

the HUMAN LIFE REVIEW



SUMMER 2008

Featured in this issue:

George McKenna on Occasional and Organized Lying
Rita L. Marker on "Oregon Plus One"
William Murchison on Terri Schiavo's Ghost
Wesley J. Smith on Futile-Care Theory
Stephen Vincent on No Babies & the *Times*
Alexander Sicree asks The Baby or the Tiger?
Jo McGowan on A Brightness on the Road
Mary Meehan on Feminists for Life on Campus
Edward Short on Identity, Abortion and Walker Percy

Also in this issue:

J.P. McFadden • Christine Rosen • Richard John Neuhaus
Paul Stallworth • William McGurn • Kathryn Jean Lopez
Jennifer Fulwiler • Hadley Arkes • David Freddoso • Nat Hentoff

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ABOUT THIS ISSUE . . .

. . . “abortion,” our late founding editor J.P. McFadden wrote in the Introduction to the first issue (Winter 1975), “is intimately linked to many other problems that confront Americans today, from such obviously related life-and-death issues as euthanasia to much broader social questions that are bound to arise if, in fact, the ‘abortion mentality’ produces a society in which the ‘future’ generations are a distinct minority.”

“Abortion,” writes George McKenna in our lead article, “is now one subset of an overarching right: the right to kill innocent people—the right to kill yourself, to help others kill themselves, to kill mentally impaired people by depriving them of food and water, to kill embryos for their stem cells, to kill the embryos and fetuses of peasants who have too many children” (“Lying: Occasional and Organized,” page 7).

McFadden saw before most that granting Constitutional status to the abortion “right” would reverberate throughout the world of bioethics. In the Summer 1975 issue of the *Review*, he reprinted an essay by another prescient observer, the playwright Eugene Ionesco, who concluded by asking, “in the future what will be the state of mind people will find themselves in when they go or are delivered to the care of a hospital?”

The future, long-time anti-euthanasia activists Rita Marker and Wesley Smith tell us, is now. Our 2008 Great Defender of Life honorees, each has contributed an article to this issue: Marker reports on how the political strategy used to bring physician-assisted suicide to Oregon—still the only state to sanction it—has been adapted to bring it to Washington (“‘Oregon Plus One’ Equals Fifty?” page 17); Smith, whose book *Forced Exit* (Encounter) is a classic in anti-euthanasia advocacy, examines “Futile-Care Theory: Assisted Suicide’s First Cousin” (page 41).

Both Marker and Smith are long-time contributors and we are happy to be honoring them at our fundraising dinner on Oct. 16—because they deserve it and because the focus on euthanasia is especially timely. As Senior Editor William Murchison reminds us in “Terri’s Ghost” (page 33), Barack Obama announced during one of the primary debates that his Senate vote to keep Terri Schiavo alive was a “mistake,” that “as a constitutional-law professor, I know better.”

Harriet McBryde Johnson, who died last June at the age of 50, was a lawyer and leader in the disability-rights movement; she was also the subject of “Unspeakable Conversations,” a symposium that ran in our Spring 2003 issue. The “victim” of a rare congenital disease, she lived her life in a wheelchair, designed to accommodate what she called her twisted “jumble of bones in a floppy bag of skin.” Christine Rosen wrote movingly about Ms. Johnson in the *Wall Street Journal* and we thank her for permission to reprint the tribute here (*Appendix B*, page 101). No doubt a constitutional-law professor turned president would “know better” about people like Harriet McBryde Johnson. Pray we are spared such knowledge.

ANNE CONLON
MANAGING EDITOR



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INTRODUCTION

We are proud to open this issue with the incomparable voice of George McKenna, whose lead essay goes to the heart of what matters: the truth. Yet “Lying: Occasional and Organized” is an apt description of our age. McKenna acknowledges that lying is especially attractive for politicians. Politics “can tempt even its noblest practitioners to tamper with the truth, and here is why: Politics is about action, *doing*” but “truth-telling is saying what *is*. It is about solid facts, and facts aren’t malleable.” Beyond politics-as-usual, however, is a much darker form of dissembling which, McKenna writes, the political philosopher Hannah Arendt described as “organized lying” in her 1967 essay, “Truth and Politics.”

Arendt, a Jewish refugee from Nazi Germany, worried that the “same viruses that had produced totalitarianism in Russia and Germany were starting to infect the West. One of these was the appearance of movements that sought to achieve their aims by the use of carefully crafted lies.” McKenna writes that some of the features of organized lying are “found in what used to be called the abortion-rights movement;” abortion is now one part of an “overarching right: the right to kill innocent people.” The *right-to-kill* movement marches on, with power, and money—and with lying so prevalent that “everyone, both the liars and the lied to, are stumbling around in a world where nothing is stable or trustworthy.” Self-deception becomes an integral part of such organized lying; the right-to-kill movement “has gotten so tied up in Orwellian speech patterns that its advocates end up deceiving themselves.”

Orwellian speech patterns are chillingly evident in the movement described in our next article. Rita Marker, executive director of the International Task Force on Euthanasia and Assisted Suicide (and a Great Defender of Life award recipient this year) exposes the truth about the slick, massively funded and lethal campaign to legalize assisted suicide, called “Oregon Plus One.” Oregon (in its “Death with Dignity Act” of 1994) was the first state to transform “the crime of assisted suicide into a ‘medical treatment.’” But since Oregon’s law passed, as Marker explains, “there have been 89 proposals in 22 states, all modeled on Oregon’s law. Each and everyone met with failure.” Why? To figure it out, proponents “turned to focus groups and polling”—and it turns out the word “suicide” just wasn’t working.

So the right-to-kill movement regrouped and “sanitized” its language: “No longer do its advocates refer to ‘assisted suicide.’ Instead, they call it ‘aid-in-dying,’ ‘physician-assisted dying,’ ‘death with dignity,’ or other soft-sounding names that could apply to any number of things, including wiping a patient’s brow.” In 2005 “Oregon Plus One” was launched, meaning that if the right to assisted suicide could be achieved in just one more state, “that additional state would serve as the tipping

point for victory.” Washington State was chosen, and “Initiative 1000” is now on the ballot this November. If passed, it would go even further than Oregon’s existing law; but even if it isn’t passed, “every state will face the same challenges in upcoming months and years.” And citizens have to pay attention: Already in Oregon, Marker reports, people are being denied expensive medical treatment, and offered “cheaper” death instead.

Terri Schiavo was a victim of the right-to-kill movement whose plight became known around the world. As Senior Editor William Murchison writes, the events surrounding her death in March of 2005 were “talked about almost everywhere,” and it was expected that her death would “haunt the 2008 campaign trail.” Yet now that we are here, it seems there is “hardly a sound” about Terri. “The nation appears to have folded the whole ghastly proceeding into its grander package of neuroses, frets and anxieties.” What does our lack of outraged remembering say about us? The truth is, Terri died a slow, painful death by dehydration because her husband, Michael Schiavo (not her parents and family, who did everything humanly possible to keep her alive) wanted it so. Americans, Murchison writes, seem to have filed it away as a *political* rather than moral/theological story. The question “what do I owe God,” has become “what do I want?” Michael Schiavo wanted his wife dead, and much of America looked the other way.

But, as you read our next article, written by Wesley Smith (who shares the honor, with Rita Marker, of *Great Defender of Life*, 2008), you’ll realize that *any one of us* could be a Terri Schiavo—vulnerable, disabled, and at the mercy of a society that is increasingly regarding the sanctity of human life as a mere “opinion.” In his current article, Smith warns us of “assisted suicide’s first cousin”: “Welcome, to the surreal world of ‘medical futility,’ also known as futile-care theory, in which bioethicists assert that doctors and/or bioethicists have the right to refuse to maintain life if *they*—not the patient or family—believe that the ill or injured person’s life is not worth saving.” Smith includes frightening stories of patients whose life-sustaining treatments were refused, *against* their families’ wishes, because of the costs involved. As Smith writes, this may *seem* to be opposed to the right-to-die movement, where the individual is “empowered” to make his own choice for euthanasia or assisted suicide, but in reality, a stronger belief undergirds both causes: the ideological belief that killing “is a valid answer to the problem of human suffering.”

Do you remember the dire predictions of massive human suffering to come, due to the population explosion, the so-called “population bomb”? Well, it never did go off—and, as contributor Stephen Vincent writes next, even the *New York Times Magazine*, with its “squeamish ambivalence” over the topic as the facts have changed, has finally decided it’s time to admit what many countries have opted into now: a population *implosion*. Vincent discusses a recent cover story, “No Babies?”, in which contributing writer Russell Shorto acknowledges the serious demographic problems in many European countries (as well as in Japan and North

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Korea). The new term is “lowest-low fertility,” which describes “nations that fall so far below replacement rates that they risk virtual extinction or immigration overrun, and thus their culture and monuments run the risk of being wiped away.” However, this *is* the *Times*, so as you read Vincent you may not be surprised to learn that conservatives are “counted among the culprits” in *causing* the problem (quite a stretch, that!).

Contributor Alexander Joseph Sicree made his debut in our pages in 2007, at the tender age of 15 (“The Dark Side of Abortion,” Spring 2007). Now 16, he appears again, with “The Baby or the Tiger,” which won second place in a pro-life oratory contest for 9th and 10th graders in Altoona, Pennsylvania. Sicree’s speech, which is startlingly fresh and original, takes us first to the unexpected place and time of early-19th-century India, and an “unlikely hero for the pro-life movement.” Our next piece takes us to India *today*: Our friend Jo McGowan, author, columnist for *Commonweal*, and executive director of a special education school in northern India, sent us “A Brightness on the Road,” a powerfully moving, real-life account in which truth-telling demands courage, compassion, and the will to put pro-life convictions into sacrificial action.

McGowan ends her story with “I believe, at the heart of any true pro-life position” is responsibility: “We *are* our sisters’ keepers.” This is a perfect segue to Mary Meehan’s enlightening report, “Feminists for Life on Campus.” Meehan interviewed Feminists for Life of America president Serrin Foster at length; they spoke about why and how FFL was founded, and why the organization decided to make campus outreach their top priority. As Meehan reports, all too many women on college campuses “believe their only choices are having an abortion or leaving college to have their children.” FFL has worked diligently to change that—as you will see, with tremendously encouraging results. You may be pleasantly surprised, as I was, about the life-affirming activities being promoted by administrators at certain universities. FFL has even proposed a bill to Congress: The Elizabeth Cady Stanton Pregnant and Parenting Student Services Act. *This* is the kind of help women need, and we are pleased to spotlight the life-saving work of FFL.

Our final piece is a superb essay on the great author and moralist, Walker Percy, and what he thought about abortion and human identity. My late father—our founding editor, J. P. McFadden—who was fortunate to meet and correspond with Mr. Percy (one of his all-time heroes), would be proud of Edward Short’s fascinating excursion into Percy’s life and mind. Short focuses particularly on Percy’s last novel, *The Thanatos Syndrome* (1987), in which Percy considered “the widespread and ongoing devaluation of human life . . . under various sentimental disguises: ‘quality of life,’ ‘pointless suffering,’ ‘termination of life without meaning,’ etc.” Writes Short, “The form of devaluation with which Percy became most concerned with was abortion, although he decried the related rise of eugenics, euthanasia, and pharmacology.” For Percy, who had completed medical school before deciding to devote himself to writing, “fiction, if undertaken honestly, was a kind of science in its own right, a way of knowing.” And anyone who has read Percy knows that he

also seemed to know the *future*—it’s downright chilling to read his words in the light of all that has indeed happened.

On January 22nd, 1988, the fifteenth anniversary of *Roe v. Wade*, Walker Percy wrote a letter to the editor of the New York *Times*, which Short reprints. The letter was a warning that the destruction of innocent human life in legalized abortion could lead to “getting rid of useless old people, retarded children, anti-social blacks, illegal Hispanics, gypsies, Jews . . . Why not? If that is what is wanted by the majority, the polled opinion, the polity of the time.” Not only was this letter, by a man who many considered America’s premier novelist, not published by the *Times*, it was not even *acknowledged*; nor, by April in any case, was Percy’s follow-up letter of February 15th (see *our* Spring 1988 issue). Walker Percy died in 1990; one wonders what he would think of us now. But there is hope, even in this age of organized lying, “death with dignity,” and “futile-care theory”; there is hope because the truth has a power of its own. As George McKenna writes, again looking to the writings of Hannah Arendt: “There is, she insists, ‘this stubborn thereness’ about facts, which means those dedicated to exposing the facts about killing have reason to hope. Despite the grotesque disparity in power between the party of life and the party of death, the labors of truth-tellers will not be in vain. . . . The truth, then, is not only precious, it’s about all we’ve got. But it is enough.”

* * * * *

We thought it fitting to open our appendices with a particular article from our archives. In 1983, J. P. McFadden, (who died 10 years ago this fall) issued his own prophetic work, “Toward the New Future.” Written before the “futile-care theory” was in parlance, it not only predicts it, but also warns that fellow citizens were not seeing the “handwriting on the wall” and might only come to see how dangerous the “quality-of-life” ethic is when it “directly affects *them* (as abortion and even infanticide do *not*—we are beyond both).” J.P. offered a “modest proposal”: that doctors add an identifying “few letters to their shingles . . . either SLE or QLE—sanctity or quality of life, each as he actually professes. . . . We need to know who really believes what. And, since our very lives are at stake, we deserve to know, do we not?”

This is the first of ten terrific columns and essays on a range of subjects. We include several on Barack Obama and the Born Alive Infants Protection Act, one written by the author of the Act himself, Hadley Arkes; and two on Sarah Palin, who, as I write this, has burst upon the national scene, energizing pro-life conservatives. Our 2005 Great Defender of Life Nat Hentoff hoped John McCain would pick Palin and wrote about it back in May (see *Appendix J*, “John McCain, here is your vice president”). In other reprinted columns, Reverend Paul Stallsworth has an update on the stance of The United Methodist Church regarding abortion; Bill McGurn writes about the “NAACP and Black Abortions”; Christine Rosen pays tribute to the recently deceased Harriet McBryde Johnson and her eloquent and coura-

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geous advocacy for the disabled; and, in a reprint from *America*, Jennifer Fulwiler tells the compelling story of her pro-life conversion. We are also blessed again to include Nick Downes' terribly funny cartoons.

Since *I* do not have the gift of prophecy, I have no idea what "new news" may be in the air by the time this issue of our journal gets published and into our readers' hands, which will be close to Election Day itself. One thing is for certain: The abortion issue has not only *not* gone away, it is a major subject in our political and cultural debates, and as long as we keep seeking and declaring the truth about life, there is great reason to hope. As Father Richard John Neuhaus exhorted listeners in his stirring address to the 2008 National Right to Life Convention, in *Appendix C*:

The journey has been long, and there are miles and miles to go. But ... until every human being created in the image and likeness of God is protected in law and cared for in life, we shall not weary, we shall not rest. And in this great human rights struggle of our time and all times, we shall overcome.

MARIA MCFADDEN
EDITOR

Lying: Occasional and Organized

George McKenna

“Truth, though powerless and always defeated in a head-on clash with the powers that be, possesses a strength of its own.”

—Hannah Arendt

I have this recurring fantasy about running for office with the promise, “I will seldom lie to you.” It would not be a winning slogan—which is why it remains a fantasy—but wouldn’t it be an honest one? Are there any political candidates or officeholders who have gotten by without some fibs? Perhaps there are; I would never rule it out. But I am wary of politicians who claim that kind of innocence. Jimmy Carter famously said, “I will never lie to you,” but there are grounds for suspecting that *that* was a lie. There were, for example, those staged photos showing Carter carrying his luggage onto his plane. (When the photographers weren’t around he gave the job to aides.) The Mayberry pose was harmless enough, but some of Carter’s other apparent attempts to mislead were more consequential. The one I take to heart was his insistence to the Catholic bishops that the wording of the Democrats’ 1976 abortion plank “was not in accordance with my own desires,” when it was written by his own campaign staff. My point here is not to single out Carter or any other politician but to make the simple observation that it is hard for anyone to run for office or stay there without, at times, being tempted to fudge the truth—or worse.

I

Don’t get me wrong. I don’t want to cast aspersions on politicians or politics. I love politics. I taught it for years, and once I even ran for office (unsuccessfully, but it was fun). Not everyone likes to get involved in it, but many do, and for them it can be a liberating, even ennobling, experience. Yet politics can tempt even its noblest practitioners to tamper with the truth, and here is why: Politics is about action, *doing*—regulating business, making treaties, raising or lowering taxes, subsidizing, penalizing, enacting this law or that. But truth-telling is saying what *is*. It is about solid facts, and facts are not malleable. They can change, of course. But they can’t be altered by word

George McKenna is Professor Emeritus of Political Science at City College of New York. His latest book, *The Puritan Origins of American Patriotism*, was published in 2007 by the Yale University Press. A paperback edition is scheduled for publication in January.

changes the way legislation can. Facts are stubborn and thus, from a politician's standpoint, infuriating at times. They can get in the way of doing stuff. When that happens, the politician's natural reflex is to tamper with them—to lie. Political philosopher Hannah Arendt (1906-75) pondered this perennial tension in an essay she wrote in 1967 entitled "Truth and Politics." Later, she said she should have called it "Lying and Politics," because its main focus was not on truth but its opposite, which "is neither error nor illusion nor opinion . . . but the deliberate falsehood, or lie."

Arendt was well qualified to discuss this subject. A Jewish refugee who fled Nazi Germany, she had been one of the millions targeted by Hitler's lying propaganda. Not long after arriving in America she wrote *The Origins of Totalitarianism*, a monumental study of how both the Nazis and the Soviets held power through the systematic use of lies and terror.

Arendt wrote her essay long after the defeat of Nazism, and at a time when Soviet Communism was starting to shed some of its worst Stalinist features. But she worried then, as she had for many years, that some of the same viruses that produced totalitarianism in Russia and Germany were starting to infect the West. Not that they would necessarily culminate in the same kind of regimes, but that they might, more slowly and subtly, weaken the foundations of Western democracy. One of these was the appearance of movements that sought to achieve their aims by the use of carefully crafted lies. There had always been lies in politics, she noted, but what has emerged in modern times is "organized lying," systematic "image-making," in which "every known and established fact can be denied or neglected if it is likely to hurt the image"—not just single lies or even a succession of lies by politicians but systematic, *orchestrated* lying by fevered movements.

Some of these features are found in what used to be called the "abortion-rights" movement. The term has become obsolescent because what started out with abortion now embraces a wide variety of lethal rights. Even if its original rationale, "the right of a woman to control her own body," ever made sense, that designation doesn't reach far enough to encompass the movement today. Abortion is now one subset of an overarching right: the right to kill innocent people—the right to kill yourself, to help others kill themselves, to kill mentally impaired people by depriving them of food and water, to kill embryos for their stem cells, to kill the embryos and fetuses of peasants who have too many children. And now comes a brand-new right, still largely on the drawing board but seriously debated by distinguished professors at prestigious universities: the right of parents to kill their newborn children if they are not satisfied with them. So "the right of a woman to

control her body” doesn’t begin to capture the full dimensions of this movement. A newborn baby is already out of the body, the embryos killed in stem-cell research never were in anybody’s body, and if a woman’s body were the dispositive fact, Terri Schiavo might still be alive.

There is no official name for this ever-expanding movement. It has been called “the culture of death,” but that doesn’t capture its dynamism. It is, after all, a movement, not just some morbid smog that has settled on us. It has well-known leaders, dedicated foot-soldiers, press spokesmen, lobbyists, publicity, and lots of money. Though not always legally affiliated, spokesmen for its various branches often communicate with one another, support each other against mutual enemies, and sign each other’s ads, petitions, and court *amicus* briefs. For want of a more elegant name I’ll have to call it the right-to-kill movement. Its different branches all share the same philosophy, ethic, and political strategy. A rough summary would go like this: For a variety of reasons it is highly desirable that we put to death certain categories of people; therefore, since we live in a democracy whose ethical traditions are profoundly opposed to this ethic, we must mobilize all our resources to persuade the majority that it is reasonable and humane.

Its promoters would never, of course, put it that way. Killing is a hard word. In 1983 I watched Congressman Henry Hyde, in a debate on PBS, throw his opponents into a frenzy by calling abortion “a killing procedure.” They blustered, stammered, and finally fell back on the old charge that pro-life Congressmen care only about the unborn, never about the already-born (a charge which, as Hyde noted, is both untrue and beside the point). By the 1990s abortion itself became something of a taboo word. It was now a “termination” or a “reproductive health procedure.” Abortion clinics had become “women’s clinics.” In a *New York Times* op-ed, an abortion counselor complained that the media kept referring to her workplace as an abortion clinic. “I hate that term,” she wrote, suggesting that it ought really to be called “a place of healing and care.”

As Hannah Arendt observed, stubborn facts can get in the way of political action. This is particularly true in the modern political arena, where domestic politics has taken on a crusading aura. “I am trying to save the planet,” Nancy Pelosi recently declared. House Speakers never used to talk like that. A Tip O’Neill or a Sam Rayburn might on occasion have used the same hardball tactics as Pelosi, but not with world-salvific rhetoric. And that has consequences. Their tactics were provisional; they were working within a bargaining framework that typically culminated in compromises short of complete victory for either side. But if you’re saving the planet, or advancing the frontiers of human freedom, or curing dread diseases, or making

paraplegics walk again, compromise seems almost immoral. Why should you let *anything* slow down or water down the achievement of these grand goals?

This is the atmosphere that surrounds the right-to-kill movement. Its leaders may make use of old-fashioned politicians, plying them with carrots or threatening them with sticks, but they are not of that breed. They are men and women in a hurry to do great things; nothing must be allowed to stop them, and that includes those stubborn facts Hannah Arendt seemed so concerned about protecting.

II

In a 2001 article published in this journal I cited some specific examples of how abortion crusaders have advanced their agendas by tampering with facts. (“Why They Help Them Lie,” *HLR*, Spring 2001.) They lied to the women they persuaded to become the plaintiffs in *Roe v. Wade* and its companion case, *Doe v. Bolton*. They made up a story about a 17-year old Indiana girl, Becky Bell, who supposedly died of a “back alley” abortion they said she’d procured to avoid having to face her parents as required by Indiana’s parental-notification law. (The best evidence shows that she actually died of toxic pneumonia after a miscarriage, and the coroner’s report showed no evidence of an abortion.) They told a series of lies to hide the grisly facts about partial-birth abortion: First they denied that such a procedure even existed. Then they claimed that it was used (a) only rarely and (b) only when the mother’s life was in danger—the last two lies later exposed by reporters for two different newspapers, and even by the abortionist who invented the procedure.

The most infamous whopper was the one widely circulated in the years before *Roe v. Wade*, which helped prepare public opinion for it. That was the claim, by Dr. Bernard Nathanson and Lawrence Lader, pioneers in the movement to legalize abortion, that illegal abortions were causing “5,000 to 10,000 deaths a year,” when the actual figures were in the double digits. (There were 39 deaths in 1972, the year before *Roe v. Wade*.) It’s worth pausing over this lie because of what Nathanson wrote about it later in *Aborting America*. (By then, Nathanson had had a change of heart and had become a pro-life spokesman.) Nathanson confessed that “I knew the figures were totally false, and I suppose that the others did too if they stopped to think about it. But in the ‘morality’ of our revolution, it was a useful figure, widely accepted, so why go out of our way to correct it with honest statistics?” Although Nathanson put “morality” in quotation marks, at the time he must

have considered his cause truly moral. If the purpose of your campaign is moral—if you are saving the planet, as Nathanson, and especially Lader, literally believed—you will naturally be annoyed at a stubborn fact that gets in your way. So you substitute for it a more useful non-fact, which anyway is “widely accepted.”

Was this a conscious, deliberate act, weighing the value of a counterproductive fact against a useful lie and deciding in favor of the latter? It doesn't seem so. Nathanson supposes that the others also knew that the figures were false “if they stopped to think about it,” which means that they probably didn't. It was, then, not so much bold-faced lying as, “well, this is what the figure *should* be, so I'll go with it.” In other words, the lie had at least some elements of self-deception in it. That, Arendt wrote, is one of the hallmarks of orchestrated lying. Modern image-making requires “a semblance of truthfulness”; the liar himself must believe part of what he is saying—which is what makes it so dangerous to intelligible discourse. The cold-blooded liar is at least aware of the distinction between truth and falsehood, “so the truth he is hiding from others has not yet been maneuvered out of the world altogether; it has found its last refuge in him.” But the right-to-kill movement has gotten so tied up in Orwellian speech patterns that its advocates end up deceiving themselves. People who have taken college biology courses call a three-month fetus “potential life.” Someone who works in a clinic specializing in the killing of unborn children calls it “a place of healing and care.” Major newspapers cannot use an accurate descriptive name like “partial-birth abortion” but resort instead to ridiculous evasions like “a certain type of late-term abortion.” There is this constant haziness in their discourse, a fog of obfuscation.

One manifestation of this, Arendt points out, is the way in which “unwelcome factual truths are . . . often, consciously or unconsciously, transformed into opinions.” This squarely fits the methods used in the abortion debate. Point out, for example, the biological facts about fetuses and embryos that confirm their membership in the human family, and the answer is likely to be, “Well, that's your opinion. But you must remember that not everyone shares it.” That was the approach of Justice Harry Blackmun, writing for the majority in *Roe v. Wade*. He noted that philosophers and theologians have been arguing about when life begins for centuries without reaching any firm conclusions. All “seemingly absolute convictions” are primarily the products of subjective factors such as one's philosophy, religious training, and “attitudes toward life and family and their values.” At one point he took a small excursion through history, pointing out, for example, that until the 19th century even the Catholic Church accepted the Aristotelian theory of

“mediate animation,” the view that a human being appears only at some later stage of pregnancy. (Blackmun failed to mention the *reason* the Church changed its views in the 19th century, namely that biological science began discovering previously unknown facts about life in the womb.) So, let’s see, we have, on one hand, Aristotelian science circa 1250, and, on the other hand, modern embryology. Who can say which is right? So let’s leave it up to the woman “and her doctor” (who of course is the abortionist).

This verbal sleight-of-hand may win over an audience for a time, but its cumulative effect is bad for everyone, bad even for those who use it. What worried Arendt was not the occasional lie told by a politician or other public actor but the “web of deceptions” spun by some political movements and their supporters. Their lying narratives can tangle the society in relativism and afflict it with a kind of vertigo: “The result of a consistent and total substitution of lies for factual truth is not that the lies will now be accepted as truth, and the truth be defamed as lies, but that the sense by which we take our bearings in the real world . . . is being destroyed.” Consistent lying “pulls the ground from under our feet and provides no other ground on which to stand.” Everyone, both the liars and the lied to, are stumbling around in a world where nothing is stable or trustworthy.

III

What can attack the cause of this disorder? What are the antidotes to organized lying? Although Arendt was by nature pessimistic, in answering these questions she sounded surprisingly upbeat. She put a great deal of faith in “certain public institutions . . . in which, contrary to all political rules, truth and truthfulness have always constituted the highest criterion of speech and endeavor.” Two of them stood out in her mind: the judiciary and the university. The question is whether her faith in these institutions is warranted.

Though she sometimes ventured into hot-button controversies, at heart Arendt remained an old-fashioned European scholar, retaining the scholar’s traditional belief in a truth that can be uncovered through quiet investigation and analysis. Despite having seen both the judiciary and the university corrupted in her native country (which began even before the Nazis seized power) she continued to pin her hopes on both institutions—the first because, in the United States at least, our founders had gone to considerable pains to protect the federal judiciary against political interference, the second because of its “ancient origins,” having been founded “by the polis’s most determined and its most influential opponent [Plato].” Both institutions, she concluded,

were well-positioned to resist the politicizing of factual truth.

Given her times in America, her optimism is understandable. The longest stretch of her academic career here ran through the 1950s and the early 1960s, before the politicizing of the American professorate began in earnest, and when “activism” was not yet the default position in American jurisprudence. Looking back, it almost seems like a golden age of both institutions. But by the time of Arendt’s death in 1975, many of the same students who had taken over deans’ offices in the late 1960s were becoming tenured professors, and courts were becoming places not just for deciding cases and controversies but for, as it were, saving the planet.

Let’s look at an incident that may shed light on both courts and universities as they function today. In 1989, a group of 241 pro-choice historians (later increased to more than 400) signed a legal brief for an upcoming abortion case, *Webster v. Reproductive Health Services*. In essence, the brief claimed that 1) abortion was not illegal at the time the Federal Constitution was adopted, and 2) late-19th-century laws against abortion were based not on moral concerns about killing fetuses but on extraneous ones, such as the desire of “regular” doctors in the AMA to protect their status and income by shutting out the “irregulars” who performed abortions. The signers cited many historical works to back up these contentions.

Both assertions were false. Cambridge historian John Keown and other scholars have gone over the historical record at great length and found that abortion was illegal under English common law, which the framers of the Constitution accepted as the basis for American law, and that abortion was outlawed by statute in the 19th century in large part because doctors, who now had much more knowledge about what was going on in the womb during pregnancy, were morally concerned about protecting the unborn child. But what is more to my point is not just that the brief’s contentions were false, but that, as Ramesh Ponnuru and others have shown, *its signers had good reason to know they were false*.

Among the impressive-looking citations in the brief were a good number that, when examined, turned out either to have nothing to do with the brief’s claims—or to actually contradict them. For example, one of the signers was James C. Mohr, whose book, *Abortion in America*, was cited to support the contention that abortion was not a crime at the time of America’s founding. But in Mohr’s book there is this assertion about common law at the time of America’s founding: “After quickening, the expulsion and destruction of the fetus without due cause was considered a crime.” Another citation, to Angus McLaren’s *Reproductive Situations*, was used to back up the assertion that in colonial times the only crimes associated with abortion were assaults

against pregnant women resulting in the death of a fetus. But McLaren's book clearly states that after fetal movement "a woman could be charged with procuring her own abortion." McLaren's book was also cited as the sole support for the assertion that abortion "was not uncommon in colonial America." But McLaren's book deals with England, not America! This was not just sloppy work, it was fraudulent. Yet essentially the same brief (in slightly altered form) was resubmitted three years later in the case of *Planned Parenthood v. Casey* (1992), which reaffirmed *Roe v. Wade*. Then, entering the scholarly food chain, it started showing up in the footnotes of other publications to back up similar claims.

What made more than 400 distinguished historians betray their profession by lying about historical facts? Was it not the passion—which Arendt consigned to the political realm—to move events? The professors were sick and tired of being merely recorders of history; now they were going to *make* history. "Never before," their brief began, "have so many professional historians sought to address this Honorable Court in this way." Professor Mohr, the signer whose own book contradicted one of the key claims made in the brief, later admitted the contradiction but justified it on grounds that the brief was a "political document," the work of a "citizen," not a "scholar." So if historical facts get in the way, pro-choice scholars can put on their "citizen" hats—and alter them.

IV

With all respect to Hannah Arendt, then, we can't count on the university as a bulwark against organized lying. Whatever its ancient origins, the university today is not imbued with the spirit of Plato's beloved teacher. It seems, if anything, closer to Callicles and the other rhetoricians and politicians who wanted Socrates dead. Nor can we count on courts as politically disinterested institutions bent only upon finding truth. The university has become the feeder of the judiciary, and a host of activist scholars like Laurence Tribe and Ronald Dworkin have guided judges toward what Dworkin calls a "moral reading of the Constitution," which in practice means reading your own ideology into the Constitution.

Interestingly, both Dworkin and Tribe seized upon the *Webster* brief as proof for their own contention that concern for the life of the fetus is a late-20th-century development. Dworkin called it the "best historical evidence" and at one point Tribe described the brief as "the point of departure for much of this chapter."

I know I asked this question already, but I can't get it out of my craw:

Why did more than 400 eminent historians put their names to such a shoddy document? Let me answer it in a different way. For many of the signers, especially those whose specialties were some distance from the immediate issue (among the signers were historians of architecture and of early modern France), it was probably a matter of just going along. “Sure, I’m pro-choice, I’ll sign.” One of the signers, Sean Wilentz, when questioned about it years later, apparently forgot that he had put his name to it. Even more attentive signers could not have checked the citations very carefully. But it didn’t matter! This was not a search for truth but an attempt to influence a Supreme Court decision. It was big-time politics and they were part of it.

It must have been an exhilarating moment. The professors were marching in the ranks of an enormously powerful movement—powerful and wealthy. In the last issue of the *Human Life Review*, Brian Clowes contrasted its wealth with that of its pro-life opponents. (“The Abortion Lobby’s Deep Pockets,” *HLR*, Spring 2008.) In 2006, pro-abortion and allied groups raised \$9.2 billion, while pro-life organizations raised \$551 million—a ratio of 17 to one. Even this figure, Clowes adds, does not do full justice to the clout of their side. Besides wealth, it enjoys prestige and connections. Another amicus brief in the *Webster* case was one submitted by more than a hundred professional, civic, and religious organizations, many of them members of the Pro-Choice Public Education Project (PEP), which publishes literature widely distributed on American campuses. Even Clowes’s excellent piece fails to mention the help the movement gets from the news and entertainment industries. Surveys show that more than 90 percent of news reporters describe themselves as “pro-choice,” and it shows up in their coverage. Years after his campaign to legalize abortion, Dr. Nathanson was still amazed at how eagerly the press repeated the bogus statistics he and Laurence Lader had given them. The news media were, and are today, heavily invested in the right-to-kill movement. So is the entertainment industry, whether on TV or in theaters: Countless dramas and docudramas depict abortion and euthanasia favorably. Hollywood celebrities leverage their fame to support destructive stem-cell research and other forms of killing.

V

Where are we, then? If the kind of organized lying I have been discussing is not countered, but rather amplified, by the courts and the academy—if its power has been enhanced by big money, nurtured by Hollywood, and mainstreamed by the news media—is there anything on the other side? Is there any entity, or quiddity, or something-or-other, that can resist the force

of organized lying? I believe that there is, and for this I am indebted to Hannah Arendt.

Her concern was to preserve factuality, to prevent it from being compromised by lies, spinning, and all the other rhetorical tricks used by organizations determined to get their way by any means necessary. She may have been mistaken in her belief that courts and universities would be the best institutions for preserving factual truth, but she was not wrong about the inherent strength of facts. Power, she admitted, is dangerous to factuality, but power has its own built-in weakness. It can dazzle and intimidate, but by its very nature it “can never produce a substitute for the secure stability of factual reality.” This is good; let me quote it at length:

Facts assert themselves by being stubborn, and their fragility is oddly combined with great resiliency—the same irreversibility that is the hallmark of all human action. In their stubbornness, facts are superior to power; they are less transitory than power formations, which arise when men get together for a purpose but disappear as soon as their purpose is either achieved or lost. This transitory character makes power a highly unreliable instrument for achieving permanence of any kind, and, therefore, not only truth and facts are insecure in its hands but untruth and non-facts as well.

If Arendt is right, then, the facts—in this case, about killing innocent human beings—will be around much longer than all of today’s political movements. There is, she insisted, “this stubborn there-ness” about facts, which means that those dedicated to exposing the facts about the killing have reason to hope. Despite the grotesque disparity in power between the party of life and the party of death, the labors of the truth-tellers will not be in vain. The facts are steadily being recorded even as I write this, and, unless some worldwide holocaust burns up every printed page and melts every hard drive, they will still be there when the noise of battle fades away. That is why it is so important for those on the pro-life side to keep telling the truth and nothing but the truth, and never to play the games of the other side. They can always beat us at those games; they beat us at anything involving power, money, and big megaphones. The truth, then, is not only precious, it’s about all we’ve got. But it is enough.

“Oregon Plus One” Equals Fifty?

Rita L. Marker

In May 2008, 64-year-old retired school bus driver Barbara Wagner received bad news from her doctor. She found out that her cancer, which had been in remission for two years, had returned. Then, she got some good news. Her doctor gave her a prescription that would likely slow the cancer’s growth and extend her life. She was relieved by the news and also by the fact that she had health care coverage through the Oregon Health Plan.

It didn’t take long for her hopes to be dashed.

Barbara Wagner was notified by letter that the Oregon Health Plan wouldn’t cover her prescription. But the letter didn’t leave it at that. It also notified her that, although it wouldn’t cover her prescription, it would cover assisted suicide.¹

Welcome to Oregon-style health care. Welcome to Oregon, the only state to have transformed the crime of assisted suicide into a “medical treatment.” Welcome to the state where assisted-suicide advocates say that the “Death with Dignity Act” has worked flawlessly for more than ten years. And be aware that an attempt is now underway to expand Oregon-style assisted-suicide laws into every state in the nation, using a strategy called “Oregon plus One.”

That strategy is now playing out in Washington State. But no matter how the Washington campaign ends, every state will face the same challenges in upcoming months and years.

Background

Oregon wasn’t the first state where an assisted-suicide law had been proposed. In 1991, Washington State voters rejected Initiative 119, which would have legalized both euthanasia (permitting doctors to end patients’ lives with a lethal injection) and assisted suicide (permitting doctors to prescribe an intentional deadly overdose of drugs for a patient to commit suicide). The following year, an identical proposal, called Proposition 161, was on California’s ballot. Both measures failed by a vote of 54 to 46 percent.

Recognizing that the specter of a syringe-wielding physician had played a significant role in causing voters to repulse the measures, the Hemlock Society and its spin-off group, Compassion in Dying, revised their proposal and, two years later, Measure 16, the “Oregon Death with Dignity Act” (which permits physician-assisted suicide, but not physician-administered lethal injections) appeared on Oregon’s ballot. It passed in 1994 by a vote of 51 to

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49 percent and went into effect in 1997.

The assisted-suicide groups that were behind the Oregon law thought they had found the magic solution. They fully expected that other states would soon follow. But they were wrong: Since Oregon's law passed in 1994, there have been 89 proposals in 22 states,² all modeled on Oregon's law. Each and every one met with failure.

Rather than giving up, supporters sought to determine the reason behind the stall. They turned to focus groups and polling. The result? They found that the word "suicide" (like the image of the syringe-wielding physician associated with euthanasia) was causing voter revulsion.

So they embarked on a mission to sanitize the language associated with their efforts. No longer do its advocates refer to "assisted suicide." Instead, they call it "aid in dying," "physician-assisted dying," "death with dignity," or other soft-sounding names that could apply to any number of things, including wiping a dying patient's brow. In addition, groups behind the efforts changed their names. Hemlock and Compassion in Dying merged under the new name Compassion & Choices. Working hand in hand with the Portland-based organizations, Oregon Right to Die and the Death with Dignity National Center, they developed a strategy to break the logjam.

The Plan

In 2005, a plan that would establish a new starting point—but not a new goal—was developed by the Death with Dignity National Center in conjunction with Compassion & Choices. They called it "Oregon plus One."³ They theorized that Oregon is not a trend-setting state, so at least one more state would be required to mount successful efforts in other states. That one additional state would serve as the tipping point for victory.

Before any public discussion, the Death with Dignity National Center spent almost a quarter of a million dollars setting the groundwork,⁴ described as seed money, for the campaign.⁵ Along with Compassion & Choices, it selected the state of Washington for a 2008 ballot initiative.⁶

Seattle Post-Intelligencer columnist Joel Connelly described this selection in early July 2008, just after the Washington measure qualified for the ballot: "When Initiative 1000 certified for the ballot last Thursday, few would have thought a measure legalizing physician-assisted suicide would transform Washington voters into a 'Chosen People.'"⁷ His point was clear. Washingtonians had not chosen assisted suicide. It had chosen them.

Manipulation on Parade

Assisted-suicide advocacy groups have been the driving force behind each

and every assisted-suicide proposal. Nowhere have such proposals come from the grassroots. Rarely does an activist group make an unabashed admission of its role. An exception to this, however, are the brash admissions in statements from the Death with Dignity National Center's 2007 annual report acknowledging its role in virtually every aspect of the Washington campaign:

- "We have spent the last year actively researching and collecting data to determine the state which is most likely to adopt a Death with Dignity law. Through these efforts we have identified Washington as the state."⁸

- "Campaigns, such as the one in Washington, take a great deal of time, effort, and money. In 2006-2007, we invested each of these resources in planning for a 2008 ballot initiative. We raised nearly \$250,000 to provide seed money to the campaign, and we participated in extensive early research efforts."⁹

- The Death with Dignity National Center also had a role in selecting the campaign's spokesperson, whom it described as "the popular former governor of Washington, Booth Gardner, who has taken a political and personal interest in the issue."¹⁰

- "[W]e have never had such great odds of success as we have in Washington in 2008. That is why we will be directing \$1.5 million over the next year and a half to the efforts in Washington."¹¹

- "We believe that Washington's proximity to Oregon and the state's history of enacting policies through the initiative process make Washington the most likely place for a Death with Dignity law. Our organization is providing leadership, political strategy, and financial resources to this monumental effort."¹²

The formal campaign began at the end of August 2007 with the registration of the political-action committee called the "It's My Decision Committee" (later changed to the "Yes on I-1000 Committee"). True to the decision of avoiding any mention of suicide, the committee's registration stated that it would be providing support for an "Initiative to People of Washington Regarding Care and Compassion in Dying."¹³ The drive to obtain the number of registered voters' signatures needed to put the measure on the fall ballot began in early 2008. On signature petitions as well as on the ballot, the phrase "assisted suicide" is absent. Instead, the reference is "allowing certain terminally ill competent adults to obtain lethal prescriptions."¹⁴

Newspapers, however, have continued to call Initiative 1000 an assisted-suicide measure, causing outrage among its supporters. For example, when the *Olympian*, the daily newspaper of the state capital, published an article discussing the initiative's petition drive, Louise Benoit, an assisted-suicide

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supporter, wrote to the paper demanding that the wording be changed:

Section B of the Sunday edition contains a gross error in the item concerning petitions. It refers to the Booth Gardner petition I-1000 as “the assisted suicide measure.” It is officially and properly named “Death with Dignity.” This needs to have a correction printed. You are propagating an outright lie and misinformation meant to frighten people. I sincerely hope your staff will be informed that it is NEVER to be referred to as “assisted suicide.” I will be looking for an apology and a correction in the *Olympian* within a day or two.¹⁵

Benoit’s demand drew an immediate response from Vicki Kilgore, the paper’s executive editor, who stated:

The *Olympian* has chosen to use the phrase “assisted suicide” to describe the initiative because

- a) This is the choice the Associated Press has made. Much of our state-wide content comes from that news service so it’s a matter of consistency; and
 - b) Even more important, the phrase is a simple, accurate description of the proposal. We recognize there are negative connotations attached to the word suicide, but its definition is clear—the act of taking one’s own life voluntarily and intentionally.
- Our intent is to keep the explanation of the initiative as plain as possible while maintaining accuracy. Assisted suicide does that.

Nonetheless, during any and all promotion of their agenda, assisted-suicide activists will continue to demand that euphemisms replace plain language.

Spokespersons for Assisted Suicide

As noted earlier, the Death with Dignity National Center and Compassion & Choices had tapped Booth Gardner as the prime spokesperson long before the campaign became public. Gardner was a politically savvy selection. He was an incredibly popular two-term governor and remains well known and well liked in the state, even though he has been out of office for 15 years. After leaving office, he was diagnosed with Parkinson’s Disease, which makes him a sympathetic figure. On top of that, he has great personal wealth as an heir to the vast Weyerhaeuser¹⁶ fortune. His stepfather was Norton Clapp, one of the original owners of Seattle’s Space Needle. Gardner has pledged to back the initiative with speaking and financial support.

From the public announcement of the initiative campaign through the duration of the signature-gathering campaign, Gardner and assisted-suicide advocacy groups contributed more than \$600,000 in cash and a similar amount of in-kind donations of goods and services for the effort.¹⁷ This is only a fraction of the amount expected to be provided from July through October.¹⁸

In addition to Gardner and groups like the Death with Dignity National Center and Compassion & Choices, the campaign employed more than one

thousand on-the-ground spokespersons during the signature-gathering process. More than \$1 million was spent before the initiative even qualified for the ballot—most of it used to hire paid signature gatherers, many of whom were hired by out-of-state firms.¹⁹ Signature gatherers were paid for each person who signed petitions.

Signature gatherers were ubiquitous. They circulated petitions in venues like fairs, senior centers, farmer's markets, stores, etc. They were instructed to be friendly and quick and were told to explain that signing the petition would "simply help put this initiative on the ballot."²⁰ Two signature gatherers I encountered in mid-June at the Farmer's Market in Seattle's Wallingford district definitely adhered to the talking points.²¹

The first was a sixty-something woman, dressed in upscale Washington casual, who was stationed at an entrance to the market. She approached me and asked me to sign the "death with dignity" petition. When I inquired if it was the assisted-suicide measure she assured me that it wasn't about assisted suicide, but about people being able to make decisions regarding their own medical treatment. She followed that description by telling me that the Washington State Medical Association supported the measure. I expressed surprise, telling her that I'd heard that the WSMA was against assisted suicide. (The WSMA has publicly opposed both euthanasia and assisted suicide since 1991.) She disagreed and, for several minutes, attempted to persuade me that I was mistaken. Remaining pleasant, she again asked me to sign the petition, prefacing her request by saying my signature would only be giving others an opportunity to vote on it.

After that brief encounter, I walked through the market and, at the other entrance, was approached again—this time by a polite gentleman who also asked me to sign the "death with dignity" petition. I told him I had been asked to do so when I had first entered the market, but that I hadn't signed it. He then described the measure as an opportunity for people to make their own medical decisions. I explained to him that I was dismayed to find that the measure was being misrepresented as having support from the state medical association. He quickly moved away from any discussion of the medical association and brought out what was obviously the stock response to any reluctance to sign the petition, using a slight variation of the appeal the woman had made earlier. He told me that signing the petition did not mean that I favored it but that, by signing it, I would be giving voters the opportunity to decide a very important measure. When I declined, he moved quickly to approach another person who was walking by.

The signature gathering in Washington was successful. At the beginning of July, the "Yes on I-1000 Committee" turned in more than 300,000

signatures to the Secretary of State's office, qualifying the measure for the 2008 general-election ballot.

Implementing the Plan

The campaign strategy in Washington—which will also be used in other states—includes five elements:

1. Promote the “death with dignity” proposal as a measure that allows patients to discuss their concerns with their doctors and, after such discussions, request and receive a prescription to use only as a last resort.
2. Highlight Oregon's official annual reports to show that the state provides a model for flawless implementation of such a law.
3. Publicize studies that prove that no abuses occur when assisted suicide is legal.
4. Show that legalized assisted suicide actually improves patient care and pain control.
5. Emphasize protective safeguards.

The Fantasy of Lengthy Doctor-Patient Discussions

Proponents of legalizing assisted suicide portray it as something that would be rare. They soothingly explain that it would take place only after a patient has had lengthy discussions with a caring personal doctor. It would be only after that extensive heart-to-heart communication and only after the patient has explored all other options that the caring physician, if asked by the patient, would write a prescription for “medication” that could be taken as a last resort.

Such a scenario sounds good—but it belongs in the realm of fantasy. Today, only a minuscule number of patients have the opportunity to discuss anything at length with a physician and even fewer have a personal physician. This applies not only to the millions of people who do not have health-insurance coverage, but also to those who do. The average time a person spends at any given medical appointment is about 15 minutes—not because doctors don't want to take the time to talk to patients, but because, in the current managed-care and HMO context, doctors are under tremendous pressure to see as many patients as possible. Time, after all, is money. Furthermore, the actual treatment that is authorized often depends on cost effectiveness. The least expensive treatment for a particular condition is, more often than not, the one that is authorized by insurance companies.

Considering the fact that a prescription for assisted suicide costs less than \$100, one needs to be aware of the economic force of gravity when assisted suicide becomes a medical treatment. What could be more cost effective

than a lethal overdose of drugs?

However, assisted-suicide leaders have consistently dismissed any notion that money would drive end-of-life decisions. And they point to Oregon and, specifically, to Oregon's official reports to bolster their claim that everything is working well in that state. But Oregon's official annual reports are deeply flawed.

Oregon's Official Annual Reports

It is true that Oregon does issue annual official reports. The Oregon law, as well as the Washington proposal, mandates such reporting.²² However, information contained in those reports is questionable at best since information in them is based on self-reporting by the same doctors who are carrying out assisted suicide. Ever since the Oregon law was implemented, the problematic nature of that self-reporting has been apparent. In the official summary for the first annual report, the state noted (using rather surprising language for an official report): "For that matter the entire account [received from a prescribing doctor] could have been a cock-and-bull story. We assume, however, that physicians were their usual careful and accurate selves."²³ Furthermore, Oregon officials in charge of formulating annual reports have conceded that "there's no way to know if additional deaths went unreported" because Oregon's Department of Human Services "has no regulatory authority or resources to ensure compliance with the law."²⁴

Basing official reports on self-reporting is naive and dangerous. Consider using self-reports in other situations. For example, now that gasoline prices are so high, suppose that a state decided to save money by pulling patrol cars from freeways and replacing them with self-reporting by drivers. Suppose this self-reporting required that, after reaching their destinations, drivers were to phone an 800 number and respond to the following questions: Did you drive within the speed limit? Did you drive carefully, or recklessly? Did you use a hands-free device for your cell phone? Did you drive under the influence of alcohol or drugs?

How many drivers would report that they drove 80 in a 60 miles-per-hour zone? How many would acknowledge that they drove recklessly? Would the person who had three or four drinks before driving admit to driving under the influence?

Then, suppose there were no penalty for incomplete or inaccurate reporting and no way for the state to investigate the reports. Such a scheme would be both foolish and dangerous. Yet, that is the situation in existence pertaining to assisted suicide in Oregon. Self-reporting produces statistics. But the statistics only provide information that is unverified and unverifiable. All

that can be stated with certainty regarding the number of deaths, complications, etc. is that they reflect “reported” deaths, “reported” complications and other “reported” information. No one can say with certainty whether the reported figures are or are not accurate.

Even the reported information raises concerns. For example, the annual reports list the number of reported complications. However, physicians who submitted the data about complications indicate that they were present at only 21.7 percent of reported assisted-suicide deaths.²⁵ Thus, any information about the remaining deaths might have come from secondhand accounts of those present at the deaths²⁶ or may be based on guesswork.

Asked if there is any systematic way of determining and recording complications, Dr. Katrina Hedberg, a lead author of most of Oregon’s official reports, replied, “Not other than asking physicians.”²⁷ She acknowledged that, “after they write the prescription, the physician may not keep track of the patient.”²⁸ In addition, she said, “After we issue the annual report, we destroy the records,”²⁹ so even if any investigations were provided for under the law, there would be no way to check on information that had been submitted after one year had elapsed.

Nonetheless, Oregon’s official reports continue to be used as the basis for demonstrating that all is well under Oregon’s assisted-suicide law. A widely publicized study released in late 2007 is but one example of this.

Study Far from Neutral

In October 2007, just as the campaign for Initiative 1000 was getting underway, a study published in the *Journal of Medical Ethics*³⁰ was receiving coverage in newspapers across the country. Most of the articles about it quoted Compassion & Choices legal director Kathryn Tucker, who called the study “the most pre-eminent examination” to date showing that assisted suicide is abuse-and problem-free, even for vulnerable people.³¹ The data on which the study’s conclusions were based, however, came from Oregon’s 2007 official report. This highlights the circular nature of such data and studies. First, data are obtained from flawed official reports—and then they are used in a “neutral” study to prove the absence of problems or abuses. Subsequently, the academic study, rather than the official report, becomes the prime source cited as definitive proof that Oregon’s assisted-suicide practice is working flawlessly.

In addition to the dubious nature of the statistics used in the study, readers of the journal article and initial news coverage about it were led to believe that it had been written by dispassionate, neutral academics. Crucial affiliations of its lead author, University of Utah professor Margaret Pabst

Battin, were not disclosed. Battin has long advocated assisted suicide. She is a member of the advisory board of the Death with Dignity National Center.³² She is also a donor to the I-1000 campaign.³³ In her recent book, *Giving Death a Helping Hand*, she wrote favorably about assisted suicide becoming a normal, accepted way of dying in which people schedule death, just as they plan for other family events. In it, Battin opined that, although current assisted-suicide promotion is based on assurances that it is intended to be “safe, legal, and rare,” that stance will be subject to cultural change in which planned death becomes the norm, rather than the exception. Her view of that outcome? “I think it would be good,” she wrote. “I think it is possible to discern motion beyond the current view that physician-assisted suicide should be rare” to a time when there would be the “psychological and social freedom” within which individuals would make this manner of death an eventual part of their plans. This would, she wrote, provide the “practical and legal freedom to plan whatever family gathering, ceremonies, and religious observances they might wish—not as a desperate last resort or reactive escape from bad circumstances, but as a preemptively prudent, significant, culminative experience. How long this process of cultural change might take, and what might interrupt it or hasten it, only time will tell.”³⁴

Few readers of the *Journal of Medical Ethics* and few people who see the journal cited as a definitive study about the benign nature of Oregon’s law will be aware of its lead author’s bias.

Pain Report Deception

As it did in referring to the Battin article, Compassion & Choices used a deceptive interpretation of a report about pain policies to advance their contention that Oregon’s assisted-suicide law has been beneficial.

A headline on the assisted-suicide group’s website states, “Oregon ranks high in pain care.”³⁵ The article claims that Oregon’s “A” grade (up from “B+”) in a major national study on pain policies is proof that Oregon’s assisted-suicide law has enhanced pain control for Oregonians: “Oregon’s high standing is additional evidence of the state’s excellent pain management, thanks in large part to the Death with Dignity Act.” It continues that Washington “could learn from Oregon’s example by passing Initiative I-1000 this November.”³⁶

There is just one problem with that claim. It implies that pain *care* has improved in Oregon. However, Oregon’s “A” grade did not deal with the provision of pain control or with patients’ having better pain management. According to the actual study, issued by the University of Wisconsin School of Medicine and Public Health, Oregon’s grade was “changed from a ‘B+’

to an ‘A’ by repealing the term ‘intractable pain’ from a statute.” Furthermore, the study noted that now the policies must be implemented.³⁷

Therefore, the pain report card, although described by Compassion & Choices as evidence of Oregon’s high rank in pain *care*, has nothing to do with care. It is a study of policies, not care. No patient has ever been made more comfortable merely because a policy exists on paper.

Illusory Safeguards

The “safeguards” in Oregon’s law and in the Washington proposal are, at best, illusory. The cavalier manner in which they can be disregarded and the lack of true protections become apparent upon examination, making their true purpose transparent. They are based on political calculation, not patient protection. For example:

- **Fifteen-day waiting period:** At least 15 days must elapse between the first request and the time the prescription is written.³⁸ However, Kathryn Tucker of Compassion & Choices has acknowledged that, if challenged in court, the “fifteen-day waiting period would be struck down immediately as unduly burdensome.” She also admitted that the waiting period was included in the law solely to sway voters: “To pass, you need to have measures that *convince people* that it’s suitably protective so you see a fifteen day waiting period.”³⁹

- **Oral and written requests:** The requirement of three requests—two oral and one written⁴⁰—appears to add protection and enhance doctor-patient communication. Washington’s “Yes on I-1000 Committee” erroneously states that the proposal’s safeguards “include independently witnessed oral and written requests.”⁴¹ That claim is false. There is no requirement that oral requests be witnessed, nor do they need to be made in person. (They could actually be phoned in and left on a physician’s answering device.) The written request must be witnessed (but could be mailed or faxed to the prescribing physician). Dr. Peter Rasmussen (an advisory-board member of Compassion & Choices of Oregon who has acknowledged writing assisted-suicide prescriptions in the double digits⁴²) said that 75 percent of patients who come to him for assisted suicide are people he has never seen before. He said he spends a minimum of three hours with each patient—either in multiple visits *or by telephone conversation*—before writing the prescription.⁴³

- **Six months life expectancy:** The requirement that a patient must be “terminally ill,” defined as a prognosis of six months or less, to be “qualified” for the lethal prescription⁴⁴ is disregarded or impossible to determine. Dr. Rasmussen states, “Admittedly, we are inaccurate in prognosticating” the time of death. “We can easily be 100 percent off, but I do not think that is a problem. If we say a patient has six months to live and we are off by 100

percent and it is really three months or even twelve months, I do not think the patient is harmed in any way.”⁴⁵ Furthermore, according to a letter from Dr. Hedberg, patients who live much longer have received the deadly overdoses. Of the reported 341 patients in Oregon who died after taking a prescription for assisted suicide, 5 percent took the assisted-suicide drugs *more than 6 months* after the prescription was written. In addition, 6 patients died *more than one year* after receiving their lethal prescriptions.⁴⁶ No physician who prescribed the drugs was found to be in violation of good-faith compliance with Oregon’s law.⁴⁷

• **Mental illness and depression:** Doctors can prescribe assisted suicide for mentally ill or depressed patients. Even if a patient is mentally ill or depressed, under Oregon’s law and the Washington proposal, a referral for counseling or psychological evaluation is only required if the doctor believes that the mental illness or depression is *causing impaired judgment*.⁴⁸ According to Oregon’s tenth annual official report, *not one patient was referred for psychological evaluation or counseling before receiving a prescription for assisted suicide in 2007*.⁴⁹ Yet depressed or mentally ill patients are receiving assisted-suicide prescriptions. And information about deeply depressed patients like Michael Freeland are not found in official reports. Freeland, 64, had a 43-year history of acute depression, suicide attempts, and impaired judgment when he received a prescription for assisted suicide. Freeland’s case became public only when his family authorized release of his medical records for presentation at a meeting of the American Psychiatric Association.⁵⁰

• **Doctor shopping:** If one doctor refuses to prescribe assisted suicide for a patient, that patient can go from doctor to doctor until one is found who will write the prescription. Such was the case of Kate Cheney. After one doctor refused to write a prescription because he felt Ms. Cheney was no longer competent, her daughter took her to another physician. The second physician also refused, after determining that Ms. Cheney was competent but that her daughter was pressuring her.⁵¹ This practice of doctor shopping is not prohibited and refusal to prescribe is not included in official reports.

• **No family notification:** Because of privacy laws, physicians cannot notify family members that a loved one has requested a prescription for suicide. While Oregon’s law and the Washington proposal state that the physician “shall recommend” that a patient notify next of kin⁵² of the death request, family members may be unaware that any such decision has been made until after the death of their loved one.

• **No “safeguards” after prescription is written:** According to Oregon’s law and Washington’s initiative, a patient is to knowingly and voluntarily

request the assisted-suicide prescription.⁵³ However, *neither Oregon's law nor Washington's proposal contains any requirement that the patient knowingly and voluntarily take the deadly overdose*. Dr. Hedberg acknowledged that there is no assessment of patients after the prescribing is completed.⁵⁴ “Our job is to make sure that all the steps happened *up to the point the prescription was written*,” she said. “[T]he law itself only provides for writing the prescription, not what happens afterwards.”⁵⁵

Assisted Suicide as Cost Containment

Assisted-suicide advocates claim that it would never be used to contain health-care costs. However, facts have now shown the falsity of those claims. Proof of this came in June 2008 when Barbara Wagner's case (described at the beginning of this article) was reported. Shortly after those revelations, it became apparent that Wagner was not the only person to receive such a letter when news broke about 52-year-old Randy Stroup—who had been denied treatment, and told that the Oregon Health Plan would cover the cost of his assisted suicide. Oregonians soon learned that Wagner's and Stroup's cases were not isolated.⁵⁶ Many Oregon patients have received similar letters under Oregon's “five-year, five percent rule.”⁵⁷

Compassion & Choices and other groups supporting assisted-suicide laws have claimed that no patients chose assisted suicide because they lacked insurance coverage for treatment. To back up their claims they have pointed to official reports that indicate that 99.1 percent of patients who have died under the Oregon law had insurance (either private, Medicare, or Medicaid coverage).⁵⁸ However, both Barbara Wagner and Randy Stroup had insurance. If—instead of taking their cases to the media—they had opted for the only “treatment” that their insurance plan would cover, they would have been statistics in an official Oregon report and it would have been assumed that they had chosen assisted suicide rather than treatment.⁵⁹

There should be little doubt that there have been and will continue to be attempts to contain health-care costs, often at the expense of vulnerable patients. Legalized assisted suicide may be a “choice” for the comfortably well off, but it could eventually become the only “medical treatment” that most people with life-threatening conditions can afford.

Washington Would Require Doctors to Falsify Death Certificates

Washington's Initiative 1000 mirrors Oregon's Death with Dignity Act in virtually every way. However, one provision is unique to Washington and has shocked physicians and members of the public who have heard about it. Under the Washington proposal, doctors would be forced to lie about the

cause of death. The initiative requires that, when a patient dies after taking the prescription for assisted suicide, the physician “shall list the underlying terminal disease as the cause of death.”⁶⁰

The Washington State Medical Association’s president, Brian Wicks, M.D., described the requirement in a WSMA press release opposing the initiative:

Under I-1000, if a physician prescribes a lethal overdose, when that physician completes the death certificate, he or she is required—actually required—to list the underlying disease (say lung cancer) as the cause of death, even when the doctor knows full well that the patient died due to the suicidal overdose he or she prescribed. To my knowledge *there’s no other situation in medicine in which the death certificate is deliberately falsified*—and in which this falsification is mandated by law.⁶¹

Expansion Inevitable

During campaigns like that now taking place in Washington, assisted-suicide leaders and organizations publicly frame their agenda as an opportunity for a relatively small number of people to choose self-administered “aid in dying” in limited circumstances. However, their own statements sometimes belie this stance. In a lengthy *New York Times Magazine* cover story, Initiative 1000 spokesperson Booth Gardner provided a glimpse into expansion plans. According to the article: “Gardner’s campaign is a compromise; he sees it as a first step. If he can sway Washington to embrace a restrictive law, then other states will follow. And gradually, he says, the nation’s resistance will subside, the culture will shift and laws with more latitude will be passed.”⁶²

Logically, expansion will take place if other states follow Oregon’s lead. Yet, some ask why expansion hasn’t taken place in Oregon, now that an assisted-suicide law has been in effect there for more than ten years. The answer is simple: Expansion plans have had to be put on hold until one or more states join Oregon in legitimizing physician-assisted suicide. After all, if other states have refused to pass laws patterned on Oregon’s current, seemingly restrictive law, it is a sure bet they would be even less likely to follow Oregon’s lead if it were to be expanded.

Conclusion

Once something is legal, it is inevitable that people begin to view it as good and moral. Once it is legalized, those who previously recoiled from an illegal practice move—ever so slowly, but ever so surely—to question whether that now-legal practice might be okay, at least in certain circumstances.

Today, in Oregon, someone waiting in line at a pharmacy to pick up

medication may overhear the pharmacist giving a prescription to the person ahead of her, instructing that person to take “all of this with a light snack and alcohol to cause death.” That is the provision of a legally permitted prescription in Oregon.

The outcome of “Oregon plus One”—in Washington and in other states—will determine whether Oregon’s experience will become common. And whether, after becoming common, it is eventually embraced as normal.

Will our children and grandchildren grow up in a society where their playmates will discuss going to grandma’s over the weekend to attend her death? Will our children and grandchildren grow up in a society where they will ask their parents why a sick relative hasn’t chosen assisted suicide yet? Will our children and grandchildren grow up in a society where vulnerable people will feel guilty for not “choosing” death?

NOTES

1. “The Gift of Treatment,” Eugene *Register-Guard*, June 6, 2008.
2. For information on failed attempts to pass Oregon-style laws, see: “Failed Attempts to Legalize Euthanasia/Assisted Suicide in the United States” (<http://www.internationaltaskforce.org/usa.htm>) and “Euthanasia & Assisted-Suicide Measures Proposed (2007)” (http://www.internationaltaskforce.org/us_bills.htm).
3. Oregon plus One proposal, received November 2005 (on file with author).
4. Death with Dignity National Center, IRS Form 990 for 2006, filed Mar. 31, 2007, indicates that the organization spent \$243,237 on the Oregon Plus One program the previous year. Available at: http://www.dwd.org/documents/06X_7065CLNT_V1.PDF (last accessed July 22, 2008).
5. Death with Dignity National Center, 2007 Report, p. 3. Available at: <http://www.deathwithdignity.org/documents/DDNC2007annualreport.pdf> (last accessed July 22, 2008).
6. Supra note 3.
7. Joel Connelly, “Assisted suicide gets push from out of state,” *Seattle Post-Intelligencer*, July 27, 2008.
8. Supra note 5.
9. *Ibid.*
10. *Ibid.*, p. 5.
11. *Ibid.*
12. *Ibid.*
13. “It’s My Decision Committee” C-1 report form, filed with Washington State Public Disclosure Commission, Aug. 23, 2007.
14. Initiative 1000: Ballot Title, Statement of Subject.
15. “‘Assisted suicide’ describes initiative correctly,” *The Olympian*, July 15, 2008. Available at: <http://www.theolympian.com/210/story/507284.html> (last accessed Aug. 11, 2008).
16. Weyerhaeuser is one of the world’s largest pulp and paper companies. It is the world’s largest private owner of softwood timberland. The company has more than 40,000 employees in 18 countries.
17. See: “Funding for WA Assisted-Suicide Initiative (I-1000)” at <http://www.internationaltaskforce.org/funding.htm>. Information at that site compiled from information obtained from the Washington State Public Disclosure Commission website: <http://www.pdc.wa.gov/>.
18. Because all voting is done by mail in 37 of Washington’s 39 counties, most television and radio advertising is expected to take place before mid-October when voters will begin to cast their ballots.

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19. An advertisement on Craig's List from National Ballot Access, a national firm that recruits paid signature gatherers, stated that petition circulators "make over \$1000 a week at an average of about \$20 to \$30 an hour" (March 24, 2008 posting on Craig's List). A similar firm, the California-based Progressive Campaigns, Inc. was also a signature vendor for I-1000.
20. "Tried and True Signature Gathering Tips," prepared by Active Roots Consulting, Inc. Distributed at a Kick-Off Meeting for prospective signature gatherers; Spokane, WA; Feb. 23, 2008.
21. Wallingford Farmer's Market, June 25, 2008. (I had been traveling in Washington for meetings, interviews, and presentations in June. When I arrived early for a meeting in the Wallingford area in June, I saw the Farmer's Market and decided to walk through it for a few minutes.)
22. Documented information about flaws in Oregon's reporting system is available at "Ten Years of Assisted Suicide in Oregon" (<http://www.internationaltaskforce.org/orrpt10.htm>). Official reports that are mandated in the Washington proposal would contain the same problems with verification and enforcement.
23. Oregon Health Division, *CD Summary*, vol. 48, no. 6 (March 16, 1999), p. 2 (<http://egov.oregon.gov/DHS/ph/cdsummary/1999/ohd4806.pdf>).
24. Linda Prager, "Details emerge on Oregon's first assisted suicides," *American Medical News*, Sept. 7, 1998.
25. DHS, "Tenth Annual Report on Oregon's Death with Dignity Act," March 18, 2008, Table I (<http://www.oregon.gov/DHS/ph/pas/docs/yr10-tbl-1.pdf>) (last accessed Aug. 1, 2008). The annual report states that the presence of the attending physician in 74 out of 341 reported deaths is 27.9 percent, but the calculation is mathematically inaccurate. The correct calculation is 21.7 percent.
26. DHS, "Ninth Annual Report on Oregon's Death with Dignity Act," March 8, 2007, "Methods" (<http://www.oregon.gov/DHS/ph/pas/docs/Methods.pdf>).
27. Testimony of Dr. Katrina Hedberg before the House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, *Assisted Dying for the Terminally Ill Bill [HL], Volume II: Evidence*, Apr. 4, 2005, p. 263, question 597. Note: The hearings were held in Portland, Oregon, during December 2004, but they were published in April 2005. Available at: <http://www.publications.parliament.uk/pa/ld200405/ldselect/ldasdy/86/86ii.pdf> (last accessed March 19, 2008).
28. *Ibid.*, p. 259, question 567.
29. *Ibid.*, p. 262, question 592.
30. Margaret Pabst Battin *et al.*, "Legal physician-assisted dying in Oregon and the Netherlands: evidence concerning the impact on patients in 'vulnerable groups,'" *Journal of Medical Ethics*, Vol. 33, pp. 591-597 (Oct. 2007).
31. See, for example: Kristen Stewart, "U. study shows no abuse of legal doctor-assisted suicide," *Salt Lake Tribune*, Sept. 26, 2007.
32. DDNC website (<http://www.dwd.org/whatwedo/staff.asp>) (last accessed July 29, 2008).
33. "Yes on I-1000" C-3 report form, filed with Washington State Public Disclosure Commission, Record No. 100263159, July 22, 2008.
34. Margaret Pabst Battin, "Safe, Legal, Rare? Physician-Assisted Suicide and Cultural Change in the Future," 46, 37-47, in *Giving Death a Helping Hand: Physician-Assisted Suicide and Public Policy. An International Perspective*, Dieter Birnbacher & Edgar Dahl eds., Springer, 2008.
35. "Oregon Ranks High in Pain Care Study," July 15, 2008, Compassion & Choices web site, Top Stories (<http://www.compassionandchoices.org>) (last accessed July 21, 2008).
36. *Ibid.*
37. University of Wisconsin School of Medicine and Public Health, *Achieving Balance: 2008 Pain and Policy Report Card and Evaluation Guide: Grade Changes between 2007 and 2008* (http://www.painpolicy.wisc.edu/Achieving_Balance/index.htm) (last accessed, July 19, 2008).
38. ORS 127.840 §3.06 and WA I-1000, Sec. 9.
39. Transcript of presentation by Kathryn Tucker, legal counsel for Compassion & Choices, Seattle Pacific University address, "What's at Stake with Assisted Suicide," July 12, 1997.
40. Requirements for requesting assisted suicide: Oregon - ORS 127.306, §6.01 & ORS 127.897, §6.01; WA I-1000, Sec. 9 & Sec. 22.
41. "No on Assisted Suicide Lies," *Yes! on I-1000* website (<http://www.itsmydecision.org/default.aspx?ID=44>) (last accessed July 30, 2008).
42. "Challenge to Oregon's Assisted Suicide Law" transcript, *To the Point*, Public Radio International, Santa Monica, CA, Feb. 23, 2005, p. 5.

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43. Andis Robeznieks, "Oregon sees few numbers of physician-assisted suicides," *American Medical News*, Apr. 4, 2005.
44. ORS 127.800 (12) & ORS 127.805 §2.01(1) and WA I-1000, Sec.1(13) & Sec. 2 (1).
45. Testimony of Peter Rasmussen before the House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, *Assisted Dying for the Terminally Ill Bill [HL], Vol. II: Evidence*, Apr. 4, 2005, p. 312, question 842.
46. Letter from Dr. Katrina Hedberg to Duane French, June 13, 2008 (on file with author).
47. *Ibid.*
48. ORS 127.825 §3.03 & WA I-1000, Sec. 6.
49. Supra note 25.
50. N. Gregory Hamilton, M.D., and Catherine Hamilton, M.A., "Competing Paradigms of Responding to Assisted-Suicide Requests in Oregon: Case Report," presented at the American Psychiatric Association Annual Meeting, New York, NY, May 6, 2004.
51. Erin Barnett, "A family struggle: Is Mom capable of choosing to die?" *Oregonian*, Oct. 17, 1999.
52. ORS 127.835 §3.05 and WA I-1000, Sec. 8.
53. See the patient and witness statements contained in the form for the written request in ORS 127.897 §6.01 and WA I-1000, Sec. 22.
54. Supra note 27, p. 259, question 566.
55. *Ibid.*, p. 259, question 567. (Emphasis added.)
56. Dan Springer, "Oregon Offers Terminal Patients Doctor-Assisted Suicide Instead of Medical Care," *FOX News*, July 28, 2008 (<http://www.foxnews.com/story/0,2933,392962,00.html>) (last accessed July 29, 2008); and Susan Donaldson James, "Death Drugs Cause Uproar in Oregon," *ABC News*, Aug. 6, 2008 (<http://abcnews.go.com/Health/story?id=5517492&page=1>) (last accessed Aug. 8, 2008).
57. Under the "five year, five percent rule," the Oregon Health Plan won't approve payment for treatment that doesn't provide at least a five percent chance of survival after five years. However, the basis for the five-year survival rate is based on cancer and other life-threatening-disease prognoses that are more than 15 years old. ("State Denies Cancer Treatment," *KATU Channel 2 TV News*, Portland, Oregon, July 30, 2008.) Oregon includes the payment for assisted suicide in its prioritized listing of services under "comfort/palliative care." "Health Service Commission Current Prioritized List," Apr. 1, 2008 (http://www.oregon.gov/OHPPR/HSC/current_prior.shtml) (last accessed July 29, 2008). The prioritized list describes the five year, five percent rule in its "Statement of Intent for the April 1, 2008 Prioritized List of Health Services. The section regarding "Comfort/Palliative Care" lists "Services under ORS 127.800-127.887 (Oregon Death with Dignity Act), to include but not be limited to the attending physician visits, consulting physician confirmation, mental health evaluation and counseling, and prescription medications" among the services available to those who are denied treatment under the five year, five percent rule (<http://www.oregon.gov/OHPPR/HSC/docs/Apr08list.pdf>, p. 93) (last accessed Aug. 1, 2008).
58. Supra note 25.
59. Barbara Wagner's and Randy Stroup's stories have happy endings. The manufacturer of the cancer drug that Wagner's doctor had prescribed is now providing it to her without charge. Stroup successfully appealed his case and is currently receiving the medication prescribed by his doctor.
60. WA I-1000, Sec. 4, (1)(ii)(B)(2).
61. "As I-1000 Signatures are Counted, Washington State Medical Association Opposition to Physician-Assisted Suicide Reiterated," *Reuters*, July 2, 2008. (Emphasis added.)
62. Daniel Bergner, "Death in the Family," *The New York Times Magazine*, Dec. 2, 2007 (<http://www.nytimes.com/2007/12/02/magazine/02suicide-t.html>) (last accessed Aug. 1, 2008). Also see, for example, Rita L. Marker, "Euthanasia, Assisted Suicide & Health Care Decisions: Protecting Yourself and Your Family" (http://www.internationaltaskforce.org/rpt2006_1.htm); "Revealing Quotes from Those in the Know" (http://www.internationaltaskforce.org/Revealing_Quotes_03_20_08.pdf); "Assisted Suicide: Not for Adults Only?" (<http://www.internationaltaskforce.org/noa.htm>).

Terri's Ghost

William Murchison

Strange.

Hardly a sound. A few rustlings in the underbrush, a twig breaking here and there. No more than the odd whisper now from a tempest—a political ruckus of the first order—deemed likely only a few years ago to haunt the 2008 presidential campaign.

Terri Schiavo's ghost may lurk along on the 2008 campaign trail; but the nation, in some curious way, appears to have folded the whole ghastly proceeding into its grander package of neuroses, frets, and anxieties.

It is not quite that the astounding events of March 2005 never happened—the scramble, recorded and talked about almost everywhere, to remove, or refuse removal of, the feeding tube that was keeping alive a 41-year-old Florida woman whose brain suffered severe damage following a 1990 heart attack.

Anger, in our hair-trigger age, reached new pitches. Americans who wanted no more than to keep a patient alive became targets for those persuaded it was no one's business but the patient's husband's whether she lived or died. The case was a media and political sensation. Congress, then controlled by Republicans, passed a quickly improvised bill allowing Terri's family to petition the federal courts for a stay of execution, against the husband's demand to let the execution—death by starvation—proceed. President George W. Bush, vacationing at his Texas ranch, flew back to Washington to sign the bill, averring it was better to err on the side of life than against it. The courts declined to be drawn in. And so the feeding tube came out after all. Terri Schiavo died 13 days later.

Plenty of Americans at that point nodded with disengaged approval; others took satisfaction from so smart a rebuff as the court system had administered to “government meddling” in intensely private affairs. Terri Schiavo was at that moment neither wife nor daughter nor sister nor unique creation of God. She was—well, an encumbrance to her husband, who had sought and fought for removal of the tube in order that his suffering wife might pass to another estate. In many minds that sealed the matter.

The shouting and finger-pointing slackened. General attention turned back

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to the war in Afghanistan and, especially, Iraq. And to the feeling that a large and literally terrible matter that had held center stage for days had by no means been resolved, only shoved a little ways to the side. It would come back.

This was because the Schiavo case was never in the end about feeding tubes or federalism. The case was, in fact, about the claims of the seriously disabled upon the mercy of a society less than certain what disabled life deserves, who should decide, and what might be the premises for deciding. A society unable to address such deep questions chose to hand them off for later discussion. It trafficked either in high-sounding legalisms about constitutional government or in talk-show bromides about suffering. Or in both at once.

Then the furious buzzing died away. The crowd had achieved satiation. On to other matters. As a political cause célèbre the Schiavo case deflated. This was in spite of Democratic national chairman Howard Dean's intuition, based on the massive support that polls showed for husband Michael Schiavo's determination to remove the feeding tube. (A Harris Poll, for instance, in April 2005 said 55 percent of respondents agreed with Michael's handling of the case. Just 39 percent backed Terri's parents, who had hoped to keep their daughter alive in whatever diminished state.) Shortly after Terri Schiavo's death, Dean declared: "This is going to be an issue in 2006, and it's going to be an issue in 2008, because we're going to have an ad with a picture of [Republican House Majority Leader] Tom DeLay saying, 'Do you want this guy to decide whether you die or not? Or is that going to be up to your loved ones? This issue is: Are we going to live in a theocracy where the highest powers tell us what to do? Or are we going to be allowed to consult our own higher powers when we make a very difficult decision?'" New York City's nominally Republican mayor, Michael Bloomberg, made a complementary point: "Was there anything more inappropriate than watching politicians try to override political science in the Terri Schiavo case?" Massachusetts Congressman Barney Frank, in one of his prophetic turns, had forecast that the case "will be seen at some point as a turning point in America about what's going on with the Republican party—namely, that you have this fanatical party willing to impose its own views on people, and frankly, powerful enough to do it."

By these and related accountings, the very idea that the political process might safeguard a life jeopardized by something other than cigarettes and racism fails to compute; indeed, the idea outrages and offends. Possibly the strength of the offense was the truly outlandish feature of the case—the finger-pointing, table-slammng indignation that someone was trying to keep alive

a woman whom poll respondents had judged better off dead.

Then time marched on. By mid-summer 2008, the names Terri Schiavo and Valerie Plame were of approximately equal currency when it came to activating political emotions. Barack Obama did give the Schiavo case brief electric-shock treatment as he debated Hillary Clinton during their contest for the Democratic presidential nomination. Tim Russert, of *Meet the Press*, asked the candidates in February 2008 whether there were “any words or votes that you’d like to take back . . . in your career in public service.”

Obama replied that as a new senator in early 2005 he had gone along with a senatorial consensus that eventually allowed Congress “to interject itself into the decision-making” in the Schiavo case. “It wasn’t something I was comfortable with,” he said, “but it was not something I stood on the floor and stopped. And I think that was a mistake. And I think the American people understood that that was a mistake. And as a constitutional-law professor, I know better.”

It was no eye-popping, steam-blowing declaration: more symbolic, really, than instrumental. There was about it a whiff of Bill Clinton’s famous Sister Souljah moment, when Clinton deftly distanced himself from the angry, anti-white rhetoric of an angry black hip-hop MC—and of her political guru, Jesse Jackson. By calling up the Schiavo case for commentary, Obama put meaningful distance between himself and the “Christian Right,” which had strongly supported the bid of Schiavo’s family to keep their daughter alive. The vote had made him uncomfortable. He should have known better. He regretted the episode. About which it was too late to do anything anyhow, the senator’s helping hand having made no difference in the outcome of the case. There was nothing more that seemed to warrant saying, and nothing more got said.

The debate, and the campaign, passed on to other things. Partly at least because to jump on the matter might have been to reawaken memories of congressional Democrats’ general if less than fervent solidarity with the Republican congressmen and senators who approved the “bill to provide for the relief of the parents of Theresa Marie Schiavo.” (The Senate, with only three members on the floor at the time, passed the bill by voice vote at 12:41 a.m. on Palm Sunday. The House vote was 203-58, with 47 Democrats voting aye and five Republicans going the other direction.)

Another sign of the issue’s mildewed state was the quick fade-out of Michael Schiavo, husband to Terri, and frontperson in the effort to get the feeding tube removed (who after her death married the woman with whom he had long lived, fathering two children upon her). In December 2005, less

than a year after Terri's death, Schiavo founded Terripac—a political-action committee whose aim was “to hold politicians accountable,” especially politicians of the Republican variety. Terripac put out the call for funds. Public response, particularly by standards of the 2008 campaign, proved less than overwhelming. Contributions averaged a grass-rootsy \$25 but never added up to a lot. Terripac vainly endorsed Democratic Congressman Jim Dawson, who lost the Florida governorship to Charlie Crist. According to the *New York Times*, “Mr. Schiavo . . . hand-delivered a caustic letter to Rep. Marilyn Musgrave, Republican of Colorado, who outspokenly opposed Mrs. Schiavo's death, and endorsed her Democratic opponent, Angie Paccione.” Whom Mrs. Musgrave defeated anyway.

In the first two quarters of 2007, Terripac reported to the Federal Elections Commission disbursements of \$19,657, of which \$12,044.48 went to the “political consultant” who actually ran the operation, one Derek Newton of Coral Gables, Florida. The following September, Schiavo announced he was voluntarily shutting down the PAC owing to financial issues—one of those being, perhaps, the \$1,350 fine the FEC levied against Schiavo and his brother Brian for failure to file timely reports.

On Daily Kos, the reliably left-wing blog whose steady aim has been the overthrow of all things conservative, Michael Schiavo sought to explain: He hoped to move into “important non-profit work that is helping people and advocating for important changes in public policy.” The continual need to ask for money had been a hindrance. If he feared to be seen letting down the side, he could have relaxed. The Kossacks (as Kos readers style themselves) offered unstinting moral support. One called Schiavo a “beacon of hope for those of us who still believe in man's humanity to man.” Another encouraged him to “realize how much you've done for America.”

Kossack shells exploded in the midst of a Republican party already hardly able to mount and ride. “I firmly believe,” one Schiavo fan averred, “that this was the beginning of a long, slow slide for Bush.” Said another: “What the right wing did to you and your family was unconscionable.”

And, well, that's it. Almost. Almost, in that the nation, the culture, dances uncertainly around an issue it refused to face firmly, despite understanding that no unresolved issue lingers too long out of sight. Back it always comes, in one form or another. The Schiavo issue will return—the issue of responsibility for life at the margins of full existence. Who gets to live? Who has to die? The politics of the Schiavo case exempted Americans from deeply considered thought as to the implications of writing off a particular life believed to have had its day.

Politics crowded aside and smothered non-political evaluations as Michael

Schiavo pressed the issue of Terri's non-personhood. It got to be a case of whom do you trust more, in terms of sensitivity to human needs: the Democrats or the Republicans? The Democrats, as I say, won handily. Terri Schiavo was their kind of issue. A broad concern for the preservation of life can lead to broadened support for life in the womb. That, in turn, could lead to the pruning back of *Roe v. Wade* and its vast grant of discretion to one of the Democratic party's most reliable constituencies, feminists.

Then look who was beating the drums for preservation of Terri Schiavo's life. Evangelicals were—the likes of Pat Robertson and Dr. James Dobson. In what political party were evangelicals a major constituent element? The Republican party, of course.

A Democrat's vote for Terri Schiavo, once the matter came before the House and the Senate, wasn't going to turn evangelicals into Democrats. (It might soften their opposition—there was always that.) A vote for Terri Schiavo was, rather, going to enhance evangelical gratitude to the party that ran Congress and the White House, to wit, the Republicans. It wasn't the kind of vote that congressional Democrats would turn cartwheels to cast. Still less so in that the initiative for the Schiavo bill came from Tom "The Hammer" DeLay, hard-charging leader of the House Republican majority; himself an evangelical clearly, in Democratic eyes, running his evangelical traps.

What do you do in such a case if you're a standard-brand Democrat, not wishing to concede moral ground to the Republicans, not wishing either to see the Schiavo drama play itself out in ways advantageous to Republicans?

None of this is to suggest that Democrats concocted a grand strategy to make the Republicans the real losers in the Terri Schiavo affair. What they did was just ride the prevailing currents of opinion, which carried their rivals unexpectedly far from the happy shore they sought to reach—Terri alive and voters impressed. The voters, as we see, were monumentally *non*-impressed. Many saw the Schiavo bill as the merest political stunt.

Nor were Democrats alone in doubting the prudence of a noisy congressional rescue mission. Senate Republican leader Dr. Bill Frist, a surgeon, might have pronounced her definitely alive on the basis of videotapes he viewed. Others begged to differ. If her eyes were open, what of it? Fifteen years she had lived in a state of physical and, no doubt, also mental deprivation—from the cutoff of oxygen to her brain following the heart attack.

There were conservatives who looked darkly at congressional intervention in the case. George Will spoke of "grotesque overreaching by the federal government." Georgia Republican Congressman Bob Barr, a persistent moral critic of the Clinton administration, allowed that "to simply say that the

‘culture of life’ or whatever you call it means that we don’t have to pay attention to the principles of federalism or separation of powers is certainly not a conservative viewpoint.” The point might have been that respect for human life, and for all the disabled, *sub specie aeternitatis*, was real enough, but that Terri Schiavo’s blank staring eyes (as they seemed to most who saw the photographs) robbed the point of some force. A large and fast-growing tendency was to shrug. The doctors had tried—heaven knew. Science and skill could do only so much in such a case. Let her go.

Here was the point at which the essential futility of politics to sort out such matters became clear. Bob Barr, to a certain extent, had it right: There is a federal system. It parcels out, in theory anyway, different rights and obligations to different levels of government. Not that courts and Congresses never find it convenient to change the distribution formulas! This happens all the time. Once—for example—the states controlled public education. Today the federal government controls it to one degree or another through grants of money and the regulations that logically accompany such grants. Clothed in too much righteousness, sermons about federalism can bore. Or repel.

A related consideration comes to mind. Politicians—workers in the people-pleasing industry—take their signals from the people. The people’s assent, withheld from this or that action, dooms the action in question to inutility or scorn—if not both at the same time. What politicians of both parties discovered during the Schiavo affair, to their delight or dismay, was the extent to which the public was unprepared to see the cavalry called out for the rescue of a woman so severely disabled as to seem a lost cause. Possibly both parties misjudged the matter: Democrats for fear of the evangelical vote, Republicans for insufficient recognition of the degree to which popular assumptions about human life have changed in three decades.

Republicans, under religious prodding, assumed a sympathy for Terri Schiavo’s plight that simply never materialized. Yes, the voters were sorry for her. No, they probably didn’t like brash Michael Schiavo that much. But they couldn’t see the point, many of them, in getting so worked up about the life of one badly impaired woman.

Up to a point, one can understand that point. She was a bit fearful to look at, Terri Schiavo was, with those large blank eyes. One doesn’t like to be reminded of such human vulnerability. Wheelchairs, crutches, hospital beds, IVs, feeding tubes—all speak loudly of mortality. Who wants it? Who wants to see it in others?

Would a fair question be, what happened to our understanding and

appreciation of human existence? Wasn't there a time, and not so long ago either, when the hand of God could be discerned with a certain clarity in the affairs of mankind? Another way to put it might be, would Terri Schiavo, 50 years ago, have been packed off to the next world quite so matter-of-factly as she was in 2005? Granted, medical technology in the 1950s was of such comparative innocence that her disabilities might have taken her off quickly. Yet the 1950s had neither seen nor permitted attempts to condition acceptance of life as a relative value. That would come in just a few more years, propelled and accelerated by the morally dislocative ruling of the U. S. Supreme Court in *Roe v. Wade*. The court legitimized the thitherto unacceptable question: This life or that one? The mother's? The "fetus's"? Terri Schiavo's? Michael Schiavo's? Go ahead, choose, decide.

Defenders of Terri Schiavo's imputed, and, you would once have supposed, unquestioned right to live were up against it. Society, without previous knowledge of her existence, had chosen already. It had long since begun measuring individual members as to their fitness for drawing breath, sleeping, slurping, putting on their socks. At one chronological end, the clamor for abortion overthrew ancient suppositions about the untouchable character of unborn life; at the other end, the old and the ill began clamoring for release, and others demanded they receive it.

It was true that scientific progress (e.g., the ventilator, the birth-control pill) had lent a kind of obscurity to certain questions, such as, why would I want to live to be 100? A still larger question was theological. What do I owe as a child of God? What's owed *me*? As birth and death became mere options rather than divinely ordered events, the theologians—interpreters of the unseen world—moved aside. The politicians—masters of the physical world—moved in, with the ever-present political question. The question was not, what do you owe? It was, what do you want? And can't we help you get it?

The politician commonly speaks of means, not ends. Yet life, by every reputable account, is about ends. Thus general frustration and despair come—as in Terri Schiavo's case—when politicians invoke quorums and bill engrossments and presidential signatures as logical responses to ultimate questions. The informed conscience knows better, except that by close reckoning there seem fewer such consciences today than before. Laws take the place of prayers. A congressional hearing or news conference becomes its own Sacrament.

On America's future theological recovery the fate of future Terri Schiavos, and of unborn children by the millions, would seem to depend. What would

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that mean—theological recovery? The requickened sense of God at the center of . . . everything. The sense that man—and, conspicuously, political man—is far from the measure of all things, as has been widely reported. Which is why you don't usefully put to politicians the cogent question, are you indeed the measure of all things? Do you do it all?

“Of course,” comes back the answer. “Watch.”



“Come on over to this side.”

Futile-Care Theory:

Assisted Suicide's First Cousin

Wesley J. Smith

When Samuel Golubchuk's family told doctors at Winnipeg's Grace General Hospital that they wanted his life support maintained, they were stunned to hear that his doctors intended to remove his life support—even though doing so would violate their patient's religious beliefs. When the family took the hospital to court, Golubchuk's doctors claimed that maintaining his life would violate *their* values by merely dragging out the 84-year-old's death.¹

When the court issued a temporary restraining order against removing treatment pending trial, hospital physicians were furious. Indeed, three physicians *resigned from the hospital staff* rather than comply with the family's wishes regarding his care.² The case only ended months later when Mr. Golubchuk died.³ The court never finally ruled who had the ultimate authority—the family or the hospital—to order the removal of life support.

Understand what was being argued here. The ultimate purpose of medicine used to be saving life (at least when that is what the patient or his family want); now many doctors and bioethicists argue that extending some patients' lives is unethical, a form of harm in which medical professionals are entitled to refuse to participate.

The Hippocratic Oath sure isn't what it used to be. Welcome to the surreal world of “medical futility,” also known as futile-care theory, in which bioethicists assert that *doctors and/or bioethicists* have the right to refuse to maintain life if *they*—not the patient or family—believe that the ill or injured person's life is not worth saving. Indeed, futile-care theorists believe that hospitals should be permitted to unilaterally refuse wanted—emphasize *wanted*—life-sustaining treatment based on the institutional view about the “quality” of the patient's life.

At this point, readers may be asking: Why should patients have the right to demand treatments that will not work? They shouldn't. No one expects physicians to render care that is “physiologically futile,” that is, care that will not provide the benefit sought by the patient or surrogate decision maker. Indeed, if a patient or family requests a medical intervention that would provide no physiological benefit, the doctor should refuse as a matter of

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professional ethics. (To use a ridiculous example to illustrate the point: If a patient afflicted with a simple ear infection demanded an appendectomy to cure it, the doctor should refuse to perform the surgery because it would absolutely have no effect on the earache.)

But physiological futility is not the kind of “futile” or “inappropriate” treatment to which medical futility refers. Rather, futile-care theorists argue that doctors or bioethics committees should be able to refuse treatments based on “qualitative” decision making, meaning that the treatment isn’t stopped because it doesn’t or won’t work, but because it does or probably will. In this sense, it isn’t the treatment that is really being declared futile, but the patient. Or to put it more kindly, futile-care theory is about value—rather than medical—judgments.

Needless to say, medical futility turns the traditional ethics of medicine on its head. Under this view, sustaining life is no longer considered a necessary good for the patient—even if the patient wants to live. What matters instead are the prospects for improvement, the potential for a cure, and—bluntly stated—the values of the medical team or institutional bioethics-committee members trumping those of patients and/or their families if their “choice” is to go on living.

**Non-Voluntary Euthanasia and Futile-Care Theory:
Two Sides of the Same Coin**

What is ironic is that futile-care theory is being pushed at the same time as assisted suicide. At first blush it would seem these two bioethics agendas are mutually inconsistent. After all, assisted-suicide ideology is undergirded by a fervent embrace of radical individualism, a belief system that considers body ownership to be sacrosanct, meaning that, when we want life to end assisted suicide becomes the “ultimate civil right.”⁴ Former Washington Democratic governor Booth Gardner, who is fronting—and abundantly financing—an initiative (I-1000) to legalize assisted suicide in Washington State, expressed this idea quite succinctly: “My life; my death; my control.”⁵

But “choice” is not the only value that propels the culture of death. A second—and more potent and dangerous—ideological belief holds that killing (intentionally ending life) is a valid answer to the problem of human suffering. Once this meme is accepted, it even subsumes “choice.” Thus, in the Netherlands, non-voluntary euthanasia is rampant, with hundreds, perhaps thousands, of patients killed by doctors each year even though they have never asked for euthanasia (the practice is known as “termination without request or consent”).⁶ Moreover, Dutch doctors commit eugenic infanticide—sometimes even without parental consent—to the point that two studies in

the medical journal *The Lancet* have found that 8 percent of all infants who die in the Netherlands are euthanized by doctors—about 80 per year.⁷

The same rationale (that there is such a thing as a life not worthy to be lived) that is used to justify Dutch non-voluntary euthanasia and infanticide also drives support for futile-care theory. Consider the “Groningen Protocol,” published by Groningen University Medical Center as the guidelines under which hospital doctors carried out the infanticides of 15 to 20 disabled newborns.⁸ The Protocol was published in the *New England Journal of Medicine*—which thereby gave the venerable journal’s imprimatur to infanticide. It posited three categories of killable infants: those “with no chance of survival,” those with a “poor prognosis who are dependent on intensive care,” and babies “with a hopeless prognosis,” including those “not depending on intensive medical treatment but for whom a very poor quality of life . . . is predicted.”⁹

Predictably, mainstream bioethicists have been generally—albeit not universally—supportive of the Protocol. For example, an article published in one of the world’s most prestigious bioethics journals, the *Hastings Center Report*, stated: “Critics charge that the protocol does not successfully identify which babies will die. But it is precisely those babies who could continue to live, but whose lives would be wretched in the extreme, who stand in most need of the interventions for which the protocol offers guidance.”¹⁰

And that quote brings us to the nub of the issue: Infanticide, non-voluntary euthanasia, and futile-care theory all create a disposable caste of patients upon whom a duty to die can be imposed. To see this more clearly, try this thought experiment. Look again at the quote, only substitute the word “patients” for the word “babies”; the phrase “removal of wanted life-sustaining treatment” for the word “interventions” (a euphemism for killing); and the words “futile-care theory” for “the protocol.” *Voilà*, we now have a vivid description of the ethical rationalization usually given for imposing futile-care treatment terminations on unwilling patients and their families: “It is precisely those patients who could continue to live, but whose lives would be wretched in the extreme, who stand in most need of the removal of life-sustaining treatment for which futile-care theory offers guidance.”

And now we can see clearly the same discriminatory mindset that undergirds both the Groningen Protocol and futile-care theory: the belief that here is such a thing as a life of such low quality that it is not worthy to be lived.

Follow the Money

Now add in the final source of the intellectual wind behind medical futility’s sails: the desire to conserve scarce medical resources. Case in point: As early

as 1997, when medical-futility advocacy was still in its infancy, the American Thoracic Society urged hospitals to ration access to intensive care using futility-based institutional protocols, arguing that “marginally beneficial ICU care can be restricted on the basis of high cost relative to benefit.”¹¹

That same year, the Consensus Statement of the Society of Critical Care Medicine’s Ethics Committee regarding futile care, among other issues, specifically addressed the role money plays in the futility debate. The statement read, in part:

It will not be possible for communities or institutions to set limits on treatments, unless there is legal recognition that communities have a legitimate need to allocate resources. Thus, when communities develop such policies in consultation with interested parties, the standards established in these policies should be recognized by the courts. Organizations controlling payment have a profound influence on treatment decisions and should share moral and legal accountability for the outcome of those decisions. . . . Given finite resources, institutional providers should define what constitutes inadvisable treatment and determine when such treatment will not be sustained.¹²

In other words, futility is fundamentally about dollars and cents. That being so, it represents a (perhaps) well-intentioned subterfuge to hide the reality of what the movement really represents: the beginning of the drive to impose health-care rationing founded upon the discriminatory values inherent in the quality-of-life ethic.

When confronted with this charge, advocates generally fall back on the obvious verity that society cannot afford to provide *every* patient with *every* medical intervention they might *ever* want. Dr. Stephen Miles, an early proponent of futile-care theory, put it to me this way in an interview several years ago: “If you come to me and describe for me a tension headache and say, ‘I want a CT scan to rule out the possibility of a brain tumor,’ should the patient have the right to demand the test? Because I can’t state with one hundred percent certainty that you do not have a brain tumor. But I can make a probabilistic judgment based on the pattern of symptoms you have and how they have evolved that a CT scan is not warranted [because it is highly unlikely that the headaches are symptoms of a tumor].”¹³

This argument is worth exploring. It is true that physicians have a professional responsibility to use medical resources judiciously and efficiently—but not at the expense of their patients. No such harm is in fact done to patients when physicians refuse expensive tests or treatments that their professional training and expertise indicate are not warranted from a medical standpoint. Similarly, health-insurance companies do not act wrongfully if they deny coverage for procedures that are not reasonably

necessary to treat the patient's condition based on medical criteria. Ditto hospitals refusing patients access to intensive care when a less expensive level of support will do the job.

But the denial of "futile" treatment is different: It refuses care that *is medically warranted*—care that is unquestionably necessary to maintain the patient's existence. Or to put it another way, futile-care theory would permit the refusal of wanted life-sustaining treatment precisely *because it keeps the patient alive*, and is thus the reverse of the examples listed above. At this point, to prevent discriminatory "quality of life" judgments from being imposed on helpless patients, the economics of medicine must take a back seat to protecting lives.

It's Already Here

Futile-care theory has already moved beyond the purely theoretical into law and early, if sporadic, application. Texas, for example, has a statute that explicitly permits futile-care impositions to be forced on patients and their families via hospital-ethics-committee quasi-judicial decision making.¹⁴

Here's how the system works: If a patient or family wishes to continue life-sustaining treatment that a doctor does not wish to provide, either the doctor or the relatives can call a meeting of the hospital ethics committee. The committee will hear from the physician, the family, and perhaps nurses or other care givers. At that point a decision is made. If the committee agrees with the patient or family, the treatment continues. But if it agrees that the treatment is futile or inappropriate, a very important clock begins ticking. From then, the family has a mere ten days to find another institution willing to provide the care. If they fail, the treatment can be withdrawn over family objections after the ten-day period is up.

The family of Andrea Clarke felt the full weight of the Texas law when the bioethics committee at St. Luke's Episcopal Hospital in Houston decreed that she should die. Indeed, after a closed-door hearing, it ordered all further medical efforts to sustain her life while at St. Luke's to cease. As a consequence, Clarke's life support—required because of a heart condition and bleeding on the brain—was ordered removed unilaterally, even though she was not unconscious and her family wanted treatment to continue.

Clarke's family refused to acquiesce to what they considered to be medical tyranny. They went to the media and the story became widely discussed in Texas and throughout the country.¹⁵ They sued and began a long effort to either reverse the futile-care decision or find another institution to care for Andrea. As if to illustrate how desperate the Clarke family became, they even agreed to a St. Luke's plan to move Andrea to a facility *in Illinois* that

would provide the care.¹⁶ Appearing to react to a public-relation's backlash, St. Luke's agreed to continue Clarke's care, and she eventually died in the hospital without being forced off of treatment.¹⁷

Some hospitals aren't even waiting for explicit legal authority in trying to impose futile-care theory on their most vulnerable patients. An early case in this regard was "Baby Ryan" in Spokane, Washington. Baby Ryan Nguyen was born in Spokane's Sacred Heart Hospital on October 27, 1994. He was very premature, at just 23 weeks of gestation. His kidneys were not working well so doctors put him on dialysis. But when the doctors determined that Ryan was not a good candidate for kidney transplantation, they decreed that continuing his treatment was futile.

Facing the prospect of their child being taken off life support, Ryan's parents retained an attorney, who quickly obtained a temporary court order compelling Ryan's treatment to continue. Unhappy that their will had been thwarted, hospital administrators reported Ryan's parents to child protective services, accusing the Nguyens of "physical abuse" and "physical neglect"¹⁸ for obtaining the injunction. When that tactic didn't fly, administrators and doctors fought the parents in court. Despite the fact that there "are few statements made in medicine based on flat certainty," only probabilities,¹⁹ Ryan's physicians swore under oath that "Ryan's condition is universally fatal," that the infant had "no chance" for survival, and that treatment could not "serve as a bridge to future care." Based on these contentions, Ryan's doctors urged the judge to permit them to cease his continued treatment as futile and a violation of *their* integrity, values, and ethics.²⁰

The court never decided who had ultimate say over Ryan's care—his parents or medical professionals—because his treatment was transferred to Emanuel Children's Hospital in Portland, Oregon, under the care of a different doctor who did not view the child as a futile patient. The new doctor, not the original physicians, had it right: Ryan was soon weaned off dialysis and survived for more than four years—a time in which he was a generally happy, if sickly, child who liked to give "high fives." Had his original doctors successfully imposed their futile-care philosophy on their patient and his parents, Ryan would have died before he had a chance to live.

In another futility case, this time in England, the courts sided with doctors over the parents of David Glass, a 12-year-old developmentally disabled boy, who was also blind and quadriplegic. David's parents cherished their boy as an integral part of the family and were stunned when, in October 1998, after David was admitted to St. Mary's Hospital in Portsmouth with a respiratory failure, his doctors unilaterally withdrew curative treatment and injected him with a palliative agent, telling the parents their son was dying

and that nature should be allowed to take its course.

The Glass family refused to stand by and watch their son die because doctors did not perceive his life to be worth living. They instituted resuscitation on their own and saved David's life. One doctor later testified that he objected strenuously to the parents' actions because their action "had prevented him from dying."²¹ Clearly, if family members could save David without the expertise of formal treatment, the refusal of care was more a matter of physician bias than the "compassionate" allowing of nature to take a sad but inevitable course.

David's parents sued to prevent such an awful abandonment from being repeated. Unexpectedly, they lost. The trial and appeals courts all ruled that doctors, not parents, have the ultimate say over David's life and death. This ruling is in line with a recent ethics opinion published by the British Medical Association, which established an ethical protocol granting doctors the ultimate power to determine when and if treatment will be terminated. These decisions were eventually overturned by the European Court of Human Rights, in a decision ruling that the doctors were wrong for forcing treatment on David—e.g., the palliative care—but did not decide that they had violated David's right to life.²²

Creating a Duty to Die

Futile-care theory is ad hoc health-care rationing that would pave the way for explicit health-care rationing, perhaps based on age, quality-of-life values, or other discriminatory approaches. Indeed, serious proposals for explicit health-care rationing have already been made by some of America's most prominent bioethicists, such as Daniel Callahan.²³ Meanwhile, in the United Kingdom, rationing is already a reality for people who rely on the National Health Service for their medical care.

But even rationing may not be the end game of an agenda fronted by assisted-suicide and futile-care advocacy. The real goal may well be the idea of a "duty to die," proposed by some in bioethics to ease the financial and emotional "burdens" of caring for elderly, disabled, and chronically ill and dying people.

The premier advocate for the "duty to die" is an East Tennessee University philosophy professor, John Hardwig. Hardwig takes the ongoing deconstruction of the Hippocratic tradition to a new level, asserting "it is sometimes the moral thing to do for a physician to sacrifice the interests of her patient to those of non-patients—specifically to those of the other members of the family."²⁴ According to Hardwig, there are "many cases [when] . . . the interest of family members often ought to *override* those of

the patient. . . . Only when the lives of family members will not be importantly affected can one rightly make exclusively or even predominantly self-regarding decisions.”²⁵ (Emphasis within the text.)

Hardwig’s approach is explicitly utilitarian. He worries that some members of families will decide to sacrifice their own interests to help another needy member, thereby reducing overall happiness. He writes:

If a newborn has been saved by aggressive treatment but is severely handicapped, the parents may simply not be emotionally capable of abandoning the child to institutional care. A man whose wife is suffering from multiple sclerosis may simply not be willing or able to go on with his own life until he sees her through to the end. A woman whose husband is being maintained in a vegetative state may not feel free to marry or even to see other men again, regardless of what some revised law might say about her marital status.²⁶

Hardwig says it hurts society when people “lose their concern” for loved ones “as soon as continuing to care [begins] to diminish the quality of their own lives.” To prevent this, Hardwig urges that doctors refuse treatment when it would harm the interests of the family. “Physicians would no longer be agents of their patients and would not strive to be advocates for their patients’ interests,” Hardwig writes. “Instead, the physician would aspire to be an impartial adviser who would stand knowledgeably but sympathetically by . . . and discern the treatment that would best harmonize or balance the interests of all concerned.”²⁷

A Hardwig essay, featured on the cover of the *Hastings Center Report* in 1997, was entitled, aptly, “Is There a Duty to Die?” Not surprisingly, Hardwig concluded that there probably is, if continuing to live will constitute a burden upon one’s family. Hardwig proposes specific circumstances when the duty might arise:

A duty to die is more likely when continuing to live will impose significant burdens—emotional burdens, extensive caregiving, destruction of life plans, and yes, financial hardship—on your family and loved ones. This is the fundamental insight underlying a duty to die.

A duty to die becomes greater as you grow older. . . . To have reached the age of say, seventy-five or eighty without being ready to die is itself a moral failing, the sign of a life out of touch with life’s basic realities.²⁸

It is important to point out that Hardwig is not a fringe thinker. The articles quoted above appeared in the *Hastings Center Report*, one of the foremost bioethics journals in the world.

So how do we resolve the apparent paradox between the “choice” ethic that drives assisted-suicide advocacy and the interference with patient autonomy reflected by futile-care theory? It is simple, really. The real agenda

isn't about patient choice. Rather, putting certain people out of their—and our collective—misery is the point. If “choice” gets us there, great. If not, other ways will be devised to impose the agenda, first through futile-care theory—which is just beginning now—and later, perhaps, with the imposition of health-care rationing and the explicit duty to die. (For those who may be skeptical: In a story clearly relevant to this discussion, Oregon recently told two cancer patients that its Medicaid plan would not pay for life-extending chemotherapy, but would pay for their assisted suicides.)²⁹

To be sure, we are not yet close to imposing the explicit duty to die. But unless we act now to head things off at the futile-care pass, we could well reach that point. The good news is that there remains time to prevent the threat that this way comes. But this means we cannot be passive. If a loved one is threatened with a futile-care imposition, we have to fight in the courts, if necessary, to protect their lives, rather than surrender—to doctors or faceless bioethics committees—the intimate decision about when to struggle on and when to let nature take its course. And by all means, as free men and women we must not surrender the creation of health-care public policies to the so-called “experts” whose values may be dramatically different from our own.

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"Now, it's not entirely hopeless. There's a chance that treating your disease will get me out of debt."

No Babies & the *Times*

Stephen Vincent

Pity the New York *Times*. With birthrates in much of the Western world plummeting to below replacement levels in recent decades, the central premise of its favored strain of liberalism has crashed along with the fabled population bomb, popularized by Paul Ehrlich's book of that name.

Indeed, as the demographic underpinnings of much that the *Times* stands for—such as easy access to contraception and abortion—have been removed by trends throughout much of the developed world, the cheerleader of the Left has been cast into an ambivalent position. How should the “paper of record” explain progressive countries such as Norway offering monetary incentives for women who have babies in a government effort to boost the youth population in a graying nation? And how should the paper approach the continuing Third World agenda of the United Nations and other international organizations that cite increasingly shaky population theories and “sustainability” rhetoric to promote contraceptives and abortion?

Clearly, the *Times* is in an ideological pickle, and has developed a double identity of sorts. Its news and analysis sections have occasionally run stories on the economic effects of declining population in Europe and elsewhere, noting that much of the developed world has fallen below the population-replacement level of 2.1 children per woman. Yet in the sealed editorial offices of the newly constructed *Times* building, the operating model has changed little since the 1970s, when movies such as *Soylent Green* showed the survivors of an overpopulated planet peddling stationary bikes for electricity and eating protein wafers made of human flesh.

The *Times*'s most honest liberal columnist, Nicholas Kristof, bravely broached the population question in the *Book Review* section last March, and in doing so he underscored the double-think of the liberal mind. Kristof, to his credit, is no parlor intellectual or limousine liberal. He has traveled throughout the Third World, describing what he finds with depth and intelligence, and even helping the people he writes about, befriending an unfortunate family or helping young women to escape sexual slavery. By any measure, he is not a part of what Rush Limbaugh calls “the drive-by media.”

Yet in his review of the book *Fatal Misconception: The Struggle to Control World Population*, by Columbia University's Matthew Connelly, Kristof puts

Stephen Vincent writes from Wallingford, Conn.

on some Upper West Side blinders. Assessing the author's heart-rending evidence of rampant abuse of Third World persons and cultures by population-control forces, Kristof dons his comrade cap and suggests that the next "five-year plan" will redeem past excesses. While totally ignoring the fact that the same actors and ideology inform the modern population hierarchy, Kristof softly suggests that the flesh and fertility of countless dark-skinned women were a worthy sacrifice that ushered in a new and improved population movement. He writes:

It's certainly fair of Connelly to dredge up the forced sterilizations, the casual disregard for injuries caused by IUDs, the racism and sexism and all the rest—but we also need to remember that all that is history. The family planning movement has corrected itself, and today it saves the lives of women in poor countries and is central to efforts to reduce poverty worldwide. If we allow that past to tarnish today's efforts by family planning organizations, women in poor countries will be doubly hurt.

"Racism and sexism and *all the rest*"? This is so unlike the compassionate columnist who rages at the structural "racism and sexism" of governments and multinational corporations that abuse foreign workers and harm the environment. Yet when it comes to the demographic question, this secular St. Nicholas throws off his cloak of righteous indignation, refuses to speak truth to power, and bows at the altar of the U.N. Population Fund, which, he says, is *not* complicit in China's forced-abortion practices. Kristof is, to put it bluntly, guilty of a short-sighted sellout.

No Babies?

Still, Kristof put the *Times's* editors in a bind by raising the profile of the population issue. After all, if a Columbia professor writes a book on demographic dangers that is published by Harvard University Press, the issue is too high-profile for the ivy-draped journalism grads to ignore.

Thus, on June 29 the *New York Times Magazine* ran a cover story titled "No Babies?" by contributing writer Russell Shorto. The question mark in the title, the neo-cubist illustration on the cover showing a man, a woman, and one child at a large, well-stocked dinner table, all announce a squeamish ambivalence over the topic. The *Times* is not sure how it feels about population and is uncertain how its readers will react. Wasn't everyone just talking at last night's cocktail party about global warming and overpopulation?

Well aware of this fact, Shorto performs a bold bait-and-switch. "To the uninitiated," he writes, population decline

seems a strange thing to worry about. A few decades ago we were getting 'the population explosion' drilled into us. The invader species *homo sapiens*, we learned, was eating through the planet's resources and irretrievably fouling and wrecking its

fragile systems. Has the situation changed for the better since Paul Ehrlich set off the alarm in 1968 with his best seller 'The Population Bomb'? Do current headlines—global food shortage, climate changes—not indicate continuing signs of calamity?

In one paragraph, Shorto artfully buries with typical liberal scorn the demographic myths that the *Times* itself has been weaving for decades. Ideas about the “population explosion” were “drilled into us” by *them* or *whomever*, and the Ehrlich image of the “invader species homo sapiens” is held up in effigy. Never are the *Times* or its acolytes implicated in this decades-long indoctrination. Al Gore is never mentioned, though the apostle of planetary doom *still* talks about overpopulation. As fast as you can slip your Ehrlich reader under the coffee table, the template has changed. The *Times* and its readers are once again on the progressive cutting edge—it’s OK now to talk about declining birthrates—yet with a finer insight than those cultural conservatives who have been pounding on the population issue for years.

A new term—“lowest-low fertility”—has become the new catchphrase. It describes nations that fall so far below replacement rates that they risk virtual extinction or immigration overrun, and thus their culture and monuments run the risk of being wiped away. Imagine Athens with no connection to ancient Greece, or Rome without Romans.

Unsurprisingly, conservatives are counted among the culprits in the article. By seeking to perpetuate the traditional family structure of stay-at-home mothers dependent on working husbands, conservatives have unwittingly formed a perfect storm of population decline. In modern economies, most families need two wage earners, goes the argument, so in families where mothers leave the workforce, there is a strong incentive to suppress fertility due to economic pressures. They can afford one baby, but probably not two and definitely not more.

As evidence, Shorto cites the demographics of northern and southern Europe. The Scandinavian countries, where 80 to 90 percent of the women work even after giving birth, have “progressive” government subsidies for child care and up to a year of maternity leave with 80 percent pay. Norway offers 4,000 Euros for the birth of a child on top of that. The Scandinavian countries have one of the highest European birth rates, at 1.8 children per woman.

In more traditional, “family friendly” southern Europe, where there is pressure for women to stay home after the birth of their first child and little government aid for child care, the birthrate hovers just above 1.0 child per woman—1.33 in Italy.

The model holds true in other “gender traditional” countries such as Japan and North Korea, where birth rates are well below replacement, Shorto points out.

It seems odd to me, however, to argue that the north holds the key to the demographic problem because it exceeds southern Europe by a few tenths of a point, when both north and south are *below* the replacement level of 2.1 children. Shorto holds up Pope Benedict XVI as representing the old-fashioned religious conservative view. Yet he offers no answer to the pope's quote: "Europe is infected with a strange lack of desire for the future. Children, our future, are perceived as a threat to the present."

Shorto nonetheless skates boldly on thin Scandinavian ice, suggesting that gender equality and government subsidies are the answer. "Working mothers are having more babies than stay-at-home moms," he says, explaining the conclusion of one study. "Feminism is the new natalism," he quotes one conservative writer as saying.

In a study comparing Italy's stay-at-home model to the more "progressive" working model in the Netherlands, Shorto says, sociologists found that "women who do more than 75 percent of the housework and child care are less likely to want to have another child than women whose husbands or partners share the load." Shorto provides a helpful shorthand to the study: "Dutch fathers change more diapers, pick up more kids after soccer practice and clean up the living room more often than Italian fathers; therefore, relative to population, there are more Dutch babies than Italian babies being born."

The American Exception

There is, however, what the author calls "a sparkling exception" to the model: the United States. Our government does not offer direct payments for newborn babies (though there is a tax deduction) and child care is not generally subsidized by the government. Yet the U.S. birthrate actually *rose* to 2.1 last year, its highest since the 1960s and one of the highest in the developed world. How to explain this?

Citing social scientists again, Shorto says that what the U.S. lacks in government aid it makes up in flexibility and freedom of the economy. Women can enter and leave the workforce more easily in the U.S. than in Europe, and there are greater options for flex-time, part-time, and home-based work. So to beat the demographic problem, two models are said to work best. It's either government aid in a socialist-type Scandinavian state or its virtual opposite, the greater freedom of the capitalist giant across the Atlantic.

To me, this sounds like a theory that expands to fit the rough edges of the facts. Perhaps the answer lies elsewhere?

In expressing skepticism about this, I'm not suggesting that single-wage families don't face serious challenges. And I don't want to shortchange Shorto for a well-researched article that presents a variety of views on the subject.

He even gives the closing quote to Carl Haub of the Population Reference Bureau in Washington, D.C., who dismisses those who see no crisis in the demographic trends. “You can’t keep going with a completely upside-down age distribution,” Haub says. “You can’t have a country where everybody lives in a nursing home.”

Austin Ruse, president of the pro-life Catholic Family and Human Rights Institute (C-FAM), told HLR that he was not surprised by the article. The mainstream press “has been catching on to this problem for many years now,” he wrote in an e-mail. “The *New York Times* has been reporting for years about the impending economic crisis in Europe over below-replacement fertility. The U.N., at least its population-research unit, has been exploring this issue for a decade.” Ruse added: “Given the space limitation of even the *New York Times Sunday Magazine*, they did a very good job. They stated the problem well and even thoughtfully discussed reasons and solutions.”

I don’t take issue with Ruse, who has been studying these issues at the U.N. and monitoring the media’s coverage of them for more than a decade. My point is that it is doubtful the *Times* would have run this story so prominently—on the cover of the popular magazine section—without some conservative scapegoats. After all, there is not even a hint in the long article of the high-handed high jinks and abuse by population controllers that Kristof admits took place.

Shorto mentions the Nazi “natalism” campaign that rewarded German women with a “Mother’s Cross” for having two, four, six, or more children—awarded on the birthday of Hitler’s mother. Though careful to note the “rather tainted pedigree” of natalism in the name of nationalism, Shorto fails to take equal notice of the racist and elitist background of the Birth Control League headed by Margaret Sanger and those who helped her found Planned Parenthood.

And, of course, there is no mention in the article of the counsel given on the population issue by the Catholic Church, that bastion of conservative tradition, outside of the pope’s seemingly scolding words already quoted.

40 Years Later

One month after Shorto’s article appeared came the 40th anniversary of the encyclical *Humanae Vitae* (*Of Human Life*), in which Pope Paul VI, to much abuse from not only the *Times* but even Church leaders, reaffirmed the Church’s teaching on contraception. Amid the hyperventilated opposition to the document that continues to this day, the simple wisdom and prescient predictions of *Humanae Vitae* have been largely ignored. Yet they speak directly to the issues raised in Shorto’s article.

As Theresa Notare, head of the Natural Family Planning (NFP) Office for the U.S. Catholic bishops, wrote regarding the *Times* article: “In the human quest to understand and control the natural world, we must respect the ‘laws’ of nature. There are boundaries to human action that we violate at our peril. We can anticipate and ‘control for’ some consequences of our actions, but the unforeseen consequences are often the most damaging.” She observes: “Population implosion is the unforeseen consequence of humanity’s manipulation of nature through sterilization, contraception and abortion.”

It is no small coincidence that 1968 marked the release of both Ehrlich’s *Population Bomb* and Paul VI’s encyclical, which was considered a bomb of another sort. At the time, polite opinion saw the Pope’s ban on contraception as not only wrongheaded but also irresponsible, in the face of future food shortages, diseases, and riots. Forty years later, the “theology” of the Vatican has proved wiser than the “science” of Ehrlich. With Shorto’s cover story, polite opinion led by the *Times* has buried the “bomb,” but it has yet to give credit to the one document from the ’60s that has stood the test of time.

The prescience of *Humanae Vitae* has been cited many times by writers such as Janet Smith, who documents well the predictions of Paul VI that have come true before the eyes of an unbelieving generation. Today, simply to outline the predictions is to show how they have been fulfilled. After reaffirming the Catholic Church’s teaching against any use of sexual relations (the “marriage act”) that is not open to the transmission of new life, and reaffirming the licit use of periodic abstinence timed to the woman’s fertile and infertile periods (called “Vatican roulette” by detractors), Paul VI said that widespread use of contraceptives would:

1. “open wide the way for marital infidelity and a general lowering of moral standards”;
2. “encourage men to forget the reverence due to a woman, and, disregarding her physical and emotional equilibrium, reduce her to being a mere instrument for the satisfaction of his own desires”;
3. place a “dangerous weapon . . . in the hands of those public authorities who take no heed of moral exigencies” and would seek to control population by force of law;
4. cause people to ignore the natural limits on “the power of man over his own body and its natural functions” and unleash experiments against the good of humanity.

Paul VI had no crystal ball, nor did he claim the prophet’s mantle. He simply read the trends of human history and the face of human nature that the Church has observed over the course of two millennia. Christianity was founded within an empire that practiced infanticide on the “unfit” and

“unwanted”—and it built that empire’s ruins into the glories of a Gothic cathedral. Paul VI had no illusions that the spires of the Christian civilization could stand without the support of faith and morality, and he called the culture’s bluff—though close advisers and a host of theologians urged him to bend to modern trends.

Commenting on Shorto’s article, Notare writes of a “revolution of rising expectations for a certain quality of life” among modern married couples who are concerned with the “equality of their own lives and that of their existing children (if any).”

“This is not bad in itself,” she points out, “but when ‘equality’ means foregoing children in order to have more material goods and leisure pursuits, all of society is affected.” Couples should make decisions based not on convenience but in terms of “duties toward God, themselves, their families and human society,” she concluded.

Indeed, Shorto and the social scientists present the problem of “lowest-low fertility” in primarily economic terms, whereas the underlying issue is spiritual. Pope Benedict points to this reality by speaking of a “strange lack of desire for the future.” The pontiff has written an encyclical on hope, *Spe Salvi* (In Hope We Are Saved), and he came to the United States last April under the banner of “Christ Our Hope.” In fact, the relatively high U.S. birth rate may have more to do with its optimistic populace than with the freedom of its markets, which themselves are an outgrowth of optimism about an individual’s ability to manage his or her own affairs.

What ails Europe and other “developed” areas falling into “lowest-low fertility” may be as simple as the old saying, “A baby is a sign that God wants the world to go on.” God simply asks men and women to share his vision of hope.

The Baby or the Tiger?

Alexander Sicree

The scene is right out of a horror movie. Our hero walks down a country lane a little after dusk and hears strange noises in the woods. He rounds a bend to find a body in pieces all over the path. Of course, the remains are human. As our hero later described it, he had never before seen anything more pitiful than that human leg, severed “a little below the knee as clean as though severed by the stroke of an axe.”

What could have caused this? In America today, it could be the work of a serial killer, or a mountain-lion attack—or it could be that the local abortion clinic decided to empty its garbage here.

But we are not in America in 2008. We are in India in 1907. Our hero is Jim Corbett, and the victim is a 16-year-old Indian girl. The killer is the greatest man-eater of recorded history, the Champawat Tigress.

Few things are as horrible as finding human remains. One way the pro-life movement fights the evil of abortion is by showing photos of what is left of babies after they have been killed by abortions. Some people react with horror to the pictures and become pro-life, but—amazingly—not everyone does.

Some people react to the pictures with horror and become angry at pro-lifers. These people have a conscience, but they’re mad at us for awakening it. Other people refuse to look at the pictures at all. They are behaving like the Germans who watched all the trainloads of Jews going into the concentration camps and never asked why none came out. These people have a conscience but are afraid of awakening it.

We can understand both types of people. They simply don’t want to get upset or get involved. But there is a last group of people who are harder to understand. These people look at the pictures of bodies torn to pieces and are not horrified. Some of them argue—correctly—that gruesome does not mean immoral. Then they continue to argue—incorrectly—that the bloody remains of an abortion are no different from those of any other surgery. They conveniently ignore the fact that surgery heals a person while abortion kills a person. These people have a conscience that is dead.

How can people become so hardened? They do not feel any empathy for

Alexander Joseph Sicree, a 16-year-old homeschooler in State College, Pennsylvania, and the oldest of ten children, wrote this speech. He delivered it for the Spring 2008 Oratory Contest sponsored by the Central Pennsylvania Region of Citizens Concerned for Human Life held in Altoona, PA, and won second place in the novice (9th and 10th grades) division.

unborn babies. Unfortunately, empathy is like a muscle: If not exercised, it shrinks until you cannot use it at all. Abortion has degraded our ability to feel empathy. Today, after 35 years of abortion-on-demand, many Americans fail to react with horror when humans are killed after they have been born—even if they have been killed or eaten by big cats.

For instance, in 1994, Barbara Schoener was out jogging in California when she was ambushed and killed by a mountain lion before being mostly eaten. Mrs. Schoener had two small children at home. The mountain lion had a cub. After the lioness was shot and killed, the local zoo took in the lion cub. The *New York Times* reported that more money was raised for the cub than for the children. Definitely, there were follow-up stories about the cub, but none about the kids. The “human-interest” story was the cub, not the humans.

Another example happened just a few months ago. On Christmas Day, 2007, a tiger escaped at the San Francisco Zoo and mauled three people. One of them, a 17-year-old boy named Carlos Sousa, was killed. The tiger was shot. Naturally, there was an outcry over this. Many people were upset that the tiger had been shot. A lot of them said that they mourned both the boy and the tiger. Still others said that the boys got what they deserved for taunting it. In their eyes, the tiger was of equal or greater importance than the boys. The *New York Times* reported that at the entrance to the zoo there was a memorial for the tiger. It did not mention if there was one for Carlos Sousa. Can you imagine a memorial after a school shooting where the shooter has a memorial right along with the victims? Even if the shooter had been taunted, even if he had been mentally ill and not responsible for his actions, people would be outraged!

There was also an incident I witnessed which shows that many people have more compassion for animals than for people. Several years back, I was at a Life Chain in front of the local abortion clinic. As we stood there, I overheard one of the pro-abortion counter-protesters say to her friend, “Can you take my sign? I need to go to a picket at Kentucky Fried Chicken. They are torturing chickens!”

Not all conservationists care more about animals than people, fortunately. One good example is Jim Corbett, the man who found the tiger’s victim that I mentioned earlier. He is very famous in India and has a national park and even a sub-species of tiger named after him. However, he is not famous for spiking trees or even picketing KFC. He is famous for hunting and killing man-eaters.

Many people know about the exploits of John Patterson, who killed the

man-eating lions of Tsavo in East Africa. His story was popularized in the movie *The Ghost and the Darkness*, starring Val Kilmer and Michael Douglas. For comparison, the two lions of Tsavo killed 28 Indian workmen and an unknown number of African natives. The Champawat Tigress in India killed at least 436 people on its own and probably many more. Fortunately, the 16-year-old girl was its last victim: Corbett shot the tiger later that day.

This was just his first man-eater. He went on to shoot ten more.

Together, these eleven man-eaters had killed more than 1,300 people. With tigers and leopards killing over a thousand people a year, there were real doubts about who would end up at the top of the food chain in India at the beginning of the 20th century. Some man-eaters were so successful that villagers thought they were demons and were afraid to kill them. Corbett risked life and limb to help the people of India with their cat problem. He stayed up many nights hunting the killers. On more than one occasion the hunter became the hunted. Once Corbett had to run through a blinding rainstorm with nothing more than a knife to protect him from the man-eating leopard following only a few steps behind him all the way.

Corbett hunted man-eaters until he was over 60 years old, nearly driving his sister crazy with worry in the process. He never accepted any reward for what he did. When he did make some money from books about his exploits, he used it to help the poor people of India whose desperate situation had left them vulnerable to the big cats. What was his reward for this? In the end, he was forced to leave India because of anti-British sentiment. After his death, however, he was honored. To this day in India he is revered as a holy man, and his books are required reading in many schools.

Corbett is an unlikely hero for the pro-life movement, but he is a good example for us in many ways. It is not enough just to expose a horror to other people; there will always be people who are so hardened or fatalistic that they justify doing nothing, whether the horror is abortion-on-demand or a man-eater on the loose. Corbett risked his life to protect human life and then used his fortune to change the situation that caused the problem in the first place. Like Corbett, we must not only eliminate abortion, but also change the situation that causes women to seek abortions in the first place. We need empathy, especially because so many people have lost theirs. We, too, will probably suffer for the pro-life movement, spending sleepless nights and our own money to protect the innocent. Like Corbett, we may get our only reward after we are dead.

But to put everything in perspective, we, in the pro-life movement, will probably never have to race through the pouring rain pursued by a man-eater.

A Brightness on the Road

Jo McGowan

I have friends who love e-mail “forwards,” both getting and sending them; but I have successfully discouraged most of them from including me in their enthusiasms. I can do without the pop wisdom, soupy self-help advice, and astonishing pictures of vegetables carved to look like animals. Every now and then, however, I receive one worth opening and thinking about.

Recently, I got the famous photo of little Samuel Alexander Armas, the baby who was operated on at 21 weeks while still in utero. It’s an amazing picture: There’s the surgeon, gloved hands resting delicately on, almost embracing, the uterus, and there, in what seems at first to be a trick of light, is Samuel’s tiny hand emerging from the incision and clasping the doctor’s finger. Dr. Joseph Bruner said later that it was the most emotional moment of his life.

Seeing it was emotional for me too.

The night before I received this picture, one of my staff (I run a foundation in India for kids with special needs) had called to ask if she could have some time off. She was having surgery the next day and the doctor had said she would need at least three weeks’ bed-rest.

I am close to most of my staff, but Simran is special. I have known her for over 13 years and she is like part of our family. I was with her when she gave birth to her first baby and she has been indispensable in our care of Moy Moy, our youngest child, who has multiple and severe special needs. Having Simran around to depend upon is like having my own sister there.

So when she said she was being operated on, I was shocked and upset. Why hadn’t she told me? Was it serious? Could she have cancer? When I asked her what was wrong, she finally said, in Hindi and in typical Indian circular style, that she had a growth in the “baby place” and that the doctor had told her to come in to have it “cleaned out.”

“Simran,” I said, hesitantly. “That’s a big decision. Can you come and see me in the morning before you go to the hospital?”

She agreed.

I didn’t sleep well that night. It is hard to explain to Americans how abortion is viewed in India. In a country where overpopulation is seen as the number one obstacle to progress and well-being and where all evidence (the crushing

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chaos of everyday crowds, the regular breakdowns of basic services, the frequent shortages of food and medicines) seems to substantiate that view, abortion takes on a whole different meaning. Here, the government has successfully presented it as just one of a range of family-planning options, and family planning itself as an almost sacred, or at least patriotic, duty.

I have lost track of the number of my friends who have told me—sometimes casually, sometimes ruefully—about the abortions they have had. Not once has any of them seemed to feel guilty or remorseful about it. And these are women in happy marriages, usually doing well economically. These are religious women, women who fast once a week in thanksgiving for their blessings or for the well-being of their families and whose view of life is deeply spiritual. Many of them are also vegetarians who would never hurt a fly. They simply have not thought about what they were doing when opting for abortion.

An added complication is the basic ignorance many people have about biology and the “facts of life.” I knew that Simran, with her eighth-grade education, had only a passing knowledge of how a baby is conceived and even less about prenatal development. She would have difficulty imagining the hectic life and unique humanity of the speck she now carried in the “baby place.”

I also knew that for Simran and her family, another baby could be a devastating blow to their carefully organized life, a life almost on the edge with no cushions or safety nets, a life in which both husband and wife scrimp and save and deny themselves for the sake of their two children and their educations. Another baby would mean time off from work for the delivery and nursing, just for starters. It would also mean finding more money to feed, clothe, and educate him/her and—with their second child nine years old already—it would mean many more years before they could relax.

Knowing all this—knowing that abortion had no meaning for her beyond being a form of family planning (and family planning a civic duty), knowing that she had no concept of the preciousness of the life she bore, knowing that the child’s birth could tip her and her family over the edge and into poverty—it’s no wonder I didn’t sleep well that night.

What right did I have to disturb her? She wasn’t going to be troubled by guilt, she wasn’t going to have nightmares of bloody fetuses hanging from trees. She was going to get “cleaned out” and get on with her life. Who was I to point out the facts? Who was I to ask her to stop and consider what she was doing?

So the “forward” I got that morning, just an hour before Simran was to

arrive to meet me, took my breath away. The little hand reaching out for the surgeon's finger, the concrete, unassailable proof of life, left me with no choice but to speak. I thought of a poem I memorized years ago and do not know the author of now:

*Yet we have known a brightness on the road,
And been struck down;
Have felt the center shift somehow, outside,
And turn,
And leave us free to love
And strongly bound
To speak,
However weak,
Who by this love have been so strangely found.*

Simran came to meet me with her husband that morning two months ago. They told me of their worries and I told them about the little hand I had seen in my e-mail that morning.

I have been away for five weeks and I just met Simran this evening. Though she is now four months along, she still hasn't told anyone about her pregnancy but her mother and one close friend. She knows that the longer she waits the less pressure people will put on her to do the "sensible thing."

I asked her what it was that had changed her mind.

"You asked me what the real problem was and I told you it was finding the money for another child's education," she said. "And then you asked if I would ever consider killing Abhishek or Neha because I didn't have money for their school."

She paused.

"And you told me about that little hand."

There is a Chinese saying, "If you save someone's life, you are responsible for them forever." I know this simple act of trying to persuade Simran to have her baby has bound us together in ways too deep to name. I will always feel somehow responsible for her now; if the bills overwhelm her, if the baby gets sick—it's now going to be my problem too. In our individualistic society, this seems counterintuitive and ridiculous ("Hey, you make your choices, you live with the consequences"), but it is, I believe, at the heart of any true pro-life position: We *are* our sisters' keepers.

Feminists for Life on Campus

Mary Meehan

“I understand why people want to say no to abortion,” Serrin Foster remarks. “But what drives Feminists for Life is how we say yes to women, yes to life. And honor fathers. . . . Celebrate womanhood, but honor fathers, and cherish every life.”¹ As president of Feminists for Life of America (FFL), Foster is working toward a country that welcomes children and gives their parents—especially their mothers—the support they need.

From her own family’s experience, she knows that avoiding abortion is not enough. Her mother was an early volunteer for Birthright, the network of pregnancy care centers. She was so concerned about helping pregnant women, Foster says, that she once “proposed that we turn our rec room, our family room, into a maternity home.” (That, alas, was not doable.)

Foster’s father, growing up during the Depression, was just a toddler when he lost *his* father. His mother was poor; so the little boy bounced around from one foster family to another, suffering neglect and abuse. Later, Foster says, her father was well-cared for by an elderly couple who “loved him dearly.” But they couldn’t adopt him because his birth mother would not consent, even though she had remarried and her second husband did not want to “take in another man’s son.”

Another family experience helped prepare Foster for today’s major focus of FFL: making college and university campuses more friendly to pregnant and parenting students. On the day her father graduated from college, he was photographed in cap and gown as he held little Serrin in his arms. He and his wife were expecting their second daughter at the time. Mrs. Foster attended college later, at the same time Serrin did.²

One Foot in Each Camp

Pat Goltz and Catherine Callaghan started Feminists for Life in 1972, when both were living in Ohio. Callaghan, a longtime professor of linguistics at Ohio State University, now has emeritus status there. Goltz and her husband currently live in Arizona; they have seven children, including two whom they adopted. Goltz has worked in art and website design.

Goltz and Callaghan thought support for abortion contradicted basic principles of feminism. “They can’t do that to my movement!” Goltz said of feminists who backed abortion.³ Unfortunately, they could and they did. The

Mary Meehan, a freelance writer living in Maryland, is a senior editor of the *Human Life Review*.

Ohio chapter of the National Organization for Women (NOW) even expelled Goltz because of her outspoken opposition to abortion. Yet she and Callaghan had planted a flag other pro-life feminists could rally around. For years FFL operated with almost no money, usually from the homes of a series of Midwestern presidents and other volunteers. It was a feisty little gadfly, annoying establishment feminists with quotes from early American feminist leaders who were strongly against abortion. The group produced thought-provoking literature, and many of its members contributed to a 1985 anthology called *Pro-Life Feminism: Different Voices*.⁴

FFL moved its headquarters to Washington, D.C., in 1994, hiring Serrin Foster as executive director. (Later she would become president of the group.) Soon she was lobbying on Capitol Hill—against the “family cap” in a welfare-reform bill, for example, and for a bill to prevent violence against women. Since so many women’s groups who supported the second bill also backed abortion, Foster wasn’t sure how they would receive her. She recalls entering a room where they had gathered “and saying that I was with Feminists for Life and feeling the tension in the room, and the suspicion.”

But she also remembers that Pat Ruess, a veteran feminist activist who chaired the meeting, called out, “Welcome! We welcome you!” She believes Ruess “was very smart in understanding” that her coalition needed access to the pro-life community in order to put legislation through. With a foot in each camp, FFL still has a unique role to play on Capitol Hill. When working with pro-lifers, Foster says, “we’re the ones responsible to engage the left. But when we work with the left, the women-centered side of things, we’re usually assigned to . . . get enough people to help us on the right,” something they did “with the Family and Medical Leave Act.”

At some point, though, Foster wondered if she might be taking on too much. In addition to her lobbying work, she was speaking on many college campuses and developing special ads to reach college students, and was also involved with policy issues at the United Nations. She sought advice on priorities from two old Washington hands who had a wealth of organizational experience with the Peace Corps and the Special Olympics: Sargent Shriver and Eunice Kennedy Shriver. Foster had met Mrs. Shriver at a pro-life dinner in New York and later had helped her with a special event.

The Shrivvers, she says, advised that “you really have to think about what is *uniquely* yours. . . . You really need to say this is your big idea; this is your focus; and this is your priority.” Foster and her colleagues believed their college outreach work was what they did best. They decided to make that their top priority, working on campus to eliminate systematically “the root causes that drive women to abortion.”

They are making progress despite still having a small budget and staff. Their most recent Form 990 IRS report showed annual income of slightly over \$500,000. Most of that came from contributions, and some from honoraria for campus speaking engagements.⁵ Besides Foster, the group currently has one other full-time staff member, Cat Clark, plus two part-timers. Now based in Alexandria, Va., they have what Foster calls a “boutique office.” They receive help from volunteers around the country, including women who have valuable professional and media experience. Their summer-intern program trains students who are ready to lead when they return to campus in the fall. And FFL works closely with Students for Life of America, a relationship that has strengthened both groups.

FFL also has a group of speakers, besides Foster and other leaders, who have interesting stories to tell on campus. One woman survived an abortion by saline solution. Another decided against abortion despite not knowing whether her child’s father was her boyfriend or a rapist. Another placed her little daughter in an open adoption.⁶

Contributors to the FFL magazine, *The American Feminist*, have made it a lively publication. One issue focused on low-cost ways to raise children. Several others described “Remarkable Pro-Life Women” in politics, medicine, media, and other key fields. The usual print run is 10,000 copies, but some issues have gone up to 20,000.

The FFL pro bono attorney for years was Jane Sullivan, who also served on their board. While volunteering for the group, Sullivan met and married attorney John Roberts, who is now Chief Justice of the U.S. Supreme Court. Feminists for Life received a bonanza of publicity when Roberts was nominated to the high court. Actresses Margaret Colin and Patricia Heaton still help the group catch the public eye. Heaton, honorary FFL chair, is an Emmy-award winner and a mother of four. Her watchword is: “Women who experience an unplanned pregnancy also deserve unplanned joy.”⁷

What Young Women Face

It’s hard for many pregnant women on campus to find that unplanned joy. All too many believe their only choices are having an abortion or leaving college to have their children—and possibly never finishing their education. Feminists for Life, drawing on the actual experience of a former board member, puts it this way in one of their college ads: “They Say I have a FREE CHOICE. But without housing on campus for me and my baby, without on-site daycare, without maternity coverage in my health insurance, it sure doesn’t feel like I have much of a choice.”⁸

Housing, child care, and insurance coverage are still major problems.

Sometimes, though, there are major sources of support that students just don't know about. Sometimes staff of a campus health center or counseling service don't know about them, either. Often they are more likely to know about the nearest abortion clinics and to refer students to them automatically. The FFL program is designed to ensure that students are offered information on positive alternatives. When challenged, it's hard for administrators or students who take a "pro-choice" position to be against offering all the choices. Some, in fact, really *are* pro-choice and work with FFL on alternatives.

Other obstacles often add to the stress of financial pressures on pregnant students: strict class-attendance requirements that are hard to meet when morning sickness is severe; inability to park near classrooms when walking is difficult during late pregnancy; small student desks that are hard to fit into as the due-date approaches. After delivery, problems include lack of diaper-changing stations in campus restrooms and scarcity of private places on campus to nurse a baby. Minor policy changes and a little extra spending can remedy these problems, but some faculty and administrators are either too rigid to make the changes or totally unaware of the problems.

Perhaps worst of all for the young women is the social stigma of being pregnant while unmarried—or, in the eyes of some, being pregnant at all. One student, who married her child's father after becoming pregnant, spoke for herself and others when she mentioned "disapproving looks, rude stares at our pregnant bellies . . . and a society that wants women to choose either education and career or children."

She had enrolled in the federal WIC program, which pays for supplemental food for expectant mothers of limited income. On one trip to the supermarket, she tried to use a WIC coupon for cereal, not realizing she had chosen a brand WIC doesn't cover. A cashier noticed the error, called a co-worker over, and the two "*very publicly reprimanded me*. As the line grew behind me and impatient foot-tapping filled the air, my eyes welled with tears and my face burned red. I knew what all the customers behind me were thinking—'Stupid girl, didn't know better than to not get pregnant, now she doesn't even know how to buy cereal!' . . . Does choosing to give life to your baby while still in school mean you deserve to be publicly humiliated over a box of cereal?"⁹

A Can-Do Approach

Feminists for Life has developed an in-depth program to deal with all of these problems. It has sent information kits on resources to health centers at more than 600 campuses around the country. It also has run an advertising

campaign on about 100 key campuses. Some ads deal with abortion per se, while others stress alternatives to it. One of the best lists national telephone helplines of pregnancy care networks and says: "If you're pregnant and don't feel like you have much of a choice, call these people. They don't want your money, they just want to help. They'll stand by you when no one else will."¹⁰

Foster and her colleagues also invented the Pregnancy Resource Forum, an on-campus event with two major goals: 1) telling students about existing resources for pregnant and parenting students; and 2) developing new ways to help such students. Usually a campus pro-life group does a survey of campus resources well before the forum. There is wide publicity for the forum itself, including ads in the campus newspaper. An FFL leader moderates a panel that may include representatives from campus counseling, the health center, housing office, financial-aid office, and campus ministry, plus a local pregnancy care center and sometimes an adoption agency. Students can question the panelists and make their own suggestions. "The blueprint for progress that we come together with at the end of a Pregnancy Resource Forum," says Foster, "is tailored for that school."

Feminists for Life can't do its part for free; a campus usually pays it several thousand dollars for honorarium, travel costs, and materials for a forum. (Such payments don't cover the whole college outreach program, Foster says, since there is "constant, ongoing training and developing and problem-solving for campuses.") An enterprising college group that is short of money might do a forum entirely by itself, using the FFL website and materials.

Georgetown University, Washington, D.C., spurred by its energetic Right to Life group, hosted the first forum in 1997. Good publicity packed the auditorium. There were some protesters outside; but Foster, the moderator, invited them to come in. She stressed that the event was "*not* a debate over abortion" but was meant "to identify and develop resources for pregnant women, to empower them to make life-affirming choices."¹¹

She takes the same approach on other campuses. In a talk at Northwestern University, Evanston, Ill., last year, she appealed to people on both sides of the abortion issue: "Don't look at each other as the enemy. The only enemies we have are the status quo and accepting failure." She also told them to push the university administration. "You guys have got to get the administration to change," she declared. "Have you heard of revolutions on campuses?"¹²

When there is intensive follow-up on a forum, the results can be profound. Foster says that Georgetown, a Jesuit institution, "has been amazing" and that "every year they take on another challenge." The university established a pregnancy hotline for students, assigned pregnancy-counseling responsibility to

a staff member, and provided a child-proofed townhouse for parenting students. The townhouse can accommodate two mothers with their infants. The mothers pay what they normally would for a university townhouse; there is no extra charge for the babies. Georgetown also decided to have a resource forum every year. Carol Day, the Georgetown staff member in charge of pregnancy support, sees the forums as a good way to continue providing services “and improve upon them each year.” The campus Right to Life group, which has worked with a local pregnancy care center for many years, also provides volunteers to babysit for student parents.¹³

Speaking at California’s Pepperdine University in 2006, actress Patricia Heaton drew a large crowd and emphasized the need for positive alternatives to abortion. The campus pro-life group, Dean of Students Mark Davis recalls, accepted the challenge and said they would like to host a resource forum; so “we worked together to make that happen the following year.” Pepperdine, which is affiliated with the Church of Christ, established a task force to look at campus resources and develop proposals for improvement.

Their solution for one problem should interest other church-related institutions. Davis notes that some students assumed the university “might kick them out” if they were pregnant outside marriage. In fact, he said, the administration was helping students to “make the best of the situation and to stay in school. But that just wasn’t well known.”¹⁴ They decided to make it clear. The student handbook now says: “At Pepperdine, we are strongly committed to being a caring support system when any student becomes pregnant. Our goal is to provide resources, support, and assistance for the student to continue her studies.” Then it adds: “Although Pepperdine does not support an unmarried student’s choice to engage in sexual relationships, we do support any pregnant student throughout the process. *We will not pursue disciplinary action regarding the matter.*” This is followed by a list of university staff who can provide assistance, plus a list of local pregnancy aid centers.¹⁵

Pepperdine, which had a shortage of on-campus housing, used to tell even married students that they couldn’t live on campus with children. That policy has changed; children are now welcome, and parents with children can live in a graduate-student area. There was some worry that grad students might be bothered by the noise children make; but Davis says the response “has been better than I expected” and that students seem to enjoy seeing children around.

No single students with children have requested this housing so far; but they have asked for help with other problems. Pepperdine has streamlined a previously complicated process for voluntary medical withdrawal in order

to aid them. A student who can't finish a semester because of her due date now finds it easier to withdraw temporarily and receive a letter of credit so she won't lose her tuition money. Davis notes, though, that Pepperdine's changes have not cost it much financially.¹⁶

Other Encouraging Signs—and Some Problems

At least 35 colleges and universities have hosted Pregnancy Resource Forums. (Only Georgetown has one every year.) I checked most of their websites, focusing especially on pages dealing with counseling centers and health services.¹⁷ Some sites show real progress.

I was astonished to find, though, that very few campus counseling centers even *mention* pregnancy on their pages. Many centers name worries that might lead students to seek counseling—from test anxiety and eating disorders to serious depression—yet say not one word about pregnancy or abortion. What is a pregnant, worried, and scared young woman to do when even the counseling center seems oblivious to her problems? And what are students who suffer post-abortion guilt or grief to do?

The best statements of support that I found (though not on counseling pages) are on the websites of the University of Notre Dame and Boston College. Both are positive in tone and list many specific sources of help. Thus Notre Dame declares its commitment “to life and to offering students resources that support the choice of life.” It gives contact information for three staff members identified as “Pregnancy Support Advocates who can provide confidential information and assistance.” It also suggests other sources of aid, both on campus and off.¹⁸ Other campuses could use the Notre Dame statement as a template for their own. And they should be sure there are links to it on the counseling, campus-ministry, and health-center pages.

Another fine example is a planned residence for pregnant college students in Belmont, N.C., that's expected to help many students stay in school. Although it didn't result from a Pregnancy Resource Forum, it has strong links with Feminists for Life. It's a project of Room at the Inn, a Charlotte-based Catholic ministry that offers residential care to pregnant women in need. Cynthia (Cindy) Brown, then director of the group, became aware of the FFL approach several years ago. After Brown studied their website, she and her board began considering a residence for pregnant college women, and Serrin Foster advised them about it. Abbot Placid Solari of the Benedictines' Belmont Abbey, a board member, thought it was a great idea. He and his fellow monks offered land where the residence could be built, next door to their Belmont Abbey College.

Jeannie Wray, current director of Room at the Inn, says they are raising money now to build the residence, which will accommodate 15 women at one time. “We believe very firmly that an education is imperative” for young mothers, Wray remarks. She said students from elsewhere will be welcome, suggesting they can enroll in Belmont Abbey College, another local college, or one in nearby South Carolina. When the residence is ready, Wray expects to “hit the ground running.” Meanwhile, Room at the Inn has done outreach to seven college campuses in its area and has a counselor trained to help their pregnant students.¹⁹

The effort to improve resources on secular campuses, whether private or public, often is complicated by a campus climate that’s friendly to promiscuous sex, but not to children. Judging by web pages, many staff in student health centers believe that one of their main jobs is preventing pregnancy and containing widespread sexually transmitted infections (STIs). Staff try to accomplish these goals through free or low-cost distribution of condoms and by prescribing birth-control pills, patches, shots, and the “Plan B” or morning-after pills. While undoubtedly preventing many births, the health centers seem to have limited success in preventing sexual disease, gauging by their emphasis on testing for STIs, including HIV-AIDS. The University of Kansas wellness resource center even has a map of HIV clinics on and off campus.²⁰

Quite a few institutions sponsor “peer education,” in which lightly trained students tell other students about birth control and STIs. Ohio’s Oberlin College has a student-run Sexual Information Center (SIC). The center’s web pages feature a happy cartoon character who is holding a condom. SIC sells condoms, lubricants, dental dams, etc., and gives referrals and rides to low-cost “sexual health and family planning clinics.” It also runs a special event to educate students “about safer sex in a fun atmosphere.” This “Safer Sex Night” has demonstrations and workshops on such topics as “safer oral sex” and “sex toys 101.” The SIC site has a brief page on “Pregnancy Resource Contacts,” listing people at three local churches. Elsewhere, under “Useful Websites,” it suggests one run by the National Abortion Federation and another run by an abortion clinic, but does not list any sites of pregnancy care centers.²¹

Many student-health-center web pages either don’t mention pregnancy or else say only that they offer pregnancy testing and counseling. Some say they offer counseling and referrals on all options. A few actually use the word “abortion.”

Despite all this, there are many ways to make headway on a secular campus. One is to go to the top of the campus administration and also reach out

to feminist groups. That's what happened with a recent forum at a public institution, Clarion University of Pennsylvania. Forum sponsors there included the offices of the university president and the dean of arts and sciences, the campus health center, the women's studies program, Feminist Majority Leadership Alliance, Women United, and Students for Life. There was a baby-items drive on campus for three weeks leading up to the forum.²²

A 2005 forum at Virginia's College of William and Mary did not lead to much information about pregnancy/parenting resources on the administration's web pages. But the W & M pro-life group developed a brochure, "Practical Help for You and Your Baby," that's chock-full of such information. Although it's on the Students for Life web pages, plans to make it widely available on campus in printed form apparently have stalled. The counseling-center director says he saw a version of it at one point, and "we felt their brochure was very well done." It's not clear where the bottleneck is.²³ But I suspect a major push could lead to wide distribution. Resource forums have produced more emphasis on alternatives on web pages of many other campus pro-life groups. Yet many students may never see those pages. The challenge now is to get more of the vital information onto the web pages of campus counseling and health centers—and into printed brochures for their reception rooms.

Many large universities have programs to help *graduate* students who are parents. Opening such programs to undergrads probably should be a major goal of resource forums. The University of Chicago's Family Resource Center, although intended mainly for graduate and professional students, is also open to undergraduate parents. The center has a colorful playroom for the kids, a private place to nurse or change a baby, and even free maternity and child clothing. It also has a meeting room for parents, parenting discussion groups, a toddler playgroup, and family activities such as a "Teddy Bear Picnic" and a field trip to a Japanese Zen Garden.²⁴

The University of California at Berkeley has a comprehensive program to help undergraduate-student parents, and some student volunteers also offer assistance. Using Feminists for Life material, students raised money to put diaper-changing decks in campus restrooms. And each year Berkeley Students for Life run a "diaper drive" outside a Safeway grocery store, asking shoppers to donate all sorts of baby items to help student parents on campus. A volunteer who helped with one drive reported that it looked as though "the baby section of Safeway had been transferred outside. And I won't even begin to count the amount we received in dollars."²⁵

While many university child-care centers are open to students, fees are high and many centers are not equipped to handle infants. But telecommuting

courses can allow a student to attend class from home while caring for a baby. Many schools are reluctant to offer this option, Serrin Foster says, because they see it “as second-class education. But resistance to that is diminishing as technology just takes over the world.”

Volunteer babysitters provide another solution. University of Virginia students started an Undergraduate Babysitters organization. “We have approximately 25-30 volunteer sitters each semester,” says Alicia Marie Dean, the group’s outgoing president. Each volunteer donates 3 to 5 hours per week and “is paired with one family the entire semester.” Undergraduates and single moms and dads have first priority for help.²⁶

Pressing Congress for Aid

The Georgetown experience suggests the enormous advantage of having one office on campus that’s responsible for improving resources and making sure students know about them. Feminists for Life now is pressing Congress to provide \$10 million in matching grants to establish such offices. The plan is to give a \$50,000 grant to each of 200 campuses. The offices would hold resource forums and work constantly for new or better services.

The bill proposing this is called the Elizabeth Cady Stanton Pregnant and Parenting Student Services Act. It’s named for a leading American feminist of the 1800s, a feisty gal who had seven children and was outspokenly pro-life. Chief sponsor in the U.S. Senate is Elizabeth Dole (R-N.C.). Senators Ben Nelson (D-Neb.) and Robert Casey Jr. (D-Pa.) are also on board. The dozen House sponsors, a mix of Democrats and Republicans, include long-time pro-life leader Christopher Smith (R-N.J.).²⁷

Congressional action is not expected before next year, but FFL leaders hope to pick up more sponsors in the meantime. They would like to see the bill become an issue in this year’s presidential and congressional campaigns. Speaking of the major-party presidential candidates, Foster comments: “I really hope that the political operatives around these two will allow them to go down the path where they listen to the real needs of women.” She realizes the Stanton bill may face challenge from people who worry about starting new programs in a time of huge budget deficits. But \$10 million is a tiny sum—not even pocket change—when people are trying to wrap their minds around trillions of dollars in government spending. Foster calls \$10 million “a very modest investment for major returns” and says she’s speaking of start-up money rather than permanent subsidies.

FFL co-founder Pat Goltz has mixed feelings about the Stanton bill. “I don’t care much for government funding for various things,” she says, “but I know that in this case, for the time being, we need the help for these women.

But we need to privatize the help as fast as we can.”²⁸

FFL has a new invention to help push the bill: a student-led Rally for Resources. Besides pressing for change on the host campus, rally organizers collect signatures on petitions for the Stanton bill.²⁹ Meanwhile, Serrin Foster is still thinking ahead. She would like “to have a national summit on pregnancy and parenting.” Ireland did this awhile back, she says, and participants included a former prime minister as well as parliament members on both sides of the abortion debate.

If Ireland can do it, why can't we?

NOTES

1. Serrin Foster, telephone interview by author, 13 June 2008, audio recording. Unless noted otherwise, quotations from Foster are from this interview or a follow-up interview by author, 2 July 2008, audio recording. FFL staff member Cat Clark provided additional information.
2. *The American Feminist*, Fall/Winter 2007, 3.
3. Quoted in Rosemary Bottcher, “Celebrating 25 Years of Pro-Life Feminism,” *ibid.*, Summer 1997, 8-9. For histories of Feminists for Life, see Rosemary Oelrich Bottcher, “The Conception and Life of FFL,” *ibid.*, Fall 2002, 3-6; and Cindy Osborne, “Pat Goltz, Catherine Callaghan and the Founding of Feminists for Life,” in Mary Krane Derr and others, *ProLife Feminism: Yesterday and Today*, 2nd ed. (Feminism and Nonviolence Studies Association, 2005), 219-24. I am indebted to Pat Goltz for fact-checking my two paragraphs on the early years.
4. Gail Grenier Sweet, ed., *Pro-Life Feminism: Different Voices* (Toronto: Life Cycle Books, 1985). I contributed to the anthology and was a member of Feminists for Life at the time.
5. Feminists for Life of America, Form 990 for tax year ending June 30, 2008.
6. *The American Feminist*, Fall/Winter 2007, 4-19.
7. Patricia Heaton, “Rewarding Motherhood,” *ibid.*, Fall 2003-Winter 2004, 3 (original was in italics).
8. “They Say I Have a Free Choice” (Washington: Feminists for Life of America, 2000); and Nicole M. Callahan, “Revolution on Campus,” *The American Feminist*, Summer/Fall 2004, 3-8.
9. Chaunie Saelens Brusie, “Chaunie’s Story,” 14 Feb. 2008 and 5 May 2008, www.feministsforlife.org/chaunie/index.htm. “WIC” means the Women, Infants, and Children program, which also provides supplemental food for babies and young children.
10. “You’re Not Alone Anymore” (Washington: Feminists for Life of America, 2000).
11. Quoted in Nicole M. Callahan, “Seeds of Change at Georgetown,” *The American Feminist*, Summer-Fall 2004, 12-14, 13.
12. Quoted in Rachel Koontz, “Speaker Wants Better Campus Services for Pregnant Students,” 13 April 2007, www.northbynorthwestern.com (go to Archives and search under “pregnancy support”).
13. Quoted in Callahan (n. 11), 14. Carol Day provided additional information via an e-mail from Georgetown media-relations director Andy Pino to the author, 1 Aug. 2008.
14. Mark Davis, interview by author, 21 June 2008, audio recording.
15. “Pregnancy,” <http://seaver.pepperdine.edu/studentaffairs/content/handbook/2008/policy/17-pregnancy.pdf> (italics in original).
16. Davis (n. 14).
17. My count of 35 campuses is based mainly on lists at www.feministsforlife.org/cop/schedulinghistory.htm. In checking web sites, I may have missed some material, since some sites are huge and hard to navigate.
18. University of Notre Dame, “Assistance for Pregnant Students,” <http://osa.nd.edu/departments/pregnant.shtml>; and “Boston College Pregnancy Services,” www.bc.edu/offices/ods/wrc/pregnancy.html.
19. Cynthia Brown, telephone interview by author, 30 June 2008; Jeannie Wray, telephone interview by author, 24 June 2008; and www.rati.org.

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20. University of Kansas, www.studenthealth.ku.edu/wellness/hiv_clinic_map.shtml.
21. Oberlin College, www.oberlin.edu/stuorg/sic/.
22. Clarion University, "Pregnancy and Parenting Resources Schedules Forum," 25 March 2008; and "Clarion University Hosts Parenting Forum," 18 April 2008.
23. "Pregnancy Resources Brochure," www.wm.edu/so/studentsforlife/resources.php; Kristin Coyner, e-mail to author, 11 July 2008; and Kelly Crace, telephone interview by author, 31 July 2008.
24. Dasha Vinogradsky, "Some Students Juggle Papers, Exams, Diapers," 19 Oct. 2007, www.chicagomaroon.com (search under "pregnancy"); and "Family Resource Center," <http://grad-affairs.uchicago.edu/services/parents.shtml>.
25. See <http://studentparents.berkeley.edu>; second Foster interview (n. 1); and Francisco Antonio, "Every Little Bit: BSL Diaper Drive," *Berkeley Students for Life* newsletter, Fall 2007, 1 & 2.
26. Alicia Marie Dean, e-mails to author, 27 June 2008 and 1 July 2008.
27. See <http://thomas.loc.gov> (search under "Elizabeth Cady Stanton Pregnant and Parenting").
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"God, I'd love to give you a makeover."

Identity, Abortion and Walker Percy

Edward Short

When a number of books about the American Civil War appeared in the late 1950s, including Bruce Catton's *This Hallowed Ground* and Shelby Foote's *Shiloh*, the novelist Walker Percy (1916-1990) accounted for the resurgent interest in the long-ago war by surmising that "the whole country, the South included, is just beginning to see the Civil War whole and entire for the first time. The thing was too big and too bloody, too full of suffering and hatred, too closely knit into the fabric of our meaning as a people, to be held off and looked at—until now."¹ Percy wrote that four years before the publication of his first novel, *The Moviegoer* (1961), which won the National Book Award. Nevertheless, it broached a theme that he would tackle again and again in his six novels: how we understand our identity, claim the inheritance of our fallen nature. In his last novel, *The Thanatos Syndrome* (1987), he returned to this theme by considering what he called "the widespread and ongoing devaluation of human life . . . under various sentimental disguises: 'quality of life,' 'pointless suffering,' 'termination of life without meaning,' etc."² The form of devaluation with which Percy became most concerned was abortion, though he also decried the related rise of eugenics, euthanasia, and pharmacology.

Since Western society is still waging its war against unborn children, it is not possible to step back and grasp the full import of this war. Still, Percy recognized that the grounds of this development are, in their way, as inscrutable as the grounds for the Civil War. "Not being a historian, I don't know what the cause of that war was," he admitted in one article, "whether it was fought purely and simply over slavery, or over states' rights, or, as Allen Tate once said, because the South didn't want to be put in Arrow collars."³ What he did know was that the war against unborn children could not be understood simply as a political or even a moral debate between the pro-life and the pro-choice—if anything, it was the consequence of an even bigger and bloodier division than the one that pitted Yankees against Confederates. Beginning with Descartes in the 17th century, this division tore body and soul completely asunder and saddled the Western mind with misconceptions about the nature of human identity that have almost entirely derailed philosophy. Percy described the circumstances in which these

Edward Short is finishing a book about Cardinal Newman and his contemporaries which Continuum is scheduled to publish in 2010.

misconceptions arose in terms that are fairly indisputable:

The old modern age has ended. We live in a post-modern as well as a post-Christian age. . . . It is post-Christian in the sense that people no longer understand themselves, as they understood themselves for some fifteen hundred years, as ensouled creatures under God, born to trouble, and whose salvation depends upon the entrance of God into history as Jesus Christ. It is post-modern because the Age of Enlightenment with its vision of man as a rational creature, naturally good and part of the cosmos, which itself is understandable by natural science—this also has ended. It ended with the catastrophes of the twentieth century. The present age is demented. It is possessed by a sense of dislocation, a loss of personal identity, an alternating sentimentality and rage, which, in an individual patient, could be characterized as dementia. As the century draws to a close [Percy wrote this in 1990], it does not have a name, but it can be described. It is the most scientifically advanced, savage, democratic, inhuman, sentimental, murderous century in human history.⁴

Here is the philosophical context in which Percy placed the emergence of abortion on demand. Before looking at how he treated the subject in his writings, I should say something about his life.

No one can read of Percy's life without seeing that his solicitude for unborn children had deep roots in his personal history. He was descended from English Protestant planters and lawyers who arrived in the South in the 18th century and settled in Birmingham, Alabama. What distinguished them most, besides their commitment to their families and their neighbors, white and black, was their constitutional melancholy. In 1917, Percy's grandfather shot himself in the heart with a twelve-gauge shotgun. Some of his depression might have been attributed to the loss of two of his children in infancy but what the root cause was no one could ascertain. Then, in 1929, family history grimly repeated itself when Percy's father shot himself with a twenty-gauge shotgun, the coroner later finding that the bullet had gone clear through the top of his head. Walker Percy was 12 at the time. Two years later, Percy's mother died when she drove her car off a bridge, which Percy always suspected had been intentional. In any case, at 14, Percy, together with his two younger brothers, was an orphan. No series of events could have better acquainted him with the vulnerability of children.

When his own vulnerability was at its acutest, his father's brother, William Alexander Percy, took Percy and his brothers into his home and adopted them. Their lives were transformed. Uncle Will was a well-respected lawyer, poet, and autobiographer who introduced Percy not only to a number of living Southern writers but to Shakespeare, Keats, Brahms, and Beethoven—not to mention Richard Wagner, whom Percy always found insufferable, "though I was dragged every year," as he recalled, "to hear Flagstad sing *Isolde*."⁵ But more than classical culture, Uncle Will gave Percy the gift of

himself. “To have lived in Uncle Will’s house,” Percy later wrote, “was nothing less than to be informed in the deepest sense of the word. What was to be listened to, dwelled on, pondered over for the next thirty years was of course the man himself, the unique human being, and when I say unique I mean it in the most literal sense: he was one of a kind: I never met anyone remotely like him.”⁶

This sense of the precious uniqueness of the individual would profoundly inform Percy’s understanding of the abortion issue. The rigorous sense of honor that he learned in his uncle’s home would also equip him to see through the tawdry sophistry that prepared the way for legalized abortion. Writing in 1973, the year of *Roe v. Wade*, Percy remarked of his beloved uncle, “Certainly, nothing would surprise him about the collapse of the old moralities; for example, the so-called sexual revolution, which he would more likely define in less polite language as alley-cat morality. I can hear him now: ‘Fornicating like white trash is one thing, but leave it to this age to call it the new morality.’”⁷ Just as important, William Percy impressed upon his nephew how vital it was for the individual to understand his true identity. In his brilliant biography of Percy, *Pilgrim in the Ruins*—published in 1992, two years after Percy’s death—Jay Tolson quoted a passage from William Percy’s autobiography, *Lanterns on the Levee* (1941), which goes to the heart of this issue of identity:

Here among the graves in the twilight I see one thing only, but I see that thing clear. I see the long wall of a rampart somber with sunset, a dusty road at its base. On the tower of the rampart stand the glorious high gods, Death and the rest, insolent and watching. Below on the road stream the tribes of men, tired, bent, hurt, and stumbling, and each man alone. As one comes beneath the tower, the High God descends and faces the wayfarer. He speaks three slow words: “Who are you?” The pilgrim I know should be able to straighten his shoulders, to stand his tallest, and to answer defiantly: “I am your son.”⁸

In a moving piece about his Uncle Will’s three-story Greek revival house in Greenville, Miss., which included an elevator, a huge automatic phonograph known as the Capehart, a rambling garden, and a voluminous library, Percy fondly recalled the literary guests who came to visit his uncle, including Carl Sandburg and Langston Hughes, and the unforgettable vitality of the place. Yet he concluded his reminiscence by observing, “It’s all gone now, house, garden, Capehart, Beethoven quartets in Victor 78s. . . . In its place, I think are neat condo-villas of stained board-and-batten siding. Only the garden wall remains. I am not complaining. I have what he left me, and I don’t mean things.”⁹

Here was proof that the most important lesson that Uncle Will had to

impart—the lesson of the inestimable value of the individual before and beyond the graveyard—was not lost on his brilliant nephew.

Percy attended the University of North Carolina at Chapel Hill with his best friend Shelby Foote, the celebrated historian, to whom he was introduced by William Percy in 1930. The correspondence between Percy and Foote records the support they gave each other as they mined their respective quarries. When Percy was unsure about whether he was on the right track with regard to *The Thanatos Syndrome*, which caused him more artistic trouble than all his books put together, Shelby was ready with good steadying counsel. “I say you should write what you want to write about anyone anywhere,” he wrote his anxious friend. “That dreadful things can come from do-gooding . . . who’s going to argue with that?”¹⁰

After graduating from college, Percy trained as a medical doctor at Columbia, where he received his medical degree in 1941. After conducting an autopsy as an intern at Bellevue, he contracted TB. While convalescing at the Trudeau Sanatorium in the Adirondacks, he read Søren Kierkegaard and Fyodor Dostoevsky, both of whom led him to question whether science could usefully pronounce on the basal mysteries of life. In 1947, Percy converted to Catholicism and decided to pursue writing rather than medicine.

A year earlier, he had married Mary Bernice Townsend, a medical technician, with whom he raised two daughters in Covington, La., which he once described as lying “in the green heart of green Louisiana, a green jungle of pines, azaleas, camellias, dogwood, grapevines, and billions of blades of grass.”¹¹ So many, in fact, that he once told his wife that if she would allow it, he would prefer finishing his days “in a French cottage on Rue Dauphine [in New Orleans] with a small paved patio and not a single blade of grass.” Just short of his 74th birthday, in 1990, Percy died of prostate cancer. He is buried on the grounds of St. Joseph’s Abbey in St. Benedict, La.

Although stylistically highly differentiated, all of his novels—*The Moviegoer*, *The Last Gentleman* (1966), *Love in the Ruins* (1971), *Lancelot* (1977), *The Second Coming* (1980), and *The Thanatos Syndrome* pivot on what for Percy was the all-important question of human identity.

When it came to his own identity, Percy recognized it as nurtured and sustained by his Catholic faith. He was particularly grateful for the dividends his faith paid his art. One hears so much nonsense of how faith constrains the artist: It is refreshing to hear Percy affirm how it liberated him. “I have the strongest feeling that, whatever else the benefits of the Catholic faith, it is of a particularly felicitous use to the novelist. Indeed, if one had to design a religion for novelists, I can think of no better. What distinguishes Judeo-

Christianity in general from other world religions is its emphasis on the value of the individual person, its view of man as a creature in trouble, seeking to get out of it, and accordingly on the move. Add to this . . . the sacraments, especially the Eucharist, which, whatever else they do, confer the highest significance upon the ordinary things of this world, bread, wine, water, touch, breath, words, talking, listening—and what do you have? You have a man in a predicament and on the move in a real world of real things, a world which is a sacrament and a mystery: a pilgrim whose life is a searching and finding.”¹² One of the reasons why Percy is such a good novelist is that he fully recognizes how well fitted the novel is to explore man’s moral pilgrimage.

Percy’s faith also reinforced something of the patrician steel that was a good part of his make-up. In a witty piece called “Why Are You a Catholic?” (1990), he recalled how outré his conversion was in a region not known for its fondness for the Roman Church. When the subject of religion came up in the South, he pointed out, it did so usually as “a challenge or a provocation or even an insult”:

It happens once in a while, for example, that one finds oneself in a group of educated persons, one of whom, an educated person of a certain sort, may venture such an offhand remark as: *Of course, the Roman Catholic Church is not only a foreign power but a fascist power.* Or when in a group of less educated persons, perhaps in a small town barbershop, one of whom, let us say an ex-member of the Ku Klux Klan—who are not bad fellows actually, at least hereabouts, except when it comes to blacks, Jews, and Catholics—when one of them comes out with something like *The Catholic Church is a piece of s**** then one feels entitled to a polite rebuttal in both cases, in the one with something like, “Well, hold on, let us examine the terms power, foreign, fascist—” and so on, and in the case of the other, responding in the same tone of casual barbershop bonhomie with, say, “Truthfully, Lester, you’re something of a s*** yourself, even for white trash—” without in either case disrupting, necessarily, the general amiability.¹³

Such unflappable independence of mind would stand Percy in good stead when he went up against the equally bigoted pro-abortion Establishment. But even before the abortion issue arose, he knew that he was not in sync with the consensus of most of his contemporaries, especially those in the medical and academic fields. In a 1987 interview he described what he called the “Holy Office of the Secular Inquisition”:

It is not to be confused with “secular humanism,” because . . . it is anti-human. Although it drapes itself in the mantle of the scientific method and free scientific inquiry, it is neither free nor scientific. Indeed it relies on certain hidden dogma where dogma has no place. I can think of two holy commandments which the Secular Inquisition lays down for all scientists and believers. The first: In your investigations and theories, thou shalt not find anything unique about the human animal even if the evidence points to such uniqueness. Example: Despite heroic attempts to teach sign

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language to other animals, the evidence is that even the cleverest chimpanzee has never spontaneously named a single object or uttered a single sentence. Yet dogma requires that, despite traditional belief in the soul or the mind, and the work of more recent workers like Peirce and Langer in man's unique symbolizing capacity, *Homo sapiens* be declared to be not qualitatively different from other animals. Another dogma: Thou shalt not suggest that there is a unique and fatal flaw in *Homo sapiens* or indeed any perverse trait that cannot be laid to the influence of Western civilization. Example: An entire generation came under the influence of Margaret Mead's *Coming of Age in Samoa* and its message: that the Samoans were an innocent, happy, and Edenic people until they were corrupted by missionaries and technology. That this turned out not to be true, that indeed the Samoans appear to have been at least as neurotic as New Yorkers has not changed the myth or the mindset.¹⁴

Here, Percy delineated the baleful outlines of political correctness, which became liberal orthodoxy in the last years of the 20th century. Denying civilized man's unique symbolizing capacity, while at the same time inflating the capabilities of savages and chimpanzees, constituted more than bad anthropology. These dogmas were an assault on the identity of the uniquely human, an assault that opened the door to the inhumanity of abortion and euthanasia, eugenics and embryo experimentation. According to this rogue science, the living were free to flout the divine source of life by determining whether the unborn should live or die, because there was no divine source of human life and therefore no concomitant uniqueness or sanctity inherent in human life. The moral Percy drew from this absence of any true sense of human identity was not candy-coated. "It is easy to criticize the absurdities of fundamentalist beliefs like 'scientific creationism,'" he wrote, "but it is also necessary to criticize other dogmas parading as science and the bad faith of some scientists who have their own dogmatic agendas to promote under the guise of 'free scientific inquiry.' Scientific inquiry should, in fact, be free. . . . If it is not, if it is subject to this or that ideology, then do not be surprised if the history of the Weimar doctors is repeated. [It was the leading doctors of Germany's Weimar Republic before the rise of Hitler and the Nazis who pioneered modern methods of euthanasia.] Weimar leads to Auschwitz. The nihilism of some scientists in the name of ideology or sentimentality and the consequent devaluation of individual human life lead straight to the gas chamber."¹⁵

Although he did not acknowledge as much in print, Percy was indebted to Flannery O'Connor for at least some of this point. In an essay about a young girl, a splendid candidate for abortion, who had been born with a tumor on the side of her face and one eye, the other having been surgically removed, O'Connor observed how

one of the tendencies of our age is to use the sufferings of children to discredit the goodness of God . . . Ivan Karamazov cannot believe as long as one child is in

torment; Camus' hero cannot accept the divinity of Christ, because of the massacre of the innocents. In this popular pity, we mark our gain in sensibility and our loss in vision. If other ages felt less, they saw more, even though they saw with the blind, prophetic, unsentimental eye of acceptance, which is the eye of faith. In the absence of this faith now, we govern by tenderness. It is a tenderness, which, long since cut off from the person of Christ, is wrapped in theory. When tenderness is detached from the source of tenderness, its logical outcome is terror. It ends in forced-labour camps and in the fumes of the gas chamber.¹⁶

In a letter to a friend in 1973, Percy also deplored this factitious pity when he related how he “heard Dr. Christiaan Barnard say that what mattered was quality of life and that therefore euthanasia could be defended. Dick Cavett asked him who made the decision about the quality of life. Said Doc Barnard: ‘Why the doctors.’ Now the time may come when this society does dispose of human life according to pragmatic principles, and come to look upon the ‘sacredness of life’ as either an empty slogan or an outgrown religious dogma. But if that happens—as in fact it already has—we’re in deep trouble. . . . I think we’re much more like the Nazis and Dachau than we imagine.”¹⁷

To some, this might seem needlessly provocative. In making the pro-life case against abortion, they might argue, we should employ more measured arguments. But my own exception to Percy's statement is not that it goes too far but that it does not go far enough. Weimar did lead to Auschwitz and the gas chambers. But the sentimental nihilism that Percy accurately sees as the legacy of Weimar has led in our own time not to the gas chamber but to the abortion clinic, to destruction and degradation of human life on a scale that the Nazis would have thought scarcely possible. Comparing our own abortion industry, which has killed over 40 million unborn children, to the Nazi murder of 6 million Jews is a misleading comparison. We have been infinitely more successful in doing away with our own “life not worth living” than the Nazis were with theirs.

However, Percy was right to see a link between our ideologically perverted science and our readiness to connive at the killing of unborn children. In an op-ed piece that appeared in the *New York Times* in 1981, Percy noted an irony that the liberal enemies of the Roman Church and of unborn children continue to miss:

The con . . . perpetrated by some jurists, some editorial writers, and some doctors is that since there is no agreement about the beginning of human life, it is therefore a private religious or philosophical decision and therefore the state and the courts can do nothing about it. . . . There is a wonderful irony here. It is this: the onset of individual life is not a dogma of the Church but a fact of science. . . . Please indulge the novelist if he thinks in novelistic terms. Picture the scene. A Galileo trial in reverse. The Supreme Court is cross-examining a high-school biology teacher and admonishing him that of course it is only his personal opinion that the fertilized

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human ovum is an individual human life. He is enjoined not to teach his private beliefs at a public school. Like Galileo he caves in, submits, but in turning away is heard to murmur, “*But, it’s still alive!*”¹⁸

After this unanswerable sally, it is perhaps no wonder that the editors of the staunchly pro-abortion *Times* refused even to acknowledge a Letter to the Editor that Percy sent off in 1988 at the behest of J. P. McFadden and the *Human Life Review*:

Perhaps the most influential book published in German in the first quarter century was entitled *The Justification of the Destruction of Life Devoid of Value*. Its co-authors were the distinguished jurist Karl Binding and the prominent psychiatrist Alfred Hoche. Neither Binding nor Hoche had ever heard of Hitler or the Nazis. Nor, in all likelihood, did Hitler ever read the book. He didn’t have to. The point is that the ideas expressed in the book and the policies advocated were not the product of Nazi ideology but rather of the best minds of the pre-Nazi Weimar Republic—physicians, social scientists, jurists and the like who with the best secular intentions wished to improve the lot, socially and genetically of the German people—by getting rid of the unfit and the unwanted. It is hardly necessary to say what use the Nazis made of these ideas. I would not wish to be understood as implying that the respected American institutions I have named are similar to corresponding pre-Nazi institutions. But I do suggest that once the line is crossed, once the principle gains acceptance—juridically, medically, socially—that innocent human life can be destroyed for whatever reason, for the most admirable socio-economic, medical or social reasons—then it does not take a prophet to predict what will happen next, or if not next then sooner or later. At any rate a warning is in order. Depending on the disposition of the majority and the opinion polls—now in favor of allowing women to get rid of unborn and unwanted babies—it is not difficult to imagine an electorate or a court ten years, fifty years from now, who would favor getting rid of useless old people, retarded children, anti-social blacks, illegal Hispanics, gypsies, Jews . . . Why not?—if that is what is wanted by the majority, the polled opinion, the polity of the time.¹⁹

This can be read as something of an abstract of *The Thanatos Syndrome*, in which Dr. Tom More, a lapsed-Catholic psychiatrist, uncovers a scheme by colleagues and local Louisiana businessmen to introduce behavior-altering chemicals into the water supply. “What would you say, Tom,” one of the book’s smarmier characters asks, while listening to a waltz by Strauss, “if I gave you a magic wand you could wave . . . and overnight you could reduce crime in the streets by eighty percent?”²⁰ Dr. More recognizes that the sexual behavior of his psychiatric patients has become arrestingly pongid; their ability to remember facts has increased exponentially; and their overall deportment has become suspiciously sedate where once it was characterized by violent mood swings.

The novel’s narrative is given over to Dr. More’s discovery of the precise nature of the scheme, including its effects, which are revealed to be at once

uproariously funny and revoltingly sinister. In his crisis of conscience, Dr. More clearly recalls another More, though Percy spares his hero the grisly consequences that befell Henry VIII's Lord Chancellor. In this superbly satirical novel, which merits a place beside the most unsettling salvos of Swift and George Orwell, Percy takes devastating aim at our arrogant contempt for the laws of God and nature, and in the process skewers pharmacology, euthanasia, eugenics, and abortion. In one representative passage, Dr. More describes the forces of change that have made poor Freud passé:

I am the only poor physician in town, the only one who doesn't drive a Mercedes or a BMW. I still drive the Chevrolet Caprice I owned before I went away. It is a bad time for psychiatrists. Old-fashioned shrinks are out of style and generally out of work. We, who like our mentor Dr. Freud believe there is a psyche, that it is born to trouble as the sparks fly up, that one gets at it, the root of trouble, the soul's own secret, by venturing into the heart of darkness, which is to say, by talking and listening, mostly listening, to another troubled human for months, years—we have been mostly superseded by brain engineers, neuropharmacologists, chemists of the synapses. And why not? If one can prescribe a chemical and overnight turn a haunted soul into a bustling little body, why take on such a quixotic quest as pursuing the secret of one's very soul?²¹

The most effective character in the book is the one about whom Percy was most dubious.²² Father Smith, a Catholic whiskey priest, has secluded himself atop a fire tower to protest his society's instruments of death. In modeling Smith after St. Simon Stylites, Percy was calling attention to a form of holy protest that might not be favored by monks today but which is perfectly suitable for what Percy calls our "time of apocalypse."

For some sense of what Percy might have had in mind in creating Father Smith, we can revisit what the historian Edward Gibbon had to say about the original St. Simon. When Gibbon considered the rise of monasticism in the fifth century in his *Decline and Fall of the Roman Empire*, he made a distinction between vulgar and ascetic Christians. The former were easy-going latitudinarians who "reconciled their fervent zeal and implicit faith with the exercise of their profession, the pursuit of their interest, and the indulgence of their passions." But the ascetics were different. "Inspired," as Gibbon says, "by the savage enthusiasm which represents man as criminal . . . they seriously renounced the business and pleasures of the age; abjured the use of wine, of flesh, and of marriage; chastised their body, mortified their affections, and embraced a life of misery, as the price of eternal happiness."

For Gibbon, the most patently absurd and indeed pernicious of these "wretched votaries" was Simon Stylites, a Syrian shepherd, born about 390, whose "aerial penance" required his residing 60 feet above ground on a pillar

six feet in diameter, where he fasted and prayed for over 30 years. “A prince, who should capriciously inflict such tortures would be deemed a tyrant,” Gibbon contended. For him, “This voluntary martyrdom... gradually destroyed the sensibility both of the mind and body; nor can it be presumed that the fanatics who torment themselves are susceptible of any lively affection for the rest of mankind. A cruel, unfeeling temper has distinguished the monks of every age and country: their stern indifference, which is seldom mollified by personal friendship, is inflamed by religious hatred; and their merciless zeal has strenuously administered the holy office of the Inquisition.”²³

We have already seen what Percy thought of the “Holy Office of the Secular Inquisition.” But what is interesting about Gibbon’s attack on St. Simon is that he depicted him as “cruel,” “unfeeling,” and “inflamed by religious hatred”—all the attributes that accurately describe the proponents of abortion, despite their attempts to appear paragons of niceness. What makes Father Smith such an enjoyable character is that he is the antithesis of nice. And yet while he is by no means a model ascetic, he is anything but cruel or unfeeling. Here Percy draws an important distinction between sentimental and true goodness. Father Smith may be a whiskey priest, he may even have wavered in his faith, but, unlike the advocates of human engineering, he is a compassionate sinner. He cares for the unfortunate; he does not spurn the misbegotten.

In one bravura section of the novel, titled “Father Smith’s Confession,” which has a kind of Dostoevskyan irrepressibility, Father Smith abjures the do-gooding sanctimony assumed by so many in the pro-abortion camp, without ever compromising his claim to authentic virtue. In one memorable passage, recalling his rocky stint as a parish priest, he admits: “Frankly, I found my fellow men, with few exceptions, either victims or ***holes. I did not exclude myself. The only people I got along with were bums, outcasts, pariahs, family skeletons, and the dying.” Here is a St. Simon that wonderfully confounds Gibbon’s caricature of sanctity, as well as his Enlightenment contempt for the mysterious, the flawed, the uniquely human. At the end of the novel, when Father Smith makes another impromptu speech, another confession, the sympathetic reader can be excused for listening to him as to a prophet, even though his creator was highly skeptical of novelists making any claim to prophecy:

Listen to me, dear physicians, dear brothers, dear Qualitarians, abortionists, euthanasists! Do you know why you are going to listen to me? Because every last one of you is a better man than I and you know it! And yet you like me. Every last one of you knows me and what I am, a failed priest, an old drunk, who is only fit to do one thing and to tell one thing. You are good, kind, hardworking doctors, but you like me nevertheless and I know that you will allow me to tell you one thing—no,

ask one thing—no, beg, one thing of you. Please do this one favor for me, dear doctors. If you have a patient, young or old, suffering, dying, afflicted, useless, born or unborn, who you for the best of reasons wish to put out of his misery—I beg only one thing of you, dear doctors! Please send him to us. Don't kill them! We'll take them—all of them! Please send them to us! I swear to you, you won't be sorry. We will all be happy about it! I promise you, and I know that you believe me, that we will take care of him, her—we will even call on you to help us take care of them!—and you will not have to make such a decision. God will bless you for it and you will offend no one except the Great Prince Satan, who rules the world. That is all.²⁴

In a letter to one of his early mentors, the Catholic Southern novelist Caroline Gordon, Percy made an extraordinary admission. “Your letter has the effect of encouraging me to expectorate a chronic bone-in-the-throat. It has to do with my main problem as a fiction writer. Actually, I do not consider myself a novelist but a moralist. . . . My spiritual father is Pascal (and/or Kierkegaard). And if I also kneel before the altar of Lawrence and Joyce and Flaubert, it is not because I wish to do what they did, even if I could. What I really want to do is to tell people *what they must do and what they must believe if they want to live.*”²⁵

Some have seen this as proof that Percy confused art with didacticism and was simply too honest to try to conceal the fact. But this is an unwarranted criticism. It is true that his fiction is profoundly moral. It is also true that he wrote to confront what he regarded as the spiritual desolation of post-modern man, man after Auschwitz. But the idea that these moral and spiritual objects somehow vitiated his art is false. For Percy, fiction, if undertaken honestly, was a kind of science in its own right, a way of knowing. Of course, he could be witheringly critical of the presumed reach of this form of knowing. “The novelist, I have come to believe,” he declared in one essay, “is only good for one or two things—and they do not include being prophetic or making broad pronouncements about the decline of the West, the nature of evil, loneliness, God, and so forth. The embarrassment of the novelist is that after he masters his one or two tricks, does his little turn, some readers tend to ascribe this success to a deeper wisdom—whereas it is probably the very condition of his peculiar activity that he doesn't know anything else—which is to say that a person who asks a novelist anything about life and such, how to live, is in a bad way indeed.”²⁶ Yet in the same essay he balanced this grudging assessment with a more generous measure of the practical good that the novelist can accomplish:

If the novelist's business is, like that of all artists, to tell the truth, even when he is making up a story, he had better tell the truth no matter how odd it is, even if the truth is a kind of upside-downness. And if it is the novelist's business to look and see what is there for everyone to see but is nonetheless not seen, and if the novelist is by his

very nature a hopeful man—he has to be hopeful or he would not bother to write at all—then sooner or later he must confront the great paradox of the twentieth century: that no other time has been more life-affirming in its pronouncements, self-fulfilling, creative, autonomous, and so on—and more death-dealing in its actions. It is the century of the love of death.²⁷

The Thanatos Syndrome is not flawless. Its satire, at times, is too scattershot and it is structurally jerry-built. Nonetheless, what makes it a book that will continue to be read long after its critics have handed in their dinner-pails is that it provides a kind of epidemiology of abortion, an inquest into the roots of sentimental inhumanity, which one finds nowhere else. Percy does “look and see what is there for everyone to see but is nonetheless not seen.” And he locates the cause for this failure of vision in our ignorance of our true identity. In 1974, in an unpublished paper given to a group interested in mental health at Louisiana State University, Percy wondered “whether or not we have settled for a view of man which is grossly incoherent by any scientific canon. That is to say, I wonder if through a kind of despair or through sheer weariness we have not given up the attempt to put man back together again, if indeed he was ever whole, or whether man isn’t like Humpty Dumpty, who fell off the wall three hundred years ago, or rather was pushed by Descartes, who split man into body and mind . . .”²⁸

Percy was making these speculations a year after *Roe v. Wade*. Of course, long before, Nazi Germany had already set up the death camps. But forty years after *Roe v. Wade*, in America, it is clear that Humpty Dumpty’s fall has had more than philosophical consequences. An incoherent view of man has resulted in a contempt for man, which, in turn, has resulted in the murder of 40 million unborn children. The Nazis justified their destruction of what they called “life not worth living” by appeals to racial purity; we justify ours by appeals to “reproductive rights,” “quality of life,” “family planning,” “compassion.” Father Smith, the messenger of God,²⁹ helps Dr. More understand the meaning of these appeals: “You are a member of the first generation of doctors in the history of medicine to turn their backs on the oath of Hippocrates and kill millions of old useless people, unborn children, born malformed children, for the good of mankind—and to do so without a single murmur from one of you. Not a single letter of protest in the august *New England Journal of Medicine* . . .”³⁰

Scientists could scarcely diagnose a problem to which they so blindly contributed. Percy, a scientist who was also a novelist, saw that the problem was in us: not only in our fallen nature but in our Pelagian refusal to acknowledge that fallen nature. Yet, he never counseled despair. As he has Father Smith assure Dr. More: “if you keep hope and have a loving heart and

do not secretly wish for the death of others, the Great Prince Satan will not succeed in destroying the world . . . Perhaps the world will end in fire and the Lord will come—it is not for us to say. But it is for us to say . . . whether hope and faith will come back into the world.”³¹

NOTES

1. “The American War” in *Signposts in a Strange Land*, edited by Patrick Samway, S.J. (New York, 1991), 72.
2. “An Interview with Zolan Abadi-Nagy,” in *ibid.*, 394.
3. “The American War,” in *ibid.*, 79-80.
4. “Why Are You A Catholic?” in *ibid.*, 309.
5. “Uncle Will” in *ibid.*, 55.
6. *Ibid.*
7. *Ibid.*, 58.
8. Quoted in Tolson, Jay, *Pilgrim in the Ruins: A Life of Walker Percy* (New York, 1992), 17.
9. “Uncle Will’s House” in *Signposts in a Strange Land*, 66.
10. *The Correspondence of Shelby Foote and Walker Percy*, edited by Jay Tolson. (New York, 1997), 294
11. “Why I Live Where I Live” in *ibid.*, 9.
12. “The Holiness of the Ordinary,” in *Signposts in a Strange Land*, 66
13. “Why Are You a Catholic?” 305-06.
14. “An Interview with Zolan Abadi-Nagy,” 395-96.
15. *Ibid.*
16. O’Connor, Flannery, “A Memoir of Mary Ann,” in *Mystery and Manners: Occasional Prose*, selected and edited by Sally and Robert Fitzgerald (New York, 1969), 226-27.
17. Tolson, *Pilgrim in the Ruins: A Life of Walker Percy*, 439.
18. “Why Are You A Catholic?” 342.
19. “An Unpublished Letter to the Editor,” in *Signposts in a Strange Land*, 350-1.
20. *The Thanatos Syndrome* (New York, 1987), 91.
21. *Ibid.*, 13.
22. See *The Correspondence of Shelby Foote and Walker Percy*, edited by Jay Tolson (New York, 1997), 297. Percy wrote to his good friend, Shelby Foote, apropos this crucial character, “I deeply appreciate your taking time with that peculiar novel—and pinpointing what’s wrong. Well, you’re right. Every time Fr. Smith opens his mouth he, I, is in trouble. What I do is cut, cut, cut. Thanks to you, I’ll probably cut him again. You can’t get away with a Fr. Zossima these days and probably shouldn’t.” But, as it happened, Percy retained a good portion of the section featuring Father Smith and although many thick-witted reviewers, including Terrence Rafferty of *The New Yorker*, had no idea what Percy was up to in creating the Smith character, the decision to retain a good portion of him was artistically sound. See Tolson, Jay *Pilgrim in the Ruins*, 469-70, for a précis of Rafferty’s objections to the novel.
23. Edward Gibbon. *The Decline and Fall of the Roman Empire* (Folio Society, 1986), v. 4, 302.
24. *Ibid.*, 361.

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25. Tolson, *Pilgrim in the Ruins*, 300.
26. "Novel Writing in an Apocalyptic Time," in *Signposts in a Strange Land*, 155.
27. *Ibid.*, 162.
28. "Is a Theory of Man Possible?" in *Signposts in a Strange Land*, 115
29. Since the hagiographer John Coulson refers to St. Simon of Stylites as "God's messenger," the same epithet might be fairly accorded his fictional protégé Father Smith. Coulson's portrait of St. Simon is more reliable than Gibbon's. According to Coulson, "Far from being an uncouth fanatic," Simon "showed unruffled patience, gentleness and kindness to all . . . He preached daily to crowds. The Bedouin from the surrounding deserts flocked to hear him. Persians, Armenians, and Georgians thronged around him . . . Emperors consulted him and asked his prayers. The Emperor Marcian visited him incognito. He persuaded the Empress Eudoxia to abandon the Monophysites. To St. Geneviève, remote in the far west, he sent greetings and a request for prayers. The Stylite thus proved himself God's messenger . . ." See *The Saints: A Concise Biographical Dictionary*, edited by John Coulson. (New York, 1958), 417.
30. *The Thanatos Syndrome*, 127.
31. *Ibid.*, 365



"Wonderful story, beautifully told."

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[*J.P. McFadden founded the Human Life Review in 1975 and was its editor until his death in New York City on October 17, 1998. This article first appeared in the Fall 1983 issue of the Review.*]

Toward the New Future

J.P. McFadden

“This is not the first time our country has been divided by a Supreme Court decision that denied the value of certain human lives.” That sentence appeared in the article by President Ronald Reagan in the Spring [1983] issue of this review. Mr. Reagan was of course linking the *Roe v. Wade* decision of 1973 to the *Dred Scott* decision of 1857, which held in effect that blacks could have no rights as citizens under the Constitution. The President is by no means the first to draw the obvious parallel between abortion and slavery: in both cases, a discrete class of human beings were denied not only the rights of citizens, but also the fundamental right to life itself. Just as, now, a woman holds life-and-death power over her unborn child, so, then, a Master held the same power over his human “property.”

As Mr. Reagan also noted, his predecessor (in the presidency, as well as in the championing of human rights) Abraham Lincoln struggled long and hard to find a peaceful solution to the slavery dilemma. Admitting that *Dred Scott* had affirmed it as “the law of the land,” Lincoln triumphed, but not peacefully. Yet long before he was president, he had argued that the solution lay not in the Constitution—subject then, and infinitely more so now, to meaning what the Supreme Court says it means—but rather in the Declaration of Independence, the document that truly founded the American nation, and which holds unambiguously, indeed as a “self-evident” truth, that all men are *created* equal.

“Let us re-adopt the Declaration of Independence,” Lincoln said once in Illinois, and with it “the practices and policy which harmonize with it.” Do that, he said, and “we shall not only have saved the Union, but have so saved it, as to keep it forever worthy of saving.”

Certainly the slavery-abortion parallel is strongest at this point: that human beings possess “Unalienable rights” that cannot be rightfully denied; that it is the fundamental duty of government to secure these rights. Thus the purpose of all the serious anti-abortion efforts of the past decade has been to achieve what would amount to citizenship for the unborn (indeed, in certain cases—inheritance, injuries and the like—the courts have long treated the unborn as citizens), because human rights begin at the beginning of life. This, Lincoln said, was the “majestic interpretation” the Founding Fathers wrote in to the Declaration, because “In their enlightened belief, nothing stamped with the divine image and likeness was sent into the world to be trodden on . . .”

Yet these same noble fathers did not eliminate slavery. In fact, they actually wrote it into the original Constitution, albeit not by name, and only to prohibit its prohibition for several decades—their successors were left to deal as they might

with this glaring violation of the Declaration's principles. The final solution was, of course, the bloodiest war in our history, and even that failed to destroy the many lesser injustices that the "peculiar institution" had spawned, many of which remain with us still.

It is well to remember another parallel in the slavery-abortion equation. He who possesses the power of life and death over another feels compelled to justify that power. Just so, the Slave Power was not content to merely defend its practice as a justified evil. No, it must be declared good, even extended into new areas, and accepted by all. In short, slavery claimed its own *ethic*.

Those who now defend the peculiar institution of legalized abortion on demand also have their own ethic. This journal has reprinted several times an editorial—a Declaration, really—that first appeared in 1970 (in *California Medicine*, the official journal of the California medical association). The anonymous editor wrote that "The traditional Western ethic has always placed great emphasis on the intrinsic worth and equal value of every human life" and that this "sanctity of life" ethic—which has had "the blessing of the Judeo-Christian heritage"—has been "the basis for most of our laws and much of our social policy" as well as "the keystone of Western medicine"—all quite true. But, he went on, this "old" ethic was being eroded by a new *quality* of life one which would place only "relative rather than absolute values on *such things as human lives*" [*our emphasis*].

Like a moth around a flame, the editorialist instinctively hovered about abortion as the crucial issue: "Since the old ethic has not yet been fully displaced it has been necessary to separate the idea of abortion from the idea of killing, which continues to be socially abhorrent. The result has been a curious avoidance of the scientific fact, which everyone really knows, that human life begins at conception and is continuous whether intra-or extrauterine until death." (Just as curiously, the fact of the slave's humanity was "avoided.") Not doubting that the old ethic was doomed, he concluded with this counsel for his fellow-doctors: "It is not too early for our profession to examine this new ethic, recognize it for what it is, and will mean for human society, and prepare to apply it in a rational development for the fulfillment and betterment of mankind in what is almost certain to be a biologically oriented society."

All in all, a remarkable piece of prophecy. About the only thing not predicted was that, just three years later, the Supreme Court would rule that the new ethic had been right there in the Constitution all along (although just *where*, it couldn't say). Without question, the Court's *Abortion Cases* overruled the "enlightened belief" of the Declaration of Independence, and put the force of the nation's fundamental law at the service of that "biologically oriented" New Future.

Predictably, the promoters of that future were not satisfied even with so stunning (and unexpectedly quick and revolutionary) a victory. The Court had used the fatal words "meaningful life"—hardly precise constitutional terminology, but precisely descriptive of the *goal* of the New Future. Surely if a "mother" and her willing doctor-accomplice may legally kill her unborn child merely because they

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predict that it will not have a “meaningful life,” this useful principle can and should be extended to the already living? If we can be certain about the meaningless life awaiting an unborn child, surely we can be much more certain of “a life not worth living” in the case of an already-born “imperfect” baby? Infanticide not only follows logically, it has followed in fact and, as everybody knows, is already a widespread practice.

Some are amazed that the leading segments of the medical profession have rushed headlong into the New Future. Doctors have long enjoyed great—indeed excessive—prestige in America. Generations have been raised to promptly open up, bend down, or roll over on command. Such power corrupts: whereas lawyers must argue, and journalists convince, “medical professionals” need merely issue orders and—worse—there is rarely a Superior Officer to countermand them. This reality was one thing when the profession adhered to its traditional first principle “Do no harm,” but it is quite another matter when doctors view themselves as high priests of the New Future cult.

That far too many doctors *have* embraced this new biological religion is beyond dispute, as vividly demonstrated by the response of the major medical associations to the so-called “Baby Doe” controversy. God only knows how widely infanticide has been practiced in recent years; those who read medical publications know that it has long been openly admitted—even recommended—in countless articles and “studies” by both American and foreign practitioners. And although it remains a *crime* to kill a born citizen, we hear nothing from our public prosecutors, nor from the “official” guardians of medical ethics. As far back as 1976, internationally-renowned pediatric surgeon C. Everett Koop, in a public address to a meeting of the American Academy of Pediatrics, said “Well, you all know that infanticide is being practiced right *now* in this country and I guess the thing that saddens me most about that is *that* it is being practiced by that very segment of our profession which has always stood in the role of advocate for the lives of children.”

How long such “curious avoidance” of widespread, illegal infanticide would have continued is impossible to say. But it is altogether fitting that it was a “family” pediatrician (the kind of “old-fashioned” doctor who *earned* the prestige the profession enjoys) who finally precipitated the current national controversy. The simple facts of the case are now generally known by all concerned, but a brief recapitulation (in laymen’s language) may be in order.

On April 9, 1982 (Good Friday, as it happened), a baby boy was born in Bloomington, Indiana. The family pediatrician was summoned, and found that the baby evidently had Down’s Syndrome—i.e., he was an “imperfect” child—and that his esophagus was not connected to his stomach. If the latter condition were not corrected, he would certainly die. Few dispute the fact that it could have been easily corrected. The pediatrician, Dr. James Schaffer (he deserves an honorable mention here) expected that the operation would take place, but the mother’s obstetrician—whose job was already done—spoke to the parents, who “agreed” that their baby should die. And little Baby Doe, after six painful days of “treatment” by starvation, did die

(he was not even given water; merciful death was hastened by pneumonia caused by corrosive stomach fluids he vomited into his lungs).

Nobody disputes the central truth: Baby Doe was killed because he had Down's Syndrome. Ironically, the hospital pathologist who performed the autopsy flatly stated the truth about *that*: "The potential for mental function and social integration of this child, as of all infants with Down's Syndrome, is unknown." Thus nobody knows how "imperfect" Doe would have been. But we must assume that his parents decided that his life would not be "meaningful," at least to them.

Dr. Schaffer and others attempted by legal means to save Doe's life, but were thwarted by a judge, who was, incredibly, supported by the Supreme Court of Indiana, which presumably has never read the Fourteenth Amendment to the U. S. Constitution. But the attempt produced a furor heard by Ronald Reagan and the by now Surgeon General Koop; the President ordered enforcement of federal regulations protecting the handicapped, and Dr. Koop became a key man in seeing that these "Baby Doe regulations" were enforced.

This bare-bones description of the many-faceted Baby Doe case could of course be greatly expanded (this review has already printed many thousands of words on it), but our point here concerns not the facts of the case but rather the medical profession's *reaction* to it.

Virtually all the major medical organizations and associations quickly and adamantly *opposed* enforcement of the Reagan Administration's "regs" led by the same American Academy of Pediatrics (supposedly, as Dr. Koop said, the prime "advocate for the lives of children"), which went straight to court in a so-far successful attempt to halt enforcement.

Here again, the details would fill a large book, but they cannot obfuscate the reality: the New Future advocates who now clearly dominate the American medical profession have declared that the old "sanctity of life" ethic is as dead as Doe; that "good medical practice" now includes life-and-death power over patients, and that *nobody* should interfere with "medical judgments" even when they prescribe what used to be called murder.

Other realities should be stated as well. For instance, every state in the Union has homicide statutes on its books which prohibit infanticide. Even if they did not, the Fourteenth Amendment should provide legal protection to "All persons born" under the jurisdiction of the United States against deprivation of life "without due process of law" and also denial of "equal protection" under state or federal law? The reality is that the laws are not being enforced, certainly not against those "medical professionals" who now believe themselves to be above the law, and entitled, literally, to get away with murder.

All this conjures up some grotesque ironies as well. Did not anti-abortionists predict that *Roe v. Wade* would produce just such lethal results? Have the pro-abortionists—most of whom publicly deplore the revival of Capital Punishment—noticed that the latest "humane" method of carrying out the execution of those judged guilty—just as in the execution of the innocent unborn—is by "medical

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professionals” thoroughly practiced in administering lethal injections?

The sad fact is that the Administration’s Baby Doe regulations invoke only the *weakest* sanctions against infanticide. If the courts ever *do* allow enforcement (an unlikely event: as their myriad pro-abortion decisions have demonstrated overwhelmingly, the great majority of our judges are also willing converts to the New Future religion), the “regs” would do more than threaten *possible* cut-offs of federal funds to a hospital or practitioner who denied treatment to an “otherwise qualified handicapped individual”—the entire wording is extremely vague, and could easily be circumvented by any reasonably clever “health care provider,” never mind a *determined* one. And that is the point: the cultists of the new ethic *are* determined to enforce *their* regulations as to who qualifies for a “meaningful life,” and their loud opposition to even ineffectual regulation merely demonstrates their total rejection of any interference whatever.

Too harsh? Well, consider the words of Dr. James E. Strain, the current president of the American Academy of Pediatrics [in the July ’83 issue of the Academy’s own newsletter]. He writes: “It is clear that there are certain infants with handicaps who should have full treatment. There is another group whose handicaps are so severe that any treatment other than supportive care would be inhumane and only prolong pain and suffering. There is a third ‘in between’ group where [*sic*] indications for unusual medical or surgical care are uncertain. It is the management of the third group of infants which should be reviewed by an ethics committee at the local hospital level. A model for this type of review is the institutional review committee that protects the rights of research subjects.”

Medical jargon aside (not that it isn’t worrisome: do you want your doctor to “manage” you in your hour of need?), Dr. Strain is plainly setting up his own *triage* situation, without bothering to mention that the prototype of *triage* was a horror justified (*if* it was justified) by emergency *battlefield* conditions, whereas most American babies are born in the best-equipped and lavishly-funded hospitals known to history.

He is doing a great deal more: he is announcing that “humane” people would condemn to death *severely* handicapped babies—just as, of course, they would save the category deserving “full treatment”—but that we must establish an “ethics committee” to handle a new category of “in-between” babies; all this will be done without reference to a born citizen’s *legal* right to life if he *can* be saved from death.

Now we are again brought face to face with the grim truth. Illegal infanticide is being widely practiced now, with little if any opposition from public prosecutors. Clearly the votaries of the “quality of life” ethic could go *on* with the killing, with little risk of prosecution. They could simply pay lip service to the Administration’s attempt to enforce the weak regulations, while being a little more careful in “hard cases” like that of poor Baby Doe. Why don’t they?

Well, President Reagan’s intervention *has* of course focused public attention on infanticide, at least momentarily, thus raising the risk of prosecution *and* the ter-

rible possibility of losing federal money. But the broad phalanx of “professional” medical opposition is also based on that indignant rejection of *any* attempt to retard the New Future. More, Dr. Strain, for one, evidently sees in the “regs” controversy an opportunity to take a giant step “forward,” i.e., to vault the whole question right over any legal or governmental barriers and drop it entirely into the hands of extra-legal “professionals” who would dominate his proposed “ethics” committees.

Indeed, the AAP has already issued a proposal for the make-up of such “local” (a nice reassuring note) review boards; the suggested name is Infant Bioethical Review Committee. In typical authoritative language AAP states flatly: “The IBRC shall consist of at least 8 members and include the following”—it then mandates a “practicing physician,” a hospital administrator, a “staff” member and a nurse, so that at *least* half the board can be right there in the hospital—plus representatives from the “legal profession,” the “lay community,” and a “disability group” and, most important of all, “an ethicist or a member of the clergy.”

The inclusion of a “disability group” member is more than merely interesting: as the AAP well knows, it is the Association for Retarded Citizens and allied “disability” organizations that have joined the Administration in the court battles for enforcement of the Baby Doe regs. Needless to say, all “imperfect” Americans have a life-and-death stake in the whole controversy. If today the “professionals” can kill them at birth, what awaits them in the looming New Future? Just as surely as the Supreme Court’s “meaningful life” rationale for abortion is now being applied to infanticide, it can and undoubtedly will be extended (Who would be surprised to discover that it is *already* happening?). Indeed, the AAP *qualifies* its description of the disability-group representatives: he might also be a “developmental disability expert”—read another New Future professional—or a “parent of a disabled child.” In short, the prototype would allow for someone *not* disabled, such as Baby Doe’s father.

Clearly the AAP intends these extra-legal tribunals to hand down the final solutions to hard cases. Further, AAP-type professionals would control their *actual* make-up *and* have the power to enlarge the “at least 8 members” by additional “safe” members. The possibilities seem limitless, up to and including the kind of murderous “mercy killing” advocated by many German medical professionals *before* Hitler, and which they diligently practiced under the Nazi regime. I know: even to mention the Nazi experience is to invite “extremism” charges. Yet the historical record is clear (cf. the definitive study by Leo Alexander of “Medical Science Under Dictatorship,” which appeared in the July 14, 1949 issue of the *New England Journal of Medicine*). And to say that “it can’t happen here” is fatuous: pre-Hitler Germany was ranked *very* high among civilized nations, and was also the veritable fount of the reigning scholarship and wisdom in many if not *most* sciences, not least medicine. It is indisputable fact that German medical “scholarship” of the 1920’s—*in re* euthanasia, genetics and more—laid the foundations for Nazi genocide. The Thousand Year Reich’s brief dozen years of power, however malignant in intention, could not have “succeeded” without the groundwork the medical professionals laid for it.

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But weren't Nazi atrocities (*including*, remember, forced abortions) condemned for all time at the Nuremberg war-crime trials? Yes indeed.

Malcolm Muggeridge has long contended (several times in the pages of this journal) that the only reason the "advanced" German doctrines on euthanasia and genetics did not spread throughout the Western world is that Hitler "gave them a bad name" and thus inadvertently slowed down the process that the legalization of abortion has now re-accelerated. But charges of extremism will still be leveled at anybody who invokes the Nazi precedent, and understandably so.

The notion that such horrors *will* happen strains ordinary credibility. Who could seriously want to go *that* far? Surely our doctors are still "humane" dedicated men? Surely they would agree. Here, alas, another of those not-to-be-mentioned Nazi precedents is germane. Dr. Karl Brandt was the highest-ranking doctor in Nazi Germany, a well-respected professional who joined the Nazi hierarchy literally by chance. He was tried and convicted for war crimes at Nuremberg, and duly executed. He of course readily admitted that the Nazis had gone too far—but that was his *only* defense. Both before and during Hitler's regime, Brandt had in fact endorsed (indeed, helped formulate) the basic policies of euthanasia and experimentation on living humans (his argument—familiar?—was that animals were not "adequate subjects"). In his final statement, the condemned man said: "I am fully conscious that when I said 'Yes' to euthanasia I did so with the deepest conviction . . ." His defense of the special category of "child euthanasia" is even more relevant here; he based it on the desire to avoid long-term difficulties for the *families* saying "We wanted to kill and put an end to these deformities as soon as possible after they had been born."

No, it is not necessarily the case that the new quality-of-life votaries fully understand or intend what they in fact advocate, or all the possible results thereof. After all, it *did* take a Hitler to "overdo" the humane intentions of German doctors. *That* could never happen here. Maybe not. But Hitler "happened" as a result of a disastrous social situation brought on by military defeat. Our nation is now spending far beyond its means on social welfare, much of it *medical* costs. Could we not face, perhaps soon, a disastrous situation that would force cutbacks now unthinkable? And even now, isn't it sensible to "allocate" scarce monies to saving only "meaningful" lives?

Such "cost-benefit" arguments already appear regularly in the medical journals (Just as, from the beginning, it has been argued that great "savings" result when the "poor" abort their children). Predictably, these arguments will grow with the cost-pressures—not least because the medical profession is the prime financial beneficiary of the multi-billions now being spent on "health-care," abortions, and the rest. Need we add that euthanasia (especially "pulling the plug" on anybody judged near death) is also openly advocated? As with infanticide, we must assume that such "adult" killing is already widely practiced.

But let us return to Dr. Strain's review boards, and focus on what will undoubtedly be the key member: "an ethicist or member of the clergy." Surely his will be the prestigious, persuasive advice? Who will dare go against the sage counsel of

the “professional” expert in ethics, especially when the board is already stacked with the hospital’s own staff? The “lay community” member? The whole point is to determine whether it is moral to kill; the resident “ethicist” will be looked to for the “right” answer.

So the crucial point is this: What kind of ethicist is likely to sit on such boards? As it happens, we have a good idea of the type Dr. Strain favors. He is, as noted, current president of the American Academy of Pediatrics (AAP), and thus its official journal, *Pediatrics*, can be presumed to reflect his views (if it does *not*, he has not told us so). Well, in July—while the Reagan Administration was asking for public commentary on its proposed Baby Doe regs—*Pediatrics* did indeed publish an editorial statement strongly attacking the Administration’s proposals. Given both the timing and content of the statement, it must be assumed that it is endorsed by Dr. Strain and the AAP.

The content is simply incredible, and must be read to be believed. Suffice it to say here that it might be aptly described as the “Son of California Medicine”—it starkly repeats the sanctity-of-life v. quality-of-life conflict—with abortion again the key issue—and calls upon us to “put aside the obsolete and erroneous notion of the sanctity of all human life” so that we can “look at human life as it really is: at the quality that each human being has or can achieve. Then it will be possible to approach these difficult questions of life and death with the ethical sensitivity *that each case demands*” [*emphasis added*]. To provide us with an idea of such sensitivity, the author writes: “If we compare a severely defective human infant with a nonhuman animal, a dog or a pig, for example, we will often find the nonhuman to have superior capacities . . .”

Who would write such stuff? *Pediatrics* describes the author as Peter Singer, MA, BPhil, FAHA, of the Centre for Human Bioethics, Monash University, Victoria, Australia. Perhaps we should note in passing that it is odd (or clever?) for the official trade journal of America’s “baby doctors” to employ someone who is not a member of the AAP, not a doctor—not even an American—to promulgate what amounts to an official position of the Academy?

Who is this Professor Singer? Well, no doubt about it, he is a bright young (only 37) man, educated at Oxford, a visiting professor at elite universities, a prolific author of books and articles—plus countless letters-to-editors, and much more. Nor does he tout pigs and dogs by chance. His best-known book is *Animal Liberation*, written in 1975; its main point is that we are guilty of “speciesism,” which he describes as “the tyranny of human over nonhuman animals.”

True, the book contains some noble sentiments, e.g., that “We have to speak up on behalf of those who cannot speak for themselves” and “The less able a group is to stand up and organize against oppression, the more easily it is oppressed.” The description certainly fits the unborn and Baby Doe perfectly—but of course Singer means animals. (Unfortunately the thing is evidently out of print in this country—understandably, there is only a limited market for such bizarre stuff—but given Singer’s

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sudden prominence as a spokesperson for the AAP, it deserves wide attention.)

Singer also comes out vehemently against inflicting *pain*—on animals, of course. Yet in his attack on the regs, he says nothing about Baby Doe’s six-day agony. But I think I have the answer to that seeming-contradiction: those who promote infanticide would gladly do the killing not only painlessly but *instantly*; however—as the California Medicine editorialist noted about the new ethic itself—they do not think the general public is quite ready for that kind of thing. (Besides, there is an important legal distinction involved: starving Doe was “merely” withholding treatment; giving him a lethal injection would have been another matter.)

The reader will recall that Dr. Strain’s model for an “ethics committee” was the existing type that “protects the rights of research subjects.” As it happens, Prof. Singer got into that controversy too a few years back and, typically, he had some strong views to expound. The whole thing was and remains vastly complicated and, yet again, directly involves abortion, which obviously produces “ideal” living human subjects. Many “old ethicists” cannot condone experimentation on living “fetuses” for *any* reason. Singer wrote a review of several volumes on the subject (for the *New York Review of Books*, August 5, 1976) and of course approved such research, and expected all sensible people would too “Once we accept that the only interest the aborted fetus has is in not suffering ...” (As noted, Baby Doe’s case does *not* fit that principle.)

Some, among them Princeton’s noted medical-ethicist Professor Paul Ramsey, wrote letters strongly objecting to Singer’s inhuman views. Singer answered even more strongly (see the *NYRB* of Nov. 11, 1976). Quoting an ethicist who had said “all of us would be horrified” at the idea of dissecting living fetuses, Singer replied that *once* (read here, in the days of the old ethic) “one could have sat” on various commissions and “spoken with equal confidence of the horror ‘all of us’ would feel at the thought of open homosexuality, teenagers using marijuana, complete racial integration, full frontal nudity on stage and screen, and abortion on demand. Now, when people oppose any of these, we demand reasons instead of an appeal to feelings of horror. In particular, we are likely to ask: ‘What harm does it do?’ In the absence of sound arguments to the contrary, many of us have come round to the view that these things are not so terrible after all, and that some of them are positively good.” (He did not specify which ones.)

Obviously Mr. Singer has strong views on a wide variety of controversial questions, and is evidently still adding to the list: back home in Australia, he has recently argued “The case for Prostitution” (in *The Age* of Sept. 18, 1980); “We should recognize,” he writes, “that those who earn a living by selling sexual services are fulfilling a socially valuable function.” And, anyway, “Most fundamentally, they do not cease to be people entitled to our respect.”

The really fundamental question is: Why would an official medical journal choose anybody with Singer’s flabbergasting intellectual baggage to put its case against the Baby Doe regs? The obvious answer is—must be—that Dr. Strain and his associates agree with Singer. Oh, but only *in re* Baby Doe, surely not all the rest of it?

Well then, let the AAP officially repudiate Singer. But we do not expect to see any such repudiation. Singer *does* represent the New Future, which is indeed committed to new ethics in all these matters. Consider: it is not enough to merely *have* the “freedom” to abort babies, you must make others agree that it is *good* to do so; leaving homosexuals alone isn’t enough, you must agree that theirs is merely an “alternative life style,” and so on, on and on. The arguments become almost identical in all cases—are we not asked to agree that infanticide is really done for the good of the child?—because all such “social issues” are part and parcel of the new ethic, which is why Singer sees nothing wrong with lumping them all together at every opportunity.

Lest the reader think we exaggerate his views, be sure that there is much more (and worse) available: Singer is on record on just about every “ethical” question known to man (and, of course, if animals could read, he’d hit the best-seller list). But our point here is that he is the *prototype* “ethicist” for those review boards; he holds just the “right” views, and we can expect to see him and his type much sought-after to answer the questions that are the heart of the matter, namely, Who shall live? and Who Shall decide?

The New Future is even more awful than it seems. Even if the majority of Americans *knew* about what is involved, they would find it impossible to transfer Singer’s inhuman notions to their family doctor. The grand strategic factor in the current War Between the Ethics is that the apostles of the New Future *know* precisely what they are doing—never mind what they may *say*—while the mass of Americans don’t yet realize there *is* a war, and those who do can scarcely believe that the enemy could seriously intend the predictable results. To be sure, the “old ethic” will not die: it is indeed based on the Judeo-Christian ethic, and it has been with us for thousands of years because, God knows, it is a *human* ethic. But of course it can be temporarily defeated, as it has been, often enough in history, whenever a militant, determined enemy has caught its defenders unprepared. Communism of course shows the lengths to which New Futurites can go—indeed, how “completely” they can succeed in setting up truly diabolical “utopias” ruled by inhuman New Men. But then Poland reminds us that, in the end, real men will remain to rebuild human society. The urgent need now is to prevent things going as far as they *can* go, while there is still time to do so.

But we stray again. Grand allusions will not do the job. We need practical solutions. Obviously the old ethic—the sanctity of all human life—must be defended, and restored. It is by no means a lost cause as, symbolically at least, President Reagan’s stand *in re* Baby Doe should remind us. The immediate problem is to translate principles into results.

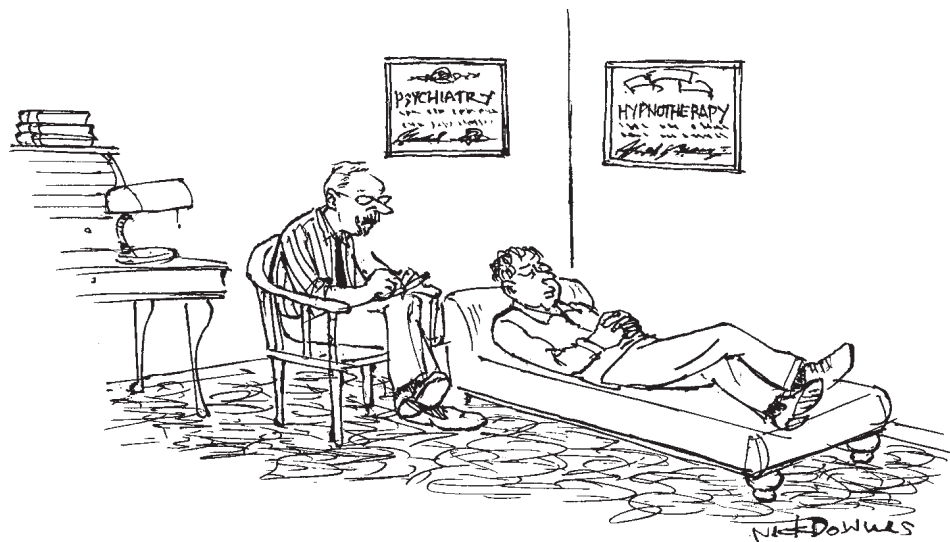
Here, we make a modest proposal which would undoubtedly sharpen not only the issues, but also the beliefs of the contending warriors. Let us ask our “medical professionals” to add a few more letters to their shingles: after John Jones, MD, let us see either SLE or QLE—sanctity or quality of life, each as he actually professes. It’s only fair, surely, that “patients” know *in advance* what their doctor really thinks

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about their worth, here and hereafter? Without doubt such an honest owning-up to one's real "views" would become a prime tool in educating the masses to a problem that most certainly concerns them most personally. And of course doctors (all too many) who have been trying hard to straddle the two warring ethics would be forced to choose which side they are really on.

I have no doubt that the inspired reader can supply many more and better reasons for so simple a solution to a problem the greatest evil of which is that it is so hard to *pin down*. We need to know who really believes what. And, since our very lives are at stake, we deserve to know, do we not?

We began here with abortion, and all the evils it has spawned—just as slavery did—how can we end with anything less than a call for a Great Crusade to restore the sanctity of all human life? I am for such a crusade, of course, but I don't know how to bring it about. Not now, even though the handwriting is on the wall, because the majority of our fellow-citizens simply do not read it, or believe it if they do. They are much more likely to do so when it directly affects *them* (as abortion and even infanticide do *not*—we are beyond both). Our modest proposal would at least remind the New Futurites that they too are at risk. When his hour comes, will MD, QLE choose one of his fellows to "manage" his travail? Knowing what he knows about his views? Or will he (or she, of course, sorry) opt for one of the other guys, old-fashioned as he may be? As Dr. Johnson noted, the prospect of execution wonderfully concentrates the mind.



"Now I want you to open your hard drive. Click on your applications folder. Do you see the folder marked 'suicidal impulses'? I want you to drag that to the trash."

APPENDIX B

[Christine Rosen is senior editor of The New Atlantis: A Journal of Technology & Society. This column appeared June 27, 2008 and is reprinted with the author's permission. Reprinted from The Wall Street Journal ©2008 Dow Jones & Company. All rights reserved.]

A Life Worth Living

Christine Rosen

When Harriet McBryde Johnson died earlier this month at the age of 50 from a congenital neuromuscular disease, obituaries called her a “disability-rights activist.” This is far too narrow a description of her life. She was less a traditional activist than an acute social conscience. Ms. Johnson forced us to look at disability in a different way—not as something that we should seek to eradicate, but as something that is integral to the human condition, a “natural part of the human experience,” as the American Association of People With Disabilities puts it.

Ms. Johnson, a lawyer, first earned national attention when she debated philosopher Peter Singer at Princeton University in 2003, an experience she wrote about for the New York Times Magazine. Thankfully free of the ponderous cant that infects so much of bioethics, she was brutally direct when she talked about disabilities, including her own. “Most people don’t know how to look at me,” she wrote, describing her severely twisted spine and her “jumble of bones in a floppy bag of skin.” But she abhorred the “veneer of beneficence” that overlay the arguments of those who said she would be “better off” without her disability. “The presence or absence of a disability doesn’t predict quality of life,” she argued, challenging Mr. Singer’s support of what she called “disability-based infanticide.”

Ms. Johnson was part of a disability rights movement that had changed dramatically since the first Jerry Lewis Labor Day telethons in the 1960s, with their offensive references to “cripples” and their maudlin descriptions of “killer diseases.” She worked with people like Mike Ervin, a former Muscular Dystrophy Association poster child who founded a group, “Jerry’s Orphans,” to protest the telethons; Ms. Johnson herself demonstrated every Labor Day on the streets of her hometown of Charleston, S.C. She also worked with Not Dead Yet, the disability-rights group formed in 1996 to challenge the assisted suicide movement.

Although they never formed formal alliances (and Not Dead Yet takes no position on prebirth issues, such as genetic selection), Ms. Johnson and her fellow activists often found themselves on the same side of the ramparts as conservative Christians: Not Dead Yet marshaled the support of 25 national disability groups to oppose the attempts of Terry Schiavo’s husband to “starve and dehydrate her to death,” for example, and defended congressional efforts to intervene in the case. As Diane Coleman, president of Not Dead Yet, told a group in Tampa, Fla., during the Schiavo controversy: “Surely, it will not be argued that the National Spinal Cord Injury Association, the National Down Syndrome Congress, the Disability Rights Education and Defense Fund and all the rest are now or ever have been puppets of religious conservatives.” Indeed, Ms. Johnson, an atheist, once chastised Mr. Singer

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for describing his enemies as a monolith of religious faithful focused solely on “the sanctity of human life.”

What Ms. Johnson’s life and the organizations she worked with demonstrate is that the convenient categories we often invoke to discuss these issues—secular or religious, liberal or conservative—can obscure as much as clarify, and that the culture benefits from hearing arguments from advocates of both secular and faith-based perspectives. Ms. Johnson’s description of Mr. Singer’s philosophy—“it is all about allowing as many individuals as possible to fulfill as many of their preferences as possible”—could be the slogan of our impatient, technologically sophisticated age. And both conservative Christians and secular disability-rights activists have capably criticized this devotion to extreme individualism.

In many ways, the truths that Ms. Johnson forced us to confront are easier to dismiss when they come from so-called right-wing religious nuts. Ms. Johnson, with her experience of disability and her commitment to liberal principles, made people far more uncomfortable. Her critique challenged our cultural assumptions about disability. How accepting are we, really, of those who are not able-bodied? “The peculiar drama of my life has placed me in a world that by and large thinks it would be better if people like me did not exist,” she wrote. “My fight has been for accommodation, the world to me and me to the world.” Yet, despite the lip service we pay to “accommodation” (and the genuine good that comes from legislation such as the Americans With Disabilities Act), we now find ourselves in a disturbing situation: As our scientific powers to eliminate disability grow, our acceptance of disability wanes.

To cite just one example, consider the rapid near-disappearance of people with Down Syndrome. Between 80% and 90% of women who find out they are carrying a child with the chromosomal abnormality (which can be tested using amniocentesis) choose to abort. A Harvard medical student who surveyed 1,000 women who were pregnant with Down Syndrome babies reported that many were urged by their doctors to terminate their pregnancies; one woman’s physician told her that her child would “never be able to read, write or count change.” This at a time when new developments in medicine have nearly doubled the average life span of people who have the condition to 49 from 25 years. As a culture, we have made what Amy Laura Hall of Duke University Divinity School calls a “democratic calculus of worth” regarding Down Syndrome. And that calculus has resulted in a society hostile to people who refuse to make the culturally acceptable choice of ridding themselves of a disabled child before she is born.

One recent effort to change this culture has come from Congress: Sponsored by the unlikely alliance of Sens. Sam Brownback (R., Kan.) and Edward Kennedy (D., Mass.), the Prenatally and Postnatally Diagnosed Conditions Awareness Act calls for the creation of a telephone hotline and peer-support programs for parents, a national registry for families willing to adopt children with Down Syndrome, as well as “up-to-date, evidence-based, written information concerning the range of outcomes for individuals living with the diagnosed condition, including physical,

developmental, educational, and psychosocial outcomes.”

As Ms. Johnson wrote of herself and others with disabilities: “We take constraints that no one would choose and build rich and satisfying lives within them. We enjoy pleasures other people enjoy, and pleasures peculiarly our own.” And as Laura Hershey, her friend and fellow activist, told me, Ms. Johnson “invited people to understand the value and pleasure of living a life with disability.”

But if choice and prevention produce a culture that equates disability with irresponsible parenting decisions, then the homage we pay to accommodation will prove hollow indeed. And as the population ages, and more Americans find themselves living with disabilities, questions about worth at the end of life will become even more pressing. Thanks to people such as Harriet Johnson, we have not yet reached the point where accommodation has given way to neglect or elimination. But we would do well to respect what Ms. Johnson’s own life so ably demonstrated: People with disabilities, she said, “have something the world needs.”

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[Fr. Richard John Neuhaus, a priest of the Archdiocese of New York, is president of the Institute on Religion and Public Life and editor in chief of First Things. The following is his closing address at the 2008 annual convention of the National Right to Life Committee, held in Arlington, Virginia (www.firstthings.com, July 11, 2008).]

We Shall Not Weary, We Shall Not Rest

Richard John Neuhaus

Once again this year, the National Right to Life convention is partly a reunion of veterans from battles past and partly a youth rally of those recruited for the battles to come. And that is just what it should be. The pro-life movement that began in the 20th century laid the foundation for the pro-life movement of the 21st century. We have been at this a long time, and we are just getting started. All that has been and all that will be is prelude to, and anticipation of, an indomitable hope. All that has been and all that will be is premised upon the promise of Our Lord's return in glory when, as we read in the Book of Revelation, "he will wipe away every tear from their eyes, and death shall be no more, neither shall there be sorrow nor crying nor pain any more, for the former things have passed away." And all things will be new.

That is the horizon of hope that, from generation to generation, sustains the great human rights cause of our time and all times—the cause of life. We contend, and we contend relentlessly, for the dignity of the human person, of every human person, created in the image and likeness of God, destined from eternity for eternity—every human person, no matter how weak or how strong, no matter how young or how old, no matter how productive or how burdensome, no matter how welcome or how inconvenient. Nobody is a nobody; nobody is unwanted. All are wanted by God, and therefore to be respected, protected, and cherished by us.

We shall not weary, we shall not rest, until every unborn child is protected in law and welcomed in life. We shall not weary, we shall not rest, until all the elderly who have run life's course are protected against despair and abandonment, protected by the rule of law and the bonds of love. We shall not weary, we shall not rest, until every young woman is given the help she needs to recognize the problem of pregnancy as the gift of life. We shall not weary, we shall not rest, as we stand guard at the entrance gates and the exit gates of life, and at every step along the way of life, bearing witness in word and deed to the dignity of the human person—of every human person.

Against the encroaching shadows of the culture of death, against forces commanding immense power and wealth, against the perverse doctrine that a woman's dignity depends upon her right to destroy her child, against what St. Paul calls the principalities and powers of the present time, this convention renews our resolve that we shall not weary, we shall not rest, until the culture of life is reflected in the rule of law and lived in the law of love.

It has been a long journey, and there are still miles and miles to go. Some say it

started with the notorious *Roe v. Wade* decision of 1973 when, by what Justice Byron White called an act of raw judicial power, the Supreme Court wiped from the books of all fifty states every law protecting the unborn child. But it goes back long before that. Some say it started with the agitation for “liberalized abortion law” in the 1960s when the novel doctrine was proposed that a woman cannot be fulfilled unless she has the right to destroy her child. But it goes back long before that. It goes back to the movements for eugenics and racial and ideological cleansing of the last century.

Whether led by enlightened liberals, such as Margaret Sanger, or brutal totalitarians, whose names live in infamy, the doctrine and the practice was that some people stood in the way of progress and were therefore non-persons, living, as it was said, “lives unworthy of life.” But it goes back even before that. It goes back to the institution of slavery in which human beings were declared to be chattel property to be bought and sold and used and discarded at the whim of their masters. It goes way on back.

As Pope John Paul the Great wrote in his historic message *Evangelium Vitae* (the Gospel of Life) the culture of death goes all the way back to that fateful afternoon when Cain struck down his brother Abel, and the Lord said to Cain, “Where is Abel your brother?” And Cain answered, “Am I my brother’s keeper?” And the Lord said to Cain, “The voice of your brother’s blood is crying out to me from the ground.” The voice of the blood of brothers and sisters beyond numbering cry out from the slave ships and battlegrounds and concentration camps and torture chambers of the past and the present. The voice of the blood of the innocents cries out from the abortuaries and sophisticated biotech laboratories of this beloved country today. Contending for the culture of life has been a very long journey, and there are still miles and miles to go.

The culture of death is an idea before it is a deed. I expect many of us here, perhaps most of us here, can remember when we were first encountered by the idea. For me, it was in the 1960s when I was pastor of a very poor, very black, inner city parish in Brooklyn, New York. I had read that week an article by Ashley Montagu of Princeton University on what he called “A Life Worth Living.” He listed the qualifications for a life worth living: good health, a stable family, economic security, educational opportunity, the prospect of a satisfying career to realize the fullness of one’s potential. These were among the measures of what was called “a life worth living.”

And I remember vividly, as though it were yesterday, looking out the next Sunday morning at the congregation of St. John the Evangelist and seeing all those older faces creased by hardship endured and injustice afflicted, and yet radiating hope undimmed and love unconquered. And I saw that day the younger faces of children deprived of most, if not all, of those qualifications on Prof. Montagu’s list. And it struck me then, like a bolt of lightning, a bolt of lightning that illuminated our moral and cultural moment, that Prof. Montagu and those of like mind believed that the people of St. John the Evangelist—people whom I knew and had come to

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love as people of faith and kindness and endurance and, by the grace of God, hope unvanquished—it struck me then that, by the criteria of the privileged and enlightened, none of these my people had a life worth living. In that moment, I knew that a great evil was afoot. The culture of death is an idea before it is a deed.

In that moment, I knew that I had been recruited to the cause of the culture of life. To be recruited to the cause of the culture of life is to be recruited for the duration; and there is no end in sight, except to the eyes of faith.

Perhaps you, too, can specify such a moment when you knew you were recruited. At that moment you could have said, “Yes, it’s terrible that in this country alone 4,000 innocent children are killed every day, but then so many terrible things are happening in the world. Am I my infant brother’s keeper? Am I my infant sister’s keeper?” You could have said that, but you didn’t. You could have said, “Yes, the nation that I love is betraying its founding principles—that every human being is endowed by God with inalienable rights, including, and most foundationally, the right to life. But,” you could have said, “the Supreme Court has spoken and its word is the law of the land. What can I do about it?” You could have said that, but you didn’t. That horror, that betrayal, would not let you go. You knew, you knew there and then, that you were recruited to contend for the culture of life, and that you were recruited for the duration.

The contention between the culture of life and the culture of death is not a battle of our own choosing. We are not the ones who imposed upon the nation the lethal logic that human beings have no rights we are bound to respect if they are too small, too weak, too dependent, too burdensome. That lethal logic, backed by the force of law, was imposed by an arrogant elite that for almost forty years has been telling us to get over it, to get used to it.

But “We the People,” who are the political sovereign in this constitutional democracy, have not gotten over it, we have not gotten used to it, and we will never, we will never ever, agree that the culture of death is the unchangeable law of the land.

“We the People” have not and will not ratify the lethal logic of *Roe v. Wade*. That notorious decision of 1973 is the most consequential moral and political event of the last half century of our nation’s history. It has produced a dramatic realignment of moral and political forces, led by evangelicals and Catholics together, and joined by citizens beyond numbering who know that how we respond to this horror defines who we are as individuals and as a people. Our opponents, once so confident, are now on the defensive. Having lost the argument with the American people, they desperately cling to the dictates of the courts. No longer able to present themselves as the wave of the future, they watch in dismay as a younger generation recoils in horror from the bloodletting of an abortion industry so arrogantly imposed by judges beyond the rule of law.

We do not know, we do not need to know, how the battle for the dignity of the human person will be resolved. God knows, and that is enough. As Mother Teresa

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of Calcutta and saints beyond numbering have taught us, our task is not to be successful but to be faithful. Yet in that faithfulness is the lively hope of success. We are the stronger because we are unburdened by delusions. We know that in a sinful world, far short of the promised Kingdom of God, there will always be great evils. The principalities and powers will continue to rage, but they will not prevail.

In the midst of the encroaching darkness of the culture of death, we have heard the voice of him who said, "In the world you will have trouble. But fear not, I have overcome the world." Because he has overcome, we shall overcome. We do not know when; we do not know how. God knows, and that is enough. We know the justice of our cause, we trust in the faithfulness of his promise, and therefore we shall not weary, we shall not rest.

Whether, in this great contest between the culture of life and the culture of death, we were recruited many years ago or whether we were recruited only yesterday, we have been recruited for the duration. We go from this convention refreshed in our resolve to fight the good fight. We go from this convention trusting in the words of the prophet Isaiah that "they who wait upon the Lord will renew their strength, they will mount up with wings like eagles, they will run and not be weary, they will walk and not be faint."

The journey has been long, and there are miles and miles to go. But from this convention the word is carried to every neighborhood, every house of worship, every congressional office, every state house, every precinct of this our beloved country—from this convention the word is carried that, until every human being created in the image and likeness of God—no matter how small or how weak, no matter how old or how burdensome—until every human being created in the image and likeness of God is protected in law and cared for in life, we shall not weary, we shall not rest. And, in this the great human rights struggle of our time and all times, we shall overcome.

APPENDIX D

[The Reverend Paul T. Stallsworth is pastor of St. Peter's United Methodist Church in Morehead City, North Carolina, and president of the Taskforce of United Methodists on Abortion and Sexuality. He also edits Lifewatch, a quarterly newsletter that witnesses to the Gospel of Life within The United Methodist Church. This essay was originally published on the website of First Things (firstthings.com, May 29) and is reprinted with permission.]

United Methodism on Abortion

Paul T. Stallsworth

The United Methodist Church's General Conference is composed of nearly 1,000 delegates (lay and clergy) from around the world. It assembles every four years and determines—after deliberating and voting—what The United Methodist Church is to teach and practice, and how the church is to order its life, during the next quadrennium. *The Book of Discipline* (2004) makes this clear: “No person, no paper, no organization, has the authority to speak officially for The United Methodist Church, this right having been reserved exclusively to the General Conference under the Constitution.”

From April 23 until May 2, the 2008 General Conference met in Fort Worth, Texas. While the worship services and various presentations were elaborate productions, the conference's main event was the legislative process. Predictably, the denomination's teaching on abortion received more than a little attention at the conference. (Just as predictably, the church's doctrine and discipline, with regard to homosexual practice, received even more attention.)

Before reviewing the 2008 General Conference's action on the church's official teaching on abortion, a little history is in order. While the 1968 General Conference did not articulate an explicit position on abortion, it was warming to the task. In language that hinted at what was to come, it declared: “We believe that planned parenthood, practiced with respect for human life, fulfills rather than violates the will of God. . . . This issue must be seen in reference to the pressing population problem now before the whole world.”

In 1972, General Conference adopted the denomination's first explicit teaching on abortion under the heading “Birth and Death.” While nuanced, the 1972 statement was fundamentally for choice, as this sentence indicates: “We support the removal of abortion from the criminal code, placing it instead under laws relating to other procedures of standard medical practice.” Much of the 1972 statement remains in the disciplinary book to this day.

Since 1976, each General Conference (except 2004) has amended the church's teaching on abortion. Most of those changes, while marginal, have been in a pro-life direction.

Again, the most recent General Conference revised United Methodist teaching on abortion. Thanks to votes by the Sanctity of Life legislative subcommittee, the Church and Society II legislative committee, and the entire conference, General Conference 2008 edited the paragraph adopted by General Conference

2004 in the following way:

Paragraph [to be determined]) Abortion—The beginning of life and the ending of life are the God-given boundaries of human existence. While individuals have always had some degree of control over when they would die, they now have the awesome power to determine when and even whether new individuals will be born. Our belief in the sanctity of unborn human life makes us reluctant to approve abortion. But we are equally bound to respect the sacredness of the life and well-being of the mother **and the unborn child**, ~~for whom devastating damage may result from an unacceptable pregnancy. In continuity with past Christian teaching, w~~We recognize tragic conflicts of life with life that may justify abortion, and in such cases we support the legal option of abortion under proper medical procedures. **We support parental, guardian, or other responsible adult notification and consent before abortions can be performed on girls who have not yet reached the age of legal adulthood.** We cannot affirm abortion as an acceptable means of birth control, and we unconditionally reject it as a means of gender selection. We oppose the use of late-term abortion known as dilation and extraction (partial-birth abortion) and call for the end of this practice except when the physical life of the mother is in danger and no other medical procedure is available, or in the case of severe fetal anomalies incompatible with life. **Before providing their services, abortion providers should be required to offer women the option of anesthesia.** We call all Christians to a searching and prayerful inquiry into the sorts of conditions that may ~~warrant~~**cause them to consider** abortion. **The Church shall offer ministries to reduce unintended pregnancies.** We commit our Church to continue to provide nurturing ministries to those who terminate a pregnancy, to those in the midst of a crisis pregnancy, and to those who give birth. We particularly encourage the Church, the government, and social service agencies to support and facilitate the option of adoption. (See Paragraph 161L.) **We affirm and encourage the Church to assist the ministry of crisis pregnancy centers and pregnancy resource centers that compassionately help women find feasible alternatives to abortion.** Governmental laws and regulations do not provide all the guidance required by the informed Christian conscience. Therefore, a decision concerning abortion should be made only after thoughtful and prayerful consideration by the parties involved, with medical, **family**, pastoral, and other appropriate counsel.” [Struck-through text indicates deletions by the 2008 General Conference, and **bold text** indicates additions by the 2008 General Conference.]

A careful reading of the above paragraph reveals that the 2008 version is much more pro-life than the 2004 version. By respecting equally the life of the unborn child and the life of the mother, by supporting notification and consent before an abortion involving a minor, by offering ministries to reduce unintended pregnancy, by affirming (and encouraging church support of) crisis pregnancy centers, and by urging family counsel in decision-making about abortion, the additional language is decisively pro-life. Furthermore, by removing language about an “unacceptable pregnancy,” “past Christian teaching” (which seems to be used as a cover for what follows in the sentence), and what may “warrant” abortion, some of the paragraph’s more pro-choice references have been removed. (The sentence on anesthesia appears to be neutral, neither pro-life nor pro-choice.)

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Yet it must be admitted that United Methodism's official teaching will require further improvement. The extreme ambiguity of the sentence "We recognize tragic conflicts of life with life that may justify abortion, and in such cases we support the legal option of abortion under proper medical procedures" maintains the denomination's commitment to abortion rights. Exactly what conflicts "may justify" the taking of the life of the unborn child? The statement does not say. Hence, presumably all such conflicts—real and imagined—can be taken as justification for abortion and for abortion rights. Hence, this sentence, well interpreted, supports all abortion rights. (This is organizationally verified by United Methodist agencies' maintaining membership in the Religious Coalition for Reproductive Choice [RCRC], a political lobby that defends and advances all abortion rights, and that opposes all moral arguments, political moves, and legal decisions against abortion. It should be mentioned that the 2008 General Conference sustained United Methodist membership in RCRC by a margin of only 32 votes out of a total of 800 cast; this is the narrowest vote, to date, on United Methodist membership in RCRC.)

Over the course of General Conferences to come, the denomination's commitment to abortion rights will most likely be dismantled and then perhaps eliminated. After all, it seems that the most energy in the denomination, on this issue, is found among pro-life United Methodists. This abundance in energy, some of which was associated with renewal groups and some of which was less organized, led to a tremendous amount of pro-life legislation for General Conference being written by United Methodists from across the church. Furthermore, though some of the more pro-choice delegates to General Conference displayed savvy political skills in holding off the pro-life advance, political skills among the pro-life delegates are sure to increase. This, too, will enhance the likelihood of United Methodism distancing itself from nearly unlimited abortion rights.

Additional reasons might be given for The United Methodist Church to rid itself of a commitment to abortion rights: the increasing numbers of African delegates (who are, in the main, pro-life) to General Conference; the horrifyingly high abortion rates (though the annual totals are continuing to decrease) in the United States; the pro-life drift of American public opinion (which United Methodism seems to follow); the uncommon clarity of ecumenical teaching on the dignity of the human person; and the providence of God. Taken together, these factors will most certainly help a future General Conference remove its pro-choice commitment from its otherwise pro-life teaching.

But given General Conference's democratic ways and means, and given United Methodism's middling nature (which always wants to offend the least possible number), the denomination's turn away from the support of abortion rights might take more than a little while. Even so, in 2008, regarding teaching about abortion, change is in the air of the United Methodist household.

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[William McGurn writes the *Main Street* column for the Wall Street Journal. This column appeared July 15, 2008 and is reprinted with permission. Reprinted from *The Wall Street Journal* ©2008 Dow Jones & Company. All rights reserved.]

The NAACP and Black Abortions

William McGurn

At the Good Counsel shelters for homeless pregnant women in New York, yesterday was business as usual: pregnant moms getting ready to deliver, other mothers feeding their children, still others going off to school or training for new jobs.

There is a striking fact about these women: most are African-American. “These moms are attracted to Good Counsel because they know they will be in an environment where their baby is considered as beautiful and as worthy of life as any other,” says Executive Director Chris Bell.

Yesterday was not business as usual at the 99th annual conference for the National Association for the Advancement of Colored People. For one thing, the first African-American to head the presidential ticket of a major party was on hand. Yet there was another interesting appearance that went mostly unmentioned. This was a protest by African-American pro-lifers—many NAACP members—who can’t understand why America’s most venerated civil rights organization turns a blind eye to what they say is the abortion industry’s practice of targeting poor minority neighborhoods.

These folks include the Rev. Clenard Childress, a New Jersey pastor who runs a Web site called blackgenocide.org—the same language the Rev. Jesse Jackson used before he threw in his lot with the Democratic Party. These folks include Day Gardner of the National Black Pro-Life Union, and Levon Yuille of the National Black Pro-Life Caucus. And these folks include Dr. Alveda King, a niece of the Rev. Martin Luther King who says she knows what abortion does to a woman—because she had two of them before her change of heart.

“I remember when I was pregnant and considering a third abortion,” she says. “I went to Daddy King [her grandfather and Martin Luther King’s father]. He told me, ‘that’s a baby, not a blob of tissue.’ Unfortunately, 14 million African-Americans are not here today because of legalized abortion. It’s as if a plague swept through America’s cities and towns and took one of every four of us.”

What Dr. King is alluding to is that abortion disproportionately affects African-Americans. A fact sheet from the Guttmacher Institute puts it this way: “Black women are 4.8 times as likely as non-Hispanic white women to have an abortion.” The Centers for Disease Control further report what this means: While about one out of every five white pregnancies ends in abortion, it’s nearly one out of every two for African-Americans.

The debate can get uncomfortable. Pro-lifers point to Planned Parenthood’s origins in the eugenics movement. Indeed, these unpleasant associations recently resurfaced after pro-life students at UCLA hired actors to call up Planned Parenthood

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clinics posing as donors. In one call, the actor expressed his dislike of affirmative action, and said that he just felt that “the less black kids out there, the better.” The woman responded, “understandable, understandable” and went on to say she was “excited” about the donation. Other calls yielded similar embarrassing results.

On the other side, of course, are the maternity homes and Crisis Pregnancy Centers. Planned Parenthood and their allies accuse these centers of posing as medical clinics, offering religion instead of science, and of “traumatizing” pregnant women by showing them things like sonograms. It’s an odd complaint from a group that runs a Web site called Teenwire – which offers adolescents tips on everything from anal sex to a crude, animated condom game. Given that the overwhelming majority of women who have abortions are over age 20, showing one a sonogram or telling her “Jesus loves you” seems pretty tame stuff.

Planned Parenthood has every legal right to pursue its business. But if—as our pro-choice friends like to say—we really want a world where abortion is more rare, could not the NAACP help?

Just imagine if this institution used its voice and resources to ensure that, beside all those Planned Parenthood clinics located in our minority neighborhoods, African-American women could find another kind of place. A place not unlike Good Counsel—where a scared young pregnant woman could carry her baby to term, complete her education, train for a new job, and be treated with the love and respect that a mother needs and deserves.

In other words, could not the NAACP work for a society where pregnant African-Americans had two doors open to them? Planned Parenthood’s not going anywhere, so the first would still lead to America’s largest abortion provider, a business that has already eliminated millions from America’s population. But the other would lead to people whose business is of a vastly different order: welcoming these children into the world, and getting their moms the help they need to live lives of purpose and dignity.

Then again, that would give women a real choice.

APPENDIX F

[Jennifer Fulwiler is a Web developer who lives in Austin, Texas, with her husband and three children. She converted to Catholicism from atheism in 2007 and writes about her conversion at <http://www.conversiondiary.com/>. Reprinted from America, July 7, 2008, with permission of America Press, Inc., ©2008. All rights reserved. For subscription information, call 1-800-627-9533 or visit www.americamagazine.org.]

A Sexual Revolution

Jennifer Fulwiler

Back in my pro-choice days, I read that in certain ancient societies it was common for parents to abandon unwanted newborns, leaving them to die of exposure. I found these stories to be as perplexing as they were horrifying. How could this happen? I could never understand how entire cultures could buy into something so obviously terrible, how something that modern society understands to be an unthinkable evil could be widely accepted among large groups of people.

Because of my deep distress at hearing of such crimes against humanity, I found it irritating when pro-lifers would refer to abortion as “killing babies.” Obviously, nobody was in favor of killing babies, and to imply that those of us who were pro-choice would advocate as much was an insult to the babies throughout history who actually were killed by their “insane” societies. We were not in favor of killing anything. We simply felt that a woman had a right to stop the growth process of a fetus if she faced a crisis pregnancy. It was unfortunate, but that was the sacrifice that had to be made to prevent women from becoming victims of unwanted pregnancies.

At that time I was an atheist and had little exposure to religious social circles. As I began to search for God and open my mind to Christianity, however, I could not help but be exposed to pro-life thought more often, and I was put on the defensive about my views. One night I was discussing the topic with my husband, who was re-examining his own pro-choice stance. He made a passing remark that startled me into reconsidering this issue: “It just occurred to me that being pro-life is being pro-other-people’s-life,” he quipped. “Everyone is pro-their-own-life.”

Growing Discomfort

His remark made me realize that my pro-choice viewpoints had put me in the position of deciding whose lives were worth living, and even who was human. Along with doctors, the government and other abortion advocates, I decided where to draw this crucial line. When I would come across Catholic Web sites or books that asserted “Life begins at conception,” I would scoff, as was my habit, yet I found myself increasingly uncomfortable with my defense. I realized that my criteria for determining when human life begins were distressingly vague. I was putting the burden of proof on the fetuses to demonstrate to me that they were human, and I was a tough judge. I found myself looking the other way when I heard about things like the 3-D ultrasounds that showed fetuses touching their faces, smiling

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and opening their eyes at ages at which I still considered abortion acceptable. As modern technology revealed more and more evidence that fetuses were humans too, I would simply move the bar for what I considered human.

At some point I started to feel I was more determined to remain pro-choice than to analyze honestly who was and was not human. I started to see this phenomenon in others in the pro-choice community as well. As I researched issues like partial-birth abortion, I frequently became stunned to the point of feeling physically ill upon witnessing the level of evil that normal people can support. I could hardly believe my eyes when I read of reasonable, educated professionals calmly justifying infanticide by calling the victims fetuses instead of babies. It was then that I took a mental step back from the entire pro-choice movement. If this is what it meant to be pro-choice, I was not pro-choice.

Yet I still could not quite label myself pro-life.

I recognized that I too had probably told myself lies in order to maintain my support for abortion. Yet there was some tremendous pressure that kept me from objectively looking at the issue. Something deep within me screamed that not to allow women to have abortions, at least in the first trimester, would be unfair in the direst sense of the word. Even as I became religious, I mentally pushed aside thoughts that all humans might have God-given eternal souls worthy of dignity and respect. It became too tricky to figure out when we receive those souls, the most obvious answer being “at conception,” as opposed to some arbitrary point during gestation. It was not until I re-evaluated the societal views of sex that had permeated the consciousness of my peer group that I was able to release that internal pressure I felt and take an unflinching look at abortion.

Sex and Creating Life

Growing up in secular middle-class America, I understood sex as something disconnected from the idea of creating life. During my entire childhood I did not know anyone who had a baby sibling; and to the extent that neighborhood parents ever talked about pregnancy, it was to say they were glad they were “done.” In high school sex education class, we learned not that sex creates babies, but that unprotected sex creates babies. Even recently, before our marriage was blessed in the Catholic Church, my husband and I took a course about building good marriages. It was a video series by a nondenominational Christian group, and the segment called “Good Sex” did not mention children once. In all the talk about bonding and back rubs and intimacy and staying in shape, the closest the videos came to connecting sex to the creation of life was a brief note that couples should discuss the topic of contraception.

All my life, the message I had heard loud and clear was that sex was for pleasure and bonding, that its potential for creating life was purely tangential, almost to the point of being forgotten. This mind-set became the foundation of my views on abortion. Because I saw sex as being by default closed to the possibility of life, I thought of unplanned pregnancies as akin to being struck by lightning while walking

down the street—something totally unpredictable and undeserved that happened to people living normal lives.

My pro-choice views (and I imagine those of many others) were motivated by loving concern: I just did not want women to have to suffer, to have to devalue themselves by dealing with unwanted pregnancies. Since it was an inherent part of my worldview that everyone except people with “hang-ups” eventually has sex, and that sex is, under normal circumstances, only about the relationship between the two people involved, I was lured into one of the oldest, biggest, most tempting lies in human history: the enemy is not human. Babies had become the enemy because of their tendency to pop up and ruin everything; and just as societies are tempted to dehumanize their fellow human beings on the other side of the line in wartime, so had I, and we as a society, dehumanized what we saw as the enemy of sex.

As I was reading up on the Catholic Church’s understanding of sex, marriage and contraception, everything changed. I had always assumed that Catholic teachings against birth control were outdated notions, even a thinly disguised attempt to oppress the faithful. What I found, however, was that these teachings expressed a fundamentally different understanding of sex. And once I discovered this, I never saw the world the same way again.

Burdens or Blessings?

The way I had always seen it, the generally accepted view was that babies were burdens, except for a few times in life when everything might be perfect enough for a couple to see new life as a good thing. The Catholic view, I discovered, is that babies are blessings and that while it is fine to attempt to avoid pregnancy for serious reasons, if we go so far as to adopt a “contraceptive mentality”—feeling entitled to the pleasure of sex while loathing (and perhaps trying to forget all about) its life-giving properties—we not only fail to respect this most sacred of acts, but we begin to see new life as the enemy.

I came to see that our culture’s widespread use and acceptance of contraception meant that the “contraceptive mentality” toward sex was now the default attitude. As a society, we had come to take it for granted that we are entitled to the pleasurable and bonding aspects of sex even when we are opposed to the new life it might produce. The option of abstaining from the act that creates babies if we see children as a burden had been removed from our cultural lexicon. Even if it would be a huge crisis to become pregnant, we had a right to have sex anyway. If this were true—if it were morally acceptable for people to have sex even when they believed that a new baby could ruin their lives—then abortion, as I saw things, had to be O.K.

Ideally I would have taken an objective look at when human life begins and based my views on that alone, but the lie was just too tempting. I did not want to hear too much about heartbeats or souls or brain activity. Terminating pregnancies simply had to be acceptable, because carrying a baby to term and becoming a parent is a huge deal, and society had made it very clear that sex was not a huge

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deal. As long as I accepted the premise that engaging in sex with a contraceptive mentality was morally acceptable, I could not bring myself to consider that abortion might not be acceptable. It seemed inhumane to make women deal with life-altering consequences for an act that was not supposed to have life-altering consequences.

Given my background, the Catholic idea that we are always to treat the sexual act with awe and respect, so much so that we should simply abstain if we are opposed to its life-giving potential, was a revolutionary message. Being able to consider honestly when life begins, to open my heart and mind to the wonder and dignity of even the tiniest of my fellow human beings, was not fully possible for me until I understood the nature of the act that creates these little lives in the first place.

All of these thoughts had been percolating in my brain for a while, and I found myself increasingly in agreement with pro-life positions. Then one night I became officially, unapologetically pro-life. I was reading yet another account of the Greek societies in which newborn babies were abandoned to die, wondering how normal people could do something like that, and I felt a chill rush through me as I thought: I know how they did it.

I realized in that moment that perfectly good, well-meaning people—people like me—can support gravely evil things because of the power of lies. From my own experience, I knew how the Greeks, the Romans and people in every other society could put themselves into a mental state where they could leave a newborn child to die. The very real pressures of life—“we can’t afford another baby,” “we can’t have any more girls,” “he wouldn’t have had a good life”—left them susceptible to the temptation to dehumanize other human beings. Though the circumstances were different, the same process had happened with me, with the pro-choice movement and with anyone else who has ever been tempted to dehumanize inconvenient people.

I suspect that as those Greek parents handed over their infants for someone to take away, they remarked on how very unlike their other children these little creatures were: they couldn’t talk, they couldn’t sit up, and surely those little yawns and smiles were just involuntary reactions. I bet they referred to these babies with different words than they used to refer to the children they kept. Maybe they called them something like “fetuses.”

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[Hadley Arkes is the Ney Professor of Jurisprudence at Amherst College. The following appeared August 19, 2008 on the recently launched website, The Catholic Thing (www.thecatholicthing.org), and is reprinted with Professor Arkes's permission.]

The Born-Alive Act and the Undoing of Obama

Hadley Arkes

In an interview with the Rev. Rick Warren, Barack Obama was asked about abortion, and he remarked that it was a serious, vexing “moral” question. On the matter of when human life began, he said, that “whether you’re looking at it from a theological perspective or a scientific perspective, answering that question with specificity ... is above my pay grade.” In the hands of Obama the meaning of “moral” is recast: What does it mean to say that this is a “moral” question and yet it must depend on judgments that are wholly subjective and personal, and which cannot be judged as true or false? For Obama, a “moral” question is one for which reason can supply no judgment, and the judgment may finally turn on nothing more than self-interest.

The question of global warming is a tangled, scientific question, generating serious controversy, and yet Obama has never confessed any disability that prevents him from consulting the testimony, the presentations of evidence, and trying to form a judgment. What prevents him then from consulting the textbooks of embryology or obstetric gynecology, or asking anyone who knows, in an effort to inform his judgment? The textbooks will tell him of course that human life begins with the merger of male and female gametes to form a zygote, a unique being with a genetic definition quite different from that of either parent. If that is too much to absorb, he may retreat to the point readily understood even by people without a college education: A pregnancy test is a sufficient and telling sign that new life is present and growing. We know now that this life does not undergo any change of species from its beginning to its end. Conceived by humans, it cannot be anything other than a human life. And if there was nothing there alive and growing, an abortion would no more be indicated or relevant than a tonsillectomy.

Now if that is truly above Mr. Obama’s “pay grade,” then the presidency must surely be beyond his competence and his pay grade.

As I have mentioned already in these columns, not a single Democrat in Congress voted against our Born-Alive Infants’ Protection Act (2002), a bill that sought simply to protect the life of a child who *survived* an abortion. But Barack Obama actually led the opposition to the same bill as it was offered in the legislature in Illinois. Obama has claimed now that he voted against the bill in Illinois because it lacked a clarifying amendment that had been voted for the federal bill: “Nothing in this section shall be construed to affirm, deny, expand, or contract any legal status or legal right applicable to any member of the species *homo sapiens* at any point prior to being ‘born alive’ . . .”

But as it turns out, this amendment had indeed been added to the bill in Illinois

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in March 2003, in a Senate committee chaired by Obama. Nevertheless, Obama voted finally to kill that bill in committee. And yet why should this be a surprise? Doug Johnson, the legislative director of the National Right to Life Committee rightly observed that the amendment had never made a difference to the substance of the bill. For the very point of the bill was to confer protection on the child when it was no longer in the womb, when the child could no longer encumber any “interests” of the mother. The bill sought to establish the point that even a child marked for abortion has, at some time, a claim to the protection of the law. And if that is the case, what was the difference between the child out of the womb and the child several minutes, several weeks, several months earlier?

The National Abortion Rights Action League saw at once the principle that lay at the heart of the bill, which is why they opposed it when it was introduced in July 2000. Barack Obama saw precisely what those activists saw. He voted against the Born-Alive Act, as he said, because he thought it would threaten, down the line, the right to abortion. But there lies the depth of his radicalism. For the sake of protecting that right to abortion, for any reason, he was willing to withdraw even the protection usually offered by the law for children born alive. The one exception would be: the children marked for abortion. For Obama, the right to abortion is nothing less than the right to an “effective abortion” or a dead child. For all of his nimbleness and his Ivy League bearing, that is the unlovely truth of his position; the truth that the media cannot quite grasp or report.

The Born-Alive Act was truly “the most modest first step” of all in legislating on abortion. Its purpose was to plant premises in the law and to break out news that the public would find jolting. A new group has formed now under the banner of Bornalivetruth.org with the purpose of bringing out to the public what Barack Obama has revealed about himself as he has confronted that bill. There is something to be savored in the notion that this measure, so modest, meant simply to teach, may turn out to be a critical force this year in the unraveling of Obama.

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[David Freddoso is a National Review Online staff reporter and author of *The Case Against Barack Obama* (Regnery, 2008). This essay was published August 13, 2008 on National Review Online (nationalreview.com), and is reprinted with permission.]

Life with Obama

David Freddoso

The tiny newborn baby made very little noise as he struggled to breathe. He lacked the strength to cry. He had been born four months premature.

“At that age,” says nurse Jill Stanek, “their lungs haven’t matured.”

Stanek is the nurse who found herself cradling this baby in her hands for all of his 45-minute lifetime. He was close to ten inches long and weighed perhaps half a pound. It’s just a guess—no one had weighed or measured him at birth. No happy family had been there to welcome him into the world. No one was trying to save his life now, putting him into an incubator, giving him oxygen or nourishment. He had just been left to die.

Stanek had seen it all happen. That family had wanted a baby, but when they learned that theirs would be born with Down syndrome, they wanted an abortion. For that, they went to Christ Hospital in the southwestern suburbs of Chicago, which is affiliated with the United Church of Christ.

In “induced labor” or “prostaglandin” abortion—a common procedure at the hospital—the doctor administers drugs that dilate the mother’s cervix and induce contractions, forcing a small baby out of the mother’s uterus. Most of the time, the baby dies *in utero*, killed by the force of the violent contractions. But it does not always work. Such abortions sometimes result in a premature baby being born alive. Sometimes the survivors live for just a few minutes, but sometimes for several hours. No one tried to save or treat them—it is hard to save someone you just mauled trying to kill. But something had to be done with them for the minutes and hours during which they struggled for air.

Stanek says her friend had been told to take this baby and leave him in a soiled utility closet. She offered to take him instead. “I couldn’t let him die alone,” she says.

Stanek was horrified by this experience. This was not an abortion—it was something worse. Could it be legal to take a living and breathing person of any size, already born and outside his mother’s womb, and just leave him to die, without any thought of treatment?

Hospital officials dismissed Stanek’s concerns. She then approached the Republican attorney general of Illinois, Jim Ryan, who issued a finding several months later that Christ Hospital was doing nothing illegal under the laws of Illinois. Doctors had no ethical or legal obligation to treat these premature babies. They had passed the bright line of birth that had effectively limited the right to life since the *Roe v. Wade* decision, but under the law they were non-persons.

Stanek’s effort to right this wrong would lead her to testify before various

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committees. It would lead her to a state senator, Patrick O'Malley, who would propose a bill to stop what was going on at the hospital.

Her attempt to change a corrupt medical practice and bring hope to defenseless infants would put her on a collision course with a state senator named Barack Obama.

On March 30, 2001, Obama was the only senator to speak in opposition to a bill that would have banned the practice of leaving premature abortion survivors to die. The bill, SB 1095, was carefully limited, its language unambiguous. It applied only to premature babies, already born alive. It stated simply that under Illinois law, “the words ‘person,’ ‘human being,’ ‘child,’ and ‘individual’ include every infant member of the species *homo sapiens* who is born alive at any stage of development.”

Two related bills introduced that day included slightly more controversial provisions about liability and medical procedure, but SB 1095 did not go nearly that far. This bill did not apply to those *not born*, nor did it grant *born* persons anything beyond recognition of their rights as persons.

Under this bill, SB 1095, babies born alive during an abortion would have to be treated just like every other baby that is born alive and prematurely—not left to die as at Christ Hospital, but given treatment according to an acting physician’s medical judgment as to what is necessary and what is possible—the same standard that applies to any other human being.

There was no legal conflict between this bill and the right to legal abortion, but Barack Obama was still uneasy with the idea. He and 11 other senators would vote “present” in a strategy worked out with Planned Parenthood lobbyists (“present” votes in the Illinois senate essentially count as “no” votes). The bill would pass the Senate easily with a bipartisan majority, only to die in a House committee.

Here is what Obama said on the Senate floor that day in opposition to the bill:

There was some suggestion that we might be able to craft something that might meet constitutional muster with respect to caring for fetuses or children who were delivered in this fashion. Unfortunately, this bill goes a little bit further, and so ... this is probably not going to survive constitutional scrutiny. Number one, whenever we define a pre-viable fetus as a person that is protected by the equal protection clause or other elements in the Constitution, what we’re really saying is, in fact, that they are persons that are entitled to the kinds of protections that would be provided to a—a child, a nine-month-old—child that was delivered to term. That determination, then, essentially, if it was accepted by a court, would forbid abortions to take place. I mean, it—it would essentially bar abortions, because the equal protection clause does not allow somebody to kill a child, and if this is a child, then this would be an antiabortion statute.

The absurd conclusion of Obama’s argument is hard to miss. He implies that “pre-viable” babies born prematurely, even without abortions, are somehow less “persons” than are babies who undergo nine months’ gestation before birth.

But even this is not the most important part of his argument. That would be his

first sentence—the one about “caring for fetuses or children who were delivered in this fashion.” He seems open to this idea. And he does not state explicitly that a pre-viable, premature baby *is not* a “person.” Rather, he is arguing that the question of their personhood is a moot point. Even if the state should perhaps provide care for these babies, any recognition of their personhood might threaten someone’s right to an abortion somewhere down the road. That made the bill unacceptable to him.

Most people, whatever their view on abortion, agree that the Constitution at least guarantees the rights of born and living human beings. Barack Obama does not agree. For him, the Constitution exists primarily in order to guarantee the right to abortion, and other rights of human persons—born and alive—are secondary. Beginning with abortion rights as his premise, he draws as his conclusion the unfortunate but necessary legality of infanticide.

Given Obama’s position on babies born alive, it should come as no surprise that he opposes and denounces all restrictions on every kind of abortion, including partial-birth abortions. He promised at a Planned Parenthood event in July 2007 that “the first thing” he will do as president—his top priority for the nation—is sign the Freedom of Choice Act, which would erase every federal and state restriction on abortion, no matter how modest. His top priority, again, is to re-legalize partial birth abortion under all circumstances, abolish all laws on informed consent and parental notification, and eliminate all state restrictions on taxpayer funding of abortions.

No humanitarian impulse or consideration of bipartisanship has ever swayed Barack Obama’s legislative mind on the issue of abortion. Pro-life voters who try to convince themselves otherwise engage in willful self-deception.

Obama would speak against the born-alive protection bill once again when it was proposed in 2002, and he would kill the bill when it came before the committee he chaired in 2003, after Democrats had taken control of the Illinois General Assembly. His is a radical position that most abortion-choice advocates do not share.

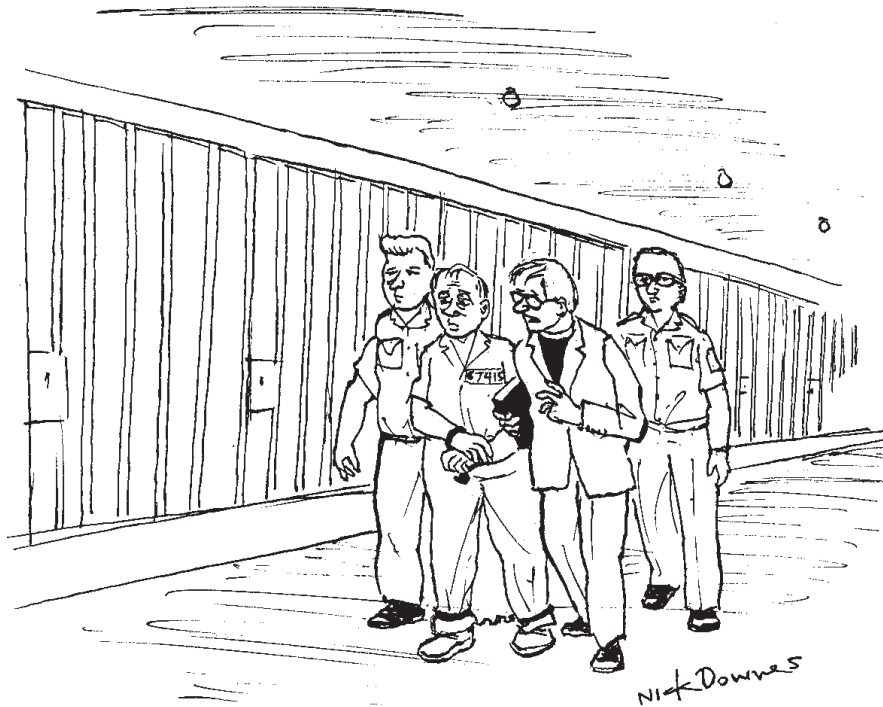
Sen. Barbara Boxer (D., Calif.) does not share his position. In 2001, just three months after Obama inveighed against protecting premature babies in Illinois, the United States Senate voted on the language of the Born Alive Infants Protection Act. It contained no significant legal differences from the Illinois bill, but it did contain even more specific and redundant language stating that the bill did not apply to the unborn, only those already born.

But in case there is any ambiguity, the federal bill was identical, word for word, to the bill that Obama voted to kill two years later in the Illinois senate health committee, which he chaired. Obama’s work to kill the bill in 2003 has always been attested to by witnesses (committee records are poorly kept in Springfield), but yesterday the National Right to Life Committee found and revealed the document showing definitively that Obama had voted against it in committee—against the exact same bill he is now falsely claiming on his own campaign website that he

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would have supported.

On June 29, 2001, Boxer had spoken in favor of that same bill, the federal Born-Alive Infants Protection Act, on the floor of the U.S. Senate: “Of course, we believe everyone born should deserve the protections of this bill,” she said. “Who could be more vulnerable than a newborn baby? So, of course, we agree with that... We join with an ‘aye’ vote on this. I hope it will, in fact, be unanimous.” It was unanimous: 98–0. Even Hillary Clinton voted for it. At the time Boxer spoke enthusiastically in favor of protecting premature babies, she had a 100-percent lifetime voting score from NARAL and a 100 percent score from the Planned Parenthood Action Fund. She was also a leader on the abortion issue. She was the greatest ally that abortion-choice advocates had in the United States Senate. At least she was until 2005, the year Barack Obama was sworn in.



“Okay, so maybe you didn’t do it. Surely there’s something you have done that you deserve to die for?”

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[Kathryn Jean Lopez is the editor of National Review Online (www.nationalreview.com) and a nationally syndicated columnist. Ms. Lopez wrote this column for the Human Life Review; the column that follows appeared on NRO July 30, 2008.]

Brave New Obama

Kathryn Jean Lopez

In an election year during which the Democratic party has erroneously claimed to have softened its abortion platform, Barack Obama has dug himself a deep hole in and around the issue. While in the Illinois senate, the former state legislator opposed a bill that would protect children who survive abortions. The details of this aspect of his record have proven a horror for his campaign and for anyone who recoils at infanticide--and so he spent some of the general election scrambling to do damage control through manipulation and accusations. That he would resort to outright lies about his record is somewhat appropriate, though. It's the offspring of the kind of doublespeak that George Orwell warned of and the manipulators of human dignity have made ample use of, from the word "choice" all the way down the slippery slope.

In 2001, Obama stood up in opposition to a bill that would give legal rights to newborns who survived botched abortion attempts. The bill was necessary because of instances at Christ Hospital in Oak Lawn, Illinois, where such children were being left to die.

In speaking against such a humane bill, he argued that "whenever we define a pre-viable fetus as a person that is protected by the Equal Protection Clause or the other elements in the Constitution, what we're really saying is, in fact, that they are persons that are entitled to the kinds of protections that would be provided to a—a child, a 9-month-old—child that was delivered to term. That determination then, essentially, if it was accepted by a court, would forbid abortions to take place. I mean, it—it would essentially bar abortions, because the Equal Protection Clause does not allow somebody to kill a child, and if this is a child, then this would be an anti-abortion statute."

To give legal protections to children outside of the womb would not curb legal abortion, even if it would serve to focus attention on the inhumanity of the procedure itself. Legally, there would be no change in the status of actual abortions. In fact, when a similar bill passed the U.S. Congress, pro-abortion feminists, including Barbara Boxer and Hillary Clinton, supported the bill. How could you not?

Answering that question is a bloody dilemma the Obama campaign has faced this election year. In the wake of the pre-conventions faith-based forum with megachurch pastor Rick Warren in August, Obama found himself lashing out at his critics on the issue—calling them liars; then admitting he had some of his facts wrong; then going back to the L-word again (while in fact he was the one who was caught clearly misrepresenting his record).

Obama obfuscated because defending his real record on this is impossible. If

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the late New York liberal Democrat Daniel Patrick Moynihan saw partial-birth abortion, where a child is only partially delivered before his skull is fractured, as too close to infanticide, surely what Obama couldn't bring himself to protect children against is, in fact, infanticide?

Obama's deceit is part of a long-standing pattern of behavior engaged in by the advocates of the Culture of Death. For years now, academics, biotechnology entrepreneurs, and politicians have been pushing the lines, moving us deeper into a Brave New World where there are fewer limits on the manipulation of human life. Peter Singer, a tenured professor at Princeton, has argued that "human babies are not born self-aware or capable of grasping their lives over time. They are not persons. Hence their lives would seem to be no more worthy of protection than the life of a fetus."

Barack Obama's state-senate speech is a little too close to Singerville for comfort.

The stem-cell debate, too, is full of limits-obscuring and -pushing. Whereas in many debates over cloning funding, the requests start as a plea to use "surplus" embryos created during in vitro fertilization, advocates before long make arguments for allowing a nine-month pregnancy, though the new life will be destined for eventual destruction. In some cases, like in New Jersey, that's an argument that's been successfully made in efforts for taxpayer funding. As author Wesley J. Smith warned back in 2001, "This is not just a slide down a slippery slope, it is a headfirst plunge into the abyss."

Opponents of legal abortion and cloning and embryonic-stem-cell funding have long warned that we are heading toward a Culture of Death. Barack Obama, by refusing to repudiate his past words and looking to obscure his record, showed long before November that he is comfortable as a leader of a Party of Death. That a major political party would nominate him for the presidency shows how far we have gone toward the abyss.

Don't Be Down on Palin

Kathryn Jean Lopez

John McCain could save lives with his vice-presidential pick.

"I'm looking at him right now, and I see perfection. Yeah, he has an extra chromosome. I keep thinking, in our world, what is normal and what is perfect?"

That's Alaska's Republican governor, Sarah Palin, talking about her infant son, Trig, born with Down Syndrome. When Todd and Sarah Palin learned last December that their baby would have Down Syndrome, they not only saved a life but made a decision that would touch the lives of families living with similar gifts across the country.

Down Syndrome is "the most commonly occurring chromosomal abnormality": One of every 733 babies is born with Down Syndrome, according to the National Down Syndrome Society.

The governor's website includes a Trig-welcoming-committee page with comments from Americans across the nation.

Alice from Wadsworth, Ohio, writes: "Congratulations on your new baby. You will enjoy the differences this child has from other children. Our kids really shine when participating in sports, and sports has so much to teach all of us. My 'baby' is 35, and I'm still enjoying watching him achieve and grow."

Kay from Vancouver, Wash., writes: "Congratulations on the birth of your new baby, Trig. My oldest son Cody was born 33 years ago with Down Syndrome, so I know the joy you and your family will experience."

Joe from Waterbury, Conn., writes: "Dear Governor Palin and family, I just read a story in the newspaper about the birth of your new son. My daughter, Martha, was born 28 years ago with Down syndrome. She has done very well. There is no need to be overly nervous. Things will work out for you and your family. Down syndrome is probably the most studied aspect of special education. The idea that Down syndrome children bring joy is really true. Make sure he is included with everything that the rest of your kids do. I respect the choice that you and your husband have made. I know from experience that you will be pleasantly rewarded and surprised (in the good sense) by the choice you have made."

Paul and Noreen from Lockport, N.Y., wrote: "Dear Palin Family: Congratulations on the birth [of] Trig. As grandparents of a Down syndrome child we can tell you that our life is enriched by our grandson Aidan. We look forward to spending our time with him and see his love of life and continuing growth. God truly blessed us with him. He has shown us an inner strength to never give up. The best things in life come to us unexpectedly. God bless you and you family."

A father from Abilene, Texas, wrote lovingly:

Dear Governor Palin,

As a parent of a 2 year old with Down syndrome, I want to express my heartfelt congratulations on the birth of your special son. I remember all of the reservations

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and fears that my wife and I had the first days of his life. We had a lot to learn. Archer continues to be a great joy in our lives. He IS much more work than our other 2 children but it is a labor of love, NOT a burden. He has changed our lives in ways we would have never predicted. He has made me a better, kinder, more tolerant man. My children have benefited in ways that are indescribable. I know they will never act as I did as a child. I know they will defend the weakest among them. In short, Archer is a celebrity in Abilene, Texas. He brings joy to everyone that comes in contact with him. I know now that these children are put here for a specific reason by God. It is so evident to me that His hand is at work when I look at their faces and see all of the similarities. Children and adults with Down syndrome look like brothers and sisters and react that way when meeting for the first time. How could that NOT be by design. You and your family are truly blessed to have the privilege of raising this child. What ever feelings or concerns you and your family have had, others have had the same ones and you all are not alone. You are beginning a most rewarding journey that will be filled with challenges, but mostly joy. I always took for granted that our kids would learn to walk and talk. Archer has shown me what hard work it really is. All of these milestones aren't merely footnotes in his life, they are truly accomplishments that are worthy of celebration. Rest assured that your boy [will] make them also with your help. But we learned that they do it on their timeline, not ours and so will you. Again, congratulations on the birth of your son. I wouldn't trade or change my boy for anything, and I'm sure you feel the same way.

You get the idea.

“Joy.”

“Gift.”

“Blessing.”

“Love.”

“Amazing.”

Not only are children with Down Syndrome people too, they inspire a deep love and enthusiastic appreciation. Especially in the face of a culture that wants to expunge them. According to a study cited in the *New York Times* last year, “About 90 percent of pregnant women who are given a Down syndrome diagnosis have chosen to have an abortion.” (Emphasis added.) Most American women are given prenatal tests.

At 44, Governor Palin is a bit young and relatively new to the political scene yet. These are no small considerations when electing someone who could assume the role of president (Democrats: Check out your nominee with that reservation . . .). But if the youngest life she and her husband care for can wake up a nation that's blind to the eugenics in its midst, a routine part of medicine today, she and John McCain would be offering human rights and dignity a great, honorable service. In contrast to Barack Obama, who would let the survivors of botched abortion attempts be killed, the Palins could serve as a great clarifier for voters this fall—and an education.

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[*Nat Hentoff is a syndicated columnist and author of many books, including The War on the Bill of Rights and the Gathering Resistance (Seven Stories Press, 2003). The following is reprinted with Mr. Hentoff's permission (www.JewishWorldReview.com, May 21, 2008.)*]

John McCain, here is your vice president

Nat Hentoff

In 2006, Sarah Palin became Alaska's youngest and first woman governor after having earned a reputation as a determined and successful advocate of ethics reform in politics. In the primary, she defeated an incumbent Republican governor and then a former two-term Democratic governor.

During her first year in office, as reported by the Associated Press on May 10, she "distanced herself from the old guard, powerful members of the state GOP (and) stood up to the oil interests that hold great power in Alaska, and with bipartisan support in the statehouse, she won a tax increase on the oil companies' profits."

Last December, the mother of four children, Palin, four months pregnant, found she was going to have a child with Down syndrome, a condition characterized by moderate-to-severe mental retardation. A school friend of one of my sons had Down syndrome, and I have known functioning adults with the extra chromosomes of that syndrome.

However, as a longtime reporter on disability rights, I have discovered that many fetuses so diagnosed have been aborted by parents who have been advised by their doctors to end the pregnancies because of the future "imperfect quality of life" of such children.

Palin's first reaction to the diagnosis was to research the facts about the condition, since "I've never had problems with my other pregnancies." As a result, she and her husband, Todd, never had any doubt they would have the child.

"We've both been very vocal about being pro-life," she told the Associated Press. "We understand that every innocent life has wonderful potential."

In an age when DNA and other genetic-selection tests increasingly determine who is "fit" to join us human beings, we are witnessing the debate between sanctity of life versus quality of life being more often decided in favor of death. This is a result welcomed by internationally influential bioethicist Peter Singer, now a celebrated Princeton University professor, who, in July 1983, wrote in "Pediatrics," the official Journal of the American Academy of Pediatrics:

"If we compare a severely defective human infant with a nonhuman animal, a dog or pig, for example, we will often find the nonhuman to have superior capacities, both actual and potential, for rationality, self-consciousness, communication, and anything else that can plausibly be considered morally significant."

And there are bioethicists who point to the continuing costs of rearing a "defective infant." By inspirational contrast, Palin, says of her new son, Trig: "I'm looking at him right now, and I see perfection. Yeah, he has an extra chromosome. I keep thinking, in our world, what is normal and what is perfect?"

APPENDIX J

Three days after she gave birth, Palin was back in her Anchorage office with her husband and Trig. “I can think of so many male candidates,” she tells the AP, “who watched families grow while they were in office. There is no reason to believe a woman can’t do it with a growing family. My baby will not be at all or in any sense neglected.”

Says the governor of Alaska, “I will not shirk my duties.” Taking her stand for life as a holder of high political office is all the more valuable in the face of not only the termination of fetal lives as not worth continuing before they can speak for themselves, but it also puts a searching light on the growing “futility” doctrine in hospitals—affecting born people of all ages.

Nancy Valko, a medical ethicist and intensive-care nurse I consult on these lives-worth-living debates, has emphasized that “with the rise of the modern bioethics movement, life is no longer assumed to have the intrinsic value it once did, and ‘quality of life’ has become the overriding consideration.”

Because of Palin’s reputation as a maverick, and her initial reduction of state spending (including pork-barrel spending), life-affirming Palin connects with voters and has been mentioned as a possible vice presidential running mate for John McCain.

She would be a decided asset—an independent Republican governor, a woman, a defender of life against the creeping culture of death and a fresh face in national politics, described in “the Almanac of National Politics” as “an avid hunter and fisher with a killer smile who wears designer glasses and heels, and hair like modern sculpture.”

Still unknown is whether Palin would be as flip-flopping as McCain on the Bush torture policy that has so blighted our reputation in the world. But we’d find out, as—if chosen as his running mate—she would create more interest in this already largely scripted presidential campaign.

And her presence could highlight Obama’s extremist abortion views on whether certain lives are worth living, even a child born after a botched abortion.

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