P. Tros surprised us by sending (in English!) an essay which affords a fascinating glimpse of Dutch society. He writes specifically about a current irony: now that euthanasia in Holland has been legalized (unofficially it has gone unpunished for years), the doctors themselves are asking to “opt out” of prescribing death! The very doctors who have gathered for years to provide “Euthanasia Consultation and Support” to their colleagues are feeling traumatized themselves and wondering why they hadn’t “concentrated on palliative care first.”

A piece about true palliative care concludes our special section. In an essay that includes moving details about his own family, *Review* contributor Wesley Smith has given us a portrait of the hospice movement and of its founder, Dame Cicely Saunders. Smith met with the octogenarian Saunders in her native England, and he tells us her story: how she was moved by her conviction not only that “uneven pain control” was a “universal problem” for the dying, but that the patient’s “total pain”—physical, spiritual, psychological and social—ought to be treated.

Our Senior Editor William Murchison, back from a six-month “sabbatical,” asked us if we’d be interested in a review of a book out from the Manhattan Institute, a collection of essays titled *Modern Sex: Liberation and Its Discontents*. Well, we find Murchison’s prose marvelous no matter what his subject (and this gem is no exception), so we said “of course,” but this article is *especially* valuable, because it dares speak the obvious. There can be no change in attitudes about abortion without a sea change in attitudes about sex. “Only in a culture where the creation of life had taken an official backseat to the

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cultivation of pleasure could the *Roe v. Wade* regime be enforced: sex as a right and the consequences of sex rendered optional at best.” Though the authors included in this book “have not produced an anti-abortion document,” they have much to say, Murchison reports, about the sad consequences of divorcing sex from its purpose.

Our final article, by Raymond Adamek, Emeritus Professor of Sociology at Kent State, is likewise especially valuable. It exposes the *reality* of the *Roe v. Wade* decision—a decision characterized by “poor logic, poor history, poor social science, and poor jurisprudence.” Adamek also shows that Americans’ attitudes about abortion do not support the abortion-on-demand allowed by *Roe v. Wade*, but initiatives to reform abortion law are harmed nonetheless by wide acceptance of numerous pro-choice myths, which Adamek deftly debunks with the *facts*. We’re back to our purpose, once again: for things to change, the public must be educated about the *realities* of deadly choices.

* * * * *

We have so many articles featured in this issue that we didn’t have room for a large number of appendices. The seven included here are all fine complements to the articles which precede. Debra Saunders, a San Francisco columnist who happens to be married to Wesley Smith, writes about the Ashcroft assisted-suicide directive; we have several columns of fact and opinion about issues surrounding cloning, written by the excellent editors of the *Wall Street Journal*, Eric Cohen of the New America Foundation, William Kristol and J. Bottum of the *Weekly Standard*, columnist Maggie Gallagher, and our pro-life colleague from Australia, David van Gend. We’ve also reprinted a trenchant piece on ethicists, by *Slate* writer William Saletan, *The Ethicist’s New Clothes*.

It is in the nature of our journal to discuss issues at times painful to contemplate; perhaps this time the emotions evoked by some of our content may be especially keen. We include our usual “breathers”—Nick Downes’ unique cartoons, which we hope will provide comforting chuckles. I’d like to wrap up the *Review’s* 27th year of continuous publication with words spoken last March by our President (whose leadership, sorely tried beyond his worst imaginings, no doubt, has been an inspiration), which well express our hope for America: “The culture of life is a welcoming culture, never excluding, never dividing, never despairing, and always affirming the goodness of life in all its seasons.”

MARIA McFADDEN
EDITOR

When “Rights” Collide

Ellen Wilson Fielding

On the morning of September 11, 2001, a group of Islamic terrorists seized control of four planes carrying the usual assortment of men, women, and children and sacrificed them for the “higher end” of a *jihad* against the West. Almost unanimously, Americans recoiled in horror from the brutal calculus that could assign life or death on the basis of which best prospered the terrorist cause.

While smoke was rising from New York and Washington, D.C., a group of scientists in Worcester, Massachusetts, were going about the job of attempting to clone the world’s first human embryos. In late November, while American ground troops were fighting in Afghanistan and the FBI continued tracking down leads to the September 11th terrorists, newspapers gave front-page space to the Worcester firm’s self-proclaimed initial success in cloning briefly viable human embryos.

Advanced Cell Technology, the Worcester company that seized the headlines (and the stem-cell-research momentum), defended its activities by assuring the public that the company had no intention of ever bringing a cloned human child to birth. The aim of their scientists’ prolonged trial-and-error experimentation was to harvest stem cells from cloned human embryos at very early stages of development, after which the embryos could be disposed of. In other words, the embryos would be confected purely for the benefit they could bring others, with the knowledge that there could be no possible benefit to them, either directly or indirectly. They would not be loved into existence so that they could experience the fullness of life, but manipulated into existence for a brief period of usefulness. Advanced Cell Technology plans to use its cloned embryos as means to an end, just as food is used for nourishment, and wood for burning and building, and machinery for manufacturing.

When businessmen determine to use unborn human beings as means to what seems to them a noble end—the mitigation of disabilities, the cure of illness—they are choosing not merely a bad means but an inhumane one. It is inhumane to deliberately and directly sacrifice one set of innocent human beings to help save another set, because this entails a refusal to recognize the implications of being human and the nature of the claims of human beings upon us.

Such exploitation has sobering implications for the very classes of people,

Ellen Wilson Fielding, our senior editor, is the author of *An Even Dozen* (Human Life Press).

themselves targeted as beneficiaries of this procedure, who lobby most desperately for the use of fetal tissue and embryonic-stem-cell research. The disabled and those who love them need to think long and hard, both about the claims of these young fellow human beings upon them, and about the fragile nature of the protection society is willing to accord its weakest members.

The disabled and those with degenerative diseases like Parkinson's or Alzheimer's often feel pushed aside, undervalued and ignored, because their condition places them in some or many respects outside the normal flow of life for most people. Many years of legal and political campaigning and lobbying, and heretofore unimaginable technological inventions, have brought them greater protections and accommodations in the workplace and in society than they have ever enjoyed. They and their families and friends have become so great a force to be reckoned with that they have thus far blocked the protection of the unborn and almost born from scientific manipulation and experimentation.

But this apparently impregnable political strength—which has swelled with the aging of the Baby Boomers, their experience with caring for infirm parents and their concerns about possible future disabling illnesses they themselves may suffer—is in some ways illusory. It is based not so much on the hard rock of principle as on the uncertain sand of sympathy and fellow-feeling. It is natural for people who have loved disabled ones to feel they would do anything to prevent their suffering, and in this era of long life-spans it is also natural for them to dread the possibility of living with a similar condition. And all of us fear the isolating onslaught of Alzheimer's, which repels and horrifies us today somewhat as leprosy has always done. Seeming to offer an escape hatch from these fears, modern science points to its already impressive record in medically and mechanically improving the prospects and potential of the ill and disabled. With so many previously unimaginable feats accomplished, science's ability to effectively cure or compensate for most disabilities seems feasible to a degree never even hoped for in earlier eras.

But observe carefully the nature of the language and the arguments made for the handicapped to detect the dark cloud lying within this silver lining. Yes, some of the disabled and their advocates handle sanctity-of-life sorts of arguments, and most use the familiar Jeffersonian language of human rights. But are these rights really anchored, as they were for our Founders, in the laws of Nature and of Nature's God? Or do they resemble the more modern self-subsisting rights that are there because we human beings want them or think we need them? Much of the disabled-rights talk stresses self-actualizing

concepts like self-fulfillment and expanding choice. By fastening on these concepts, it seems the disabled are main-streaming themselves right onto the self-help shelves of the bookstore chains. It is not that we don't all seek fulfillment, independence, and feelings of usefulness and accomplishment. But these cannot be the basis for our human rights and human worth, since what we can accomplish and how much independence we can achieve vary greatly from person to person and at different stages of life, regardless of disabilities. Most of us seek to be productive and useful members of society, and society will be the better for it if we manage to achieve productivity and usefulness. But our worth and our claims to equality cannot be based on even prospective productivity, or we are handing society an instrument for outlawing us, disfranchising us, if we prove too costly or too great an irritant to the social machine.

Look, for instance, at some of the arguments made on behalf of the disabled in articles and op-ed pieces directed towards the numbers crunchers in big business. In these, advocates for the disabled stress the numbers of good workers unavailable to businesses that don't better accommodate the disabled in the workplace, or else show a reluctance to hire them. Altering workplaces and workdays for all sorts of disabilities comes with a hefty price tag—we are not just talking about adding a ramp here or wider doorways there, but planning and purchasing a variety of specially designed computer systems, phone systems and the like. These costs have made businesses leery of backing expanded forms or liberal interpretations of disabled-rights legislation. Their money-based reluctance causes disabled-rights activists to counter with economic analyses of the benefits of tapping into the disabled as a pool of employees. The prospect of loyal and productive handicapped employees becomes the carrot meant to reconcile business to the stick of the Americans with Disabilities Act and its accumulating case law.

But the numbers crunchers also brood over the strain that significant numbers of disabled and chronically ill employees would place on health-insurance costs. And these concerns are shared by some of the more fortunate, "abled" employees, who, not requiring special accommodations and not drawing upon insurance extras like physical or mental therapy, emergency equipment, experimental treatments and the like, can resent the extra workplace demands and higher insurance premiums precipitated by greater numbers of disabled personnel. If help for the disabled is obstinately argued only in terms of rights or cost-benefit analyses, you can expect to see eroding support for this help whenever the rights of the handicapped appear to collide with those of the un-handicapped, or whenever costs seem to outweigh benefits.

For we all know that in common everyday behavior, people constantly barge into one another in the course of exercising their rights. People clog highways, utter profanities in public, crank up the volume on stereos, paint homes peculiar colors, indulge in public displays of affection off-putting to some spectators, erect ugly billboards, display vulgar or inane bumper stickers, dress in sloppy, immodest, or unbecoming clothes, throw loud parties, conduct street-clogging political demonstrations, vote knaves or fools into office, talk in concerts or movie theaters. In more private venues, they insult family members, neglect thank-you letters, freeload, and fail to call or visit aged parents. The list can be extended indefinitely. Many of these actions, though they are bound to affront some people, do not seem to be either good or bad in themselves. Others belong to the category we used to call “a sin and a shame.” All are legal, at least some of the time, in some places, or within some limits. All have been defended as rights—often in that obstinately irritating American way we learned as children (“It’s a free country, isn’t it?”).

Hundreds of times a day, we all bump into each other, creating major or minor annoyances by exercising our “rights” and living out our choices. But rights do not just collide with other people—they collide with other people’s rights. The rap music lover’s right to consult his Muse collides with the night watchman’s right to get some sleep during the day. The high-school student’s right to express himself profanely collides with the mother of a preschooler’s right to insulate her child from bad language; the demonstrators’ right to attempt to influence public opinion collides with the commuters’ right to use the public streets to travel to and from work.

Whether all of these—and so many others—truly qualify as rights in a classical-liberal sense is not quite the point, this far down along the road to modernity. All of them are argued using “rights talk,” just as both discriminatory and anti-discriminatory behavior and legislation are couched in “rights talk.” Thus, civil-rights activists successfully argued that members of minorities have a right to be free from discrimination in jobs and housing. Those on the other side of the issue argued their right to choose their employees, neighbors, and tenants. Religious people defend their right to publicly address God, even at official school functions; unbelievers and some non-Christians protest this assault on their right not to be exposed to religious activities or events.

What is revealing about this habit of referring to rights is that we are accustomed to seeing rights trumped or denied as we are to seeing them triumphant. This is unavoidable, because the kinds of behaviors and expectations we have been considering routinely come into conflict. They cannot

peacefully coexist, although the *people* in conflict can sometimes peacefully coexist if one or both choose to sacrifice a claimed right, or if both choose to rotate the exercise of their rights. The seeker after sleep and the loud-stereo player can come to an accommodation by adjusting the hours in which they exercise their rights, or by resorting to ear phones or earplugs, *but the “rights” themselves conflict when two such people are put into close proximity to one another.*

One danger of using “rights talk” to defend the disabled, then, is that we are accustomed to thinking of the exercise of things we call rights as conditional. Other things being equal (but how often are they?), whatever accommodations are necessary for handicapped people to succeed in the workplace should be made, and whatever augmentation of health coverage such employees need should be provided, and whatever commuting assistance required should be offered by employers or municipalities, and

But as we noted, “other things” are rarely equal, at least to all parties involved. We live with daily compromises of our “rights,” and most people—particularly if they themselves are not directly harmed—are willing to tolerate such compromises, even when more consequential rights than the examples given above are in question. A corporation that, in times of expansive prosperity, proudly trumpets its expensive provision for the needs of disabled employees, and its elaborate mechanisms for protecting them from discrimination in hiring or promotions, may suffer no pangs of conscience in curtailing whatever expenses it is not legally bound to offer if it is fighting for its survival. Under these straitened economic circumstances, it is likely to lobby against the legal expansion of expensive “rights,” or push to limit the interpretation of some already in place, without compunction, because other “rights”—those of the other employees and the stockholders—are being jeopardized. Employees fearing job layoffs, salary cutbacks, or curtailed benefits may feel the same way. When these kinds of “rights” are rooted only in notions of a common humanity that suggests the logic or appropriateness of equal treatment, they are not inviolable even in principle, let alone in practice. So what unanswerable response can be made to the disabled population’s argument from necessity?

In the case of the aborted cloned embryos, there is a tell-tale sign that these “mere” bundles of aggregated human cells are regarded even by the scientists working on them as human beings who—all other things being equal (but they’re not)—would normally deserve protection or at least respectful treatment. That sign is the double argument. The Worcester lab makes two arguments for going forward with cloning embryos: 1) They aren’t

human beings, just human cells; *and* 2) We're doing it to help people. (In an extra-credit show of defensiveness, the Worcester lab also tacks on the palliative, "Anyway, we aren't going to bring a cloned embryo to term.")

Why stress the gain to "other" human beings if the cloned embryo has no human-rights claims of its own? We do not defensively pile on justifications for blood tests or skin grafts or ear piercing or liposuction or the scraping off of human cells for Pap smears and throat cultures. We have *reasons* for all these, but we don't feel the need to make any of them rise in rhetoric or significance to the level of *defenses*. In cases such as these we do not consider ourselves duty bound to justify the sacrifice of an acknowledged or suspected good by elaborating on the higher importance of the benefits.

This double (and duplicitous) method of arguing is the same as that used to justify abortion. Abortion proponents first argue that the unborn is not yet a human being (or perhaps not yet a human person). This is easier to slide past people when talking about early abortions, but some proponents are willing to push the argument up to the fetus's emergence from the birth canal—see the frustrating failure to pass a veto-proof partial-birth-abortion ban in the past few years, or to pass a state ban that the courts will accept.

After the argument from ontology, pro-abortionists stress the hard cases (rape, incest, life and health of the mother, imperfect babies, poverty or the possibility of abuse directed at an unwanted baby), and finally the woman's right to choose. But why bother with the horror stories and the odes to freedom if the entity aborted is nothing as ontologically substantial as a human being? The answer is that it is a human being, or is suspected of being so (which in Ronald Reagan's famously common-sense argument obliges us to give it the benefit of the doubt), or the pro-abortionists wouldn't push the cost-benefit angle. Implicitly, pro-abortionists are making an argument from necessity, a tip-off that some people's rights are being sacrificed to other people's.

Back to our disabled constituents and their families and friends, and those who fear being stricken with degenerative or disabling conditions. Those pushing fetal experimentation and harvesting of cloned human embryonic tissue may voice their disbelief that human life at this early stage is worthy of any more consideration than fingernail or hair clippings. But they tack on the tell-tale second argument—that sacrificing those living cells may be necessary to treat or cure afflicted adults. And a few—like some pro-abortionists—venture even further, conceding that the embryo (like the fetus) is identifiably human life, but just isn't as important as the quality of their own lives.

This is a dangerous argument for the disabled or degenerating to make.

How sure are they that they lie far enough up the slope of human worthiness and usefulness to be safe from flunking the same utilitarian test they've imposed on the unborn? What if the projected medical means can ameliorate but not cure their condition? What if the medical means remain costly—very costly—and the proposed subject of the treatment is old, or not particularly brilliant or productive? Where is the argument from necessity, or the cost-benefit analysis, likely to fall then? We know the answer—don't we?—from the Dutch experience with euthanasia, and from some of the National Health Service horror stories in England, where relatively routine medical interventions were denied to spina bifida babies or other imperfect subjects. We know the answer even from mercy-killing cases closer to home here in the United States. We know how many dubious deaths occurred before Dr. Kevorkian was tried and convicted. Yes, those deaths were supposedly voluntary suicides, but at least some of his “patients” were suffering from depression, experiencing family pressures, or otherwise operating in an abnormal psychological state.

At least we see some people willing to publicly oppose such goings-on. The controversy surrounding Australian ethicist and animal-rights activist Peter Singer's appointment to a chair at Princeton was better than no controversy at all, although even better would have been Princeton's refusal to offer the chair to him, or willingness to take back their offer when confronted with good reasons for doing so. Worldwide, the disabled are Singer's bitterest opponents, since he espouses quality-of-life tests and even argues that some intelligent animal life should receive higher standing than, say, that accorded profoundly handicapped human life, or human life at an undeveloped stage. (“Undeveloped” can include older fetuses and young infants as well as earlier embryonic life.) Yet, the frustration experienced by some of his opponents carries a special desperation arising from how difficult it proves to disentangle their own standard modes of thinking from his more consistent but appalling conclusions. There are lifelong liberals who grope for a way of switching the tracks of their own ethical arguments in favor of abortion or fetal tissue research somewhere before the train reaches Peter Singer's disturbing terminus.

Like the poor cloned embryo, Singer is a signpost alerting potentially threatened classes of people to the unsteady ground on which they stand when they rest human-rights arguments on egalitarianism, species solidarity, and mere secular understandings of human nature. *Why* help out this weaker specimen of *homo sapiens*? Most people do not bother to step back that far in their questioning, relying instead on vague recollections of schoolyard

ethics about fair play and treating people alike. So initially they are easily moved by appeals to compassion and fairness and leveling the playing field. But when compassion comes with too large a price tag, or when leveling the playing field threatens someone else's prosperity or success, this comfortable magnanimity no longer appears affordable. People passed over for jobs or promotions because of affirmative action, or watching their teenagers compete for limited college slots and financial aid, feel the natural desire to shove someone else back down so that they may rise or at least not sink. And, unless we discern that a way of sorting out required versus voluntary sacrifices has been set out for us by a higher Being, we end up with merely the familiar battle of one man's right pitted against another's.

The disabled—like other often ill-treated classes of people, such as racial and ethnic minorities—dislike the appeal to compassion or other soft and shifting emotional motives, because compassion seems like an extra, a luxury affordable in prosperity but easily jettisoned when times turn bad. “Rights” sound firmer, more defined, more reliable—and more democratic, without the distasteful overtones of pity and Victorian philanthropy. And “rights” have had a promising track record in America—from the time of the Declaration of Independence, one civic right has apparently built upon another (though not without some enormous upheavals, like the Civil War), in an ever-rising edifice of legislated liberty.

However, our focus should lie not on the 200-plus-year continuity of this process, but on the discontinuity of the reasoning used to defend our more modern liberties. The key is *Roe v. Wade*, hailed by its proponents (especially feminists) as a natural American expansion of women's freedoms in line with the vote, liberalized property and divorce laws, and equal pay for equal work. Is not this the American way, to establish a beachhead for freedom in the Declaration and the Constitution, and then push past these initial openings to liberate greater and greater tracts of the human condition from constraint?

But the pro-choicers do not sufficiently reckon the enormous and disproportionate cost of extending women's rights to include abortion. Yes, the emancipation of the slaves that resulted from the Civil War was accompanied by the defeat and temporary disfranchisement and impoverishment of the white South. (Except for the war, however, this might not have been the case. Before Fort Sumter, many schemes circulated among anti-slavery groups for ransoming or paying off part or all of the value of the human “property” Southern slave-holders would lose through emancipation.) But aside from some of the Indian wars, never before in our history had Americans systematically

undertaken to legitimize so serious a step as the taking of innocent human life for motives that could be as trivial as preventing embarrassment or assisting in career growth.

Many abortions are motivated by more serious considerations—many women are powered by sheer desperation through those doors to the local Planned Parenthood clinic—but abortion proponents adamantly refuse any notion of even restricting this mortal act to serious cases. Court-legalized abortion in America is abortion-on-demand, and by locating the right in a generalized privacy right—a kind of 1960s, do-your-own-thing right—the Court clearly avoided the whole issue of which abortions were “right” abortions. *All* of them, from the *Roe* Court’s perspective, were right, because all were permissible choices made by women (and young girls!). We cannot use hard cases to justify America’s abortion decisions, because those decisions do not base the abortion right on hard cases. They posit legalized abortion as an expansion of American women’s sphere of action—an enlargement, consistent with other enlargements of freedom in American history, of our understanding of basic human rights. That this enlargement thrust out the boundaries of women’s rights so far that they broke through the “right” of unborn human beings for protection from dismemberment and death did not concern the *Roe* majority. They interpreted the 19th-century legislatures’ desire to safeguard unborn life as a desire to protect women’s health (you know, *Our Bodies, Ourselves*) and expressed agnosticism about the ontological status of the human unborn.

Dred Scott, for all that it was morally obtuse and lousy law to boot, at least did not mark an attempt to change the status quo, but instead cast about for legal rationales for maintaining the system of slavery already in place. *Roe* was a revolution in the legalization of human self-centeredness, camouflaged in the red, white, and blue rhetoric of the land of the free. As such, the decision highlights the fatal flaw of unanchored rights talk: It appears to help women (and irresponsible fathers), but in fact endangers everyone. For human rights can safely inhabit only a moral realm. The Fathers of our country recognized that democracy and capitalism both require a predominantly moral populace, schooled in such habits as self-discipline, industry, honesty, self-sacrifice, and civic responsibility. Similarly, the safe articulation and enfleshing of human rights requires a populace (and a government) that traces those rights to a Creator who presides over our destiny. Otherwise, rights talk degenerates into competitive claims to supremacy.

Aren’t racial, ethnic, and religious minorities, as well as the disabled, right to distrust something soft and squishy like compassion as a replacement for the stress on rights? Yes and no. Certainly we *have* certain rights as human

beings, and are meant to defend them from tyranny, but that is because our Creator has given them to us. They are a means to the fulfillment of our purpose in life, which is something distinct from the notion of self-fulfillment propagated by the self-help books.

And on the flip side of these rights are duties or responsibilities. The right to vote bears on its reverse face the responsibility to vote, after first informing oneself on the issues, and thinking carefully about the choices. The right to free speech comes attached to a moral duty to use speech wisely, to avoid lying or demagoguery or fomenting needless dissensions or stirring up hatreds—but also to avoid keeping quiet when good people or ideas are under attack. The right to life entails a duty to live life well, and to protect the lives of others insofar as we are able. Of course, for the most part it is the rights that are enshrined in law, and not the responsibilities. But both are aspects of the same thing. If the purpose of the right is ignored or violated or betrayed, that right will, over time, tend to atrophy or be overrun. Without the *reason* for the right, other people's reasons for denying its exercise are more likely to seem compelling—especially to those other people!

And the reasons can be formulated in two parts. The lower rationale explains, so to speak, the utility and reasonableness of the right *for us*. The right to free speech, for example, permits citizens to fully discuss different viewpoints and alternatives before committing their country to a certain course of action. Freedom from discrimination in employment assists us in using our energy, training, and talents for the good of ourselves, our families, and society. The second, higher-order rationale, however, brings us deep into the realm of the sanctity of human life. It focuses our attention not so much on the reason for the right, its practical implications for the individual and for society, but on the source of the right, who is God. We are reasoning, thinking beings, but we do not create ourselves, and therefore we need to be very careful not to judge this or that person's usefulness, or decide that he or she has none. Like soldiers on patrol, we can see only a small part of the whole campaign, and sometimes that leads us to imagine we know enough to push past the bounds of our orders. We can forget that we lack the height that commands a view of the action on all fronts.

Should we ourselves decide the conditions under which unwanted fetuses or quadriplegics or elderly Alzheimer's patients retain rights deriving from their innate human dignity? All polities sometimes, and some most of the time, have violated the sanctity of human life when motivated by fear, hatred, self-protection, greed, and ambition. Some people today cite the example of the death penalty as a routine, institutionalized violation of the sanctity of human life. They point especially to the arguments that focus on

the deterrent effect of capital punishment. Reliance on deterrence appears to legitimize the killing of a human person as a means to a worthy but utilitarian end—the forestalling of future murders. But from a religious and natural law point of view, the chief justification for the death penalty has always been neither deterrence nor even revenge, but justice. If the deterrent effect were the *only* time-tested justification for inflicting death as a punishment, or perhaps even the primary one, opponents of the death penalty would win this argument on these grounds alone, just as opponents of using torture to extract from the guilty useful and possibly life-saving information can denounce this desecration of human dignity—and the inevitable entanglement of the torturer in this debasement.

For if human life is indeed sacred because it has been bestowed on us by our Creator, then treating individual human lives as first exploitable and then disposable desecrates the human abuser of life as well as the abused. People have long recognized the moral temptation of the executioner to hold life—or certain lives—cheap, since the condemned fall within the executioner’s delegated power to kill. Legalized abortion does not confine its infliction of the death penalty to relatively few people in restricted settings, but casts out its net to many millions of victims and implicates millions more as accomplices in their deaths, thus disseminating the moral dangers of the executioner through wide sectors of society. Recall that in his denunciation of slavery, Lincoln stressed the corrupting effects on the slave-holder of claiming ownership of another human being (“As I would not be a slave, so I would not be a slave owner”). To treat someone inhumanely—to command or take to oneself the power of doing so—can be even more debasing than to be treated inhumanely. It is possible, although difficult, for the slave to carry within himself a proper estimation of his own worth as an individually created child of God. It is hard to see how the slaveholder who genuinely believes in and accepts his right to wield such powers over another human being can similarly believe in each person’s divinely endowed worth.

So too with euthanasia. The reluctance of even some of those inclined to permit euthanasia to involve doctors in the actual doing of the deed derives from sound instinct. Doctors should not routinely experience this power over life and death. Their business is to prolong life, and to ease suffering, and whatever grandiosity they are tempted to feel because of their life-saving abilities should be offset by their many inevitable failures, and by the ultimately inexorable fact of death. Death should not be embraced by the medical profession as another medical accomplishment, another measure of success. It is at worst a failure and at best a profound mystery.

ELLEN WILSON FIELDING

The temptation of disabled and afflicted human beings, and those tormented by the sight of their suffering, to sacrifice other fragile forms of human life in hopes of alleviating or curing their condition threatens the disabled as much as it does unborn human life. It debases the value of each of us, and accustoms us to cannibalizing one another's flesh and blood. In life or in death, we all deserve to be treated with greater dignity than that. The disabled and those who wish to help them must not seek to advance their welfare and acknowledge their human dignity by denying these goods to others.



“George, please—not your humanitarian award!”

Grief and Grace at Ground Zero

Brian Caulfield

Grief at Ground Zero draws you in. Twisted steel shafts of the World Trade Center façade, a once-proud part of the New York skyline, are like magnets pulling gazes their way, eliciting from viewers solemn awe and deep interior tears. The heaped ruins cover death upon death—a story that can only be told one life at a time.

All around town pictures with brief biographies of the thousands lost are posted on boards, on lampposts, on fences. These are faces that any of us could have passed a hundred times on the way to work. Now they are unique, sacred images of ones who were among us and are gone, whose individual stories may be told in minute detail to a universal audience. *He was learning to play rhythm guitar . . . She volunteered one night a week at a soup kitchen.* The ordinary facts convey great meaning because they relate to this one person who finally is seen in a true light: one who is larger than the parts of his own life, and infinitely precious.

Downtown residents, workers, and tourists seeking a sense of the tragedy read the brief stories carefully, shaking their heads over the senseless loss, the promise ended, the emptiness of those who are left behind. They look at the pictures, most of them taken at happy times such as weddings, birthdays, or graduations, and see no hint that these victims of a new war foresaw their sudden and horrible end. Each curbside viewer sees his reflection in the faces, thinking, How would *I* have reacted when the suicide planes hit? Would I have panicked, pushed slower people out of the way? Or would I have let others down the stairs first, checked for anyone trapped by the smoke? Would I have been ready to meet my Maker?

Pictures that in the first weeks after September 11 had been posted with a “Missing” headline have been emended with handwritten farewell notes: “We will miss you . . .” I have read many of the bios of those who worked for Cantor Fitzgerald, which had offices on the upper floors of Tower One and lost some 700 employees. Amid the grief in my heart comes relief. My wife had worked for the company, on the 104th floor, till she became pregnant with our first child. Stephen James’s life saved my wife’s.

She watched the twin towers burn from our apartment balcony only five blocks from the scene. When the first tower fell, she felt a whoosh and saw black plumes of smoke arcing her way. She took our baby and fled to my

Brian Caulfield writes from New York.

parents' apartment in the next building, huddling with her in-laws around the television till the power went out. War had been brought to our shores, to the once-comfortable place we call home. As a family, a city, and a country, we were unprepared. Yet we were more than ready with a response that sustains us: We will suffer and recover, we will endure more than we thought possible. We will rise and win against the forces that oppose us, the embodiment of evil.

We have faced foreign threats before, but never on our own land. The world view of Americans was set early in the last century by the stirring words "Over there . . ." Now it's here, and there is no hiding. The enemy is within our borders, exploiting our tolerance and fairness, turning once routine duties—traveling, opening mail, going to work—into anxious exercises. It is time to band together and do what Americans do best—fight a common enemy. Yet some among us don't seem to get the message.

In a typical mix of twisted morality and self-serving publicity, Planned Parenthood announced, shortly after the terrorist attacks, that it would offer New York women free services, including abortions. One could only wonder how deep the ethic of death can go, when the answer to thousands dead at Ground Zero is the killing of more innocent victims in the womb. It is hard to imagine how the cause of the terrorists could be helped more. They killed many of the city's best and brightest; the people of Planned Parenthood offer to wipe out the next generation of New Yorkers. If nothing else, the abortionists in our midst remind us that there was evil within our borders long before terror struck—evil we should continue to fight along with the terror.

The events of September 11 are perhaps the most widely witnessed in history. Everyone who has a television saw them; those with only radios heard them. For me, a lifelong New Yorker who has lived from his teen years in the shadow of the towers, the terrorist attacks are more than distant images. They are personal. Those men on a death mission endangered my family, made the air noxious for my one-year-old son, and covered every inch of my neighborhood with soot. After living with relatives in New Jersey for the two weeks following the attack, my wife and I returned at the end of September to check on our apartment. As I wiped our 17th-floor balcony with wet towels and scraped lavalike stuff from the windows, my wife recalled reading that air-quality tests had found traces of human tissue. I could be holding cremated remains from a blaze estimated at 2,000 degrees, she said. I sighed deeply through my face mask. How can the mourning period end when the dust beneath your feet may need a proper burial? No matter what is built on the acres where the World Trade Center stood, for many the site will remain an open, aching wound.

Father Emil Frische still searches for words to describe the scene. A Mill Hill Missionary who works for the New York Archdiocese, he has been at Ground Zero many times to bless body parts before they are tagged and sent for DNA testing. He has counseled families of the deceased and talked with scores of the firemen and police officers who labor at the spot. Their spirit has been an education in the corporal works of mercy. "They come from their shift," Father Frische told me, "dragging their shovels, their bodies covered with the soot and ash, and I see God in their eyes. They are amazing."

Father Frische was called at 1 a.m. one night in late October, six weeks after the buildings collapsed, to bless part of the body of a fireman that had just been dug out. He stood in the dark amidst the debris, shielding his eyes from the swirling soot, waiting for the flag-draped, makeshift casket to be brought to him. The height of the horror began to hit him then. This part of one person who had been dead six weeks was being treated with infinitely more respect than the terrorists had accorded the thousands of living persons whom they targeted that day.

Asked how it feels to be amid such suffering, Father Frische stated, "I haven't found a feeling for that yet." But he added: "In all my years of ministry, my time down there has been the most powerful, outside of celebrating Mass."

Each morning until September 11, I would look from our balcony at a dichotomy: old and new New York visible in the masts of schooners rising above the South Street Seaport to my left, and in the sleek twin towers to my right. Who would have thought that the modern towers would fall first? Now looking out our balcony window (for experts tell us to keep windows closed, while insisting that the air is safe), I stare at blue sky where the towers stood. For the thousandth time I try to stop myself from unkind thoughts. What could have been the motives and the mindset of the terrorists? Whom did they think they were attacking? What did they hope to accomplish? Why did they think this was the best way? *Who* are they? I want not just names and the time and place when they took up bin-Ladenism. I want to know whom these terrorists saw when they looked in the mirror, and how they ate, slept, and connected their thoughts to the world around them, knowing what they intended to do.

One thing is sure, though. Whatever distortions of Islam and the Koran these suicide bombers entertained, they were not true martyrs. Martyrs such as graced the Colosseum went alone into the lion's jaws, praying for their persecutors and taking with them no unwitting innocents. More recently, the Franciscan priest St. Maximilian Kolbe offered himself at Auschwitz in the place of a Jewish family man. The economy of martyrdom requires that I

give my life into the hands of the persecutor, however unjust he may be, to defend the faith or to save others. It excludes killing myself and others for some higher cause, however just.

Even in the heat of battle, when every man is a legitimate target, willful suicide is seen as a violation of the logic of war. A soldier may jump on a live grenade to save his buddies, and be hailed a hero. But there are no medals for one who carries a grenade into the enemy's camp and explodes himself with others. To act as a human bomb, an instrument of war, rather than as a warrior, is to sacrifice more than your life. It is to surrender your dignity as a person and to throw away the precious thing that war in the ideal is waged to protect: human safety and freedom.

The suicide terrorists engaged not in heroism but in hedonism—an unusual form of hedonism, but hedonism nonetheless. Surely these terrorists took particular pleasure in living unnoticed in suburban comfort, going about what appeared to be normal lives, all the while holding the secret they would unleash on America. No doubt they enjoyed the way they used the freedom of our system to turn the instruments of commerce against us. They had to know that they would be agents in an act that would be written about and remembered for generations to come. More even than that, were they not expecting the blissful afterlife promised to faithful Muslims who have done their duty well?

The perfect definition of a hedonist is one who seeks his own selfish ends, regardless of the effect on others. The ends in this case happen to be incomprehensible to most of us, so the pleasure or gain for the terrorists can be obscure. But they acted for what they saw as a good, and made many people suffer for it.

To find true bravery, we need to look not at the men who aimed those planes at the Towers, but at many of their victims, and at the rescuers. Edward Cardinal Egan was right in changing the name of Ground Zero to Ground Hero. The many sacrifices that have been reported in the media are a small sampling of the countless deeds that will be written only in heaven.

I knew Father Mychal Judge, the Fire Department's Franciscan chaplain, who was one of the first killed at the site when he was hit by falling debris while giving last rites to a victim. Tall and burly, walking New York's streets in his brown habit, Father Judge had approached poor and rich alike with a warm handshake and an open heart. I last saw him a few months before the tragedy at a charity breakfast at the Waldorf-Astoria for which Cardinal Egan was the guest speaker. After the festivities, Father Judge, wearing his habit among all the business suits, stopped me outside the men's room and asked me for a dollar. He had no cash on him, he explained, and he knew the restroom

attendants relied heavily on tips. I happily obliged. A few days later, I received a note with three dollar bills enclosed—a small advance, Father Judge wrote, on the reward I will receive in heaven.

Two years ago I did a story about firefighter Tom Foley, who was to perish in the Trade Center blaze. He had earned front-page notice in August 1999 for a daring rescue of a worker who had fallen off a scaffold and hung by a safety line from a Harlem building. Foley, 30 at the time, belonged to an elite rescue unit in the South Bronx, and he lived and breathed his job. He was of that rare breed who rejoiced in rushing into burning buildings to save strangers, pets, and property, knowing well that each fire run could be his last. “Every day I go to work, it’s different. Every day, I have no idea what’s going to happen,” he told me. “It’s my calling. I think God cut me out to be a fireman.” Talking about an older colleague who had been killed in a blaze, Foley stated, “He died with honor. He did everything to the best of his ability. I shaped my career to that.”

The Franciscan and the fireman were among the first foot soldiers to fall in our new war. Their lives are more than an answer to the terror. They embraced the ultimate Gospel value—“Greater love hath no man than to give up his life for his friends”—and were witnesses to the presence of God at Ground Zero, where evil seemed to reign. At a prayer vigil two weeks after the attack, Father Bob Lombardo said that he had been asked many times, in both pleading and accusing tones, where God was on September 11. His answer has been to tell a story about that day.

Soon after the planes struck their mortal blows, a fireman came to the South Bronx men’s shelter headed by Father Lombardo and asked the priest to come with him. In the firehouse next door, he saw hundreds of rescue workers from all parts of the Bronx waiting to go downtown to the inferno. They wanted a blessing, the fireman said, explaining, “We don’t know if we’ll see our families again.” Father Lombardo thought, “They don’t need a blessing; they need a miracle,” and did his best to provide one. He told them that the Catholic Church allows a priest to give general absolution of sins in times of war and dire emergency, when a large number of people seek confession and there is no time to hear them individually. After asking them to call to mind their sins and make a firm act of contrition before God, he gave general absolution for the first time in his 13 years as a priest.

Father Lombardo will tell anyone who asks: God was present in the request for a blessing, in his decision to offer absolution, in the forgiveness of sins, and in the willingness of each rescue worker to lay down his or her life for the sake of another.

BRIAN CAULFIELD

Individually and as a society, either we will embrace the spirit engendered on September 11 or we will not survive. Either we become the better persons we were forced to be on that day, and love our neighbors as ourselves, or we will surrender to the evil that attacked us. That day of destruction has reawakened in many a new respect for life, and a deeper search for meaning. Thousands used to flock downtown each day to gaze from the skyscraper's Windows on the World; now they come to find a window to the new world we have entered. Where steel still smolders and breezes bring an ever-changing stench, the ultimate questions may be asked without apology. What is the meaning of my life? Am I prepared to meet a sudden end, or to risk my life to save another? Is death the end, or may we hope and live for more? Where do I find an answer?

Many have turned to religion. The large assemblies in Yankee Stadium and elsewhere are public signs of the need in each of us for a sense of connection with others and with God. They are a way of showing that faith, family, and friendship transcend the evil of even the most destructive moment.

Freedom in Surrender:

The Silver Linings of Fear and Uncertainty

Mark Pickup

The telephone rang, scaring me out of a sound sleep. I answered with a groggy “Hello.” My daughter’s panic-stricken voice was on the other end of the line: “Turn on the TV Dad! Planes are crashing into buildings in New York.” Huh? Planes—plural? Buildings—plural? My initial thought was that she had either misunderstood a news story or was embellishing one. After all, my daughter has the most exquisite sense of theatre and drama. “What does this mean, Dad?!” she pleaded. Still half-asleep, I said I’d call her back as soon as I could gather my bearings. Mornings are slow for me because of multiple sclerosis (MS). My first task was to fight spasticity as I got into my wheelchair and made my way to the living room to turn on the T.V.

The images on CNN were unbelievable! Smoke was billowing from the World Trade Center. I could hear screams, sirens, chaotic scrambling. People were frantically running from the disaster, office workers were jumping from windows to certain deaths. No! I must be mistaken. Surely it was glass or other debris I saw falling, not people!

The CNN announcer grappled with these horrible images while new reports were handed to him as he spoke. Dumbfounded, he struggled to make sense of the rapidly developing events before an audience of millions of transfixed viewers with their jaws on their chests, like me. A plane, he announced, had also hit the Pentagon. Still another had crashed into a Pennsylvania field. This was no theatre; I wasn’t watching a movie. I was watching a newscast! Real people were dying at that very moment, right before my eyes. Quite simply, my mind could not accept nor comprehend what was happening.

A Phoenix Rises from the Ashes

Death and destruction hung thick like the cloud of smoke over New York’s skyline. Then a strange and wonderful thing happened. Into the carnage ran a brigade of rescue workers to help the trapped and the doomed. It was as though they were running into Hell itself to save others. They did not shrink

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back or hesitate. Many ran into eternity. If they were afraid, they took their fears to premature graves along with their pledges to “serve and protect.” And as they entered the ages their voices seemed to call back, urging America to rise to her best at this dark and terrible hour in her history. Like a phoenix rising from the ashes, America did rise to the call, transforming catastrophe into a renewed commitment to neighbor and country. Through tears of sorrow, grief and terror, ordinary citizens gave flesh to America’s greatness.

The terrorists thought the World Trade Center symbolized America. They were wrong. America’s greatness does not lie in her enormous economic prowess (or massive military might) but in her people—ordinary people living in ordinary communities. “One nation under God.” Make that remarkable people, cleverly disguised as ordinary citizens: soccer moms and dads, grandparents, friends, neighbors and business associates.

On September 11th I witnessed an eruption of wickedness at the hands of terrorists, resulting in a massive, tragic loss of life. But I also saw majesty personified in the heroism of firefighters, police officers, and emergency personnel. I saw it in ordinary folks who lined up to give blood, or who donated generously to victim-relief efforts, and in the New Yorkers who filled the streets to cheer and applaud rescue workers. Though September 11th was a dark day indeed, it was also a day when America’s greatness shone bright like a beacon for all the world to see. If there’s anything positive to come from catastrophe, perhaps it lies in this: Disaster and loss give people an opportunity to rise to their best, or sink to their worst. America has chosen to be her best.

Wide-eyed Fear/White-hot Hatred

Osama bin Laden and his rag-tag al-Qaeda network of murderers, strategists, and toadies targeted America’s dearest possessions: the freedom, liberty, and sense of security her citizens enjoy. The country was pitched into deep national mourning, only to be confronted next with the unleashing of bio-terrorism. Grief turned to waves of fear.

Of course, *terror* is the point of terrorism. Terrorists gauge their success by the degree of wide-eyed fear they can instill in as many people as possible. Bin Laden et al. are motivated by an irrational, white-hot hatred for America. They cannot successfully fight a military battle against the U.S., so they wage a war of stealth from the shadows, wreaking havoc on the ordinary affairs of life—opening a letter, taking a plane, going to work.

Al-Qaeda aims to riddle Americans with fear, so that they will be perpetually

looking over their shoulders during the day, awaking in the middle of the night sweating and with fists clenched. Bin Laden apparently believes that if he succeeds in crippling Americans with uncertainty and paranoia, their cherished freedom and liberty will vanish. Al Qaeda's candle will burn brighter, he thinks, if America's light goes out. All that will remain (he hopes) will be hollow memories of a former glory, which will fade with time.

Wrong again! America holds a strategic advantage: People *can* sustain an enduring belief in liberty and freedom, even when they're under attack. But how can the belief in terror be sustained?

Waiting for the "Next Strike"

I know next to nothing about war or the netherworld of terrorism. But I *do* know a thing or two about fear and waiting for the "next strike." As I mentioned, I have multiple sclerosis (MS). There are clear parallels between national and personal grief. There are similarities between being held hostage by the subterranean ideology of evil men and being held hostage by subcutaneous, cruel disease. Both victimize and inflict a deep sense of isolation. Both cause uncertainty and dread, as sleepless nights are spent wondering what the next day will bring.

I was diagnosed with MS in 1984. The first ten years of the disease, known as relapsing-remitting MS, were like a wild, savage roller-coaster ride. I would go to bed at night not knowing what function I would wake up with—or without. I remember thinking my life had become like Chopin's "*Revolution*" *Etude*. Violent! Turbulent! Raucous! I experienced a myriad of symptoms: My vision was affected and threatened. On a number of occasions, I lost my ability to speak. I looked like an imbecile mumbling incoherently. I went incontinent and soiled myself. I lost the use of my right arm and hand, so I could barely hold a pencil. This was devastating because I used to be an artist. I'd lose sensation. I'd become spastic, and suffer crippling fatigue. Most frightening of all, there were times when my memory and ability to think became clouded.

Happily many of those symptoms have abated. With the passage of time, however, I have become progressively less mobile, so much so that osteoporosis has set into my spine and I have lost nearly half the bone mass in my left hip. I am now at the point where I use canes for very short distances but most of my mobility comes from my electric wheelchair. I know there is a chance I will eventually be bed-ridden. Multiple sclerosis paralyzes slowly with ebbs and flows, attacking then retreating, never returning all the physical function it robs. It is unpredictable and volcanic. Life with MS is a life of waiting for

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the “next strike,” grieving when it does come, then trying to adapt to a new level of disability. For more than seventeen years, I have mourned each stage of physical loss and grieved each new phase of disability. At times, I have grieved more than I thought was humanly possible.

Sometime between my second and third year with the disease, my grief and sorrow were so deep and my heartache so sharp, that my judgment became impaired. In 1991, I was forced into retirement—at the age of 38—from my government career. I sank into a clinical depression, and my perspective became awfully skewed. Yet I needed to be able to safely grieve. *Let me say that again: People need to grieve loss.* And so it is with America in this war against terrorism. Individual Americans fear tomorrow. They must be able to grieve the world they lost.

But terror is *not* a way of life. Human beings were not designed to live in a constant state of grief and fear: Seventeen years of incurable illness tell me this. People are designed to dream of how things could be, and rejoice when their dreams come true. Most important, human beings are uniquely capable of hope, despite seemingly hopeless circumstances.

Reaching a Watershed

During my darkest times, when I doubted my own worth, people who loved me insisted on my innate value as an Image-bearer of God. They helped me rise to meet the next leg of my journey as a disabled person: the surrender of my grief and fear of the future to God. It was a watershed point that defined a stark choice: I could continue wallowing and stagnating in my predicament. Or I could cross over the watershed and take my chances with the next phase of life. There was a reassuringly familiar figure standing on the far shore, beckoning me to come across. The far shore would present frightening challenges of its own, no doubt. But it also held the promise of a new life. The journey across meant having to face the tumultuous whitecapped waves of my fear. And accepting that my own strength was likely to fail during the crossing. Finally, it meant surrendering my destiny to that figure on the far shore in the belief that He would calm the waves of fear washing over me.

The figure on the far shore came and met me in the watershed. Christ took my hand, and I found myself ready to begin the next phase of my journey. Looking back, I realize now that life consists of a series of watersheds. America is at one of those points, and so is each of her citizens. National and personal griefs are cresting.

North America has enjoyed unprecedented comfort and stability for

close to sixty years. This has been exceptional, an aberration in the violent bulk of human history. We have lived in the false security of a fool's paradise for more than half a century, while life remained uncertain and perilous for most of the world's people. As it was with previous generations, we must now accept the fact that life isn't as certain or predictable as we thought it was.

Fear and uncertainty can be catalysts for surrender of self-absorption and self-sufficiency to a force greater than oneself—the figure on the far shore. We can begin to live by faith rather than by sight. Surrendering our lives to the sovereignty of God frees us from believing the onerous myth that we are masters of our own destiny; it can end the isolation of the lie of personal autonomy. As our surrender to God permeates our lives, we get to know more about His character and love. It becomes easier to see the Image of God that resides in every human life. Our sense of community expands to the point where Cain's ancient question "Am I my brother's keeper?" is finally answered in the affirmative. No longer does the notion of community and interdependence seem stifling; rather, it becomes reassuring to be included and belong to a human family, and a nation, under God.

Disability Has Its Own Illumination

What about disabled people who do not share my Christian faith? The concept of a sovereign God may be foreign, but surely that of a deeply connected, interdependent community is not. People with disabilities are particularly susceptible to a sense of isolation and exclusion from society. But, as the poet said, nobody is an island unto himself; autonomy is a myth.

What did I say to my daughter that terrible morning of September 11? I reassured her that our family had faced previous crises of daunting proportions. It was important to recommit to family and to the belief that ultimately good will prevail. It is up to all of us to nurture the bonds of family, neighbor, community, nation. My family has drawn closer in the months since September 11th. There is great comfort to be found in the interconnected community of the heavy-hearted who share the belief that evil doesn't have the final word.

After a personal journey of more than seventeen years with multiple sclerosis, I have come to a simple conclusion: only in surrender of self to God can victims become victors. My legs may atrophy but not my heart nor my spirit. Only in surrender and—dare I say it?—*submission* to God do I stand a chance of being freed from fear and uncertainty. My future is secure.

I have never been freer than I am today, despite living most of my days in

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a wheelchair. My paralysis is on the outside, not the inside. It comes from disease, not fear. Granted, there is sorrow associated with each new phase of disability, but I rest assured that whatever happens here, I shall not be separated from that figure on the far shore, who meets me at my point of need.

That figure is in our midst. God bless America.

September 2001

We meet our griefs again when work is through
and do with words what little words can do.
A stranger weeps beside us through the night.
Beneath our pleasant sun, we never knew
the dark that hates the sky for being bright.
We thought to build a garden without rue,
to climb and, all-beloved, to reach the height.
Our sins were trifling, the false called true,
a petty disbelief in wrong and right.
For every sin we pay, but no sin drew
these hates. It is our virtue they requite.
Along the shore, the squabbling seabirds mew
at passing ships and wheel away in fright.
We meet our griefs again when work is through.
We do with words what little words can do.

J. Bottum

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Hitler's Children

Nancy L. Harvey

[This essay by Nancy L. Harvey—her last “formal” essay, dated February 2001—was read at her Funeral Mass at Holy Cross Church in Cuba, Missouri, July 26. It was sent to our office in August by her husband James, who had scribbled in the upper right-hand corner of the first page only this: “Nancy Harvey has contributed articles to journals such as First Things, including ‘Managed Care’ and ‘Wishing People Dead.’” We decided right away that it would be a fine piece for the Review, so we wrote to Mr. Harvey in Jefferson City, asking if this had been published anywhere and, if not, could we have his permission to run it? He replied that no, it had not appeared elsewhere, and “Nancy would have been so pleased to appear in your publication—she admired HLR so much.”

We wrote back, thanking him for the permission and asking him for some background on Nancy—what was the nature of her disability; and how would he like us to “introduce” her to our readers in our “brief bio” lines?

There was no reply.

Then, in late November, we got a phone call from James Harvey's brother Gary, who told us that James had also died, suddenly. That his sister-in-law Nancy had suffered from Crohn's disease (chronic inflammatory disease involving the lower portion of the small intestine) since before she and James were married; that in the early years they'd both been school teachers; that “Jimmy” had become a prominent music critic; that Nancy had been for years totally dependent on portable machine and wheelchair but they traveled a lot; that they'd both died at age 49.

As you'll see, Nancy begins her final essay with “Hitler's children . . .”—a perfect title, we thought. May Nancy's and James' good souls rest in peace.—Faith Abbott]

Hitler's children met me at the airport, with hugs and kisses and pink-and-white orchids. My husband and I were in Stuttgart to research the pianist Werner Haas, whose flawless technique and exuberant interpretations have delighted us for years.

The visit continued as it began—Hitler's children pushed my wheelchair, helped me in and out of cars, and up and down stairs. As a “gut cripple” I need frequent rest stops; my three hosts found restrooms for me, escorted me to them (carrying my IV bag and pump), even opening the door and turning on the light.

Born in 1929, our hosts grew up during the glory days of the Third Reich. Photographs of the time often show Hitler with children, but he does not grin at the camera as our leaders do. He stares intently into the eyes of the children, laying hands on shoulder or head much as a pastor would do.

The children were the Master Race, the chosen ones who were to continue the thousand-year Reich. Taught of their superiority by schoolteachers and Hitler Youth leaders, they understood their task: to carry on a strong, proud,

glorious society, free from the contamination of “mongrel” races and the burden of disabled people.

When we visited the Cathedral at Strasbourg, my IV tubing tangled in the wheelchair. I ended my infusion in the nave and then watched as my host cheerfully turned the wheelchair upside down, hauled out a pocketknife, and cut the tubing out of the spokes. Hitler would not have been amused.

It almost seems to be a cottage industry these days, writing books about Hitler’s willing executioners and the horrors of Nazi Germany. Certainly we should remember the past in order to prevent such evil in the future. But there seems to be some confusion as to the lesson.

Some of us believe that it is wrong to kill innocent people, and this was the evil of Nazi Germany. Others think that Hitler made a mistake in his categories. It is wrong to kill Jews and Gypsies, but acceptable to kill the unborn and severely disabled.

We read the descriptions of late-term abortions—the prostaglandin that squeezes the life out of a baby, the saline solution—slowly poisoning and burning him to death, the scissors stabbing into the skull while the arms and legs convulse—and we are not sickened.

We starve the severely disabled and dismiss the cruelty by saying it really doesn’t hurt, although my experiences with starvation and dehydration prove otherwise.

Unlike the Germans, we care little for racial purity and glory, but we care intensely for our right to have our own way, to pursue happiness at any cost, and if the unborn or disabled interfere, we are as ruthless as the Nazis.

As a disabled person with visible IV tubing, a pump, and a wheelchair, I have occasionally encountered revulsion here in America. And while everyone in France sternly looked past me, strangers in Germany were friendly. Many people made eye contact, smiled, nodded, and greeted me with a cautious “guten morgen.”

Yet I was aware that little over sixty years ago, Hitler’s killing program started with us. Disabled people cause hardship for others. Rationalizing their destruction is child’s play. I have read about the way it was done—the disparaging phrases—life unworthy of Life—the carefully organized paperwork, the legal sanctions, and the use of doctors.

As it was then, so it is now. The killing is hedged round with laws and bureaucracy so that the entire fabric of society is involved, men of peace and healing wield the curette, and those of us who are not in vulnerable categories will feel safe. And certainly all the nice people who assent, all the “willing executioners,” add another layer to the perplexity.

My former state governor was a devout Southern Baptist, active in his

church, a faithful husband, a loving father, and a champion of partial-birth abortion—twice vetoing a bill to outlaw it and posthumously receiving an award from the Missouri chapter of the Religious Coalition for Reproductive Choice.

Just as the nationalistic “German Christian” movement proclaimed a God who understood their need for a society freed from the claims of the “unfit,” so many of us worship a God who sympathizes with our need to live lives unhampered by children.

I have read diaries and biographies of Hitler’s executioners. Many were truly nice men—kind to their wives, loving and attentive to their children, growing roses, attending church. Many wanted a better society—working for health care, employment, education, and housing. As we continue to rehash the horrors of the Nazis, we might add this lesson—that very nice people consent to atrocities, and that consenting to evil brings spiritual blindness.

But my three hosts, Hitler’s children, taught to despise cripples like me, were not spiritually blind. They cared for me as if I were Christ Himself—often touching my hand to see if I was cold, bringing me spring water for my dry mouth, continually replenishing the supply of toilet paper, carrying my IV bag and pump into churches and restaurants, setting up and taking down the wheelchair, parking the car on the sidewalk, kissing me every morning and evening, reaching out to caress my cheek. How could I be a life unworthy of Life when I could receive and return such love?

Our hosts lifted my spirits. If Hitler’s children could turn away from the evil teaching of the Third Reich and become such Christ-like people, surely there is hope, even in abortion-bloodied America, for the rest of us.

No Birth and No Control:

The IPPF Formula for a Brave New World

Lynette Burrows

It is always a shock to have one's strongest suspicions confirmed. Thus, it was a shock, back in the summer, to be asked to comment on a leaked memo from the contraceptive giant International Planned Parenthood Federation (IPPF). This memo, signed by IPPF worker Vicky Claeys, calls upon the company's European allies to put pressure on their governments to ratify sexual rights for children and to further marginalise parents in their efforts to protect their children.

Of course, this is precisely what most people who know and loathe this egregious organisation would have suspected would be their intention—but to see it spelled out in an official memo was, well, chilling. Organisations, particularly bureaucratic ones, have the unnerving ability to be much worse than any of the little drones who work for them would be capable of on their own. A fact which must owe something, as Lord Egremont said, to not having a soul to be damned or a backside to be kicked. Perhaps emboldened by this immunity to either heavenly or earthly retribution, the memo spells out what must be done.

Under the heading "Urgent Alert on Children's Rights," it draws the attention to what it considers to be the alarming fact that the traditional understanding of family as "based on a man and a woman united by marriage and their children" is reasserting itself in the wake of the Bush victory in the USA, and "must be fought."

This view of the family is referred to throughout the document as "right-wing" and, in a naïve double-speak reminiscent of 1984, it solemnly holds up to horrified scrutiny the fact that "Right-wing governments and groups are attempting to insert language into the documents of the forthcoming UN Special Session on Children that would strengthen parental authority and control, to the detriment of established children's rights."

It goes without saying that the "established children's rights" to which they are referring are not those established over time by the experience of countless millions of families, and enshrined in the word "tradition." The only "rights" which they want are those they have managed to secure through

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back-door access to governments in recent years, which have enabled them to acquire free access to children, unencumbered by parents.

They were clearly upset that, at a recent preparatory committee meeting in New York, the US delegation emphasised “the vital role the family plays in the upbringing of children.” IPPF objects to this view and also to the similar UN Declaration on Human Rights, which refers to the family as “the natural and fundamental group unit of society entitled to protection by society and the state.”

They are equally horrified by the absurd suggestion (made, of course, by “right-wing organisations”) that the child in the womb should be protected, and recognition given to the fact that the “foetus is a basic phase of childhood.” Such ideas, it says, could set a “dangerous precedent” for future agreements.

It is hard to imagine a more hilarious and grisly example of semi-literate salesmanship than this attempt to describe one of the central tenets of Western civilisation throughout time as a “dangerous precedent.” Perhaps we can look forward to them describing the right to die naturally when one is old as a similar “dangerous precedent” when euthanasia has become established medical practice for thirty years!

Then again the memo is very agitated that yet more “right-wing organisations” are “aggressively promoting” the idea that “instead of teaching children how to protect themselves from HIV/Aids, we should teach them the culture of chastity and self-control.”

This outrageous suggestion may be shocking to those contemplating the inevitable loss of business that would result from a culture of chastity, but it is clearly and unequivocally true. The fact is that no one on earth can offer complete protection from HIV/AIDS because no device yet invented can do that. The condom has a known failure rate of about 15% against pregnancy—much higher amongst the young—and furthermore, even properly made condoms can have naturally occurring channels which are at least 50 times larger than the AIDS virus.

No doubt this is why the American Centers for Disease Control concluded in the 1990s that studies of the risk of HIV infection for condom users are “too dangerous to undertake . . . for ethical reasons.” In other words, you can’t ask people to be guinea pigs in an experiment that could quite easily kill them, when they aren’t even ill!

However, that doesn’t stop the IPPF “aggressively promoting” condoms in Africa even though many thousands will most assuredly die because they thought they were safe. One has to ask whether the principal providers of the condoms and sexual advice in these countries are likely to inform children

of the stark fact that they cannot protect themselves effectively against the deadly disease except by “chastity and self-control”? The answer is, as Eliza Doolittle said, “not bloody likely!”

Who then, is most likely to do so? The answer is, clearly, those who love them—their parents. Hence Ms. Claeys’ urgent appeal to prevent parental involvement in the counselling of children and their provision with contraceptive advice in every country where their policies hold sway; which is, unfortunately, everywhere except possibly Afghanistan and the Antarctic. As sexual disease levels are rising to unprecedented levels in our own country, due in large part to the promiscuity that is encouraged by an industry that profits from untrammelled sexual activity, her attempt to rally the salesmen of the “easy lay” is, from their point of view, as she says, “crucial.”

Will we fall for it? As the biggest abortion provider in the world, IPPF is indeed a mighty exterminator of human life and a power in almost every land. Together with its close associates—the UN population fund, UNICEF, the World Health Organisation and the World Bank—it is in a good position to exercise tremendous influence on governments everywhere.

Amidst this darkness, it is good to see the little light represented by Ms. Claeys’ chief bogeyman, President Bush. Here is an extract from his speech to a Cultural Centre’s opening ceremony on March 22 of this year, which went almost completely unreported in our media and goes a long way towards explaining the rabid detestation and mockery of him by liberals everywhere—at least until the shattering events of 11th September changed the world.

The culture of life is a welcoming culture, never excluding, never dividing, never despairing, and always affirming the goodness of life in all its seasons.

In the culture of life we must make room for the stranger. We must comfort the sick. We must care for the aged. We must welcome the immigrant. We must teach our children to be gentle with one another. We must defend in love the innocent child waiting to be born.

I love that last sentence. As eloquent as it is short, it sealed Mr. Bush’s fate with media opinion on both sides of the Atlantic, in the world in which we all lived at that time. It is strangely and wonderfully true that, when things begin to go seriously wrong in a decadent society, the most useless people of all—from every point of view—are those who are governed by the profit motive, to the exclusion of everything else. It takes virtue to fight the good fight and you wouldn’t expect to find IPPF in there with the goodies. True to this form, their response to the calamity in New York was to blunder forward offering free “reproductive health care, including medical and surgical abortion.”

One can only gape in astonishment at such a crass, ill-judged response.

Yet it was almost perfectly characteristic. Even when faced with the fact of so many cruel deaths, their only response was to offer more of the same. Such is the character of this monstrous organisation to whose tender mercies we have consigned the education of so many hapless children all over the world.

“To defend children from harm at all stages of their development” is simply unthinkable to the parasites who feed off the ills of decadent societies. On social matters, the media would have to have a collective brain-transplant before it could convincingly use a vocabulary of restraint and morality again—even if it could remember the words. As for film-makers, they have shunned real virtue—as opposed to virtual reality—for so long that it is difficult to believe they could even act it with conviction if they were called upon to do so. For organisations like IPPF, and their thousands of related employees, it would be the death knell of all their freebies, their salaries and their bonuses.

And yet, in truth, we are going to have to confront and oppose the commercial ethic embodied in the IPPF agenda and deployed by a brain-washed media, if we are to rescue our own younger generation from calamity. I don't think it is an exaggeration to say that today's generation—which listened to the IPPF's anti-parent message and followed its advice for the last 20 years or so—must be the most diseased generation of young people in history. With half a million cases of chlamydia—just one serious sexually transmitted disease, actually reported from clinics in Great Britain, and not including those cases recorded by family doctors, for which ten times that figure is realistically estimated—we should hang our heads in shame at what we have allowed our young people to be led into.

So the real question is, why have so many otherwise sensible people not grasped the elementary fact that the message of the contraceptive salesman is essentially a salespitch that time and experience has shown to be completely wrong? They promised that if they were allowed a free hand in schools, they would reduce both the number of illegitimate babies born to young people and the abortion rate. They also claimed that more sex-education would reduce the number of young people who became promiscuously sexually active and, consequently, the amount of sexually transmitted disease amongst the age group. None of these promises have been fulfilled and the situation has got inexorably out of hand.

To give the situation some sort of historic context, the illegitimacy rate in 1952, when the present Queen Elizabeth II came to the throne, was the same as it had been in the reign of Queen Elizabeth I in the late 1500s; about 10%

of births. In other words, it remained more or less stable for four hundred years. Then someone with the authority decided to let the wolf in among the lambs. The latest figures show the illegitimacy rate as being close to 40% and still climbing.

Though this figure is the highest in Europe, it does not give a clear picture of anything except the fact that some other countries have handled the problem differently. For instance, the French have been giving the so-called “morning after” pill to girls in school (from the age of eleven) for several years now and still have a higher abortion rate for the age-group than Great Britain, and the highest venereal-disease rate in Europe. So they, at least, have nothing to be proud of.

The Dutch situation, much cited as a brilliant example of the effectiveness of sex-education, is also not what it seems. Nobody knows what their conception rate is amongst the young since they specialise in “menstrual extraction” as a means of preventing pregnancy, and this procedure, which removes all evidence of premature sexual activity, is not registered in official statistics. Several other factors are also never mentioned in the Dutch context, as—for example—the fact that sex-education there is not obligatory in schools, contraceptives are not handed out free by the school nurse, and no financial support is offered to any girl who becomes pregnant when unmarried. They are simply handed over to the care of their families.

In truth, the only countries where you can be fairly certain that young people are protected from the dangers of premature sexual activity are those “backward” countries like Greece and Portugal where pornographic sex-education of the type our young people are subjected to is unheard of. They too have a low illegitimacy rate; but they are never mentioned when this subject is discussed.

It was not the advent of contraception itself that set off the tidal wave of juvenile sexuality. Contraceptive devices had been available to adults and married people for decades before then. It was the introduction of these things directly to young people by methods that have become ever more graphic, crude, and provocative. Under the auspices, very often, of the contraceptive industry itself, any moral implications in human sexual behaviour have been simply written out of the agenda; young people have been told that sexual behaviour has almost no moral dimension and few dangers “if they use a condom.”

This flagrant lie has seldom been seriously challenged in the media for reasons that are best described as “cultural.” Those in the media who do not profit directly from the licentiousness of mass culture still uphold it through

fear of seeming old-fashioned and reactionary. They still continue to pontificate at the drop of a hat against smoking and its effects in later life, but the health of young people before they have even embarked upon adult life is a widely ignored subject.

However, to anyone with an interest in social history, this collective blindness on the part of the educated public in general, and professionals in particular, is not new. There have been fashions in the past that were quite as lethal in their effect as the puerile dream of sexual liberation that has predated the sorry mess we are in today.

A particular hero of mine, Dr. William Cadogan (1711-1797) wrote an open letter in 1748 to the Governors of the Foundling Hospital in London, setting out the “unwholesome and indeed lethal” procedures of child-care that were then favoured by the educated class and begging that the regime at the hospital not use them.

Of course, out of deference to his profession, he makes a small attempt to blame grandmothers for the kind of advice that was followed by the nurses employed by the middle-classes, but even he had to admit that: “these grandmothers were taught by the physicians of their unenlightened days, when physicians, as appears by late discoveries, were mistaken in many things; being led away by hypothetical reasonings to entertain very wild conceits, in which they were greatly bewildered themselves, and misled others to believe.” Now that sounds familiar, doesn’t it?

The central problem he was addressing in his open letter was the fact that, amongst the educated classes he was addressing in London, 50% of their children died before their fifth birthday. This was quite unnecessary, he said, because it was far higher than amongst the rural poor, and even the urban poor, if they were lucky enough not to be able to afford the services of a doctor. “Health and posterity are the portion of the laborious poor,” he said, “the want of superfluity confines them within the limits of nature.”

So what were these practices which killed 50% of children who were not poor or disadvantaged in any way (except, perhaps, in their choice of parents)? It must surely have been something vastly unforeseen and sneaky, so that even the “people of good sense and easy circumstances” that Cadogan describes his readers to be could not have been expected to understand or avoid it. But no; the truth is quite the opposite. The nursing practices that he describes as being fashionable amongst the educated classes included: constantly force-feeding infants, 10 or even 12 times a day; and strapping them into corsets to give them a “sugar-loaf” shape that savagely constricted all their organs, then loading them with clothes so that they could scarcely

breathe. Diapers were changed as infrequently as possible since the urine needed to be re-absorbed into their skin.

Mothers played their part in this child-care disaster by almost never feeding their infants themselves, on the grounds that their own bodies needed their milk! Experts of the type that we are familiar with today obviously played a part in this madness because, as Cadogan points out, doctors regularly made holes in the breasts of new mothers "to let out the superfluity." Whilst the mothers suffered the genuine damage of breast mutilation at the hands of their doctors, the infant was farmed out to a poor woman to feed; the child might contract tuberculosis from her, as Samuel Johnson did (it lasted all his life, in the form of scrofula).

It is also, obviously, the medical profession that dreamed up the pseudo-scientific nightmare diet prescribed for newborn infants. "The general practice is, as soon as a child is born, to cram a dab of butter and sugar down its throat, a little oil, boiled bread and sugar, or a thin gruel mixed with wine or ale." By this means, he said, perpetuated throughout their infancy, countless thousands of healthy, strong infants are brought to the grave; killed by the ministrations of doctors under the complacent eyes of their parents.

Cadogan's letter was very influential in bringing about the demise of that particular fashion in child-care, and it went into at least ten editions before the end of the century. However, by the middle of the next century, this barbaric treatment of children by educated people had been replaced with another permutation of foolishness that has a more modern ring about it.

Child labour in the mines and collieries of Britain was widespread, with children as young as six years old being employed to work coal seams that were less than two feet high.

When the great Lord Salisbury made his impassioned plea to Parliament to end the degradation and exploitation of these children, he was attacked by all sorts of interest groups, always in the name of the children themselves, and on their behalf. "It is their freedom the pious Lord wants to take away," they said, "these children know what they want. They want money and the liberty to sell their labour on the market." They were not interested in the desperate state of health of these young workers, the fatalities among them, nor the state of their health in later life.

Nor was it only pit owners and other employers who supported the rights of children to be used as little more than slaves in someone else's money-making game. Civil libertarians too found common cause with the silk-hatted millionaires of the industrial revolution. A Member of Parliament referred to Lord Salisbury's proposed legislation as "an attempt to bring back the barbarism of the Middle Ages." It was the spirit of the age they were

representing, even those who were not directly enriched by the profitable exploitation of the children.

This much at least can be deduced by the fact that, despite having abolished slavery some years before, Parliament only raised (to ten) the age at which it was legal to employ boys down in the mines. Women and girls, on the other hand, were forbidden to work underground and an inspection system was established to make sure that the new law was complied with.

These two examples give a good indication of how easy it is to overlook the welfare of children in the interests of articulate, powerful, exploitative bodies. The media, by their nature, are influenced by the rich and powerful—they want to associate with them, they benefit from their approval and patronage. Children, on the other hand, are largely voiceless. The so-called “children’s rights” groups that have sprung up in the last few years are almost completely bogus in the sense that, far from representing the needs of children, they exist to give prominence to what certain adults think children should want—and to crush all other adult, particularly parental, opposition to them. Thus children’s real rights are about as safe with them as they were with Lord Londonderry who, in 1842, opposed Lord Salisbury’s bill on the grounds that the education a six-year old child received underground was superior to the “reading education” it would get in school!

One day soon we are going to have to face the waste of time and life involved in children not yet out of their teens having to visit genito-urinary clinics as if they were seasoned soldiers or dirty old men. And both young men and women discovering that they are infertile because of a silent disease they were never even told about when they were being encouraged to read “The Good Grope Guide.” Or the loss and regret involved in aborting a child; or the sudden onset of breast-cancer years before it was ever known in the past, as a result of that fatal choice. Or even experiencing the magic of first motherhood in a rabbit-hutch provided by the local council, ten floors up in an inner-city tower-block—and alone. All these things are the price that has been paid to keep Ba’al in business.

There is so much that is blighted in the lives of the hundreds of thousands of young people who have been inveigled into a world of premature sexual activity, principally by cynical commercial interests aided, as always, by the deeply foolish. They didn’t need it; they could have done without it; if they had been told about the real risks and urged to heed them by the pop-idols they worship, they might have been saved. Their ongoing miseries should be branded on the conscience of the generation that raised them, and failed them. Again.

Ashcroft to Oregon:

Stop Breaking the Law

Rita L. Marker

On November 6, 2001, Attorney General John Ashcroft issued a memorandum to Asa Hutchinson, Administrator of the Drug Enforcement Administration (DEA). The memorandum, titled "Dispensing of Controlled Substances to Assist Suicide," directly affects the practice of assisted suicide in Oregon. To hear most assisted-suicide activists, one would think that Ashcroft had obliterated rights for Oregonians. In fact, he was merely affirming the fact that Oregon is one of the fifty states and, as such, federal laws apply there in the same way they apply elsewhere.

When Oregon voters passed the "Death with Dignity Act,"¹ they gave doctors the right to prescribe drugs for the specific purpose of causing the death of a patient. Barbiturates and most other drugs that are used for assisted suicide are federally controlled substances.

Before the Oregon law went into effect in 1997, Senator Orrin Hatch and Representative Henry Hyde wrote to the DEA, seeking clarification about the apparent conflict between the state law and the federal drug regulations found in the Controlled Substances Act (CSA).²

In his November 5, 1997 response, then DEA chief Thomas A. Constantine wrote, "As you are aware, the Controlled Substances Act (CSA) authorizes the DEA to revoke the registration of physicians who dispense controlled substances 'without a legitimate medical purpose.'" Constantine declared that "delivering, dispensing or prescribing a controlled substance with the intent of assisting a suicide" was not a "legitimate medical purpose."

Constantine's letter made it clear that narcotics and other dangerous drugs controlled by federal law could not be dispensed to assist suicide anywhere in the United States. Thus, since federal law gives the attorney general the authority to revoke a doctor's registration to prescribe controlled substances, physicians who prescribed them for assisted suicide would be at risk of losing their federally issued prescribing licenses.

On June 5, 1998, Attorney General Janet Reno overruled Constantine's interpretation, saying that passage of Oregon's law had made the use of controlled substances for assisted suicide a "legitimate medical purpose" in that state. In effect, Reno said each state holds the trump card when it comes to

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interpreting and applying federal laws regulating controlled substances. This rationale would permit voters to bestow legitimacy on virtually any use of controlled substances as long as it was couched in terms of having a medical purpose. Thus, just as voters in Oregon deemed barbiturates for assisted suicide acceptable, another state could legitimize marijuana by passing an initiative permitting its use for medical purposes.

But, contrary to Reno's opinion, that's not the way it works. The U.S. Supreme Court made this abundantly clear in *United States v. Oakland Cannabis Buyers' Coop.*,³ a case focusing on medical marijuana.

In 1996, California voters passed the "Compassionate Use Act of 1996" to "ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes."⁴ In its wake, several groups organized buyers clubs to provide marijuana to patients, a practice that was permitted under the new California law.

However, the federal government contended that, while activities of the buyers clubs did not violate state law, they violated the federal Controlled Substances Act. On May 14, 2001, the U.S. Supreme Court agreed. In a unanimous decision, the Court reaffirmed that federal law regulating controlled substances applies to all the states, and cannot be erased by state action.

Attorney General Ashcroft cited this decision in his letter of November 6 overturning Reno's ruling and reinstating Constantine's determination:

As you are aware, the Supreme Court reaffirmed last term that *the application of federal law regulating controlled substances is uniform throughout the United States and may not be nullified by the legislative decisions of individual states. See United States v. Oakland Cannabis Buyers' Coop.*, 532 U.S. 483 (2001). In light of this decision, questions have been raised about the validity of an Attorney General letter dated June 5, 1998, which overruled an earlier Drug Enforcement Administration (DEA) determination that narcotics and other dangerous drugs controlled by federal law may not be dispensed consistently with the Controlled Substances Act, 21 U.S.C. §§ 801-971 (1994 & Supp. II 1996) (CSA), to assist suicide in the United States. Upon review of the *Oakland Cannabis* decision and other relevant authorities, I have concluded that the DEA's original reading of the CSA—that controlled substances may not be dispensed to assist suicide—was correct. I therefore advise you that the original DEA determination is reinstated and should be implemented. . . . [emphasis added].⁵

Under Ashcroft's ruling, physicians who prescribed controlled substances for assisted suicide were engaging in conduct that may render their federal registrations inconsistent with the public interest, therefore causing revocation of the registrations. He made it clear, however, that revocation proceedings would be initiated only against physicians who violated the CSA after the issuance of his determination. No action would be taken against doctors who had participated in assisted suicide prior to his ruling.

Ashcroft's adherence to federal law and its interpretation by the U.S. Supreme Court has brought howls of outrage from assisted-suicide promoters. They claim that his ruling would outlaw assisted suicide in Oregon, that Oregon has the right to decide whether doctors prescribe controlled substances for assisted suicide, that states' rights are being denied and that the federal government is trying to tell doctors how to practice medicine. They also claim that patients will be forced to suffer because doctors will be afraid to prescribe controlled substances to alleviate pain. All of those claims are false.

Here are the facts about the Ashcroft ruling:

- **It does not overturn Oregon's assisted-suicide law.** Ashcroft's ruling means that federally controlled substances cannot be used for assisted suicide. Oregon's assisted suicide law is still on the books. Other drugs and medications not covered by the CSA could be used for assisted suicide.

- **It does not interfere with states' rights.** Under the Controlled Substances Act (which has been in effect since 1970), it is the federal government, not state government, that has the authority to determine what is and what is not a proper medical use of federally controlled substances.

- **It does not interfere with doctors' rights to practice medicine.** States license doctors to practice medicine and will continue to do so. The federal government licenses doctors to prescribe controlled substances and will continue to do so. Ashcroft's ruling merely tells Oregon that doctors in that state are no different from doctors in all other states when it comes to prescribing federally controlled substances.

- **It does not interfere with pain control,** but it also says that doctors don't have the right to kill patients with federally controlled substances. Doctors in Oregon have been specifically told that prescribing federally controlled substances to alleviate pain and suffering is a legitimate medical practice.

On the same day that he issued his determination, Ashcroft wrote to Hugh C. Stelson, President of the Oregon Medical Association, reassuring Oregon physicians about pain control:

Members of the Oregon Medical Association (OMA) have varying views about physician-assisted suicide. On one point, however, there should be complete agreement: *no effort to prevent the use of controlled substances to assist suicide should operate in any manner to deter physicians from prescribing controlled substances to alleviate pain.*

I want Oregon's doctors to know that under this decision, they will have no reason to fear that prescriptions of controlled substances to control pain will lead to increased scrutiny by the DEA, even when high doses of painkilling drugs are necessary and even when dosages needed to control pain may increase the risk of death [emphasis added].

Nonetheless, assisted-suicide activists immediately went to court to block Ashcroft's decision.

The same day that Ashcroft released his determination, Oregon Attorney General Hardy Myers issued a press release announcing his intention to take legal action in federal district court "to protect Oregon's physician assisted suicide law."⁶ Myers said his department would present a strong case asserting that the U.S. Department of Justice position is unlawful.

In addition, Oregon's Governor John Kitzhaber (who is a physician) also railed against Ashcroft's ruling, using the theme that it represented heavy-handed federal interference in states' rights. "Oregonians are satisfied that we can responsibly implement physician aid in dying and this is an unprecedented federal intrusion on Oregon's ability to regulate the practice of medicine."⁷

On November 8, 2001, U.S. District Court Judge Robert Jones issued a temporary restraining order requested by the State of Oregon, blocking implementation of Ashcroft's directive. During oral arguments on November 20, attorneys for the state argued that, since Janet Reno had previously considered the issue of federal versus state power, the matter had been decided in favor of the state. They further contended that no precedent exists for an attorney general to overturn a previous interpretation.

Gregory Katsas, representing the U.S. Department of Justice, argued that Ashcroft's ruling was well within his powers and that the case was not about regulating medicine in general but about what is meant by legitimate medical practice as it pertains to federal law. "We say that federal law controls the determination of what is legitimate within the meaning of federal regulations, they say state law trumps federal law,"⁸ Katsas said.

Jones has extended the restraining order for five months. In effect, his ruling results in leap-frogging over the preliminary-injunction hearing process. The case will now move directly to a trial based on the merits. But this is only the beginning. Court watchers expect that, whatever the outcome of the trial, there will be appeals. And the controversy over assisted suicide in Oregon will continue for years as it wends its way through the courts.

NOTES

1. ORS 127.800 to 127.897.
2. 21 U.S.C. §§ 801-971
3. 532 U.S. 483 (2001)
4. Cal. Health & Safety Code Ann. § 11362.5
5. John Ashcroft, Memorandum for Asa Hutchinson, Administrator, the Drug Enforcement Administration, "Dispensing of Controlled Substances to Assist Suicide," November 6, 2001.
6. Press Release, State of Oregon Department of Justice, "Attorney General Hardy Myers to Take Legal Action to Protect Oregon's Physician-Assisted Suicide Law," November 6, 2001.
7. Ibid.
8. "Suicide Law in Oregon Wins Round in U.S. Court," *New York Times*, November 21, 2001.

Dr. Death Down Under

Kathryn Jean Lopez

A recent survey of Australian doctors by the University of Newcastle found that more than one third of surgeons admit to having administered lethal doses of painkillers at the request of patients.

Dr. Philip Nitschke thinks it's a crime that what they have confessed to is a crime.

Philip Nitschke is Australia's Dr. Death. Their answer to Jack Kevorkian. Except he has no intention of limiting his crusade to the former British penal colony.

By now the whole world over is familiar with Rebecca Gomperts, the abortion-boat woman, who may not have performed any abortions on international waters yet—and frankly may never. But Gomperts has succeeded in the one thing she really set out to do: be seen and heard. Now it is Philip Nitschke's turn.

A la Gomperts, he wants a boat. With assisted suicide legal in the Netherlands, Nitschke plans to take assisted suicide where it is *not* allowed.

Head of the Voluntary Euthanasia Research Foundation (VERF), Nitschke is a tireless crusader to make the world safe for death.

VERF refers to March 27, 1997 as “the day of shame.” On that day, the Australian Senate passed the Andrews Bill, which overturned the Northern Territory's law permitting the terminally ill to assistance in ending their suffering if they wish.

Nitschke wouldn't be considered too outside-the-mainstream here in the U.S. Jack Kevorkian may be behind bars (in fact, his latest appeal for release was rejected by a judge this Thanksgiving), but he is not without his supporters. And far from his Michigan jail cell, the culture of death has taken hold. Oregon's Death with Dignity act took effect in 1997. Since then, about 70 people have been legally murdered under it. In early November, U.S. Attorney General John Ashcroft moved to direct the Drug Enforcement Agency to prosecute doctors who prescribe lethal doses of federally controlled substances.

Assisted suicide/euthanasia experts, of course, were livid. So were states'-rights absolutists. And the nation's op-ed writers. The Oregon attorney general immediately asked for a court injunction so that the Ashcroft memo to the DEA could not be enforced. The Oregon law lives on as does the debate.

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Australia's Advocate

Philip Nitschke has made a worldwide name for himself advocating death. In Australia, his militancy has led him to stints as a lecturer, inventor, and even a political candidate. (He says he has himself assisted in some 20 deaths.)

"I watched with dismay as the Australian Medical Association did all it could to wreck the world's first law legalizing voluntary euthanasia," he told me in an interview, referring to the Northern Territory Rights of the Terminally Ill Act, which had been passed in 1996. Its rescission in 1997, Nitschke says, is what truly launched his vocation as advocate for death.

He explains, "We have been once again plunged back into a jungle where people with powerful friends, people with contacts, [and] people with mates who are doctors, have no trouble getting help to peacefully end their lives at the time of their choosing. But for the rest, many people who have never broken a law in their lives find themselves having to sneak around and expose those they care about to significant legal risk."

"Without the existence of voluntary euthanasia legislation," Nitschke says, "it is inequitable and unjust [toward] the losers on the bottom of the socioeconomic spectrum." He says the issue is not unlike abortion: "There is an uncanny parallel with the abortion issue of 25 years ago, where women with contacts and money never had to take risks getting access to safe terminations. It is the inequity and injustice of the current situation . . . that upsets me and drives me."

A View to a Kill

Nitschke's way of getting around national prohibitions against suicide is his boat. The idea is that it would be a Dutch-registered vessel engaging in international travel between countries. Nitschke told me that "There are people prepared to back such a proposal, but only if it could be shown that there are no legal difficulties with the project." The legal question is still being explored, he said.

Meanwhile, he has lots to keep him busy.

Outside of his boat talk, Nitschke is perhaps most famous worldwide for his peddling of a suicide pill, what he calls the "peaceful pill." In his interview with me, Nitschke explained that the pill would be the ultimate answer to legal and political debates over assisted suicide and euthanasia. The pill, he says, "represents a solution to the voluntary-euthanasia question that is not dependent on the political process. Indeed, if all people could obtain the means to allow them to die peacefully at any time, the torturous process of developing legislation and safeguards that those wishing to use such a law

need satisfy, is no longer relevant.” The pill, he says, would also bring “peace” in that it would end the medical debate over ethics, because the doctors would not be involved. He says, “The process would not involve the medical profession, something doctors would generally welcome. Doctors could still explain the options, i.e. what medical and palliative interventions are possible, but it then becomes the lucid individual’s decision whether to proceed or not. Indeed the doctor’s rightful place might be in engaging in a sincere and honest attempt to provide the dying patient with information, but as gatekeepers to the process, they overstep their role. Dying would once again become a private matter. The ‘pill’ represents a technical rather than political solution to the voluntary euthanasia issue.”

Nitschke isn’t completely utopian about his pill’s prospects. “Along with the benefits of such a technical solution come new difficulties,” he told me. Nitschke says:

The biggest concern is the issue of control over such a product. How could one restrict its use to say, the terminally ill? I have argued that all people over a certain age (adults) who are not psychiatrically impaired should have access to the developed recipe. (Note this is not the same as “advocating its use for troubled teens.”) Others would impose different criteria, perhaps restricting its use to the dying or those chronically suffering or as Els Borst (the Dutch Minister for Health) argued, restricting it to those who are old, but who are not necessarily sick. There will always be arguments over who should get access, and it is important that society engage in this debate now rather than after the product is developed. All groups in society, from the elderly terminally ill who stand to benefit directly from such a development to the teenagers who are old enough to understand these issues, need to be involved in this debate. Indeed if we are to move forward on this issue it needs to be done with our eyes wide open and aware of the potential risks and benefits of such a significant change in society. Restricting access to such information after it is developed will be difficult.

I have surveyed the elderly dying people with whom I work and over 90% believe this project should continue. Reactions from other groups in society vary greatly, from outright condemnation through to guarded support. All agree however that the reintroduction of voluntary-euthanasia legislation would remove the major driving force behind such development. Our organization has called for a broad public debate on this issue and has suspended research until we have better insight into these concerns.

Besides the pill he wants on supermarket shelves, Nitschke has an invention: the Deliverance Machine. It’s a computerized system that delivers a lethal injection after a series of questions are answered by the terminally ill patient. (A sample of the questions asked can be viewed on Nitschke’s website, www.euthanasia.net.)

His original intention was to make the machine available back when euthanasia was legal in Australia. He explains, “I could have given the

lethal injection, but I did not want to. I wanted others to see that this was not a moribund patient receiving a lethal injection from an unscrupulous doctor. The machine made this possible; the patient initiated the process after they had responded appropriately to the questions presented on the screen.” The machine, however, is now dead: “Without such a legal framework, though, the machine has no place. Current laws push the whole process under the carpet, behind closed doors where there are no checks or balances.”

Who Should Die?

Nitschke is careful when talking about teenagers, because much of the Australian outcry against Nitschke, outside of pro-life groups, has been from those who worry that he would advocate troubled teens killing themselves if they so desired. He says he does not. On the other hand, he supports killing terminally ill children. In one interview, he said, “I think the Dutch government has taken a very courageous step and recognized the reality that children suffer very debilitating diseases.”

And in his interview with me, he spoke against cut-offs. In his mind, suicide should be available. Period. And as easy as possible. Restrictions for those under 18, for those who are depressed, etc., should not exist. After all, he says, “why should they have to wait till they’re 18?”

So who exactly should die, in the eyes of this Dr. Death? “My personal position is that if we believe that there is a right to life, then we must accept that people have a right to dispose of that life whenever they want,” Nitschke told me. He compares it to how “the right to freedom of religion has implicit the right to be an atheist, and the right to freedom of speech involves the right to remain silent.”

Very much an advocate of control, Nitschke believes that man is only truly free if he has the practical knowledge necessary to choose to die. “I do not believe that telling people they have a right to life,” he says, “while denying them the means, manner, or information necessary for them to give this life away has any ethical consistency. So all people qualify, not just those with the training, knowledge, or resources to find out how to ‘give away’ their life. And someone needs to provide this knowledge, training, or recourse necessary to anyone who wants it, including the depressed, the elderly bereaved, [and] the troubled teen. If we are to remain consistent and we believe that the individual has the right to dispose of their life, we should not erect artificial barriers in the way of sub-groups who don’t meet our criteria.”

That’s where he comes in, of course, providing people with a proper education in the art of the kill, giving seminars throughout Australia and New Zealand, as well as being a fixture at right-to-die seminars worldwide.

Ultimately, what Nitschke would prefer, and what he presses on for, is the widespread availability of his “peaceful pill.” He says it “should be available in the supermarket so that those old enough to understand death could obtain death peacefully at the time of their choosing.”

Although very much an advocate of people exercising their will to kill themselves if that is their choice, Nitschke contends that legalized, easy death will actually make fewer people kill themselves.

“It’s hard to imagine how such a development would affect society, but I believe the impact would not be as great as people fear. One group to clearly benefit from such a development would be those terminally ill patients who would derive immense comfort from knowing that they now have such control in their hands. We have a great deal of anecdotal evidence from the clinics I run in all Australian states, that the acquisition of such substances or drugs takes away a great deal of uncertainty associated with the feeling of loss of control. Perhaps it is a paradox, but we see it time and time again, that the acquisition of lethal substances that would guarantee a peaceful death enables those suffering to keep on going, living longer, and getting more out of the remaining part of their life. So empowering the entire population in this way could result in a net increase in the integrated total of human life, something I’m sure that many of the detractors of voluntary euthanasia would support.”

Speaking of the right to life, what does Dr. Nitschke think of his opponents?

“Pro-lifers continue to ask me why I cannot see that the introduction of voluntary euthanasia is a breach of God’s laws and breaks the sixth commandment,” he says. “I note that these same people see no difficulty in supporting state-sanctioned wars.”

Nitschke says he is much more concerned about inequity in choice of death than in God or consequences (on earth or in heaven).

Says Nitschke, “I find it impossible to reassure those concerned about the slippery slope. My answer is that such a potential risk should not restrict our attempts to resolve this issue in society. Clearly new laws need to be monitored closely. If there is evidence that such a slope is developing, the legislation can be amended or removed. To do nothing yet allow an unjust and inequitable system to flourish, represents a greater crime.”

He doesn’t mind being called Dr. Death or a Nazi, because, Nitschke says, “people only start calling you names when you become effective.”

Likewise, he admires fellow Dr. Death, Jack Kevorkian. Kevorkian, Nitschke says, “has paid a very steep price for his courage: His incarceration shames us all.” He says Kevorkian’s “actions moved the work forward on

this issue and I agree totally with the editorialist from the *British Medical Journal* who referred to him as a rare example of a true medical hero.” He told me, “As Judge Cooper sentenced him, she claimed that Jack had flouted the rule of law, and that it was the rule of law that made the nation great, but she seemed to overlook that years earlier, it was the actions of heroes prepared to ‘flout the rule of law’ that had won for her the vote, [much less] the chance to sit on the judicial bench.”

“Justice”

Former German Chancellor Helmut Kohl’s wife suffered from an acute allergy to penicillin that made her extremely, debilitatingly sensitive to light. She took her own life earlier this year, unwilling to deal with her dark existence. Parts of the world celebrated her exercise of free will, including the op-ed pages of some European newspapers.

Nitschke says that her death is an example of the inequity he sees himself crusading against. “The death of Helmut Kohl’s wife showed clearly just why legislation is necessary. Currently, the well connected, the rich, or people with medical friends have little trouble accessing the help they need.” He compares it to abortion. “Twenty-five years ago in Australia, the rich never had difficulty obtaining a safe medically performed termination of pregnancy. It was the poor who had to seek out and risk the back-yard abortionists.”

He continues:

With voluntary euthanasia, the dynamic remains the same. Members of an elite group get help and often care little whether laws change or not. The rest struggle to get reliable information and assistance. In desperation they do desperate things. Many take drugs they don’t understand in an attempt to obtain a peaceful death and fail. It is not surprising that the commonest method by far used in Australia by those over 75 to take their own life is by hanging. This requires no equipment and little knowledge and works.

Legislation though, removes the inequity and injustice. With such laws in place, access to help to obtain a peaceful death at the time of one’s choosing is no longer a matter of class. Very few doctors’ wives or husbands come to my voluntary euthanasia clinics and I doubt whether Hannelore Kohl would have found the need to attend.

And what about ethics? What about the medical profession and the Hippocratic Oath’s directive for doctors to “do no harm” to their patients? Irrelevant, Nitschke says. After all, “Over time the Hippocratic Oath has been modified on a number of occasions as some of its tenets became less and less acceptable. References to women not studying medicine and doctors not breaking the skin have been deleted.”

“Do no harm,” itself, he says, is “in need of explanation.” “Does not doing harm mean that we should prolong a life that the patient sees as a painful

burden? Surely, the ‘harm’ in this instance is done when we prolong the life, and ‘doing no harm’ means that we should help the patient die. Killing the patient—technically, yes. Is it a good thing—sometimes, yes. Is it consistent with good medical end-of-life care: absolutely yes.”

Killing the Kill

What are Nitschke’s prospects? So far, officials in the Netherlands—the nation in which Nitschke has been planning to license his death cruise—have raised legal questions about his boat ideas. And, his recent attempt to block the reelection of a parliament minister who was key in overturning the Northern Territory’s short-lived pro-euthanasia law was a failure.

The events of September 11th, evil as they were, have had an almost universal—if, at times, short-term—effect of making us look inward as individuals and as a culture, rethinking priorities, remembering first principles.

The horrifying murder of so many innocent lives has forced us anew to consider how we have been treating human life, and what our attitudes toward it are. Philip Nitschke, though influential, is only one man. But his ideas are not uniquely his. Perhaps it is not hyperbolic to suggest that this is terrorism, too: to have the lives of the elderly so easily disposed of (what’s keeping a daughter or son who doesn’t have the patience or the money from slipping mom or the in-law a pill?). Doesn’t it sound like terrorism to put the lives of innocents, vulnerable because of age or illness, in the hands of self-imagined supermen who have the will and the means to act like gods?

The so-called slippery slope may never materialize. But, as Wesley Smith said while himself touring Australia this summer, people who seek help in committing suicide desperately need *other* kinds of help. “If someone wants to end his or her life, you don’t say ‘hey, let me hold your coat’ while they do it. All euthanasia does is confirm people’s worst fears, that they are alone or unwanted.”

After what we’ve all been through, what kind of message is that to send?

Too Big for Their Wooden Shoes

F. P. Tros

In the Netherlands, a remarkable development appears to be taking place. At the exact moment that the new law on euthanasia and assisted suicide is due to come into effect—and just as our Belgian neighbors are getting ready to enact a similar law—many Dutch physicians are recoiling from the success of their struggles to bring this about. Secularized as the Dutch may have become, their missionary zeal has never left them. But it now seems that, in running with this ideal of preventing end-of-life suffering, they have become too big for their wooden shoes.

It all began some two decades ago when the judiciary decided to take a lenient view of what were, from the sentimental point of view, mercy killings; and so the thin end of the wedge was deftly inserted. Gradually, the authorities became uncomfortable with an unofficial policy in which the Ministry of Justice decided not to prosecute euthanasia if committed under certain conditions. They sought to regularize the situation, and legal euthanasia is now about to become the law of the land. If ever hard cases have proved to make bad law, it is here. The law now regulating what has so far been a practice that existed on sufferance is a product of modern secular Holland: turning a blind-eye to felonies. The permissiveness of the sixties has become official policy in this nation of formerly staid and sober people.

The principled opposition in Parliament, which came mostly from the Christian Democrats and the smaller orthodox-Protestant parties, was met by charges of intolerance and an undemocratic attempt to bend the majority to the will of a stiffnecked minority beset by outmoded prejudices. A fundamental ethical discourse is practically impossible in a country where the media are the preserve of the liberal elite, and where the limits of the philosophical range of the pro-euthanasia party are best exemplified by the Minister of Health's stock reply to whether euthanasia is morally acceptable: she emphasizes the great care with which the decisions to euthanize are reached and executed; she addresses the moral question not at all. One wonders what her reaction would be to the argument of a proponent of the death-penalty that, after all, the executions are carried out with the best technical means available.

In the November 10th Saturday supplement of the liberal newspaper *NRC Handelsbad*, there appeared an interview with four members of the team for Euthanasia Consultation and Support in Amsterdam. This group and similar

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ones around the country frequently provide the second opinion required for euthanasia to be exempted from prosecution (up till now) or to be lawful (as soon as the new law comes into effect). Consequently the four family doctors on the Amsterdam team have a long and varied experience of euthanasia in practice. The average general practitioner may engage in euthanasia once or twice a year; these physicians are—in addition to their own cases—intimately involved in some fifteen to twenty of their colleagues' cases each year.

The members of this team felt the need to convene regularly to discuss their cases, and, as they say banteringly, “to have a good cry over things.” The *Handelsbad* reporter had some difficulty in gaining admittance to one of their quarterly meetings: it was unprecedented to have an outsider present, and she was warned that the discussions tended to get rather emotional. She had expected to find that the *avant-garde* of Dutch euthanasia would again be extending the frontiers of physician-assisted self-destruction. But she was wrong.

One member had decided to give up her work on the team on the grounds that she could no longer in conscience accept responsibility for euthanasia as it was being practiced. “The law requires us to explore all avenues before we carry out euthanasia. But I see now that this happens only too infrequently.”

A general feeling among the team members was that they had initially approached euthanasia from the wrong side: why hadn't they concentrated on palliation first and euthanasia second, instead of the other way around? It is illustrative of this new awareness that peer groups for palliative care have recently been established within the teams for Euthanasia Consultation and Support. These groups are now studying other methods for relieving the suffering of terminal patients. “Ignorance and lack of awareness have caused people to be flushed into the euthanasia procedure to whom a whole lot of life quality could have been offered,” one of the group members said. And, most telling with regard to what happens once a culture of death has become accepted: “When one has been so intently focused on euthanasia, one develops a blind spot for other possibilities.” Further: “There are some (of my own patients) who died through euthanasia that now make me realize that, with my present knowledge of things, we would have gone a very different way.” And (one can imagine a bitter “I told you so!” from opponents to euthanasia) one member mentioned that: “We have been reproached abroad with following the reverse road in having a tiptop regulation for euthanasia and letting other ways of relieving pain go by the board.” This remark called forth from a colleague: “It is of course a matter of what is *the thing* at a given moment, too. We are followers of fashion like anybody else.”

A wholly unforeseen consequence of the euthanasia policy is that it evolved

from a physician's last resort to a patient's right: death on demand. "You can now get landed," one physician said, "in a situation of parleying with your patient: 'We can do this now, can't we?' This does make me think now and then: My god, yes, you are dying, but why should I deliver death two weeks in advance?" Another doctor calls the whole set-up a "vending machine": "Slip in your money, out pops your hot dog—make your request, out pops your euthanasia."

One of the due-care requirements is that the physician, together with the patient, must be convinced that there is no other reasonable solution. But here is the rub, says one of the participants: "One cannot judge of the patient's facing interminable and unendurable suffering, without sufficient knowledge of the means to relieve suffering. It seems doubtful to me whether general practitioners are in a position to make that judgment." Another doctor related how she used to feel it her duty to mention euthanasia to an incurable patient who was beyond the help of traditional medication, "for fear they wouldn't dare to bring up the subject." Since her immersion in the subject of palliation, she has deliberately avoided the E-word, and what does she see? "Nobody ever asks for it now."

"A physician and a patient must never decide for euthanasia, when the physician is insufficiently informed about the possibilities offered by palliative care," the Minister of Health, Dr. E. Borst, said as early as 1996. "But how can doctors improve their knowledge beyond the point that prescribing a sufficient number of Vesperax sleeping-tablets will help patients kick the bucket as a matter of course?" Palliative care was hardly part of the family doctor's training until a year ago. Only last September was a motion introduced in Parliament to promote palliative-care training. (An earlier Christian-Democratic motion had been defeated.)

Even as some of the erstwhile enthusiasts for euthanasia now lament the consequences, others have gone beyond seeking release from terrible pain and are focusing now on aid for people who are simply tired of living. The Minister of Health gave it as her opinion, the day after the new euthanasia bill was passed by the First Chamber, that a next step should be the provision of what is called—after the *auctor intellectualis*—"Drion's Pill." This future, so far fictitious, pill would be distributed to those who might need it—naturally, with great wisdom and great care and under strict safeguards. A first category of recipients would be the old and ailing, who could thus, at their own convenience and at a self-determined and freely chosen moment, decide to *get out*. Also on the list would be the very old who are not really ill or suffering but who have simply become bored with life.

This culture of death that has grown so enormously over the past twenty years evidently found a fertile soil in the secularized minds of the Dutch people. It is perhaps indicative of the estrangement from the nation's Christian heritage that the Minister of Health could triumphantly greet—unwittingly no doubt, and no offense meant—the new law's passing on April 20th (a week after Good Friday) with Christ's words from the Cross: *It is finished*.

What then—against this backdrop of shallow humanism, sloppy thinking, and cheap triumphalism among the lawgiving classes—can be expected to result from the apparent change of heart among the vanguard of those who have the widest experience in this field? We should not be over-optimistic about the chances for an immediate change in the moral attitude of the nation as a whole and the progressist elite in particular. The Minister of Health lost no time after the publication of the disturbing *Handelsbad* interview in emphasizing that however good the care given in the terminal phase, euthanasia remains a worthy way of coping. Letters to the editor betrayed shocked concern lest one of the chief attainments of our days should be lost, and tried to belittle the new position of the interviewees by saying it results from their over-involvement with euthanasia—a kind of oversensitiveness that one never hears of in the case of gynecologists who have delivered their hundredth (or thousandth) human child, or of surgeons who have performed their umpteenth appendectomy. Although *Handelsbad* published the interview, its lead article summed up with “But the crucial concern also of this new law remains the right of individual self-determination of the suffering person.”

No, we should be grateful that, in a great and growing number of physicians, humaneness is winning over a frigid intellectualism that reduces a supreme human act, the act of dying, to a medical procedure to be got over with as painlessly and as quickly as possible. What we may hope for, and pray for, is that not humanism but humaneness will win the day. *No man is an Iland, intire of it selfe; every man is a peece of the Continent, a part of the maine; if a Clod bee washed away by the Sea, Europe is the lesse, as well as if a Promontorie were, as well as if a Mannor of thy friends or of thine owne were; any mans death diminishes me, because I am involved in Mankinde.*

The Birth of Hospice

Wesley J. Smith

Until not so long ago, in this country and throughout the West, religious voices were deemed an essential element in the public square. Indeed, as difficult as it may be for those born after 1960 to believe, the opinions of people motivated by religious values were once at the forefront of public-policy formation. What “the churches” thought often made the difference between failure and success for those seeking to get a particular idea enacted into law.

Today, while most religious organizations still offer their opinions on a wide range of issues, they generally have limited impact. The primary reason for this is the widespread acceptance of the attitude succinctly summarized by the prominent philosopher Dan Brock in the *Hastings Center Report*: “In a pluralistic society like our own, with a strong commitment to freedom of religion, public policy should not be grounded in religious beliefs which many in that society reject.”

At the very least this attitude is undemocratic, for it silences the many to protect the sensitivities of the few, transforming the public square into a virtual private enclave. As James W. Walters, professor of Ethical Studies at Loma Linda University, puts it, “Society’s most fundamental moral views are rooted in religion Ninety percent of the population identifies with the Judeo-Christian tradition.” More significantly, however, religious values have been an essential part of the motivation behind the most important social movements in our country’s history: abolition, the civil rights movement, and the effort to end child labor, to mention just a few. To remove religious values from the recipe of public policy is akin to leaving most of the ingredients out of what should be a thick, hearty soup: Not only does it ruin the taste, but it strips the broth of much of its nutrition.

One case in point, in which an instance of religious belief influenced secular ethics and public policy in a way that few people could object to, is the development of the modern hospice movement. Hospice care is now recognized as valid by Medicare, Medicaid, and most health-insurance providers. It is a tale rarely told, but the hospice movement owes its existence to the deeply held religious values of its British founder, Dame Cicely Saunders.

Dame Cicely was a medical social worker in a London hospital in the years immediately following World War II. She was also a devout Anglican.

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In the course of her duties, Saunders met a Jewish émigré named David Tasma, who had escaped the Warsaw ghetto, only to lie dying at the age of 40 in a London hospital. Believing she had a religious duty to visit the sick and knowing that Tasma was alone in the world, Saunders made a special point to spend time with him every day. Their friendship changed our world.

Saunders was already well aware that a nearly universal problem in care for the dying was uneven pain control, causing much unnecessary misery. As she spoke with Tasma about his impending death, she had an epiphany. As she told me when I met her fifty years later, “I realized that we needed not only better pain control but better overall care. People needed the space to be themselves. I coined the term ‘total pain’ from my understanding that dying people have physical, spiritual, psychological, and social pain that must be treated. I have been working on that ever since.” (Tasma left Saunders £500 to begin her work, telling her, “I will be a window in your home.” Saunders told me, her eyes filling with tears, “It took me 19 years to build the home around that window.”)

Saunders’s epiphany was not rational or secular, but spiritual. Her work was a “personal calling, underpinned by a powerful religious commitment,” wrote David Clark, an English medical school professor of palliative care and Saunders’s biographer, to whom she has entrusted the organization of her archives. So strong was Saunders’s faith in what she perceived as her divine call that she began volunteering after work as a nurse at homes for the dying. Urged on by her experiences at these homes, she went to medical school—this at the ripe old age of 33, and at a time when there were few women doctors.

After becoming a doctor, Saunders continued to focus on alleviating the pain of people who were dying. She obtained a fellowship for research in palliative care and began to work in a hospice run by nuns. Her first initiative was to put patients on a regular pain-control schedule, which, in her words, “was like waving a wand over the situation.”

Before long she was impelled to found her own hospice, St. Christopher’s; “I have thought for a number of years,” she wrote to a correspondent at the time, “that God was calling me to try to found a home for patients dying of cancer.” Clark has written that Saunders’s certainty that “the St. Christopher’s project [was] divinely guided and inspired” led her to become an activist, energetically raising money for the new project and, in the process, raising the consciousness of the medical establishment about end-of-life care. Saunders’s initial idea was for St. Christopher’s hospice to be a “sequestered religious community solely concerned with caring for the dying.” But the

idea soon expanded from a strictly religious vision into, in Clark's works, a "full-blown medical project acting in the world."

Saunders succeeded beyond even her own wildest hopes. Today, St. Christopher's is a four-story glass and brick structure located in a beautiful, tree-lined London suburb. There "the Dame," as the St. Christopher's staff affectionately calls her, continues to work energetically and devotedly. Although physically slowed by her 80-plus years and no longer actively practicing medicine—she turned that aspect of her work over to others several years ago—she meets daily with people from all over the world who make pilgrimages to St. Christopher's to learn how care for the dying can be improved and to be inspired by her indomitable spirit. Indeed, as I entered Dame Cicely's second-floor office, a large group of smiling Japanese physicians, reluctant to leave, were warmly repeating their appreciative goodbyes.

As the Japanese physicians left, Saunders, a dignified, gray-haired woman with a truly English face, turned her full attention upon me. As we were introduced by her assistant, the awe I felt at being in the presence of greatness must have shown, for Dame Cicely smiled broadly, her eyes twinkling, and began to put me at ease by asking me about myself and my work. As we talked, she moved with some difficulty back to her large desk covered with papers and books. Behind her was a large bookcase filled with books on death, dying, and palliative care. She is clearly as devoted to the dying today as she was when she almost singlehandedly started the hospice movement.

Finally Dame Cicely allowed the conversation to be directed toward herself and her work. "We opened our doors in 1967," she told me, "and we started in-home care in 1969. The majority of our work is out in the community. In 1971, we sent one of our team doctors to New Haven, Connecticut, to help found the first modern hospice in the United States." From there, the hospice movement gradually spread throughout our country.

As I spoke with Dame Cicely, I reflected upon the death of my father in 1984. Dad had been fighting colon cancer for about two years. Then one day he was sitting on his hospital bed contemplating a bile-drainage tube the doctors had inserted to prevent the tumor from blocking his bile duct. Dad looked at the drainage bag taped to his inner thigh. He sighed deeply, his shoulders sagged, and he looked up at me with an expression I had never seen before. Dad had made a momentous decision: His fight to stay alive was over.

As a society, we too often mistake dying for dead; we transform the end of life into a shameful thing, something to be hidden away in a dark corner. Mom and I were determined not to let that happen to Dad; just because he was no longer seeking to prolong his life, that did not mean his life was over.

We shifted emphasis from cure to comfort, dignity, and peace. That meant hospice care, which at that time was still a relatively novel concept here in the United States.

Thanks to that decision, Dad's last several months were peacefully pain-free. He was richly nurtured by my mother and by dedicated hospice professionals. He would spend hours sitting on a bench in the back yard overlooking his beloved cactus garden, contemplating his life and the ultimate issues raised by human mortality. As an only child, I bore a heavy burden, caring not only for my father but also for my mother, who was devastated by her impending loss. The hospice professionals provided me with grief counseling—even before Dad died—an invaluable aid in helping me help him and Mom. Dad died in a Veterans' Hospital hospice unit in Los Angeles, and in his passing he taught me how to die with dignity, grace, and fortitude.

I also reflected upon Frank's death. Frank was my childhood best friend's father and my "second dad." He died in 1997, also of colon cancer. Unfortunately, unlike my father's doctor, Frank's doctor did not readily agree to hospice care, causing him much unnecessary suffering. But once admitted to a hospice program, Frank left behind the intense pain and suffering he had been enduring and entered a world of peace.

"Hospice was so wonderful," his wife, Jean, recalls. "I will never forget the depth of care showed by the doctor and the nurses, particularly Jill, who came every day to visit. They showed Frank such *tremendous* compassion. It is hard to believe that there are people in the world who are so deep-down compassionate to strangers. But there are. They are sincere and wonderful about it." Frank's last words to me were spoken quietly and with great dignity just three days before his passing: "I am ready to die."

None of this would have happened without the religious values which entered the secular milieu of medicine through Dame Cicely Saunders: specifically, the belief that no matter what our state of health, no matter what our age, no matter how much help we need, no matter how we look or smell—our lives are sanctified; we are all worthy of compassion and care. I noted to Saunders the direct line of succor and love that led from David Tasma in 1948, to my father in 1984, to Frank in 1997, to the millions of others who have benefited from hospice care since 1967. She smiled and agreed.

This is not theocracy. This is not dividing a pluralistic society by imposing religion on an unwilling public. There is nothing narrow or sectarian about Dame Cicely's recognition that being classified as "terminal" does not cancel a person's claim on us. A secularism that is not enriched by values such as these will be stunted and incapable of fully reflecting the potential of the human condition.

Sex Rediscovered

William Murchison

It was not precisely out of the blue that people decided there was nothing wrong with—as we say in these allegedly enlightened times—terminating a pregnancy.

Pregnancy, one could note with some scientific justification, is a central element in sex. For attitudes on abortion to change, there needed to be a revolution in the way men and women looked at their meeting ground; a new way of considering rights and obligation under a regime as old as Adam and Eve. And of course exactly that has been the case.

What is curious is to see these profound changes consummated as it were in a period of little more than 30 years. I remember it all. So, likely, do you, gentle reader. (And I mean the age allusion ever so gently, believe me. Three decades is no big deal at all.)

There had been a moral revolution during the 1920s—building, as always happens with revolutions, on the not-inconsiderable spade work performed by advanced spirits in previous decades; and afterwards there was Rosie the Riveter and the bikini and rock ‘n’ roll and other signs of, or opportunities for, assertive freedom and sexuality on the part of American women. But who was ready—I certainly wasn’t, despite living, generationally speaking, at Ground Zero—for the mind-boggling collapse of the carefully laid structure of attitudes and behaviors relating to and governing relationships between men and women?

In 1963, the year I graduated from college, the old order seemed more or less in confident place. By the mid-1970s, it was gone—“all changed, changed utterly,” as Yeats wrote after the Easter rebellion. There is some resemblance to the demise of the World Trade Center, if you think about it.

We went from girls who went to college for their MRS. degree to Women who were headed for law school—or West Point; from lingering kisses at the dorm door to group sex on the first date; from mononucleosis to AIDS and VD; from marriage for life to divorce as a way of life; from Margaret Chase Smith to Hillary Clinton; from abortion as a scandal, besides a crime, to abortion as a human right and proud badge of selfhood and liberation; from “abortion,” if you please, to “choice.”

It took the world by surprise; it caught civilization off guard. Only in a

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culture where the creation of life had taken an official backseat to the cultivation of pleasure could the *Roe v. Wade* regime be enforced: sex as a right, and the consequences of sex rendered optional at best.

Understanding, over the short run, *why* we changed so much in so short a time could occupy us for years to come; understanding the consequences of the change is simpler altogether. We use our eyes; that is all. Of the sexual revolution and its fruits Theodore Dalrymple, the noted English writer-physician, observes: "I think of the words commemorating architect Sir Christopher Wren in the floor of St. Paul's Cathedral: *Si monumentum requiris, circumspice*—if you seek his monument, look about you. A just tribute to a great artist; a bitter reproach to a society that came to think of liberation as fulfillment."

Dalrymple is one of six writers whose essays from the Manhattan Institute's fine publication *City Journal* are bound in hardback as *Modern Sex: Liberation and Its Discontents*—with the "o" in "modern" rendered as the top of an open condom. Myron Magnet is editor of the collection, and some collection it is: "The 'L' Word: Love as Taboo," "All Sex, All the Time," "Bring Back Stigma," and so on. All the contributors, including Dalrymple, are noted commentators on the topic at hand: Roger Scruton, Barbara Dafoe Whitehead, Kay S. Hymowitz, Wendy Shalit, Harry Stein.

The diagnosis is bleak; America's obsession with sexual liberation has brought disaster. "[W]hat you see after all the coupling," writes Magnet, in the introduction, "is a profound sadness. In the world of low-commitment sex, cohabitation has replaced marriage for many, and relationships are temporary, leaving the partners mistrustful, resentful, even vengeful once the breakup occurs."

Americans are lonelier as well as sadder: men wary of women and women of men. "Sex without feelings" was the original aim, and it seemed so comfort-making, so easy and agreeable. No exposure of vulnerabilities, no hurts; no hurts, no anger, no fights, no withdrawals, no ruptures. There was just this one little-bitty problem: Human existence is not set up in this comfort-making, easy, and altogether agreeable way. Emotions drive human relationships: emotions that humans never can bury deep enough to prevent their rising from the coffin, like Christopher Lee in a Dracula movie, and biting those who "encounter each other, expecting to give and to get so little beyond the sexual thrill."

So, too, in our day and age, are children "sexualized earlier and earlier, a consequence also of the advertising and entertainment fantasy world that surrounds them and to whose allurements their still-fragile egos are particularly susceptible." The loss of stigma for sexual misbehavior "has left

individuals much more exposed to violation.” Of commitments and enduring love we see less and less.

And then the book really begins! All to this point was prelude. We get down soon to brass tacks: single mothers, neglected children, broken hearts, sexual diseases, emotional turmoil. Abortion? That, too. However, just in passing—in an essay, “How We Mate,” by Barbara Dafoe Whitehead (who became a mini-celebrity some years back with her *Atlantic* article affirming how right Vice President Dan Quayle had been in 1992 to criticize single motherhood as a lifestyle).

“Increasingly,” writes Whitehead, “[women] believe that a woman has a right to have a baby on her own. This idea is historically recent, originating with the sexual revolution and the contraception revolution.” Of the two events, the sexual revolution was the more central in creating the notion of sex for recreation rather than for bringing life into the world. “According to proponents of the new sex ideology—with a strange combination of feminists and *Playboy* magazine taking the lead—women should be free to enjoy their bodies and their sexuality without any of the procreative consequences of sex.” That is to say, without babies to burp and diaper and accompany, eventually, to soccer practice.

Whitehead does not remark on the strangeness of this expectation, though she certainly would acknowledge it. It is the weirdest of all the weird implications of the sex-without-commitment revolution. It makes no sense when you think about it.

What would be the purpose of sex, after all? I mean the *purpose*, not merely the sweaty, palpitating byproducts (though this is neither to dis nor to dismiss those byproducts, to which I will return in due course, and which meantime have an unmistakably large place in human relationships)? The purpose of sex would be, of course, the creation of life. That’s how you do it. That’s how things are set up, whether you believe or disbelieve that allegedly outdated “Adam knew Eve his wife” business. *Is Sex Necessary?* James Thurber slyly inquired in a famous book title. Well, you could certainly say so on the basis of experience!

Even the artificial inseminators acknowledge the centrality of sex. They employ in their line of work real live sperm from real live people—the sort of thing that cannot be manufactured, pressed into shape, packaged, prescribed, ingested at bedtime with a glass of Merlot.

Thus abortion—which supposedly liberates sexuality and the sexual impulse—in fact reduces and attenuates the possibilities of the marriage bed; squeezes those possibilities down to recreation. Recreation for what? For

recreation's sake, so far as anyone can see. How inspirational. It is as if George W. Bush offered himself for constable of McLennan County, Texas, or Jack Welch assumed control of a chain of lemonade stands. They could succeed, all right, at these shriveled pastimes. Then they would ask—inevitably—is this all?

When you reduce sex to recreation, the question surfaces once more: Is this all? Everything? The whole shooting match? So it would seem, the central purpose of sex having been neatly discarded. *De gustibus*, one could say—if that's the way you like things, that's the way you like things, and no one else should object. But Myron Magnet's words worm their way into consciousness: "profound sadness."

The main thing left after sex-for-conception has gone away is sadness. The *City Journal* essayists have not produced an anti-abortion document. It would be unreasonable to suggest they meant to or should have, although their moral worldview is congruent with that, say, of *Human Life Review's* readers. They have much to show us, nonetheless, concerning the fruits and consequences of sex unyoked from its purpose.

"Sadness" is not the first word that normally comes to mind in appraisals of the sexual revolution. If ever a revolution was designed for pleasure, this was the one. Fun was its charter: abandonment, pleasure, let the good times roll. If one sexual partner was good, why wouldn't nine or ten be better yet? If nine or ten were as good as all that, how about dozens, maybe hundreds? The church, in specifying one as the limit, was performing its usual killjoy function. What did the clergy know about fun? (As for celibate Catholic priests pronouncing on something they'd never even experienced. . . !)

It turns out that the clergy, among other so-called bluenoses, knew and understood quite a lot about sex. One of the more interesting essays in *Modern Sex* is Wendy Shalit's "Sex, Sadness, and the City." She writes here of the popular HBO series "Sex and the City." She writes not to damn (as some might suppose in a book of this character) but to weep a little with the series characters and the plights they have created for themselves. "While promoters offer the show as one more brave step in the sexual liberation of women, leading to greater fulfillment, in fact it is a lament for all things of inestimable value that the sexual revolution has wrecked. If Candace Bushnell [whose New York City newspaper columns inspired the series] were a practicing Catholic, she couldn't have produced a more effective proselytizing tool for continence and modesty."

Now there's a large claim. What might Ms. Shalit mean? First, that the females, who of course are single and looking for love, are unlikely to find it in the modern milieu. Love (read: "commitment") is out this season. What's

left are odd little rituals like sleeping around (the art dealer Charlotte) to entice the supposed beneficiaries into performing chores and tasks around the house. “As for the men she does care for, she gives them presents they usually reject: ‘Whoa, too fast,’ one exclaims to Charlotte: ‘Next you move in, and then you hate my music!’”

“Consistently,” says Ms. Shalit, “‘Sex and the City’ derides women who impulsively jump into bed and then complain about men’s bad character. The women in the show, it is clear, have given up the opportunity to get to know these men better.”

Again and again the show shows forth “what the sexual revolution expects of women, and what the woman who looks for liberation through the bedroom can expect.”

And yet, concludes Theodore Dalrymple, in another essay, “the ideas and sensibilities of the sexual revolutionaries have now so thoroughly permeated our society that we are scarcely aware any longer of the extent to which they have done so . . . Happiness and the good life are conceived as prolonged sexual ecstasy and nothing more.”

We wonder that the culture embraces abortion? How could it not? Sex is out; sexual ecstasy is the thing now—and how different are the two; each powerful but in radically different ways.

“Sex” (a word largely replaced now by “gender” except of course when the topic is ecstasy) is about difference and complementarity. Difference as regards reproductive mechanisms; difference regarding—perhaps a man may say it in a forum like this without expecting assault and battery on the way home—temperament, outlook, ways of thinking, ways of acting. The differences are morally neutral. That is not to deny their reality.

Decades ago, I read, maybe in *Reader’s Digest*, of a manhunt that led to an airplane waiting on the ground for takeoff. The police were seeking a man. There he was, already in his seat—or, rather, no, the person in question was wearing women’s clothes. Hmmm. To test the original assumption, an officer tossed his pocketknife at the suspect’s lap. The suspect grabbed the knife in mid-air. At that point it was, all right, buddy, stand up, hands over your head. A seated woman in a skirt, you see, would instinctively have used the skirt as a net, trapping the pocketknife without touching it. I’ve no idea whether any of this makes sense. I have remembered the incident because of the way it purported to illustrate a real, if hardly significant, difference between the only two sexes there are.

Yet the differences work together in concert, like violin and cello. There seems a fitness to it all. The wife of a World Trade Center victim who was

profiled by the *New York Times* analyzed the couple's relationship in simple terms, yet also profound: "We completed each other." What one was not, the other was, and vice versa. That was sex in the classic sense; sexual ecstasy, whether they had it or not, was another commodity.

Conception, pregnancy, and birth are eminently related in classic sex. The differences make it all possible. Indeed, just to think about the differences—which hardly require description—is to appreciate the symmetry. Vaulting and buttresses hold up a cathedral. The family is held up by similarly distinct yet complementary attributes, emotional as well as physical. Why not leave it at that, rather than veer off the road into caricature and stereotype?

So it took, as I said in the beginning, a change in the way men and women come together, and in the assumptions both make when they come together—that is what it took for old attitudes about abortion to die and new ones to take their place. Or would it be truer to say, for attitudes about birth and life and family itself to change in important ways? We proceeded from sex to sexual ecstasy via—among other routes—agreement to pretend that pregnancy was no more than a medical encumbrance; and you know what we do with encumbrances in a liberated society—get rid of them as quickly as possible, that's what.

Thus we really ought to have seen all this coming. An acute social observer could have retired to the Caymans by betting on the U.S. Supreme Court to establish a constitutional right to abort a pregnancy—whether in *Roe v. Wade* or in some subsequent ruling. In fact, the court grabbed the first train out of Hicksville: which, to every appearance, was how the court majority viewed the old America and its quaint cultural assumptions. We were no longer into "sex," the justices seemed to understand; ecstasy was the thing people wanted, and no court should stand in its way. No court since then really has done so.

But the sadness persists. Indeed it seems to deepen. That is the distinct contribution of this valuable collection of essays, *Modern Sex*: showing where the culture of ecstasy has led. Straight to—among other places—"The Teen Mommy Track," as Kay S. Hymowitz terms it. To "a culture created and ruled by children, a never-never land almost completely abandoned by fathers and, in some sad cases, by mothers as well"; a culture "made possible by adult negligence" and "enabled by mixed messages coming . . . from mainstream society itself." If ecstasy is what we want, why shouldn't teenagers have it? If there is the temptation to rejoice that at least some budding mothers keep their babies, a contrary temptation squashes it—the temptation to mourn the burgeoning of unwed motherhood and its dismal effects, such as poverty and physical abuse.

Ms. Hymowitz also profiles “Tweens: Ten Going on Sixteen.” The title says it all.

In addition, as Dalrymple notes, the culture of ecstasy has led to the “thorough coarsening of feeling, thought, and behavior.” And to moral neutrality: “The only permissible judgment in polite society is that no judgment is permissible.”

From a sexual standpoint, we are in one heck of a mess, you could reasonably conclude. Roger Scruton, the philosopher, has some helpful things to say in the book. He advises, for example, setting before our children “an image of the good man and the good woman,” teaching them “to imitate what can be loved and admired.” He is right as can be.

Still, I want to note some ground for optimism, in the long run if not the short. The optimism is founded on the fact that when one talks about sex, one talks about reality. Sex *is*—a thing, you would think, hardly requiring explanation or rationalization. As we see all too well, *is*-ness (viz., reality) is no guarantee of cultural acceptance. This very day, as I write, numerous Muslims around the world, and in this country, fold their arms solemnly and sullenly: They don’t care what that videotape of Osama bin Laden shows him confessing to; it’s a put-up job, a forgery, whatever you want it to be.

Exactly. Whatever we want a thing to be—that’s what it becomes, not merely in Muslim but also in post-Christian or even Christian circles. You want ecstasy as the first priority? You got it (as waiters superfluously assure us on taking our orders). And with it, sadness, disillusion, pain, dislocation—the list could go on and on.

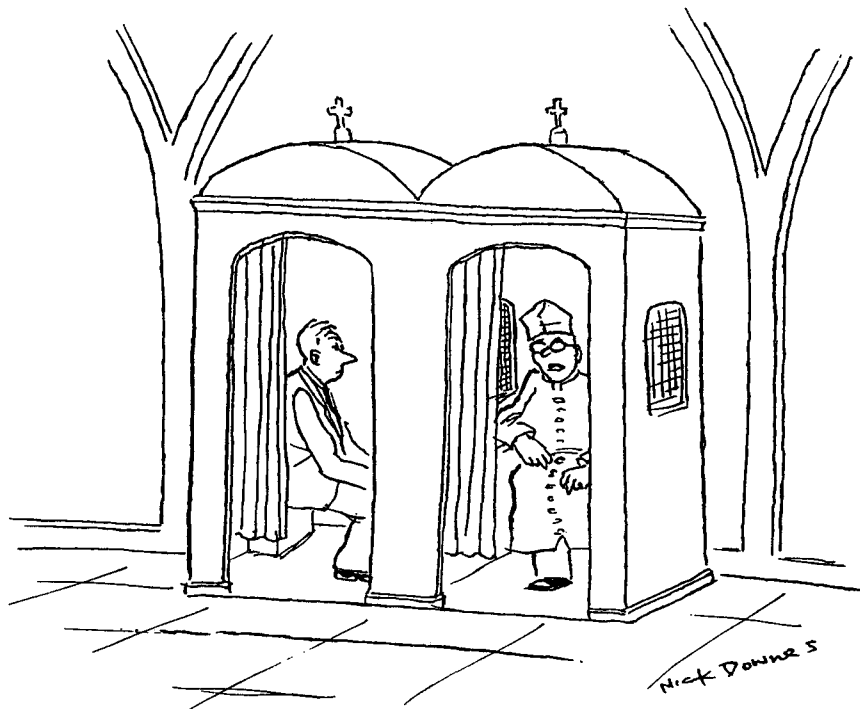
Curiously, our therapeutic culture often enjoins us to eschew the mental state called “denial.” We are “in denial” when we refuse to acknowledge an addiction or a death or some other affliction in life or the family. Is it not also the case that we are “in denial” when we posit ecstasy as the definitive replacement for the old understanding of sex—an understanding that seems to entail inconvenience and occasionally hardship?

Heretics, it has been often noted, have a piece of the truth they turn, as it pleases them, into the whole truth. Sexual ecstasy is a portion of truth: one odd thing about ecstasy being that, when it occurs, it seems to proceed most surely and most lastingly from plain, homely, old-fashioned love-based “sex.” “Sex” as invoking complementarity rather than division; union as opposed to apartness and jealousy; the art of giving as distinguished from the act of taking. If one does not see that it all works as advertised, then just possibly one has not been looking with due attention.

The 20th century may be seen in some sense as a concentrated flight from

reality—away from the way things actually are and in the direction of things as we would like them. How else explain communism—the century’s grandest project for the remaking of human nature; a project that finally failed when human nature said, exasperatedly, “Wait just a minute here . . .” Pleasure is a treasured and unmistakable part of the human experience (if you except the experience of that much-diminished band, the true ascetics). Nonetheless, pleasure, the opposite of that sadness to which Myron Magnet draws our attention, is conditioned on our acknowledgement of its part-time status, and of its fragility. There are no guarantees—though human experience indicates, with some consistency, that lives led in obedience to norms such as duty and responsibility have the best chance of keeping pleasure alive. It is this paradox that our age resists with all its force.

Still, as I say, *sex is*. And to argue that it *isn’t*—to plead for its pliability or friability—doesn’t render it less central to human existence. Go on in this vein, and we all may find it necessary to reestablish formally the connection between sex and the things sex accomplishes, not least of which is the production of life and the replenishment of the human species. Will wonders never cease?



“But enough about me.”

Roe's Days Are Numbered

Raymond J. Adamek

Roe v. Wade became the law of the land 29 years ago this January. Many who were teenagers in 1973 are now sending their own children off to college. Today's young adults, embarking on post-college careers or making wedding plans or counting down nine months to the birth of their own first babies, had yet to be conceived when *Roe* was handed down. Since January 1973, 14 congressional elections have been fought, six presidents have taken the oath of office, and eight of the original nine *Roe* Supreme Court justices have retired. None of this activity has rolled back the decision's broad license to abort. Since January 1973, over 42 million legal abortions have shrunk the numbers of post-'73 generations. Abortion on demand is a right seemingly so firmly entrenched in America that even its most grisly extension, partial-birth abortion, remains legal.

And yet *Roe v. Wade's* days are numbered (or should be) for a number of reasons.

A House Built on Sand

Roe v. Wade is a house built on sand. It is characterized by poor logic, poor history, poor social science, and poor jurisprudence. So recklessly did the U.S. Supreme Court pursue the unwanted unborn that Justice White, in a dissenting opinion, stated, "I find nothing in the language or history of the Constitution to support the Court's judgment. The Court simply fashions and announces a new constitutional right for pregnant mothers and, with scarcely any reason or authority for its action, invests that right with sufficient substance to override most existing state abortion statutes."¹ Both pro-life and pro-choice lawyers agree that *Roe* was poorly decided.²

Moreover, both *Roe v. Wade* and its companion case, *Doe v. Bolton*, were based on self-serving deceptions. "Roe" (Norma McCorvey) was persuaded to believe that her participation in the case would win her an abortion for her current pregnancy, something her lawyers knew was unlikely, if not impossible, given litigation's time frame. She herself initially maintained she was the victim of a gang rape, which was not true. "Doe" (Sandra Cano) was not even seeking an abortion, but that is not how her case was presented

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to the courts. As George McKenna recently pointed out, the pro-choice movement has also been caught in other lies.³ Sooner or later the public and perhaps even the pro-choice media will begin to appreciate this, and will regard *Roe v. Wade* and its progeny as the illegitimate juridical offspring of lies.

Majority of Public Has Never Supported *Roe's* Policy

A careful reading of public opinion polls reveals that a majority of the public has never endorsed the full license *Roe* gave to render abortion legal for any reason throughout the nine months of pregnancy by whatever method the abortionist chose, including partial-birth abortion.⁴ The National Opinion Research Center conducted a series of 17 annual, and more recently biennial, polls from 1977 through 2000 asking, "Please tell me whether or not you think it should be possible for a pregnant woman to obtain a legal abortion if . . ." Among the seven conditions offered respondents is one which reflects *Roe's* policy, i.e., "If the woman wants it for any reason." The average number of respondents saying "Yes" to this response over the 17 years is 38.5%, and it has never exceeded 45%.

These percentages decrease considerably if we add a time dimension and ask respondents if they think abortion should be permitted in the second and third trimesters as well. Four polls from 1996 through 2000 reveal that while 61-65% agree that abortion should be permitted in the first trimester, this drops to 15-26% in the second trimester, and to only 7-13% in the third trimester. Thirty state legislatures and an average of 61% of the public over 12 national polls favored a ban on partial-birth abortion, a practice upheld by the Supreme Court in *Stenberg v. Carhart*.⁵ Thus, while the public does not take a pro-life position on the abortion issue, neither does it support *Roe v. Wade's* policy.

Reluctance to Change *Roe* Based on Pro-Choice Myths

Why then, in 60 polls taken since 1976, has an average of only 32% of the public supported a Human Life Amendment to overturn *Roe*? Clarke D. Forsythe argues that the public, though not really supporting *Roe*, nevertheless accepts abortion as a necessary evil.⁶ The public has largely accepted several pro-choice myths: 1) legal abortion simply replaced one million annual illegal abortions; 2) thousands of women died each year from illegal abortions, and would do so again if abortion were outlawed; 3) legal abortion means safe abortions, which benefit women. Thus, "However bad Americans feel about abortion, [they believe] legal prohibitions would only make the problem worse."⁷

Research Data Explodes Myths

Each of these myths has been exploded by research and hard data, some of which emerged only after many years' experience of abortion-on-demand.

1) In a detailed analysis, Cynthia McKnight has shown that the oft-cited "one million illegal abortions" is simply a "guesstimate" based on questionable extrapolations from a few small or unrepresentative sample studies going back to the early 1900s. As sometimes happens, the one million figure becomes "truth" through repetition. McKnight also reviews a study based on government figures for the number of live births and maternal deaths due to pregnancy and abortion in the 32 years prior to *Roe v. Wade*. She concludes, with the study's authors, that the average number of illegal abortions occurring annually during this period was 98,000.⁸ Although tragic, this number is less than one-tenth of the one million illegal abortions claimed by pro-choice advocates, and less than one-thirteenth of the 1.3 million annual legal abortions now occurring. Thus, legalizing abortion has caused 13 times as many unborn humans to die, and exposed 13 times as many women to the hazards of abortion annually.

2) According to the National Center for Health Statistics, in 1966, the year before the pro-abortion movement began to have legislative impact in some of the states, 159 women died from illegal abortions, not the "thousands" extravagantly claimed by pro-choicers. In 1972, the year before *Roe* legalized abortion-on-demand throughout the country, 41 women died from illegal abortion.⁹

3) Hence, thousands of women did not die from illegal abortions each year, and neither are thousands likely to do so, if most abortions are made illegal again. Poland's experience may be instructive here. Dr. Jack Willke has reported that under Communist rule in Poland, where abortion was not only legal but paid for by the government, 168,600 abortions occurred in 1965, a peak year. Sixty thousand abortions occurred in 1990. In 1993, after Communist rule ended, the Polish parliament outlawed abortion except for rape, incest, or to save the mother's life. What happened? Did more women die from illegal abortions? Did child health suffer as the result of increased, botched abortions? No, maternal deaths decreased from 70 in 1990 to 21 in 1996 and miscarriages decreased by 25% between 1990 and 1997. Neonatal deaths decreased from 19 per 1000 births in 1990 to 9.6 per 1000 in 1998.¹⁰ Whatever the combination of causes for these improvements, clearly neither women nor babies were worse off without abortion-on-demand.

4) Accumulating evidence indicates that legal abortion harms women. A

brief review of some of this evidence follows.

Maternal Deaths. Pro-choice advocates suggest that legal abortion is many times safer for the woman than childbirth. The U.S. Centers for Disease Control report that the maternal death rate for legal abortions fell from 4.1 per 100,000 in 1973 to 0.8 per 100,000 in 1991, the last date for which figures are available. The CDC also reports that 263 women died from legal abortions between 1973 and 1991, an average of 14 a year.¹¹ However, some authors maintain that this is a vast undercount. Kevin Sherlock, an investigative reporter who examined newspaper articles and public records in county courthouses, coroner's offices, and morgues, found 30-40% more abortion-related maternal deaths across the country during 1980-1989 than reported by the CDC.¹² Sherlock also reported that a memo to local abortion clinics from Dr. Steven C. Joseph, the Health Commissioner for New York City, identified 30 maternal deaths during 1981-1984 in that city alone, at the same time that CDC reports were showing only 42 abortion-related deaths for the entire nation. Dr. Joseph's memo also referred to unpublished data that revealed there were 176 maternal deaths nationwide during 1981-1984, a figure 419% higher than the CDC numbers.

The abortion debate has politicized medicine itself. Mark Crutcher, author of *Lime 5*, points out that although abortion is the most frequent operation in the United States, relatively little data on abortion complications are gathered by the CDC, and the data we have come in very slowly.¹³ Crutcher also reports that at the time he investigated the CDC, 50% of their 68 upper-level employees had ties to pro-choice organizations, including 17 CDC doctors who themselves performed abortions.¹⁴

Physical Health

Both Sherlock and Crutcher catalog the tragic experiences some women face when they seek legal abortions.

Maternal Injuries and Complications. In Chapter 1 of *Lime 5*, Crutcher documents 23 different injuries and complications (perforated uterus, bowel/intestine extraction, brain damage, etc.) suffered by 233 women undergoing legal abortion. Fifty-three percent of these resulted in death and many caused permanent disability (sterility, colostomy, persistent vegetative state, etc.). These cases are not even the tip of the iceberg, since abortionists often do not report complications, women having abortions are reluctant to sue, and the generally pro-choice media are unlikely to investigate or report abortion malpractice.

Breast Cancer. Twenty-eight of 37 worldwide studies show a link between induced abortion and an increased incidence of breast cancer. Fifteen studies

took place in this country, among which thirteen also find a link.¹⁵ In a review and critique of some of these studies, Joel Brind et al. estimated that at current rates, first abortions in the U.S. will result in 24,500 excess cases of breast cancer per year over the next several years.¹⁶

Ectopic Pregnancies. From 1970 through 1989, the rate of ectopic pregnancies in the U.S. increased almost fourfold, from 4.5 per 1000 to 16 per 1000 pregnancies. This increase coincides with the eightfold increase in legal abortion during this period. Ectopic pregnancies and their complications were associated with 13% of all pregnancy-related maternal deaths during this period.¹⁷ Two French studies indicate that women who never had such a pregnancy were from 1.4 to 1.9 times more likely to have one after an induced abortion, with the risk increasing with the number of abortions.¹⁸ An earlier, smaller U.S. study compared 85 multigravid women experiencing an ectopic pregnancy with 498 multigravid delivery patients. Among these women, the relative odds of an ectopic pregnancy were 2.0 when the prior reproductive outcome was an induced abortion.¹⁹

Future Pregnancies. Studies in the medical literature also turn up evidence that induced abortions make women more subject to reproductive tract and intra-amniotic infections. These can result in infertility or problems with future pregnancies. At least 16 studies indicate that induced abortion increases the risk of prematurity in subsequent births. Prematurity is associated with increased neonatal deaths and a greater incidence of childhood diseases, such as cerebral palsy.²⁰

Mental Health

Post-Abortion Syndrome. Post-Abortion Syndrome (PAS) is a psychological condition characterized by frequent flashbacks to the abortion experience, anxiety attacks on the abortion anniversary, an inability to relate to children, and depression.

Some reviews of studies examining the psychological impact of abortion on women conclude that the psychological risks associated with abortion are similar to those associated with childbirth.²¹ Most early studies of this type looked at short-term psychological impact, and generally found that a feeling of relief was the main psychological impact of abortion. However, longer-term studies, generally clinical in nature, reveal the presence of PAS. Speckhard and Rue summarize the findings of some 250 studies investigating the psychological impact of abortion, as well as some of the socio-political complexities of this research, and conclude that PAS is indeed an emerging health concern.²²

Suicide. David C. Reardon reports on a study conducted by the statistical

unit of the Finnish government.²³ The researchers examined the death certificates of 9,192 women aged 15-49 who died between 1987 and 1994. They then examined national health-care data to identify any pregnancy-related events for these women in the 12 months prior to their deaths. The researchers found that of the 281 women who died within a year of their last pregnancy, 27% had committed suicide. Using women who had not had a pregnancy as the base of 1.0, the researchers found that the age-adjusted odds ratio for suicide was 0.6 for those who gave birth, 1.9 for those who had a miscarriage, and 3.7 for those who aborted.

Reardon himself studied the MediCal records of over 173,000 California women who gave birth or had abortions in 1989. Women who had state-funded abortions were 2.6 times more likely to die of suicide than women who carried to term. The suicide rate for women who gave birth was 3 per 100,000 compared to a rate of 7.8 per 100,000 for aborting women. The national suicide rate for women aged 15-44 is 5.2 per 100,000.²⁴ Reardon also found that women who have had abortions are several times more likely than women who carry to term to undergo subsequent treatment for a wide variety of psychological problems and to be admitted to a hospital for subsequent psychiatric care, especially for symptoms of depression.

Substance Abuse. At least 15 studies have established a correlation between abortion and substance abuse. In one of the most recent studies, David C. Reardon and Philip G. Ney found that “women who aborted a first pregnancy were five times more likely to report subsequent substance abuse than women who carried to term, and were four times more likely to report such abuse compared to those who suffered a natural loss of their first pregnancy (i.e., due to miscarriage, ectopic pregnancy, or stillbirth).”²⁵

In evaluating the above studies, we should keep in mind the difference between establishing a correlation between variables and establishing a causal connection between variables. Nevertheless, these data strongly indicate that legal abortion is neither safe nor beneficial for women. As the public begins to become aware of the extent to which it has been deceived by the pro-choice movement, it will be more favorably disposed to changing *Roe v. Wade*'s policy.

How Will *Roe v. Wade* Be Changed?

Whether the abortion policy flowing from *Roe* changes as a result of a Federalism Amendment,²⁶ a Human Life Amendment,²⁷ or some other process remains to be seen. It may not be necessary to pass either of these types of amendments. Paradoxically, the policies now resulting from *Roe*

may be changed by applying some of the dictates of that decision itself. Recall that *Roe v. Wade* based a woman's right to abortion on three main reasons:

1) Although "The Constitution does not explicitly mention any right of privacy," its roots may be found in one or more of five Amendments, and "in the penumbras of the Bill of Rights . . . This right of privacy . . . is broad enough to encompass a woman's decision whether or not to terminate her pregnancy."²⁸

2) In contrast to the manner in which it discovered the unmentioned right of privacy, the Court noted that "The Constitution does not define 'person' in so many words" and "in nearly all" cases where that word is used, "it has application only postnatally."²⁹ Hence, it concluded the unborn are *not* protected as persons by the Constitution.

3) Based on a now discredited analysis by Cyril Means, the Court accepted the proposition that early laws prohibiting abortion were motivated "solely to protect the woman," and not by a concern for the lives of the unborn.³⁰ It therefore concluded that, at least in the first trimester, since legal abortion was now allegedly as safe as or safer than normal childbirth, "any interest of the State in protecting the woman from an inherently hazardous procedure . . . has largely disappeared."³¹

However, in four places in the body of its decision, the Court also noted that the State had a legitimate interest in protecting women's health; this permitted the State to regulate abortion. In 1973, relying on the medical evidence it accepted, and focusing on abortion's immediate health impact, the Court thought that this State interest became operative in the second trimester and beyond. It further determined that the State's interests in "safeguarding health, in maintaining medical standards, and in protecting potential life . . . become sufficiently compelling to sustain regulation of the factors that govern the abortion decision. The privacy right involved, therefore, cannot be said to be absolute."³² Moreover, the Court noted that lower courts have agreed that the right of privacy is "not absolute and is subject to some limitations; and that at some point the state interests as to protection of health, medical standards, and prenatal life, become dominant. We agree with this approach."³³

Up until now, the Court's pro-choice majorities have contradicted its own statements in *Roe* by treating the woman's right to privacy as absolute, and by preventing any legislative or administrative attempts to protect prenatal life in any meaningful way. However, it is not inconceivable that future, more pro-life Courts could respond to the long-term threats to women's life and health noted above by using these same passages in *Roe* to permit the State

to curtail (or perhaps even outlaw) abortion. As Robert M. Byrn noted in his analysis of the “perversion of privacy,” “Judges are not deaf to the voices of reason, history and public outrage.”³⁴ Such outrage could well emanate once enough people realize that the Court’s pro-abortion decisions and activities of the pro-choice movement have been grounded on deceptions that jeopardize women’s lives and health. Together with more effective communication of the pro-life message,³⁵ this public outrage could help initiate the culture change necessary to support pro-life policies far into the future.

Conclusion

Because *Roe v. Wade* is a house built on sand, because the pro-choice movement has been deceptive, because a majority of the public has never supported the policies flowing from *Roe*, and because legal abortion has proven harmful to women both in the short term and the long term, *Roe v. Wade*’s days are, or should be, numbered. They should be, but may not be.

Past experience has shown that, in Justice White’s words, “normal rules of law, procedure, and constitutional adjudication suddenly become irrelevant solely because a case touches on the subject of abortion.”³⁶ This pattern has continued through the latest Court decision on the abortion issue, *Stenberg v. Carhart*. In their dissenting opinions, four justices pointed out that the pro-choice majority in *Carhart* 1) failed to follow accepted rules of jurisprudence in examining Nebraska’s law banning partial birth abortion, 2) contradicted its earlier rulings in reaching this one, 3) legislated from the bench, substituting their judgments and values for those of the elected legislators of Nebraska and 29 other states, and 4) implied that this ruling does not amount to abortion on demand by any method at any time, when in fact it does.³⁷

Thus, only a pro-life majority on the Court will overturn *Roe v. Wade* and its progeny, or even follow the rationale of *Roe* by allowing the State to prohibit abortion to protect women’s health. Such a majority depends on awakening the public to how we arrived at abortion on demand, and how many unhappy consequences have accumulated in its 29-year wake.

NOTES

1. *Roe v. Wade*, *United States Supreme Court Reports* 35 L Ed 2d (January 22, 1973), 195-196.
2. The reader is invited to see the dissenting opinions associated with *Roe v. Wade*, and the following critiques: Robert M. Byrn, “An American Tragedy: The Supreme Court on Abortion,”

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- Fordham Law Review* 41 (1973), 807-862; Archibald Cox, "The Supreme Court and Abortion," the *Human Life Review* 2:4 (1976), 15-19; Robert A. Destro, "Abortion and the Constitution: The Need for a Life-Protective Amendment," *California Law Review* 63 (1975), 1250-1351; John Hart Ely, "The Wages of Crying Wolf," *The Yale Law Journal* 82 (April, 1973), 920-947; Dennis J. Horan et al., "Abortion and the Supreme Court: Death Becomes a Way of Life," in Thomas Hilgers and D. Horan (eds.) *Abortion and Social Justice* (N.Y.: Sheed and Ward, 1972), 301-328; John T. Noonan, Jr., "Why a Constitutional Amendment?" *The Human Life Review* 1:1 (1975), 26-43.
3. George McKenna, "Why They Help Them Lie," *The Human Life Review* 27:2 (2001), 7-18.
 4. Raymond J. Adamek, "Public Opinion and *Roe v. Wade*: Measurement Difficulties," *Public Opinion Quarterly* 58:3 (1994), 409-418. See also Raymond J. Adamek, "Thirty Plus Years of Abortion Polls: What Have We Learned?" Unpublished manuscript, January 2001.
 5. *Stenberg v. Carhart*, *United States Supreme Court Reports* 147 L Ed 2d (June 28, 2000) 743-814.
 6. Clarke D. Forsythe, "A New Strategy," *The Human Life Review* 25:4 (1999), 15-27.
 7. *Ibid.*, 18.
 8. Cynthia McKnight, *Life Without Roe*, Washington, D.C.: The Horatio R. Storer Foundation, 1992. The study mentioned is Barbara J. Syska et al. "An Objective Model for Estimating Criminal Abortions and Its Implications for Public Policy," in Thomas W. Hilgers, et al., *New Perspectives on Human Abortion* (Frederick, MD: University Publications of America, 1981).
 9. *Ibid.*
 10. J.C. Willke, "Clear Evidence: If Forbidden, Abortion Will Not Return to the Back Alley," *Life Issues Connector* (April, 2000), Cincinnati, OH: Life Issues Institute.
 11. Lisa M. Koonin et al. "Abortion Surveillance—United States, 1993 and 1994," *MMWR* 46:SS-4 (August 8, 1997), Table 35.
 12. Kevin Sherlock, *Victims of Choice*, Akron, OH: Brennyman Books (1996), 116-118.
 13. Mark Crutcher, *Lime 5*, Denton, TX: Life Dynamics, 1996.
 14. See also Candace C. Crandall's discussion of the adequacy of the CDC figures in her article "Legal But Not Safe," reprinted in *The Human Life Review* 22:4 (1996), 47-54.
 15. Coalition on Abortion/Breast Cancer, www.AbortionBreastCancer.com (Sept. 10, 2001).
 16. Joel Brind, et al., "Abortion as an Independent Risk Factor for Breast Cancer: A Comprehensive Review and Meta-Analysis," *Journal of Epidemiology and Community Health* 50:5 (1996), 481-496.
 17. Tatiana E. Goldner, et al., "Surveillance for Ectopic Pregnancy—United States—1970-1989," *MMWR* 42:SS-6 (December 17, 1993).
 18. *Family Planning Perspectives* 30:4 (1998), 199.
 19. A. A. Levin et al. "Ectopic Pregnancy and Prior Induced Abortion," *American Journal of Public Health* 72:3 (1982), 253.
 20. Brent Rooney, "Is Cerebral Palsy Ever a 'Choice'?" *The Post-Abortion Review* 8:4 (2000), 4-6, Elliot Institute.
 21. Gregory H. Wilmoth et al. "Prevalence of Psychological Risks Following Legal Abortions in the U.S.: Limits of the Evidence," *Journal of Social Issues* 48:3 (1992), 37-66.
 22. Anne C. Speckhard and Vincent M. Rue, "Postabortion Syndrome: An Emerging Public Health Concern," *Journal of Social Issues* 48:3 (1992), 95-119.
 23. David C. Reardon, "Abortion Four Times Deadlier Than Childbirth," *The Post-Abortion Review* 8:2 (2000), 1-5, Elliot Institute.
 24. David C. Reardon, "Suicide Rate Higher After Abortion, Study Shows." *The Post-Abortion Review* 9:2 (2001), 6, Elliot Institute.
 25. David C. Reardon and Philip G. Ney, "Abortion and Subsequent Substance Abuse," *American Journal of Drug and Alcohol Abuse* 26:1 (2000), 61-75.
 26. Forsythe, op. cit.
 27. Richard F. Collier, Jr., "Reversing Roe," *Celebrate Life* 23:4 (2001), 13-14, American Life League.
 28. *Roe v. Wade*, op. cit., 176-177.
 29. *Roe v. Wade*, op. cit., 179-180.
 30. See a critique of Means' analysis in James C. Mohr, *Abortion in America*, N.Y.: Oxford University Press, 1978.
 31. *Roe v. Wade*, op. cit., 175.
 32. *Roe v. Wade*, op. cit., 177.

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33. *Roe v. Wade*, op. cit., 178.
34. Robert M. Byrn, "The Perversion of Privacy," *The Human Life Review* 19:1 (1993), 42-55.
35. Paul Swope, "Abortion: A Failure to Communicate," *First Things* 82 (April 1998), 31-35.
36. *Planned Parenthood of Missouri v. Danforth*, *United States Supreme Court Reports* 49 L Ed 2d (August 20, 1976), 821.
37. *Stenberg v. Carhart*, op. cit.



"Forgive the spacesuit, but I see from your chart you've got cooties."

APPENDIX A

[*Debra Saunders is a syndicated columnist based at the San Francisco Chronicle. The following column appeared on Nov. 14, 2001, and is reprinted by permission of Debra Saunders and Creators Syndicate, Inc.*]

Life and Liberty

Debra Saunders

It doesn't speak well for this country that Attorney General John Ashcroft is in the doghouse for issuing a ruling last week instructing federal drug agents to target doctors who prescribe lethal drugs under Oregon's assisted-suicide law.

Critics say Mr. Ashcroft is wrong to base his Oregon ruling on a unanimous May U.S. Supreme Court ruling that found that federal drug laws make no exception for state law that allows medical use of marijuana. They say it's inconsistent for a Republican not to cede to local control. They say by warning Oregon doctors that they could lose their licenses to prescribe federally controlled drugs if they provide prescriptions for lethal drugs under state law, he has taken away Oregon's right to govern the practice of medicine. Personally, I would like to see Uncle Fed cede to the locals on medical marijuana. But on the law, Mr. Ashcroft is right. The Supreme Court says the federal Controlled Substances Act trumps state law, and that's what matters. Besides, if anyone was inconsistent, it's former Attorney General Janet Reno. She determined that federal law trumped local law on medical marijuana—thus the feds could stop sick people from getting high—but that Oregon could prescribe lethal doses to help sick people kill themselves. Assisted suicide didn't lead to "drug abuse," you see. She would let sick people kill themselves because they might be in pain, but she wouldn't let them self-medicate with marijuana.

Her motto, apparently: Better dead than high.

Sen. Ron Wyden, Oregon Democrat, has shown himself to be a man with Renolike compassion. He responded to the Ashcroft ruling by warning the public it could have a chilling effect on doctors who might fear prescribing pain control medication lest Mr. Ashcroft's agents arrest them.

That's a nasty bit of misinformation to spread—one that needlessly may scare vulnerable people into believing they can't get pain control that Mr. Ashcroft believes they should get. In fact, Mr. Ashcroft wrote to the Oregon Medical Association that his ruling should not "deter physicians from prescribing controlled substances to alleviate pain" even, he added, "when dosages needed to control pain may increase the risk of death."

While Mr. Wyden has been scaring sick people, Sen. Gordon Smith, Oregon Republican, has been willing to risk the wrath of voters for his beliefs. Mr. Smith knows voters don't like Mr. Ashcroft overruling their law, but he told the New York Times, "For me, it's an issue of principle on which I'm

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prepared to stake my political career.”

He is risking his seat. Many voters seem to think that Mr. Ashcroft’s move takes away a right to suicide. You see, they don’t believe people should have to commit suicide without a doctor’s help. Forget that some 86 Americans kill themselves every day without a doctor. They are so enamored with the possibility of exiting holding Marcus Welby’s hand, they fail to notice that they would turn Marcus Welby into that ghoul, Jack Kevorkian. They think their doctor will try to talk them out of it. But in an era where cost-cutting is king, Oregon doctor William Petty worries that some sick people are coerced—gently or not-so-gently—to choose death: “You can envision that people will get inadequate pain medication, and be told that their pain is not controllable and will get worse.” The answer: death, the final pain control.

Oregon Gov. John Kitzhaber, a Democrat and physician, too well expressed why he disagreed with Mr. Ashcroft. “The timing of this [ruling] is really pretty astounding,” he charged. “This attorney general is supposed to be figuring out who’s responsible for the anthrax. We’ve got an overloaded medical community. An overloaded public health system. Docs who are trying to respond to this. And to introduce this divisive issue at this point in time is just, to me, unthinkable.”

There are no known cases of anthrax in Oregon, but spokesman Jon Coney said state health professionals have been “redoubling their efforts against possible outbreak.” Mr. Coney denied that when Mr. Kitzhaber spoke of an “overloaded medical community,” that the governor was suggesting that overworked doctors should not have to expend resources on terminal patients. Mr. Coney said that because doctors are “overloaded,” they shouldn’t have to deal with a “divisive” issue. It is astonishing how advocates of assisted suicide can see the importance of so many side issues—timing, divisiveness, local control—while missing the biggest issue of all: that doctors are supposed to heal and relieve pain, not kill patients in the name, as some claim, of “compassion.”

As Gene Tarne of the Virginia-based Americans for Integrity of Palliative Care, sees it, so-called “compassion in dying” means: “Let’s put them out of not their misery, but out of society’s misery. Why should we spend money and resources to care for these people?”

Re-read Mr. Kitzhaber as he talks about the system being “overloaded” in the same breath that he champions assisted suicide. You have to wonder whose burden he and his co-believers want to ease: their patients’ or their own.

APPENDIX B

[William Saletan is a senior writer for Slate (Slate.com), where the following appeared on Aug. 17, 2001. Reprinted with permission (©Slate/Dist. by United Features Syndicate, Inc.)]

The Ethicist's New Clothes

William Saletan

As the debate over stem cells and cloning grows, participants on all sides are rushing to show they've got ethics. Biotechnology companies have signed up ethicists to serve on advisory boards. President Bush says he'll appoint a Presidential Council on Bioethics. Critics of the biotech industry have enlisted independent ethicists to accuse the industry's ethicists of bias. All sides agree on one thing: The key to ethics is following guidelines drafted by qualified and unbiased ethicists.

Wrong. Credentials and committees don't make you ethical. Principles do. Those principles have to make sense. You have to apply them consistently or rethink them if you can't stomach their implications. And the easier you make them, the less they matter. The slickest way to make yourself look ethical is to narrow the definition of ethics so that it won't interfere with what you want to do. But that won't make you ethical. It'll just make you an ethicist.

To understand how ethicists create the illusion of ethics without the real thing, let's examine two case studies. Last month, researchers at the Jones Institute for Reproductive Medicine disclosed that they had created embryos in order to harvest stem cells, thereby killing the embryos. In the journal of the American Society for Reproductive Medicine, they reported that they had subjected the experiment to ethical reviews by four committees. Their diligence was applauded. "I am impressed with the thoughtful approach taken with the ethical issues involved," said the co-chairman of the ASRM's ethics panel.

What exactly was this thoughtful approach? In a long-winded discussion studded with meaningless references to clergy, duty, humankind, and various ethics boards, the researchers essentially argued that if they had used embryos left over from in vitro fertilizations, they'd be changing the purpose for which the donors of those embryos had created them. It's more honest, they reasoned, to tell donors up front that you're going to use their eggs and sperm to create embryos and destroy them.

Within its parameters, this rationale makes sense. The problem is those parameters. The only question addressed is whether the donors properly consented. The propriety of what they consented to is ignored. Hence the Jones team's bizarre pride in reporting that it had told donors that their embryos wouldn't be used to help anybody directly. "It was repeatedly stressed in all information, verbal and written, provided to gamete donors ... that the embryos would not be used for the initiation of a pregnancy," the researchers wrote. "They were also informed that if any ESC [embryonic stem cell] lines were created, they would not be used for therapy in anyone."

The logical result of this preoccupation with the donors' will is that the embryo

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has no intrinsic value. If the donors intended to grow it into a baby, it should be grown into a baby. If they intended to kill it, it should be killed. That's one reason why the Jones team didn't use embryos from couples. "Soliciting eggs and sperm from donors who do not know each other and have no reproductive intent can ensure that there is no regret about using the embryo for research," explained University of Wisconsin ethicist Alta Charo. The Jones embryos were perfectly sterile, uncontaminated by erotic or parental love. If we don't want them, don't care about them, and don't think they're human, they aren't.

A day after the Jones study was disclosed, scientists at Advanced Cell Technology said they had launched a project to clone human embryos for research. The chairman of ACT's ethics board, Dartmouth religion professor Ronald Green, described to reporters the elaborate guidelines the board had imposed on the research. "We've thought long and hard about this," ACT President Michael West assured the *New York Times*. The message got through. "Before starting, the company created an independent ethics board with nationally recognized scientists and ethicists to develop a plan with clear moral standards," the *Washington Post* reported.

And what was that plan? Green refused to release the company's ethical guidelines. But according to a summary he provided to the Associated Press, eggs assigned to the project "are taken to a secure location and kept in this location at all times. Access to this location requires permission of two ACT technicians. The incubator where eggs are cultured is locked at all times. . . . Eggs are repeatedly counted, photographed and videotaped. . . . By day 13, following any research activities, activated oocyte [the egg] is properly disposed of and the experiment ended." The *Post* and *Times* noted the "extreme precautions" and "elaborate security measures" outlined by Green and West.

There's only one problem with these ethical rules. They're not ethical. They're mechanical. What's their purpose? To prevent embryos from being smuggled out and implanted in a womb, says Green. Why is that important? And why require disposal after 13 days? To answer those questions, you have to go back to the Dec. 27, 2000, *Journal of the American Medical Association*, in which West, Green, and other ACT ethicists outlined their thinking. Personhood, they argued, can't begin until two weeks into human development when embryonic cells, in a process called gastrulation, align to form layers that will eventually become organs.

[B]ecause twinning and chimerism [the merging of two embryos into one] are still possible during the early stages of development, it is doubtful that one can speak of human individuality at this time. Developmental individuality, which is central to personhood, is not attained until the primitive body axis has begun to form. . . . The line established by gastrulation and the appearance of the primitive streak is a clear one, as is the line between therapeutic and reproductive cloning. It is unlikely that researchers working in properly monitored environments will blur these distinctions.

The breadth of ACT's "ethical guidelines" conceals the thin logic of this lonely premise on which they stand. Essentially, the argument is that since the early em-

bryo could become one body or two bodies, maybe it's nobody.

Unless you buy that argument, there's no apparent reason to draw the line at gastrulation rather than at conception (or its counterpart in the cloning process, nuclear transfer), the onset of the heartbeat, the onset of brain waves, or fetal viability. If the choice among these lines comes down to which one is most clearly drawn by nature, conception wins hands down. So ACT overrides nature. It erects a barrier of surveillance cameras, bodyguards, and disposal deadlines—a "properly monitored environment"—to make gastrulation a clearer line in industry than it is in nature. The company prevents pre-gastrulation embryos from becoming post-gastrulation embryos the same way it prevents therapeutic clones from becoming reproductive clones: by segregating and killing them.

In this way, ACT, like Jones, defines the embryo's value by its custodian's intent. Inside the lab, the company locks up, grows, experiments on, and destroys human entities it calls "activated eggs," "ovasomes," or "nuclear transfer-derived blastocysts." According to Green, "These are not embryos" since "they are not the result of fertilization and there is no intent to implant these in women and grow them." Outside the lab, the company scrupulously avoids soliciting eggs from women who might otherwise donate them to fertility clinics. The inside rules, like the outside rules, are designed to protect the world in which embryos matter from being contaminated by the world in which they don't.

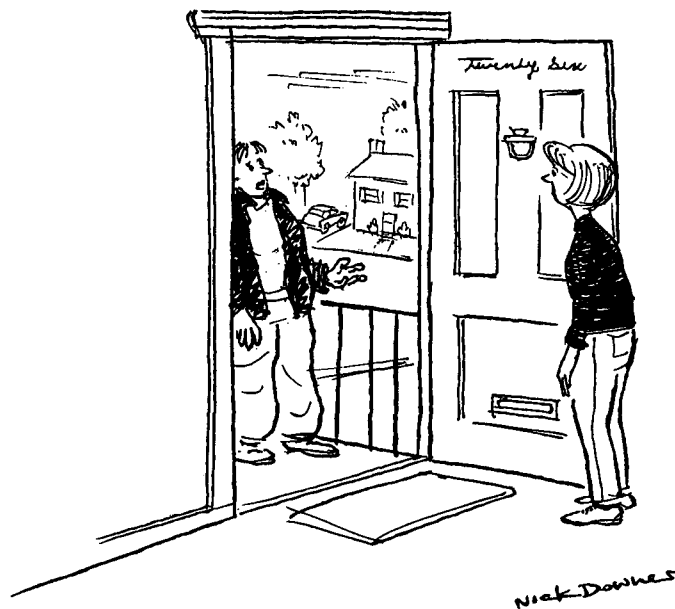
Is this ethic of segregation itself ethical? ACT's advisory board didn't even debate that question. "We didn't spend an enormous amount of time" discussing the morality of embryonic cloning, Green told the *Wall Street Journal*. "We wouldn't have been [on the board] unless we thought that the research had important benefits." The board confined itself to procedural questions such as how eggs should be obtained and how the doomed embryos should be quarantined. Nor has the board scrutinized other ACT projects. In 1996, the company briefly grew a hybrid embryo by implanting a human cell nucleus in a cow egg. ACT filed patents in 1999 and 2000 on a proposal to grow human tissues inside mice, but West didn't mention this to the ethics board until last month, and then only vaguely. When one ethicist quit after learning that ACT had cloned an endangered species without informing the board, Green defended the company. The board's job, he asserted, was to evaluate the human cloning project, not ACT's other experiments.

Ethicists outside the industry complain that those who advise ACT and other biotechnology companies are unlicensed, unrepresentative, anonymous, and possibly corrupted by the fees they receive. They miss the point. Or rather, they illustrate it. The ethical rules these outsiders would impose on private ethics boards—licensing, diversity, accountability, financial independence—are just as procedural and hollow as the stem-cell ethics those boards have devised. The problem isn't corruption. It's timidity. Corporate ethicists, like corporate lawyers, have reduced their purview to technique. Tell them what you want to do, and they'll tell you how to do it. What they won't do is question the essential propriety of your enterprise.

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Fine. They don't have to. But somebody should. The rest of us have to stop relying on ethicists to define ethics. We have to ask whether their questions are broad enough and whether their answers make sense. In his speech to the nation last week, President Bush said it was moral for the government to fund research on stem cells derived from embryos that had been destroyed for that purpose. Rather than explain why, the president said he had consulted ethicists and would appoint a panel of them to study the issue further. Bush didn't even hint at his logic until three days later. "The only licensed live chickenpox vaccine used in the United States was developed, in part, from cells derived from research involving human embryos," he observed in a *Times* op-ed. "Many ethical and religious leaders agree that even if the history of this vaccine raises ethical questions, its current use does not."

That's it. That's all the president felt obliged to say: Ethicists and clerics had assured him that in a similar case, making good use of destroyed embryos didn't even "raise ethical questions." What principles justified that conclusion? Would those principles extend to stem cells, and if so, where would they stop? What other considerations might be relevant? Bush didn't answer. Trust the ethicists, he said. Which ethicists? Bush has his; ACT and Jones have theirs. President Clinton's bioethics council says one thing; Bush's will say another. Résumés, commissions, and regulations can't settle these disputes. Nor can ethicists. It's not their job. It's yours.



*"I'm sorry to bother you, but I need to steal a car.
Could I borrow a coat hanger?"*

APPENDIX C

[The following editorial is reprinted with permission of The Wall Street Journal ©2001, Dow Jones & Company, Inc. It appeared on November 27, 2001.]

Mount Clone

The Wall Street Journal

Before discussing a Massachusetts company's cloning of a human embryo, let's try to establish some context.

It is well known that many who oppose human cloning also oppose abortion, and vice-versa. This is the inevitably crude way the United States, led by TV news, discusses any public issue—us versus them, pro and con. But in Europe the abortion debate is largely settled; other than Vatican City and a few pulpits, there is no significant opposition to abortion in Europe.

Not so with cloning; there is only a single European nation that permits the cloning of humans for research purposes, the United Kingdom. So-called therapeutic cloning—for research purposes—remains banned in 29 other European countries. Even in England, an attempt at reproductive cloning—to recreate a human being—is a criminal offense.

In other words, it isn't just one "conservative" President from Texas, worried about the support of his "constituent base," who has misgivings about where cloning is taking us. This is a far from settled ethical matter among serious people everywhere.

We would find it difficult to uncompromisingly oppose a genuine cure for Parkinson's, Alzheimer's, cystic fibrosis or other catastrophic diseases that ravage individuals and often crush families. At the same time, we do find ourselves troubled at the remarkable display of scientific and social hubris that attaches itself to these recurring stories of theoretical "breakthroughs" affecting medical progress.

We'll call it the Mount Clone syndrome. We all seem to be expected to stand in the foothills of cloning science (and that is precisely where this intellectual endeavor is right now, no higher), and then give scientists the green light for little more reason than "because it is there." If science can hypothesize some road map all the way to human organ regeneration from growing embryos up to the barely formed six-cell state, as Advanced Cell Technology has just done, the idea is that no rational or compassionate person should stand against it.

It is not our intention here to simply say "stop" when we hear the word cloning, or to deride the dreams of scientific innovators. Our credentials are very much intact on this front. These columns have pushed hard over the years to loosen up the Food and Drug Administration's lengthy and costly time-frame to approve innovative drugs and medical devices, while progressive voices supported the regulatory status quo in the interests of irrefutable "safety." Now all of a sudden when the subject turns to cloning human embryos, the compulsion to regulate suddenly recedes. Why the ideological flip-flop?

The fact is we are well past the time in this country when scientists could chase

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dreams outside the arena of politics and elections. It's all now connected, and never more so than with cloning or stem-cell research. Speak the word embryo and immediately you are inside the arena of "reproductive freedom" (abortion), a weapon no liberal politician fails to swing these days at a conservative opponent.

No matter how legitimate, tough or even interesting the ethical questions surrounding the cloning, and later destruction, of many thousands of embryos for medicine, very few of the politicized advocates of "reproductive freedom" are going to concede even a suggestion of human potential inside those unfertilized embryos; then the door might open to a rethinking of the morally superior claims made for abortion rights.

And yet the Advanced Cell cloning announcement makes it clear we are reaching the point where we will have to sit still for a serious reconsideration of what we think, as a people, about the issues it forces us to face. Whether, for example, there is something inviolate and even sacred about the earliest elements of human life. Or whether the medical needs of the already born trump any moral claims that discarded or unclaimed embryos might have to personhood. Or maybe, as the computer company says, it's time for both sides to "think different" about what science has done to the verities.

This hard thinking is presumably what President Bush put in motion when he created the Council on Bioethics, chaired by Leon Kass. We look forward to its work. Around those little embryos, whatever their potential for therapy or life, now looms an array of imposing interests—politics, the law, patent rights, the needs of companies such as Advanced Cell to attract capital and not least the kind of agreed-upon moral underpinnings with which this country started its own life.

"Life," of course, is one of those famous inalienable rights, which the Declaration's text described as "endowed by their Creator." If Advanced Cell's controversial announcement of cloned human embryos gets us back to arguing over what we think now of such fundamentals, so much the better.

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[Maggie Gallagher, a syndicated columnist, is the author of *The Case for Marriage* (2000, Doubleday), which she wrote with Linda Waite, and *The Abolition of Marriage* (1996, Regnery). The following column was published on Nov. 27, 2001 and is reprinted with permission (©2001. Distributed by Universal Press Syndicate. All rights reserved.)]

Cloning for Profit and Propaganda

Maggie Gallagher

MEMO

November 26, 2001

From: Frank N. Stein

To: Top Boss

In re: Cloning for Profit and Progress

Dear Sir or Madam:

In line with the Campaign's security policies and in deference to your wish to remain out of the publicity glare, I am forwarding this progress report through the usual back channels.

The news is splendid: The Campaign for Cloning for Profit and Progress is all proceeding according to the master plan. U.S. News swallowed our bait, hook, line and sinker: "The First Human Clone" screamed the headline, and then—get this—"Scientists Have Finally Cloned a Human Embryo." Could any one headline sum up more blatantly, er, succinctly the message we here at the Campaign have been seeking so diligently, and may I say in the face of certain most inconvenient facts, to promote?

It is not just the complete absence of moral blather, those thoroughly irritating doubts novices sometimes raise about manufacturing human embryos for commercial purposes—no, no. The essential talking points (you may have seen a version in the fab press release issued by Advanced Cell Technology) are all here: The FIRST—Americans love firsts. And LIFESAVING—doesn't get more noble than that, eh?

The Wall Street Journal chimed in on the key point—success, sweet dollar-sign-producing success—by telling the business community, "Stem-Cell Researchers Make Cloned Embryos of a Living Human . . . Reaching the 6-Cell Stage."

Six cells from one! Now that's what I call making lemons of lemonade. Stories like these will be sure to help keep those venture capital dollars flowing the right direction, eh, boss?

One caveat: Could you do something about Dr. West, the head of Advanced Cell Technology Inc.? Despite our best efforts to keep him on board, he cannot seem to keep his mouth shut—in public!—about the "benefits and pitfalls," as the WSJ puts it, of "genetically engineering the human species." That's *therapy!* *Therapy*, good doctor, not genetic engineering! Words are so much more important than facts. As a scientist, poor fellow, he has a hard time grasping certain truths.

Another minor failure: The House voted this summer to ban all human cloning.

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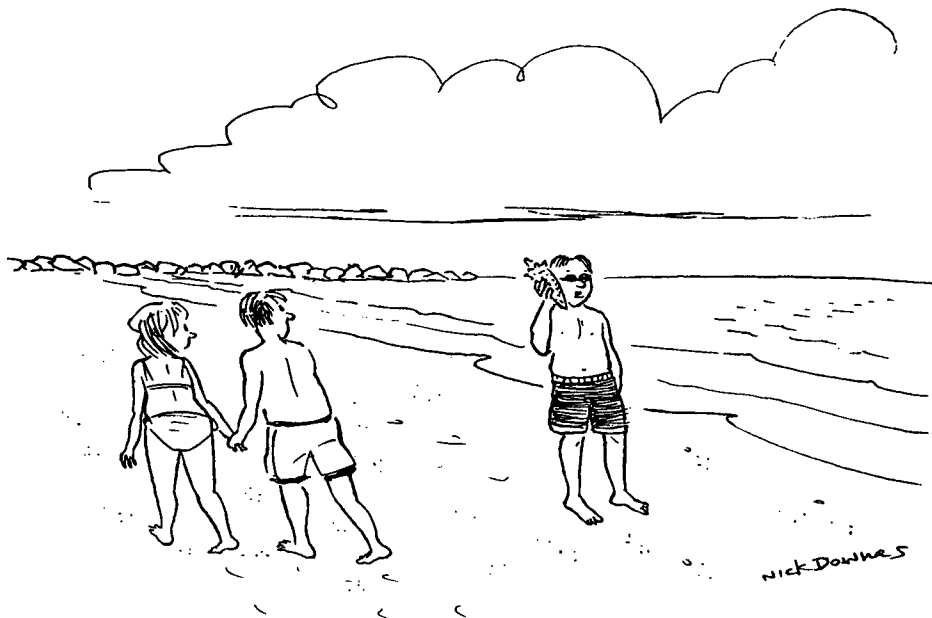
A very bad sign indeed, except fortunately there are lots of aging senators intensely interested in the benefits of therapeutic—such a nice word!—cloning. Our operatives have managed to persuade key elites that consuming human young is their only hope for a fountain of life and health. And besides, embryos don't make campaign contributions, do they? (chuckle)

One dark cloud, boss: The New York Times, usually so easily distracted, has unaccountably latched onto the facts.

Our experiment in therapeutic human cloning was, as you know, an utter debacle. All the humans cloned died before we could even turn them into little, profit-making stem-cell factories. "It's a complete failure," Dr. George Sedel, that so-called cloning expert at Colorado State University, had the nerve to tell the NYT. And they even had the gall to report we paid young women up to \$5,000 to give us eggs to experiment upon. (Memo to self: Are the release forms iron-clad? Wouldn't want some creative litigators accusing us of misleading impressionable young ladies, would we?) NB: Check state laws for future reference. Here in Massachusetts, I am sure, there is no problem, but is donating one's potential child for the purpose of killing it and using its flesh prosecutable as a form of child abandonment? With these six-cell babies, it's hard to see any legal risk, but when we reach the organ-harvesting stage, well, best be prepared. Thank you-know-who for Roe! No pun intended! (tee-hee)

But heck, who pays attention to that old gray lady any more anyway! Whichever operative wrote the Advanced Cell Technology press release was really first-rate. Our dead clones "provide the first proof that reprogrammed cells can supply tissues for transplantation."

Brilliant! Brilliant! Next time, can we at least clone him?



"You're breaking up."

APPENDIX E

[The following column appeared in The Wall Street Journal on Dec. 5, 2001. Eric Cohen is a fellow at the New America Foundation. William Kristol is editor of The Weekly Standard and chairman of the Bioethics Project. Reprinted with permission of The Wall Street Journal ©2001, Dow Jones & Company, Inc. All rights reserved.]

No, It's a Moral Monstrosity

Eric Cohen & William Kristol

Dr. Michael West, the lead scientist on the team that recently cloned the first human embryos, believes his mission in life is “to end suffering and death.” “For the sake of medicine,” he informs us, “we need to set our fears aside.” For the sake of health, in other words, we need to overcome our moral inhibitions against cloning and eugenics.

The human cloning announcement was not a shock. We have been “progressing” down this road for years, while averting our gaze from the destination. Now we have cloned human embryos. That means that women’s eggs were procured, their genetic material removed, the DNA from someone else inserted, and the resulting cloned embryos manufactured as genetic replicas of an existing person. In Dr. West’s experiments, the embryos died very quickly. But the hope is that someday these embryos will serve as a source of rejection-free stem cells that can help cure diseases.

For now, this is science fiction, or a rosy form of speculation. No one has ever been treated with “therapeutic cloning” or embryonic stem cells. There have been no human trials. But it is true that this research may work in the future (though the benefits would likely be decades away). In addition, beyond cloning, scientists have larger ambitions, including “tinkering” with DNA before it is placed in an egg, and adding designer genes that would make clones into “super clones,” stem cells into “super stem cells.”

Yet while Dr. West and his colleagues say that they have no interest in creating cloned humans—on the grounds that doing so is not yet safe—they do not seem too frightened by the prospect of laying the groundwork for those who would do just that. “We didn’t feel that the abuse of this technology, its potential abuses, should stop us from doing what we believe is the right thing in medicine,” Dr. West said.

The Senate, it seems, is also not very concerned. Majority Leader Tom Daschle wants to put off until spring a vote on the Human Cloning Prohibition Act, which the House passed by 265-162 in July. And on Monday, the Senate chose not to consider a six-month moratorium on all human cloning. As Sen. Harry Reid has said, a moratorium for “six months or two months or two days would impede science.” And that, he believes, we cannot do.

It is understandable that many senators want to avoid a decision on this controversial issue, and no surprise that those driven by a desire to advance science and to heal the sick at any cost resist a ban. But as the ethicist Paul Ramsey wrote, “The

good things that men do can be complete only by the things they refuse to do.” And cloning is one of those things we should refuse to do.

The debate is usually divided into two issues—reproductive cloning (creating cloned human beings) and therapeutic cloning (creating cloned human embryos for research and destruction). For now, there is near-universal consensus that we should shun the first. The idea of mother-daughter twins or genetically-identical “daddy juniors” stirs horror in us. Our moral sense revolts at the prospect, because so many of our cherished principles would be violated: the principle that children should not be designed in advance; that newborns should be truly new, without the burden of a genetic identity already lived; that a society where cloning is easy (requiring a few cells from anywhere in the body) means anyone could be cloned without knowledge or consent; and that replacing lost loved ones with “copies” is an insult to the ones lost, since it denies the uniqueness and sacredness of their existence. For these reasons, Americans agree that human cloning should never happen—not merely because the procedure is not yet “safe,” but because it is wrong.

Many research advocates say that they, too, are against “reproductive cloning.” But to protect their research, they seek to restrict only the implantation of cloned embryos, not the creation of cloned embryos for research. This is untenable: Once we begin stockpiling cloned embryos for research, it will be virtually impossible to control how they are used. We would be creating a class of embryos that, by law, must be destroyed. And the only remedy for wrongfully implanting cloned embryos would be forced abortions, something neither pro-lifers nor reproductive rights advocates would tolerate, nor should.

But the cloning debate is not simply the latest act in the moral divide over abortion. It is the “opening skirmish”—as Leon Kass, the president’s bioethics czar, describes it—in deciding whether we wish to “put human nature itself on the operating table, ready for alteration, enhancement, and wholesale redesign.” Lured by the seductive promise of medical science to “end” suffering and disease, we risk not seeing the dark side of the eugenic project.

Three horrors come to mind: First, the designing of our descendents, whether through cloning or germ-line engineering, is a form of generational despotism. Second, in trying to make human beings live indefinitely, our scientists have begun mixing our genes with those of cows, pigs, and jellyfish. And in trying to stamp out disease by any means necessary, we risk beginning the “compassionate” project of killing off the diseased themselves, something that has already begun with the selective abortion by parents of “undesirable” embryos.

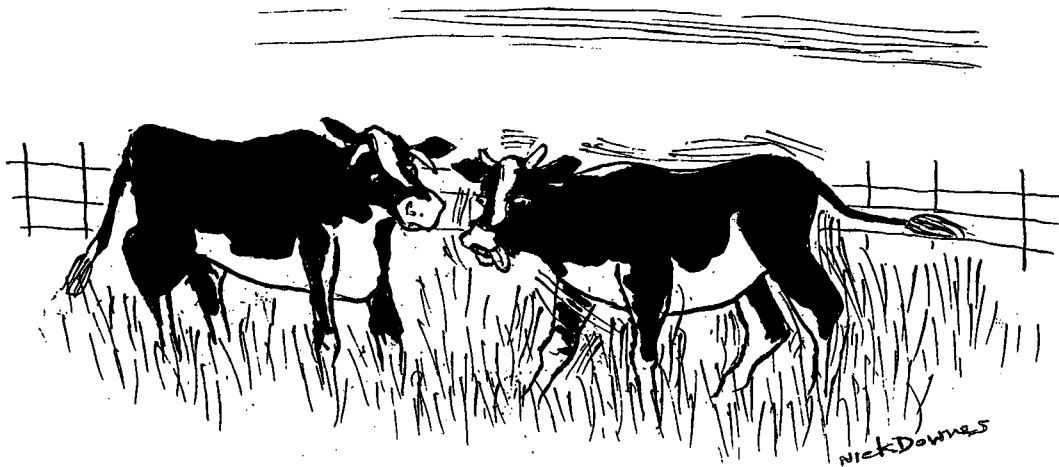
Proponents of the biogenetic revolution will surely say that such warnings are nothing more than superstitions. Naive to the destructive power of man’s inventions, they will say that freedom means leaving scientists to experiment as they see fit. They will say that those who wish to stop the unchecked advance of biotechnology are themselves “genetic fundamentalists,” who see human beings as nothing more than their genetic make-ups. Banning human cloning, one advocate says,

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“would set a very dangerous precedent of bringing the police powers of the federal government into the laboratories.”

But the fact is that society accepts the need to regulate behavior for moral reasons—from drug use to nuclear weapons research to dumping waste. And those who say that human identity is “more than a person’s genetic make-up” are typically the ones who seek to crack man’s genetic code, so that they might “improve” humans in the image they see fit. In promising biological utopia, they justify breaching fundamental moral boundaries.

C.S. Lewis saw this possibility long ago in *The Abolition of Man*. As he put it, “Each new power won by man is a power over man as well.” In order to stop the dehumanization of man, and the creation of a post-human world of designer babies, man-animal chimeras, and “compassionate killing” of the disabled, we may have to forego some research. We may have to say no to certain experiments before they begin. The ban on human cloning is an ideal opportunity to reassert democratic control over science, and to reconnect technological advance with human dignity and responsibility.



“Frankly, I’m more disappointed than mad.”

APPENDIX F

[The following is reprinted with permission of The Weekly Standard (© News America, Incorporated) in which it first appeared. Mr. Bottum is the magazine's Books & Arts editor.]

While the Senate Sleeps

J. Bottum, for the editors of The Weekly Standard

Around Thanksgiving—under a headline in the New York Times that read “24 Cow Clones, All Normal, Are Reported by Scientists: A Challenge to Arguments Against Human Cloning”—a company called Advanced Cell Technology announced that there was no need to fear cloning, for it had succeeded in perfecting the necessary techniques. Further down in the article, one learned that to get those 24 cows the company had had to create 500 clones, 470 of them lost before birth and another 6 after. That doesn't seem a promising success rate, but the project director, Dr. Robert Lanza, insisted that it showed the pointlessness of legislation banning human cloning. Such a ban passed the House by 265 to 162 but has sat in the Senate for three months without action. In the interim, opponents of cloning have tried “to portray human cloning as dangerous and irresponsible”—ah, but now, Lanza explained, we can “put some science in here, some reality.”

It was a marvelously timed piece of propaganda, for just as the Times was reporting the cow clones, Advanced Cell Technology was releasing advance copies of a Scientific American article in which it detailed its creation of embryonic human clones. Once again, the success rate wasn't promising; most of the attempts died within a day. But a few lasted for five days, and the company's chief executive, Michael West, was suddenly everywhere—on television, radio, quoted in newspapers around the world: a newborn media star proclaiming the wonders of cloning.

Much of the debate in the days since has swirled around the Democratic leadership's refusal to allow the legislation banning cloning to come to the Senate floor. Majority leader Tom Daschle promised there would be a debate on the issue this spring, and he seems to think that means, by God, the debate shouldn't happen a day before spring—even if we're knee-deep in clones by then.

After the Advanced Cell Technology announcement, Sen. Sam Brownback, who is the lead sponsor of the ban on cloning in the Senate, demanded immediate consideration of that legislation, or at least of a temporary ban on cloning until the legislation could be debated in the spring. President Bush weighed in in support of Brownback's effort, as did an expanded coalition of liberal and conservative groups. As of this writing, there is talk of attaching a temporary cloning ban to the continuing resolution in the House, and Senate minority leader Trent Lott has promised to offer a six-month moratorium as an amendment to other legislation. Either of these ought to pass, but neither is likely to. Lott's amendment—a sort of omnibus rider attached to a bill reforming the railroad retirement system—includes opening the Arctic National Wildlife

Refuge to drilling, which is likely to scare off environmentalist allies in the fight against cloning.

Why is this so hard to do? Why is the default position allowing Michael West and Advanced Cell Technology—the recipient of at least \$3.56 million from the federal government in just over a year—to play with our genetic future as much as they like? Why don't we prohibit cloning until there is a serious Senate debate, instead of encouraging it?

The Weekly Standard has editorialized before about the dangers of cloning: its moral fecklessness, its permanent establishment of the Brave New World project, and its utter disrespect for human life. Does anyone actually imagine that the cure for all disease lies within our grasp, if only the Republicans would set aside their worries about cloning? Does anyone really suppose that the moral sense of biotechnology researchers is sufficiently fine that we can leave them entirely unregulated? Hairdressers and taxicab drivers face more significant legal constraints, and they don't get millions in government grants to help them out.

But we aren't at the point of having that argument yet. We are only at the point of asking why we can't ban the cloning of people for a few months while we think about it. There is no answer to this question except the Senate's desire to avoid facing the issue. No one believes that human clones are mandatory for stem-cell research over the next few months.

Meanwhile, the insistence from Michael West and others that their clones aren't really embryos but "somatic cells" is falsified by their own Scientific American article, which announces "the first human embryos produced using the technique of nuclear transplantation, otherwise known as cloning." Such scientific terms morphed into euphemisms—"parthenogenesis," "somatic cell nuclear transfer"—always betray a guilty conscience, and they have begun to break down. In the midst of a rambling statement to the Senate, Arlen Specter denounced "therapeutic cloning," insisting that it was invented by opponents of cloning to confuse the issue. The truth is, of course, the opposite: "Therapeutic cloning" was a euphemism invented by pro-cloning activists in an attempt to suggest that they weren't involved in manufacturing human beings in order to destroy them but were merely working to advance the public health.

When a few senators, particularly Sam Brownback and Bill Frist, rose to complain about their colleagues' inaction, assistant majority leader Harry Reid objected that the Senate had "a lot" of more important things to address before slipping away for a recess. Besides, he added, a moratorium of "six months or two months or two days would impede science." But that, you see, is the point. The question of a simple six-month moratorium on human cloning in preparation for a Senate debate is nothing more, and nothing less, than the question of whether science belongs under human control. Was science made to serve man, or was man made only to serve the Brave New World of science?

APPENDIX G

[*David van Gend is a physician and secretary of the Queensland, Australia, branch of the World Federation of Doctors Who Respect Human Life. The following commentary first appeared in the December edition of News Weekly, and is reprinted with permission.*]

The First Clone: Nobody's Child

David van Gend

The first of a race of laboratory human beings has been created, the first absolute orphan. The cloned embryo, unlike its IVF cousin, has no mother or father, and is intended for destruction. It is the identical twin of its tissue-donor, which might be a living person or a dead person, or even just a fragment of anonymous human tissue from the hospital freezer. The clone is nobody's child. Human kinship is grotesquely violated; the new *Homo experimentus* is outside the circle of human belonging, and its creation as an excluded, exploited human existence is the moral heart of this matter.

Our Senate Select Committee on Human Embryo Experimentation advised in 1985 "that the concept of guardianship be adopted as the most appropriate model to indicate the respect due to the embryo." The cloned embryo is intended to be cut off from such protection, since there is no parent, no guardian—and therefore no cramping of the experimenter's style.

The experimenters reject any moral obligation to the cloned embryo, reminding us repeatedly of its insignificant size, "smaller than a full stop." From the perspective of our doctors' Federation, significance is not a function of size; a human existence is measured not in milligrams but in "meaning," in the fact of a new human Name being written into our common story. Our constitution declares: "from the earliest moment of biologic existence the developing human being is alive and entirely distinct." We affirm that the fact of a distinct human existence, however conceived, binds us to do no harm, to act as guardians.

The battle over cloning is fundamentally a battle over human meaning, not over medical technology. We are all on the same side medically; we all love stem cells. The vital point is that these precious magic bullets can be obtained without cloning and cannibalising embryos. Ethical sources of stem cells such as adult or placental tissue show greater promise, rendering cloning redundant.

Professor John Shine, of Sydney's Garvan Institute, stated in March, "You don't need to clone a human . . . there is no valid reason for it any more." (Daily Telegraph 12/3/01). He describes how "We are now able to take an (adult) skin cell, deprogram it back into stem cells and regrow them into a nerve cell or something else."

Likewise the chair of a Royal Society group on therapeutic cloning, Professor Richard Gardner: "I think therapeutic cloning is not terribly realistic. This other approach of reprogramming later cells makes sense."

Other Australian authorities pointing the ethical direction include the Walter and Eliza Hall Institute, which reports that "adult stem nerve cells can grow into

other types of tissue,” and the Murdoch Institute which uses “umbilical cord blood, the richest source of stem cells, not human embryo stem cells” (The Australian 27/11/01).

The latter innocent source of stem cells invites a visionary move from our leaders: let Australia become the first country where all newborn babies have their stem cells routinely harvested from their own placenta, preserved for any future needs, as one American company now offers to babies of the elite.

So the recent wanton experiment in so called “therapeutic” cloning is not only evil, in that it creates and destroys dehumanised embryos, but an unnecessary evil, in that there are innocent alternatives for achieving the promise of these all-powerful stem cells.

It is also, arguably, a greater evil than the “reproductive” cloning so loudly disavowed by scientists, since to clone with the “therapeutic” view of cannibalising the embryo at a week of age is a greater desecration than cloning with the “reproductive” view of letting the embryo live to be a baby.

And for those who care for clarity in debate, the very term “therapeutic” is misleading and should be rejected. The Australian Health Ethics Committee stated last December, “therapeutic interventions are interventions directed towards the well-being of the individual embryo involved . . . The more recently coined term ‘therapeutic cloning’ collapses the distinction between therapeutic and non-therapeutic research on embryos . . . It was because of the lack of transparency of the term ‘therapeutic cloning,’ because the term concealed rather than revealed these ethically-significant differences, that AHEC rejected its use.”

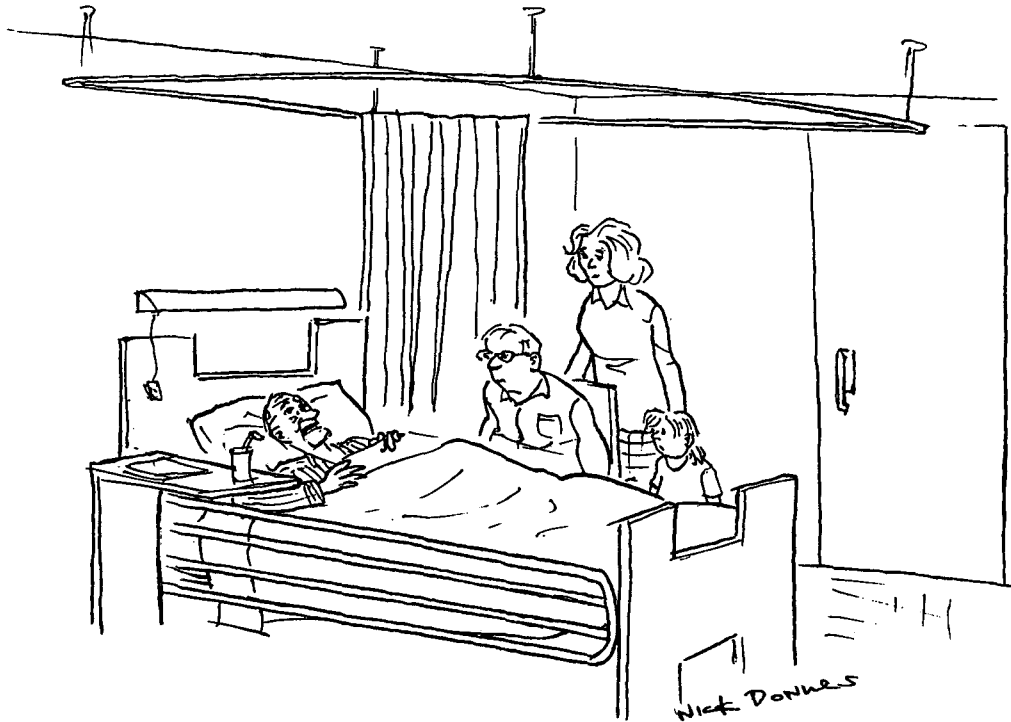
There is one corrupting consequence of cloning which is unprecedented, and largely unrecognised. It is the fact that, with this latest predation on innocent human life, all of us will become consumers-at-a-distance, whether we like it or not. Our children will all become compulsory beneficiaries of medical advances derived from destructive experimentation on embryos, their conscience unable to exercise any right of objection—unlike a situation such as abortion, where they might refuse to participate.

If the tree of medical knowledge is to be mulched with the bodies of cloned embryos, its fruit will become widely tainted. There can be no conscientious refusal to consume such fruit without a radical dislocation from everyday medical care, since beneficial medical products will increasingly be derived, directly or indirectly, from the embryonic stem cell industry. That *fait accompli*, that compelling of conscience, is a violation of the core principle of a free society, and is grounds in itself for rejecting a social policy of cloning.

The battle over cloning, which once seemed lost to the biomedical juggernaut, is now eminently winnable, thanks to the discovery by science itself of viable ethical alternatives. Our leaders need to understand that cloning for stem cells can be banned outright without abandoning the promise of stem cell technology. Both the NSW and now the Queensland Parliaments need to withdraw their morally

APPENDIX G

muddled “clone and destroy embryos” Bills, as being both offensive to human dignity and redundant to scientific progress. There is no longer any scientific imperative to clone human embryos. Our moral duty now coincides with our scientific objectives, through developing the promise of adult/placental stem cells, while rejecting the “therapeutic” cloning and cannibalising of our young.



“Regrets? Too many to mention, really.”

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