the HUMAN LIFE REVIEW

SPRING 1994

Featured in this issue:

John Cardinal O'Connor urges .....'Say it ain't so, Mr. President!'

Rita Marker on .....Mr. Clinton's Health Problem

John Muggeridge on .....Medicinal Socialism

Maria McFadden on .....Schindler's List Reversed

Margaret White on .....No Brave New World?

Faith Abbott on .....Surprising Aldous Huxley

Ellen Wilson Fielding on.....Going Far Enough

William Murchison on .....Just Say 'Off'

Also in this issue:

Ray Kerrison ◦ Suzanne Fields ◦ Nat Hentoff ◦ John Leo ◦ Richard Vigilante ◦ D. Redman ◦ Greg Erlandson ◦ Nora Johnson ◦ Dr. Jérôme Lejeune ◦ Mother Teresa of Calcutta ◦

Published by:

The Human Life Foundation, Inc.

New York, N.Y.

Vol. XX, No. 2 $5.00 a copy

ABOUT THIS ISSUE . . .

. . . if nothing else, this issue is a timely one, beginning with John Cardinal O'Connor's plea to President Bill Clinton (we thank the Cardinal for favoring us to print it), followed by Rita Marker's in-depth analysis of a "health-care" plan that could have fateful consequences for all of us—and be fatal for many more unborn Americans.

In addition, we have the testimony of two other great moral witnesses of our time: Mother Teresa of Calcutta, and the (sad to say) late Dr. Jérôme Lejeune (see appendices).

Also unusual is the article by Dr. Margaret White, a well-known London doctor with more than 30 years of experience in the controversial issues she writes about here. We are happy to add that, as we write, *Reuters* reports that Britain's Parliament has voted to ban the use of eggs from aborted unborn humans for "fertility treatment" of infertile women (a "procedure" which, if successful, would produce a child whose biological mother had never been born!).

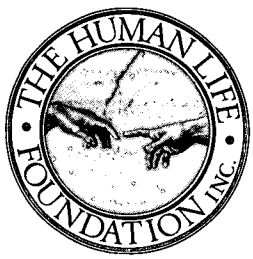
We would like to welcome Mr. John Muggeridge, who writes on the Canadian health-plan difficulties in this issue, as our new Contributing Editor. (John's late father, Malcolm, was for many years our Editor-at-Large.)

Our thanks to Richard Vigilante, for granting us permission to reprint his columns from New York *Newsday*, and to Greg Erlandson, the editor of *Our Sunday Visitor*, for permission to reprint his column. (*OSV* is published by the nation's largest Roman Catholic publishing house; readers who want to find out more about it should address Our Sunday Visitor Publishing Division, 200 Noll Plaza, Huntington, Indiana, 46750.)

We would also like to thank Mr. William Porth, Esq., for providing us with Mother Teresa's brief in the Alexander Loce case.

Finally, we wish we could thank Dr. Lejeune for leaving us his moving testimony for life.

MARIA MCFADDEN
MANAGING EDITOR



Editor
J. P. McFadden
Contributing Editors
Faith Abbott
John Muggeridge
William Murchison
Consulting Editor, Europe
Mary Kenny, London
Managing Editor
Maria McFadden
Contributors
Ellen Wilson Fielding
Elena Muller Garcia
James Hitchcock
Erik von Kuehnelt-Leddihn
Jo McGowan
Mary Meehan
Robert M. Patrick
John Wauck
Chilton Williamson, Jr.
Assistant Managing Editor
Kate Noonan
Articles Editor
Colleen Boland
Copy Editor
Harold Marsden
Production Manager
Ray Lopez
Circulation Manager
Esther Burke
Publishing Consultant
Edward A. Capano

Published by THE HUMAN LIFE FOUNDATION, INC. Editorial Office, Room 840, 150 E. 35th St., New York, N.Y. 10016. The editors will consider all manuscripts submitted, but assume no responsibility for unsolicited material. Editorial and subscription inquiries, and requests for reprint permission, should be sent directly to the editorial office. Subscription price: $20 per year; Canada and foreign $25 (U.S. currency).

©1994 by THE HUMAN LIFE FOUNDATION, INC., New York, N.Y. Printed in the U.S.A.

the HUMAN LIFE REVIEW

SPRING 1994

Vol. XX, No. 2

Introduction 2
J. P. McFadden

"Say it ain't so, Mr. President" 7
John Cardinal O'Connor

The President's Health Problem ... 13
Rita L. Marker

Canada's Medicinal Socialism..... 37
John Muggeridge

Schindler's List—*and Hillary's* 47
Maria McFadden

Brave New World—or Is It? 59
Margaret White

What Would Surprise Aldous Huxley? 65
Faith Abbott

Going Far Enough..... 78
Ellen Wilson Fielding

Just Say "Off"..... 87
William Murchison

Appendices..... 95
Ray Kerrison
Suzanne Fields
Nat Hentoff
John Leo
Richard Vigilante
D. Redman
Greg Erlandson
Nora Johnson
Dr. Jérôme Lejeune
Mother Teresa of Calcutta

INTRODUCTION

As a candidate, Bill Clinton usually evaded the realities of abortion on demand with a glib prescription: abortion should be "safe, legal, and rare." *Roe v. Wade* being now past 21, our young President has lived with it, evidently without discomfort, for virtually all his adult life. What he actually thinks about abortion is problematic—he may not know himself. One certainly wonders what he thought about while Mother Teresa lectured him passionately on the subject, as happened at a Washington "prayer breakfast" recently.

True, his first acts as Chief Executive included wiping out all the anti-abortion regulations of his predecessors, including those which had hamstrung the United Nations' fetish for "population control" imperialism. Perhaps these actions—hardly likely to make abortion "rare"—were primarily political pay-backs to his "Choice" constituency? Again, it's hard to know. In any case, they have had little effect on the majority of Americans—which will *not* be the case should tax-funded abortions be included in his "health-care" plan.

John J. O'Connor, the Cardinal Archbishop of New York, hopes (*prays*, surely) that Mr. Clinton doesn't mean to make us all pay for abortions and, in our lead article, urges him to "Say it ain't so" *instanter. Were* it so, argues the Cardinal, Mr. Clinton would be making it "impossible for Catholics to be Catholic"—for "How could a Catholic be guided by a bishop who is forced to cooperate in aiding abortions?" Without doubt, Cardinal O'Connor speaks for millions of his fellow Catholics, and many other Americans as well. Including us, so we are glad (as well as privileged) to bring his plea to what we hope is a wide audience (His Eminence made a similar plea in his own diocesan newspaper late last year). Here, he adds his fears about another "mind-boggling" possibility: that America, dedicated to the "inalienable right to life," will become the "driving force" behind the anti-population schemes of the UN (which, he notes, credits *us* with the world's highest abortion rate among "developed" nations!). O'Connor's statement is brief but powerful—the issue is by no means "complex."

The "health care" issue itself—as distinguished from annointing abortion as mandated medicine—is of course very complex indeed, as Mrs. Rita Marker next makes clear in great detail. She has obviously done her homework,

presumably in her spare time (she's the mother of seven), and made the result highly readable and *interesting*—we consider it a public service, our eyes have regularly glazed over as we've struggled to wade through the masses of "health care" stories—we trust that you will learn a lot too, while enjoying her yeopersonly performance.

Supporters of "universal care" are fond of pointing north to Canada as a working example of the great benefits in store for us down here. But our friend John Muggeridge *lives* there and—worse—has had personal experience with the vaunted Health Care Act, passed in 1968. Among other "unintended consequences," costs mushroomed (in the 1980s alone, he says, they nearly tripled), hospital beds disappeared, and waiting lists grew (except for those with the "right connections"). But abortions are "covered"—even those technically illegal—and "assisted suicide" may follow as just another "medically-required" service that the state will provide, courtesy of all tax-payers. In short, Muggeridge marvels at American yearnings for "medicinal socialism," Canadian style.

Then Maria McFadden addresses another vexed question: Will the Clinton Plan mean *de facto* "rationing" of care for the aged and the imperfect? As it happens, Mrs. Hillary Clinton, commonly acknowledged as a principal architect of the plan, has made her views quite explicit: we'll not be able to care for *everybody*—we can't *afford* to—but then "people will know they are not being denied treatment for any reason other than that it is not appropriate—will not enhance or save the *quality* of life" [our emphasis]. Maria imagines a kind of "Schindler's List" in reverse—listing those *not* to be saved, just as the Nazis listed their *lebensunwertes Leben*—those living "Life that is not worthy of life"—the slippery slope is no respecter of either races or nations.

Likewise utopian nostrums: it only *seems* odd that, Socialist dreams having vaporized worldwide, we still pursue the "reform" of socialized medicine. Or that we remain mesmerized by anything "Science" dreams of doing (which in practice amounts to anything it *can* do, "ethics" be damned). A current Brave New World craze is experimentation on the "embryo"—after all, the unwanted unborn are *available* in great quantities, it's a shame to *waste* all that genetic material when, so to speak, it might be given to the "poor" who, in most cases, are those rich enough to pay for the promised benefits. For instance, it may now be possible to utilize female "fetal parts"—spares, because the to-be-aborted owner won't need them—to solve some other woman's infertility. So what if the result is a child whose biological mother was never born? Dr. Margaret White, a well-known London specialist, ponders the meaning of it all, *via* a sharp analysis of the latest "trends" in such futuristic "medicine"—legalized abortion greased the slope, of course, and the slide is accelerating, with the active connivance of the politically powerful, not least the media, who acclaim each "reasonable" step down. One casualty is the Hippocratic oath which doctors once swore—"It did not exist," Dr. White reminds us, "to eliminate

the weak and satisfy the unreasonable demands of the rich"—but that was before medicine became "a consumer-led profession."

What would Aldous Huxley think of it all? His *Brave New World* was intended to be futuristic, but Huxley was thinking about the *distant* future ("I was convinced that there was still plenty of time," he wrote 15 years after his world-famous book appeared), whereas it now seems he was lucky to have been just a bit early? Certainly his own after-thoughts sound quaint today. For instance, he defended the then-shocking "sexual promiscuity" in *Brave New World* as not being so very unlikely—after all, he said (in 1946), "there are already certain American cities" in which divorces equaled marriages—he certainly got the "trend" right, if not the timing (he had projected his Utopia "six hundred years into the future"!).

Here, our faithful Faith Abbott gives you her patented guided tour through Huxley's imagined world, stopping often to point out interesting features he missed, including some you will have just read about in Dr. White's *exposé*; she ends her tour in agreement with the London *Sunday Times*, which recently concluded that, all in all, Huxley was "uncannily accurate"—which *would* surprise him, Faith thinks. We think you'll greatly enjoy this one too.

By the way, Huxley never even *mentioned* abortion: Perhaps he thought it would strain the credulity of even the most gullible reader? It was after all still largely "unthinkable" in his time (yet *Roe* came just ten years after his death). But it has become so thinkable that the New York *Times*, which surely considers itself the compass of civic morality, recently featured an article by one Nora Johnson, who not only celebrates the abortion "choice" but also excoriates women who don't *use* it—not to mention those who oppose it ("Anyway, abortion is birth control, and so what?"). So we asked our old friend (and erstwhile contributing editor) Ellen Wilson Fielding a question: Wasn't Ms. Johnson . . . well, going too far? Ellen's answer came back in that style we, and our long-time readers, were accustomed to (Malcolm Muggeridge once compared Ellen to Jane Austen), and we're happy to pass it on to you, just as we got it. We doubt that Ms. Johnson will be too happy should *she* read it, but you, dear reader, have a treat coming.

Fact is, you have *another*, immediately following: we also asked Mr. William Murchison if he would give us his view of what millions of his fellow citizens view almost religiously: television. He wondered if there really was "anything new to say about a piece of furniture that talks," but he agreed to give it a try. The result is a slam-bang piece in *his* accustomed style: start it, and you'll read straight through it and, *à la* the proverbial Chinese dinner, want more. Which we'll have, of course, in coming issues.

* * * * *

Meanwhile, you will find a great deal more in our appendices, which may

be the most varied lot we've ever put together, even though all ten of them have to do, in one way or another, with our "single issue"—abortion. First (*Appendix A*) you get another virtuoso performance from Mr. Ray Kerrison, our favorite New York columnist, who illuminates a "health-care" factor that is somehow overlooked by the Major Media: abortion is a Big Business, whose practitioners have a big stake in seeing that Mr. Clinton's plan *does* "cover" the lucrative "reproductive health service" they provide. That's why the "industry leader," Planned Parenthood, is spending a whopping $10 million for propaganda ads to persuade Congress—never mind the polls which consistently show that the great majority of Americans *oppose* the use of their tax dollars to pay for abortions. Business is business: PP is *already* getting almost $150 million in "public" money yearly, can you blame them for wanting more? As Kerrison says, "Hell, they're banking on it."

In *Appendix B*, Columnist Suzanne Fields recounts a story that *should* be funny: in a newspaper interview, NARAL President Kate Michelman blurted out "abortion is a bad thing"—she then adamantly denied having said it—but the reporter had it on tape. As we say, amusing, until you consider the mind-set that makes "Pro-choicers" determined to deny the most obvious realities. In *Appendix C*, Nat Hentoff, the renowned civil libertarian, gives another example: the grotesque truth is, pro-abortionists have joined their Gay allies in condemning a proposal to tell mothers that their babies test HIV positive—that vital information is being *suppressed* now, in the name of the "privacy" that shields both abortion and the "lifestyle" that promotes AIDS. As with abortion, the baby has no rights worthy of consideration.

In *Appendix D*, Columnist John Leo adds to the word picture: he witnessed a pro-abortion demonstration outside a Chicago Baptist church that was as ugly as it was ineffective; again, the "allies" present reveal much about the peculiar make-up of the "Choice" forces, which hardly project the euphemized image of "an agonized woman and her doctor" that inspired the author of *Roe*.

By any comparison, the typical "pro-life" demonstrator is amazingly well-behaved—more likely to be on his knees saying his beads than shouting obscenities—yet both the police and the courts have notoriously come down hard on them, nationwide. As always, New York City sets the pace: it now has its own "abortion clinic access" law, designed to stamp out *any* picketing, *via* stiff prison sentences and ruinous fines—no such Draconian measures have been taken against other protestors, of course, and all First Amendment arguments were brushed aside, etc. In *Appendix E*, Mr. Richard Vigilante reports the story as it was happening, and follows it up with a vivid description of what things are really like in the nation's Abortion Capital.

Appendix F is, you might say, the "other side"—except that the author claims to approve of what happened to her—you may believe it or not, but we think you will find it fascinating reading. And, given its source (*Mother Jones*), we

think it belongs in our continuing record of the Great Abortion War. That's exactly what Mr. Greg Erlandson thinks: in *Appendix G* he gives you his reaction to a piece that, he says, "must be read by every pro-lifer."

We'd say the same of the following one (*Appendix H*), which may well be the most stridently pro-abortion *manifesto* we've ever seen in a "mainstream" publication—in this case the august New York *Times*! As you will see, author Nora Johnson should be already familiar, being the subject of Ellen Wilson Fielding's article in this issue.

Perhaps it is fitting that we move on from such dispiriting aspects of abortion to the praise of a man who deserves to be called the Poet Laureate of the unborn, even though he was hardly known as a writer. Rather, Dr. Jérôme Lejeune was a world-renowned figure in the medical and scientific worlds, the discoverer of what causes Down Syndrome, and much more. But he labored tirelessly to defend the sanctity of human life, never missing an opportunity to voice his opposition to the slaughter of the innocent. And what a voice! Lejeune was as charmingly effective as Maurice Chevalier as he painted impressionistic descriptions of the wondrous world inside the womb where, if you would only look, you would see Tom Thumb, a "tiny human being smaller than a thumb," pulsing in counterpoint to its hostess Mother in an enchanting "symphony of two hearts"—*mea culpa*, you must read it all for *yourself*, without further ado, it's beautiful.

Alas, we'll hear him no more: Dr. Lejeune died on Easter Sunday, April 3, aged 67. He gave the testimony we reprint in *Appendix I* during the trial of Alexander Loce, who tried to prevent the abortion of his child (you will find a, well, thumbnail description of the case in the note following Dr. Lejeune's testimony). He failed, and was tried and convicted for his actions, even though, as you will see, the judge *agreed* with his defense—that he was only defending a human life. The case was appealed to the U.S. Supreme Court, which rejected a hearing, but not before Mother Teresa had filed an *amicus curiae* brief in behalf of Loce. You will find the complete text of that document in *Appendix J*; again, it certainly belongs in our chronicle of the abortion era.

As we write, President Clinton has yet to nominate a replacement for retiring Justice Harry Blackmun who, as everybody agrees, will "go down in history" as the author of *Roe v. Wade*. Blackmun remains aggressively proud of his one claim to fame; we doubt that many envy him for it, even those who support the "results" he achieved. It remains to be seen how history will treat the man responsible for the greatest moral upheaval since the *Dred Scott* case, and the deaths of some 30 million innocents to date. As you would expect, we will have more to say about Mr. Blackmun in our next issue, coming soon. Meanwhile, we hope you enjoy the repast served up in this one.

J. P. McFADDEN
EDITOR

"Say it ain't so, Mr. President"

John Cardinal O'Connor

Say it ain't so, Mr. President. Please say it ain't so. Because Mr. Greg Erlandson says it very well might be so, and Mr. Erlandson is trustworthy more than somewhat. Further, he says what he says in the *Wall Street Journal* (November 26, 1993), a very serious newspaper not given to comic strips. I quote:

> The federal government may soon try to force Cardinal John O'Connor of New York and his fellow bishops to pay for the abortions of their diocesan employees and their families.

That got my attention very rapidly, Mr. President, especially since it's the opening line of Mr. Erlandson's very sobering article. Mr. Erlandson, by the way, is editor-in-chief of *Our Sunday Visitor*, the largest Catholic publishing house in the United States. He is too experienced to play wild-card journalism, and too responsible. His *Wall Street Journal* article is careful and persuasive. And frightening.

Obviously, a naysayer could throw in a red herring right at the outset, like: "Why should a cardinal or bishops have to worry? How could people employed by the Church ever think of having abortions?" Yes, Virginia, some Catholics do have abortions, sadly. Apart from that, all sorts of people work for the Church, but the issue here is not whether Church workers would, in fact, have abortions. The issue is that the Church would be required to contribute to coverage for abortion for all employees in violation of the Church's basic teaching about the sacredness of human life and the evil of procured abortion.

It seems to me that, without intending to, you could make it impossible for Catholics to be Catholic! How could a Catholic be guided by a bishop who is forced to cooperate in aiding abortions? How could a Catholic give a donation to the Church if the Church is forced to support the funding of abortions? You could be perceived as forcing Catholics into an untenable position if we wish to live by the teachings of the natural moral law and of our faith. Speaking only for myself, I assure you that, no matter what, *this* bishop will not knowingly do anything to violate those teachings.

His Eminence John Cardinal O'Connor, Archbishop of New York, is well-known as an eloquently outspoken opponent of abortion. Here, he urges President Clinton to reject taxpayer-funded abortions as part of any "health-care" plan for all Americans.

Nor is Mr. Erlandson speaking only of the Catholic Church. He includes the Church of Jesus Christ of Latter-Day Saints, the Southern Baptist Convention, the National Right to Life Committee, his own publishing company, and, by implication, many others. In fact, he avers that "by making abortion a requirement of the basic health-benefits package," you, Mr. President, would be using federal law to force a variety of companies, foundations and organizations either to fund what they believe to be the destruction of human life or go out of business.

Many strong supporters of the pro-life movement, Catholic and non-Catholic alike, tell me there are numerous other potential problems with your "Health Security Act." It seems that the HSA's proposed "National Health Board," made up of seven of your appointees, will have sweeping powers to make decisions about the provision of various services included in the standard benefits package. If this is so, and the National Health Board decides, for example, that individuals other than doctors (e.g., nurse practitioners, midwives, and physician assistants) may perform abortions, it seems to me that the democratic process by which some 46 states have come to prohibit non-physicians from performing abortions will be vitiated. Mr. President, I cannot believe that you would allow a "National Health Board" to undermine the decision of 46 state legislatures.

What other powers will this Board have? Will it extend to who may assist in euthanasia, or even what methods of euthanasia are "acceptable"? How frightening to think that a Board could be given such power over life and death!

I worry, too, about what some people say your "Health Security Act" will require: the opening of additional abortion clinics in order to make abortion available in all localities. It is horrifying to think that in the name of national health care *more* places providing abortion services would be required. You have suggested, Mr. President, that you would make every effort to make abortion *less necessary.* Well, if those who caution that the HSA will *require* opening additional abortion clinics are correct, I dare say that you would not only be back-tracking on what you said, you would be completely contradicting yourself. It seems to me that if abortion became less necessary in this country there would be *fewer* abortion clinics.

Will there be any limitations on abortions provided under your "health care" plan? What about the couple that wants a girl and

finds out that the baby the mother is carrying is a boy? Mr. President, what side will the HSA take on that one? What about late-term abortions, when the baby is perhaps days or minutes from being born? Will your "health care" plan allow those abortions and fund them with government monies? These questions are as frightening to ask as they must be to try to answer.

On this particular subject, Mr. President, I must express my deep personal sadness that the evasive phrase "pregnancy-related services" is included in the HSA. If Mr. Erlandson is correct that you consider the phrase "pregnancy-related services" to include abortion, I suggest that, if such is intended, you should simply include the term "abortion" in the HSA. The American public will not be fooled by code words and euphemisms, not when there are *millions* of pro-life Americans who are spreading the word about exactly what your "standard benefits package" will include. Indeed, the word is out and nothing you or your health advisors can say will assuage us. We do not want a national health care plan that includes coverage for the destruction of an unborn human life. Call it what you will, it is undeserving of this great nation dedicated, first and foremost, to *life*, then to liberty and the pursuit of happiness.

Despite efforts by pro-abortion groups and of so-called libertarians who support the "right" to kill an unborn child in the name of "privacy" or "choice," America has *not* bought the pro-abortion agenda wholesale. Objective pollsters have shown that Americans do not believe that abortion should be promoted as contraception, and that of those that do support abortion, most believe it is to be allowed in very circumscribed situations. It seems inappropriate to me, then, for you, Mr. President, in the name of *health* care to try to force a pro-abortion agenda on this nation. Supreme Court decisions, state laws, and the strong pro-abortion bias of the media have been unsuccessful in persuading America that abortion is an enlightened action. Surely you cannot believe that including it in a "standard benefits package" of national health care will win the day.

Some have suggested that your proposed HSA will lead to the *rationing* of life-saving medical care. One of your advisors has suggested that treatment will be denied when "it is inappropriate—will not enhance or save the quality of life." Who will make that determination? Will it apply to the elderly, to those infants born with birth defects? Will it apply to people with AIDS, or with cancer, or even to the

mentally handicapped? If what we are striving for is *universal* health care, what does it say about us as a nation that our "universe" may not include those who are most in need, those who are experiencing the greatest suffering? Mr. President, I respectfully submit that this is *not* universal health care.

Much as I respect Mr. Erlandson, however, I would find it difficult to believe that you would *want* to try to do this to the Catholic Church, Mr. President, or to any other religious body or organization or individual who objects in conscience to abortion and to the funding thereof. Not only are you the President of *all* the people, you know something about the tremendous contributions of the churches and other organizations and individuals you could be forcing out of business. Could you, could the country, really do without them, or would you or the country *want* to do without them? I can't believe it.

Mr. President, you know that the Catholic Church believes that every human being is created in the image and likeness of God. Because of this intrinsic dignity, every person (regardless of economic or social circumstances, regardless of race, color, or creed, regardless of nationality) has a right to proper health care. And so the Catholic Church in the United States strongly supports efforts to create a plan for universal health care for all Americans. The Church is concerned in a particular way about the provision of health care to the poor. Abortion is not, and never has been, considered "health care."

The inclusion of abortion, regardless of what it is *called*, in a health care plan is simply not defensible except perhaps on political grounds. And if we are talking about *health*, about *life* and *death*, then, it seems to me, we best get down to basics—to *health* care—and leave the political questions to be debated in a more appropriate forum.

I hope you will find time to read Mr. Erlandson's *Wall Street Journal* article, Mr. President. Right or wrong, he does you a service by alerting you to the way many millions of people will perceive the "pregnancy-related services" wording in your health-care benefits program: that is, as institutionalizing abortion as a "medical right." You might want to read the numerous other articles by highly-articulate and well-respected Americans who oppose your HSA on related grounds. Each makes it helpfully clear, I think, that to include these in a "national health care plan" would be to choose to fight the wrong battle on the wrong battlefield at the wrong time. There would

be no victors.

I have a related concern of mind-boggling dimensions, Mr. President: the positions on world population widely attributed to the United States and being advanced as a driving force in the forthcoming International Conference on Population and Development (to be held in Cairo this coming September). One gets the impression that the kind of people who are trying to force abortion on demand into your health care plan for the United States have maneuvered their way into the draft of the document proposed for the Cairo Conference. Abortion as a form of population control looms very large in that document, as does the newly-fashioned jargon of "reproductive rights," "reproductive health," and "reproductive services." This despite the fact that the 1984 International Conference on Population in Mexico City approved the recommendation which stated that "in no case should abortion be promoted as a method of family planning." The same Mexico City Conference urged governments "to take appropriate steps to help women avoid abortion . . . and whenever possible, provide for the humane treatment and counselling of women who have recourse to abortion."

Perhaps you are unaware, Mr. President, that the United Nations reports that the United States has the highest abortion rate in the world among developed nations. Do we really want to export this sad state of affairs, particularly under the guise of "reproductive health care"? Who is doing this? People I associate with here in New York, the home of the United Nations, allege that the United States is trying to coerce the Cairo Conference into accepting such policies. Can it be that we who are often accused unjustly of economic and military imperialism can now be accused justly of ideological imperialism and the exporting of a culture of death?

America deserves infinitely better than to be listed one day among the genocidal nations of the world. I have to believe that you do not know what is being attributed to your administration, Mr. President, because I cannot bring myself to believe that you would tolerate it for a moment.

So I conclude as I began: "Say it ain't so, Mr. President. Please say it ain't so."

'Vows of celibacy are one thing. Vows of silence aren't natural.'

THE SPECTATOR 6 November 1993

The President's Health Problem

Rita L. Marker

On November 22, 1993, the long awaited Clinton health care plan, the "Health Security Act," was formally introduced:

> To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.[1]

Few people would dispute the fact that there are great fears and massive problems related to health care. Many workers fear loss of a job which means loss of health coverage. No small number of people are unable to obtain necessary coverage due to a pre-existing condition. Rising costs for insurance coverage are strapping businesses, small and large. Premiums are priced out of reach for many who are self-employed or not covered by their employers.

Figures ranging from 37 million to 58 million uninsured are tossed about to bolster the claim that radical overhaul of the system is needed. Those opposing the Clinton plan point out that the numbers are misleading since most of the uninsured are young, healthy people who are only temporarily uninsured. That, however, misses the point. No matter what the number, there are real people facing real problems in getting medical coverage. For them, there is a real crisis.

The question is not, "Should changes be made?" Rather, it is, "What are the solutions to the problems?"

With each passing day, it seems more likely that the Clinton plan will become a casualty of its own weight. Yet much of the "social engineering" embodied in the plan, if not approved as currently drafted, will appear in a repackaged form. For this reason, careful examination of its origins, content and implications provides insight into the Clinton plan and its possible mutations. Such insight is vital if one is to answer the questions, "Is this the right solution? Or is it worse than the problem?"

Rita L. Marker is the director of the International Anti-Euthanasia Task Force; her latest book is *Deadly Compassion* (William Morrow and Co., 1993), the inside story of Ann and Derek Humphrey and the Hemlock Society.

When President Clinton named his wife to head up the Task Force on Health Care Reform, the assumption was that a mammoth undertaking was just starting. Expert testimony, public input, and needs assessments would be followed by drafting of solutions and culminate with a plan. The revamping of health care was about to begin.

This was far from true. The plan was already well under way. It had begun to take shape during the latter part of 1991 when members of the Clinton campaign staff recognized the importance of health care reform to the election effort. By January 1992, Bruce Reed and Ira Magaziner had drafted the earliest version of a health care plan. Then, along with Bill and Hillary Clinton, they hammered out the rough spots for what became the "National Health Insurance Reform to Cut Costs and Cover Everybody." It was a promise-everything-for-nothing proposal that assured universal coverage without increasing taxes or making massive changes in the medical industry.[2]

Five months later, a revision of the health plan was included in *Putting People First*, the Clinton campaign's blueprint for foreign and domestic policy. Health reform became one of the centerpieces of the Clinton campaign strategy. Further refinements of the plan continued. "Managed competition" (a cooperative system for purchase of health services), came under consideration as an attractive means to gain public support.

Role of the First Lady's Task Force

According to one report, Ronald Pollack, executive director of Families U.S.A., told Clinton that the managed competition model could be used as a secret weapon against George Bush. Cradle-to-grave coverage, low costs and defiance of special interest groups would be a winning combination.[3] If the concept and numbers could be put before the public in a way that would not be directly tied to Clinton, his proposal for managed care would get a big boost. Pollack offered to have his group put the numbers out in a "bipartisan" report on managed care.[4] The rest became campaign history.

On the issue of redesigning America's health care, Clinton's refrain became "I was elected to do this."[5]

A week after Clinton was inaugurated, Ira Magaziner sent a secret memo to Hillary Clinton and others in which he bluntly stated that the model for health reform was set. It was to be a system of managed competition with payment caps. All that remained was the work

of figuring out how to finance the plan. To buy time for this, the Clintons and Magaziner settled on a task force that would capture attention and build consensus while the real details were being worked out behind the scenes.[6]

From the very beginning, Hillary Clinton worked toward making everyone—Congress, the public and special interest groups—feel that they were formulating the health plan. Yet the fact was that the marathon hearings and meetings of hundreds of government "advisors" and employees were nothing more than the attractive populist wrapping for a plan the Clintons had brought with them to Washington.[7]

Every aspect of the First Lady's task force became the subject of media coverage. In its early days, "secrecy" was the word most often used to describe it, although the mystery that shrouded the process may have been largely due to the fact that nothing of substance would be used from the task force's deliberations.

Even the names of the 528 (give-or-take a few) members were withheld. When a list was finally released, some names were left out or misidentified. For example, Arthur Caplan, director of the University of Minnesota's Center for Biomedical Ethics, was identified as a full-time government employee from the University of New Mexico; some, such as Bernard Lo of the University of California and Lawrence Gostin, who directs the American Society of Law and Medicine, were categorized as "special government employees."[8]

The task force was divided into about 30 working groups—each group focusing on just one part of the plan, each in total ignorance of what was taking place in other groups. When reports of the working groups were submitted, most were discarded, unread by those responsible for the plan, although outside "experts" were invited to offer their opinions on the reports.[9] This latter 47-member group, called the White House Health Professionals Review Group, spent seven days (paying all of their own expenses) dealing with presentations, question-and-answer sessions and briefing papers.[10]

A myriad of public forums and town hall meetings were also held during this period. Their purpose was to create the illusion that health reform policy drafters were taking their lead from the public. But not everyone saw it that way.

Bob Dreyfuss of Physicians for a National Health Program said, "Just about everything the task force has done since it was formed is part of a public relations strategy." Dreyfuss claimed that the

hearings gave the administration "the luxury of completely controlling the process" while providing "a national forum to present an emerging apparent consensus for a plan that they've already written."[11]

When all was said and done, administration officials admitted that the real role of the hundreds of task force members, who endured marathon sessions in overcrowded meeting rooms, was to put the "ruffles and flourishes" on a pre-existing plan. This was acknowledged by Secretary of Health and Human Services Donna Shalala, who said, "Almost all the major decisions were made before the administration started"[12] by a core group of insiders, headed by Hillary Clinton and Ira Magaziner.[13]

Task Force as Sales Force

In spite of the non-existent role that task force members played in actual development of the plan, they are very important to the ultimate success or failure of Clinton's proposal.

The ethics task force was just one of the working groups. It was formally charged with three primary tasks: deal with the fundamental ethical issues associated with changing an entire health care system, respond to questions by other groups, and write a preamble for the completed plan. In the preamble, members of the group were to set forth the "reasoning and intent behind the effort to redefine health care."[14]

This mission presented a problem for Dr. Ruth B. Purtilo, a member of the ethics group: "There were a lot of questions about . . . how you write a preamble for a piece of legislation, the details of which are not known at the time," explained Purtilo, a professor of clinical ethics at Creighton University's Center for Health Policy and Ethics.[15]

Some of the most controversial issues in medical ethics didn't come up during the group's discussions. Most glaringly, abortion was never addressed. This, says task force member Larry Gostin, may have been for two reasons: the group's members believed abortion should be part of the comprehensive package, and the ultimate decision on the issue would be made by the President, not the task force.[16]

Euthanasia, adds Arthur Caplan, "might have been a guest that was waiting outside the door, but it never came into the room."[17]

Caplan said that the "meat and potatoes of clinical ethics" weren't discussed in his group because moral issues were "not important" either to the administration or to the plan's passage or failure. Instead, he explained, "Economic issues will determine the outcome."[18]

Caplan described the ethicists' role as one of providing "moral weaponry" to the administration. The mere existence of an ethics group was intended to convey that there was great concern with ethics and values. In addition, he saw the administration's "secrecy mode" (with which he disagreed) as an attempt to "build enthusiasm from a core group" that would "then go out and sell" the plan to the public.[19]

Turning Up the Hype

Political consultant James Carville (who successfully managed Clinton's ascent to the White House), media expert Mandy Grunwald (who handled campaign ads during the '92 election), and pollster Stan Greenberg were in charge of choreographing marketing strategy. Work was done to drum up grass-roots support through additional town meetings and petition drives. And the National Health Care Campaign (a non-profit corporation funded by labor unions, business and private groups) prepared for activities including television ads.[20]

By early Fall the National Health Care Campaign, chaired by former Ohio Governor Richard Celeste, was in high gear. NHCC volunteer packages, complete with "Health Care That's Always There" bumper stickers, and a user friendly booklet of instructions containing "Five Ways to Help Congress Deliver Health Care That's Always There" (paid for by the Democratic National Committee) were arriving in mail boxes across the country.

The marketing build-up reached fever pitch with President Clinton's nationally televised address to a Joint Session of Congress on September 22, 1993. There he unveiled the "health-care security card," a piece of make-sure-you-don't-leave-home-without-it plastic that he said would offer a lifelong medical guarantee to all Americans. This simplistic approach to a proposal that *Newsweek* correctly identified as a "plan that would revolutionize our medical system and profoundly affect the life of every American,"[21] has become standard in the big sell of the Clinton plan.

Within days, Hillary Rodham Clinton appeared before Congress, mesmerizing her audience. Chairman of the House Ways and Means Committee, Dan Rostenkowski, predicted that "In the very near future, the President will be known as your husband." By the completion of the hearings, one poll found that 47 percent of Americans thought Mrs. Clinton was qualified to be president.[22] (Her testimony even led one software company to advertise its program with the lead,

"SimHealth gives you everything you need to re-make the American health care system—except the First Lady.")[23]

Columnist Mike Royko was not so impressed. He called her testimony a "deadly combination of bureaucratic jargon and legal jargon" but conceded that the Clintons (he called them Big Bro and Big Sis) would probably get approval of the "Hillary Plan." After all, he said, "They have a big advantage in the media, since economists and doctors don't know how to get their message across in 20-second sound bites and buzzwords on TV." And where will this put us? "The government will run health care. For a preview of its track record in that field, visit any VA hospital."[24]

Harry and Louise v. Bill and Hillary

Following the President's address and the First Lady's testimony before Congress, the Clinton health plan received both a groundswell of support and an onslaught of criticism. The now famous "Harry and Louise" ads conjured up images of vast new government bureaucracies and limited funds to meet medical needs.

Public support for the plan, which had been high in October, declined steadily in the months that followed. At February's end, polls indicated deep trouble for the plan which a whopping majority of people (80 percent) said they knew little about.[25] The Clintons blamed the Harry and Louise ads. But Dr. Robert Blendon of Harvard University's Program on Public Opinion and Health Care, pointed out that ads alone could not be responsible for the plan's lack of support. He cited a February CBS poll which found that two-thirds of the American public had never seen a negative ad about the Clinton plan.[26]

Blendon said concerns are broad based. "The President has to be on the road with Mrs. Clinton," he explained, "taking fact by fact" to the grassroots. "They can't be as general as they've been. . . . The President has a pulpit that can overcome" any amount of advertising against the plan.[27]

White House health care campaign strategist Paul Begala took issue with Blendon, claiming that the administration had been forthcoming on the details. "President and Mrs. Clinton have gone across the country and tried to walk people through this," he said. "The President has answered every question about how this plan would work."[28]

While it's true that the Clintons have devoted a tremendous amount of time and effort to discussing the plan, they and other administration

representatives have avoided discussion of specifics.

Glittering Generalities

The administration has engaged in offering little more than promises that everything is, or soon will be, under control. The same day that the President delivered his address to Congress, Mrs. Clinton said, "We don't want to engage in an actuarial debate when we should be discussing broad social policy at this point."[29]

Unceasing assurances of simplicity and security, coupled with constant claims that all opposition originates from either greedy special interest groups or mean-spirited political foes, are the themes that are repeated over and over by the Clintons and supporters of their plan.

"Now you're gonna hear a lot, as you already have, about how the government is going to take over health care. That is not the President's plan at all," Mrs. Clinton told the American Legion. To the Group Health Association of America she said, "The President's plan is designed to simplify our system to get it to a point where we can put doctors and nurses back in charge of this system again, where they can be making the decisions—not insurance company executives or government bureaucrats." In her keynote address to the Children's Defense Fund National Conference in early March she declared, "Despite what the critics would lead you to believe, the President's proposal is not that complicated. It's pretty darn simple."[30]

Lashing out at critics during his weekly radio address, President Clinton said, "The defenders of the status quo are trying to confuse the issue by making it seem complicated. Next week and in the months ahead, I'm going to tell people all across America about our health reform plan and what it really means."[31]

Yet one of the best ways to know what it really *means* is to find out what it really *says*.

For her scathing (and meticulously accurate) account of the Clinton plan, published in the *New Republic*, Elizabeth McCaughey of the Manhattan Institute[32] was branded a liar by the White House.[33] Michael Weinstein of the New York *Times* called McCaughey's conclusions "careless, misleading and wrong." He also said that "probably fewer than a dozen" people have read the plan.[34] Apparently he is not among that number.

If he had read the plan carefully he would have found that not only was McCaughey's assessment of the plan accurate, but that there is much more that should cause great concern and, yes, even great fear.

Not too many years ago a popular perfume commercial suggested, "Promise her anything, but give her Arpege." The Clinton plan seems to have taken its direction from that. Now, the operative slogan seems to be, "Promise them everything, but give them what you determine is best."

Useless Treatment or Useless People?

Some commentators seem to have mistaken the promise for the package. For example, Hastings Center president Willard Gaylin expressed his alarm that the health care proposal wasn't dealing with the hard issues like what care a desperately ill newborn should get or whether someone over 50 should be eligible for a kidney transplant. Gaylin wrote, "If you promise everyone broad access to medical care" costs will increase enormously.[35] But Gaylin is mistaken. The *promise* costs nothing. It is only the delivery of the promised services that would incur expense.

The promise of basic benefits can be broken if it is determined that items and services contained in the benefit package are not "necessary" or "appropriate." While common sense dictates that unnecessary, useless or inappropriate treatment—often referred to as futile treatment—should not be inflicted on patients, recent discussions about medical futility may be an indication that decisions are not always being made with the patient's good in mind.

There has been a subtle, but crucial, shift in what is meant by useless treatment. In contemporary dialogue the spotlight has shifted from uselessness of treatment to perceived uselessness of the patient.

Along with this change has come another, in which simple care has been redefined in such a way that it can be routinely denied. Within the span of a short ten years, food and water have been transformed from basic necessities into optional "medical treatment." This new label is being used not only for nourishment and fluids provided by means of tube but also for food and water taken orally.

For example, a physician testifying in a "food and fluids case" said that if he treats a patient in a convalescent care facility, "for that patient to even have a normal diet, it has to be prescribed and, therefore, is always a medical treatment."[36]

Another physician who often appears as an expert witness in cases regarding the removal of food and fluids has said that spoon feeding some patients would be "repugnant" since it would be inconsistent with what was wanted (the patient's death).[37]

Therefore, the way in which determinations will be made regarding necessary or appropriate treatment demands close scrutiny.

"Necessary" and "Appropriate"—Who Decides?

Such determinations could (and should) be made on an individual patient basis, assessing whether the treatment or care itself is useful and beneficial to the particular patient. But the Clinton plan makes it clear that sweeping regulations for making determinations about what is "necessary" or "appropriate" will be issued by the National Health Board.[38]

Creation in the Executive Branch of a National Health Board is a key component of the Clinton plan. The Board—which would be composed of seven members, appointed by the President[39] on the basis of their "experience and expertise in relevant subjects"[40]—would have a number of duties, not the least of which would be to "interpret the comprehensive benefit package."[41]

Issuance of regulations would rest with the National Health Board, the Secretary of Health and Human Services, and the Secretary of Labor, "each authorized to issue regulations" under the plan on an interim basis. The regulations would then "become final on the date of publication, subject to change based on subsequent public comment."[42]

A 1946 law, the Administrative Procedure Act, requires a process before issuing final rules. Under this Act, Federal agencies are supposed to publish proposed rules in the Federal Register, allow 30 days for public comment, and then consider these comments before issuing final rules (a process which usually takes about a year). But the Clinton administration plans to circumvent this process by issuing rules that would take effect immediately (using the rationale that there's an urgent need "to assure access to health care . . . and reduce runaway growth in health care spending"). The required comment period would take place *after* the rules are in effect.[43]

The Wall Street Journal has noted that many people believe "changing the mindset of the American people toward a readier acceptance of death" is the only way to curb health costs.[44] This reshaping of public sentiment took the form of personal testimonial when Mrs. Clinton said the first couple's living wills would be signed publicly as a means of encouraging better decision-making by all Americans.[45]

Aggressive promotion of advance directives (which include living wills) is included in the plan.[46] This is both a continuation and expansion of the 1990 Patient Self-Determination Act which requires health

providers to inform patients, upon admission, of their right to sign advance directives. In some cases, providers are taking this one step further, offering the forms for signature and implying that the patient must have an advance directive.

Since the Clinton plan appears to be leading toward standardization of required forms, the probability of a standardized living will exists, along with the possibility that providers will be pressured to guide patients into signing the forms. According to Michael Kramer of *Time* magazine, "The Clintons' true goal is the most ambitious of all, a change in the culture of dying."[47]

The President endorsed living wills during a November 7, 1993 appearance on "Meet the Press," suggesting that this was "one way to weed . . . out" the cost of health care.[48] Two days later Concern for Dying[49] cited the Clintons' support for living wills when the group launched its "Choose . . . or Someone Else Will" campaign, designed "to urge one million more Americans to sign living wills in 1994."[50] Speaking at a November 9 news conference to kick off the "Choice" campaign were Christy Cruzan White, sister of Nancy Cruzan, and Pete Busalacchi, father of Christine Busalacchi. (Nancy Cruzan and Christine Busalacchi both died of dehydration after all fluids were withheld from them at their family's request.)

If national "Choice" campaigns or mandatory information and education about living wills do not cause people to voluntarily forego certain treatment and care, the services and benefits could be declared inappropriate. It would not even take a National Health Board decree, but could follow a method similar to one recently used under Medicare. By a simple change in reimbursement policy, costs for nutrients and supplies used in tube feeding non-hospitalized patients are no longer reimbursed if the patient's need for tube feeding is due to "lack of appetite or a cognitive problem."[51]

Children with Congenital Problems Not Included

It is often said that "life is cheap." But death is even cheaper. Dead people don't use any health care resources. Tell grandma that her hearing aid isn't considered a basic benefit, and that her hip surgery or heart medicine isn't appropriate. At the same time, continue to tell others that it's reasonable for those with a poor "quality of life" to want "aid-in-dying" (assisted suicide and euthanasia). This combination will eventually lead to vast reduction in health care spending.

There are individuals who would be denied certain "guaranteed" benefits described in the Clinton plan.

The situation is analogous to putting food on display in a showcase window, publicizing its availability and then stationing a guard at the door to bar "unqualified" hungry individuals from entering.

Outpatient "rehabilitation services" are included in the basic benefits package. Yet these services—which must be used to "restore functional capacity or minimize limitations"—are only available to individuals whose conditions are the "result of illness or injury."[52] Spina bifida, Down Syndrome, cystic fibrosis and numerous other conditions are not a "result of illness or injury." Consequently, individuals whose conditions are not in that category would be on the outside, looking in. They would be ineligible for outpatient rehabilitation services.

Testimony before a health subcommittee of the Senate Finance Committee indicated that the exclusion was not unintentional. Randall O'Donnell of Children's Mercy Hospital in Kansas City, Missouri, expressed his alarm that, if rehabilitation services had to result in "improvement," many children who needed such aid to prevent a congenital condition from deteriorating would be left without such benefits. "Health care reform needs to be tailored to fit children's needs," he said.[53]

Asked about this, Department of Health and Human Services Deputy Assistant Secretary Judith Feder acknowledged that the Clinton plan is "not designed as a chronic care benefit" and that there are "some gaps" in coverage. "We will not have addressed everyone's problems," she said, "but we need to start and we can make a vast improvement in the current system."[54]

Such "gaps" in coverage had been hinted at during the First Lady's testimony in September when she explained that if the health plan is to create "the kind of health security we are talking about, then people will know they are not being denied treatment for any reason other than it is not appropriate—will not enhance or save the quality of life."[55]

The issue was also raised in March at the Children's Defense Fund conference. However, those who voiced concern were told merely that Mrs. Clinton was willing "to reconsider" the limitation.

Speaking on behalf of the administration, Stanley Herr from the White House Office of Domestic Policy urged participants to "concentrate on the plus side" of the plan. Pressed about the specific language in the Clinton proposal, Herr explained that he hadn't

read the entire plan. He stated that probably the only people who have read it in its entirety are "policy wonks, obsessives or those who wrote it." Yet he expressed confidence that everything in it would be to everyone's benefit.[56]

Not so certain, however, are those whose children would be greatly affected by its content.

Polly Arango, co-founder of Family Voices (a grassroots network that was formed to provide advocacy for children with special health care needs), described the Clinton plan as one in which "everybody is going to be better off—unless your child has a chronic disability."[57] Subsequent contact with the White House indicated that there had not been any alteration of the "illness or injury" language. "On this particular issue, we're moving in the right direction," was the only response that was given to an inquiry about progress toward including disabled children.[58]

This stance has caused some to comment on the irony of the plan's "cradle-to-grave" coverage. "Services for pregnant women"[59] which include both pre-natal diagnosis and abortion are covered. Therefore, if tests indicate that a child would be born with a congenital problem, abortion would be a provided service. But the plan would deny necessary therapy for that same child if the mother chooses to give birth. The plan has a built-in preference for sending some to the grave before they can reach the cradle.

Even those whose conditions initially qualify them for rehabilitation services could be cut off after a 60-day period. Before qualifying for continued services there must be a determination that "functioning is improving."[60] The person whose condition is such that services are needed to *maintain* a current level of functioning would be ineligible for continued rehabilitation services.

Additional gaps in coverage were pointed out by disability rights advocate Kathleen McGinley. McGinley, who is assistant director of the Association for Retarded Citizens, has said, "We are concerned that children will lose access to services they now have, like hearing aids, respiratory therapy and rehabilitation services."[61]

For example, there are about 18 million children who currently receive speech therapy, transportation to doctor's appointments, hearing aids and the like through Medicaid. (Medicaid covers not only those on welfare—who are automatically eligible—but also many other low income women and children.) Millions of other children now get similar services through private insurance.

Under the Clinton plan's benefit package, these services are eliminated or severely restricted and only those children whose families are on Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) would be assured of continued receipt of such services. This is due to a provision which will enroll people currently receiving *cash assistance* under AFDC and SSI in a separate supplemental program for "items and services not covered under the comprehensive benefit package."[62]

The disabled child in a family which does not receive cash welfare payments, but is eligible for a particular service under the current Medicaid system, could lose coverage for that service under the Clinton plan. Similarly, a child now getting therapy covered by the family's private health insurance could be denied the needed service under the Clinton plan.

It's important to note that supplemental insurance could be purchased to cover those services which are *not* provided under the basic benefits package or which are in the package but not covered because of a limitation in amount, duration, or scope.[63] Insurers must be extremely cautious in making certain that supplemental coverage does not overlap with any services or items available through the basic package, since any knowing or willful offering of overlapping coverage would earn a stiff (up to $10,000) penalty for each violation.[64]

Big Bro Needs to Know

Clearly the emphasis in the Clinton plan is on prevention or return to a yet-to-be-determined level of functioning. Never stated, but nonetheless implied, is the view that the "non-rehabilitable" individual presents an unacceptable drain on "functioning" members of society.

This sentiment was reflected in a comment Mrs. Clinton made to medical students when she said, "It's about time that we start thinking about the common good, the national interest, instead of just individuals in our country."[65] Although her words were in response to a student's concern about limitation of education in medical specialties, it reflected an underlying philosophy of the Clinton's health reform—medicine should be concerned about the good of society, not the good of the individual patient.

Health costs and the provision of medical care are not the sole interests addressed in the Clinton plan. The proposal also contains provisions which give access to every level of family life. It has the potential to virtually obliterate personal privacy.

In addition to its duties to "develop and implement standards relating to the eligibility of individuals," to "establish and have ultimate responsibility for a performance-based system of quality management," and to "oversee cost containment requirements" of the health program, the National Health Board would also be charged with overseeing establishment of a "national health information system."[66]

Power which would rest in the Board would include the authority to "secure directly from any department or agency of the United States information necessary to enable it to carry out its functions, to the extent such information is otherwise available to a department or agency of the United States." Such information would be furnished by the head of a United States department or agency "upon request of the chair" of the Health Board.[67]

Within two years after the Health Security Act is enacted the National Health Board is to develop and implement a vast health information system by which the "Board shall collect, report, and regulate the collection and dissemination" of health care information.[68] This information will include data on "clinical encounters and other items and services provided by health care providers."[69] Information on the most personal and private aspects of the physician-patient relationship will be maintained in the data bank.

Even the way in which a physician records notes in personal medical files will be subject to control. While it is certainly reasonable to require that standardized forms be used for billing purposes, the requirements go far beyond this.

After standard forms are developed a physician will *not* be allowed to keep written records about patients "in a paper form that is not the clinical encounter record promulgated by the National Health Board."[70] Suppose, for example, that Dr. Jones has been treating Mrs. Smith for a condition covered in the basic benefits package. Dr. Jones has submitted the mandatory information about "clinical encounters" (office visits) to the data system, but he also has his handwritten notes in Mrs. Smith's chart. By doing so, Dr. Jones would be subject to a civil penalty of up to $10,000[71] for each chart.[72]

The plan does not explain who will examine private medical records to make certain that doctors are not committing the dastardly deed of keeping handwritten notes on patients' conditions. Presumably this is one of the loose ends that will be worked out by the National Health Board. It appears certain, however, that the Clinton plan will create new jobs—to ensure compliance with the detailed mandates

and prohibitions which would be in effect.[73]

An electronic data network (part of the health information system) is to be established under the supervision of the National Health Board.[74] This data network "may be used to disclose individually identifiable health information"[75] including that which "relates to the past, present, or future physical or mental health of the enrollee."[76]

As to who would have access to such information from the data network, the plan states that it may be disclosed "to any individual or entity only in accordance with the health information system privacy standards." These standards will be promulgated by none other than the National Health Board.[77]

"Enrollees" (patients) will have the "right to receive a written statement" explaining why their "individually identifiable health information" was provided, used or disclosed by any individual or entity.[78] But a person will have no right to consent or refuse consent to the provision, use or disclosure of this personal data.

A New Breed of Criminal

Embodied in the Health Security Act are provisions that could turn physicians and their patients into criminals for the sole reason that they want to maintain privacy and individuality.

Suppose, for a moment, that someone had objections to being part of this Orwellian experiment. Imagine the following hypothetical situation:

> Charles Brown, 24 years old, runs a successful consulting firm from his home. He has chosen not to become an "enrollee" in a health plan. Instead, he plans to pay a doctor or hospital directly for any treatment and care he may need in the near future.
>
> While playing softball on a Saturday afternoon, Charles trips and breaks his arm. Another member of the softball team, May Johnson, is a physician employed by a large health maintenance organization. Charles asks Dr. Johnson to set his arm, explaining that he doesn't want to be part of a health plan and that he will pay cash for his care.
>
> Dr. Johnson would be obliged not only to refuse Charles's offer of direct payment for her medical services, but she would also be obliged to report Charles to the regional alliance.
>
> Under the Clinton plan, both Charles and his doctor would be in deep trouble if she agrees to set his arm, accept payment for it, and not report him. Even if Dr. Johnson doesn't accept Charles's offer, Charles is in trouble merely for making the offer.

The plan is clear:

- Every person "*must* enroll in an applicable health plan for the

individual, and must pay any premium required."[79]

- If an individual (Charles) "seeks to receive services" that are included in the comprehensive benefits package (setting a broken arm is in the package) from a "provider" (Dr. Johnson) and "does not present evidence of enrollment under any applicable health plan" (Charles has no enrollment evidence) the "provider shall provide the regional alliance with information relating to the identity of the eligible individual."[80] (Dr. Johnson is under a duty to report Charles's non-enrollment.)
- The regional alliance will then take over. It "shall enroll the individual in a regional alliance health plan." In addition, "such alliance shall require the payment of twice the amount" that the premium would have been "if the individual had enrolled on a timely basis."[81]
- If a person offers or gives anything of value to influence *any* of a health official's duties relating to a health alliance or plan, that person "shall be fined under this title or imprisoned not more than 15 years, or both."[82] (Charles's offer to pay Dr. Johnson would fall within this category.)
- Likewise, if a health official "accepts or agrees to accept anything of value" for "actions, decisions, or duties relating to a health alliance or health plan," that person "shall be fined under this title or imprisoned not more than 15 years, or both."[83] (If Dr. Johnson accepted Charles's offer, she would be subject to this provision.)

Other, similarly Draconian penalties—forfeiture of real or personal property,[84] five year prison terms for "false statements" relating to health care matters,[85] etc.—are found in the plan. This is the plan that President Clinton has told the public "will be good for your health."[86]

Learning the Appropriate Use of Medical Services

Given the scope of the Clinton plan and the powers of the Health Care Board, the Board's chair would effectively become a "Life Style Czar," hand picked by the President. This incredibly powerful person would wield authority over a plan that controls not only the nation's entire health delivery system but its health education as well.

As Elizabeth McCaughey has explained, the Clinton plan "seizes control of medical education" and limits considerably the number of doctors who will receive advanced training in a specialty. McCaughey

noted that "preventing doctors from learning about the most advanced medical procedures is a lethal way to curb health care consumption."[87] But the Clinton plan is not limited to control over medical school education.

The plan—which excludes hearing aids from its benefits—includes health education classes in the basic package[88] and establishes a $300 million grant program for Comprehensive School Health Education.[89] It further establishes a $1.5 billion grant program for School Related Health Services (school based clinics).[90] States would not be compelled to participate in these programs, but pressure to secure funds from the well-sweetened pot may make them virtually impossible for states to pass up.

The Comprehensive School Health Education component would require that predetermined topics be covered "every year for all students from kindergarten through grade 12." These would include community, environmental and personal health; family life; and consumer health. The latter would instruct students to "understand the benefits and appropriate use of medical services."[91]

Education about the importance of regular medical checkups, guidance about what constitutes an emergency, and similar topics may be included in discussions of appropriate use of medical services. However, the growing use of educational material which questions the cost of some lives and promotes euthanasia as an acceptable option may give some indication about how expansive this topic may be.

For example, one middle school science textbook contains a section about Down Syndrome and cystic fibrosis with the discussion questions: "Should we allow children to be born with serious or fatal genetic disorders? When such children are born, who should be responsible for the cost of the expensive treatment they require?" The questions are followed with the assertion, "These and other similar questions are difficult to answer—if, in fact, they can be answered at all."[92]

Another textbook, this one for high school students, asks the question, "What about the terminally ill?" The teacher's edition advises, "Recent books about the right of terminally ill and pain-burdened patients to take their own lives include *Prescription Medicine* [*sic*]: *The Goodness of Planned Death* (Jack Kevorkian, 1991) and *Final Exit* (Derek Humphrey [*sic*], 1992). Have students read one of these books and write a paper summarizing the author's main arguments, and stating their personal beliefs about suicide."[93]

In a subsequent chapter students are asked, "Should terminally

ill people have the right to determine how or when to die?" This question is followed by a discussion about costs of treatment: "Technology to restore a healthy normal life to most of the people who survive with the aid of life-sustaining equipment does not exist" and this causes "great financial and emotional expense to their families and society."

Students are then asked to reflect on the case of 35 year-old Martha who has cancer, is in excruciating pain, and asks her physician-husband to give her a lethal dose of morphine. "Is it ethical for Martha to ask her husband to help her die?" asks the text, or "Would it be more ethical for Martha to end her life without her husband's help than with his help?"[94]

There seems to be little reason to think that this type of education will not continue and, perhaps, increase under the Clinton plan's school health education on the "appropriate use of medical resources."

Plan or No Plan, Elders Will Forge Ahead

School-based clinics are not new. However, passage of the "Health Security Act" would greatly expand the concept, provide nationwide funding, and enable "community partnerships" to receive more than a billion dollars in grants for planning and operation of in-school health services.[95]

Particularly targeted are 10 to 19 year-olds who are considered high risk due to such factors as: adolescent pregnancy, sexually transmitted disease, preventable disease, communicable disease, unintentional injuries among children, youth unemployment, and high rates of drug or alcohol exposure.[96]

The expansion of in-school clinics which would cover violence prevention, drug abuse and "all aspects of sexuality" is top priority for Surgeon General Joycelyn Elders. "Those of us who take care of adolescents know that having that red and gold (health security) card does not mean our adolescents will have access to health care. That card doesn't guarantee they will make appointments, or keep them or have transportation. We have to do more," she said.[97] The more means more money for more clinics in more schools.

So committed to this is the Surgeon General that she told the American Public Health Association, "I want you to know that in Washington, the feeling about this is so strong that even if the health care plan doesn't get out (of Congress), we're going to pull out the school-based-clinic and the health education parts and make them

into a separate bill."[98]

Elders castigated churches, saying they need to promote the services she believes will really help teens. "They've got the people; they've got the buildings; they've got the resources; they've got the transportation. So let's make them get involved, and stop allowing them to moralize from the pulpit and preach to the choir," she declared.[99]

If the health plan passes, funding will be more than adequate for those who are successful in obtaining grant money.

Preference will be given to grant applicants that demonstrate a linkage to qualified community health groups.[100] Grant recipients would receive all funding necessary for planning, acquisition of equipment and development of information services.[101] Operating funds for full service school health service sites would cover actual health services, outreach, and linkage to other community health and social services.[102]

Eligibility for grant money also requires an applicant to furnish diagnosis and treatment of simple illnesses and minor injuries, preventative care, referrals in situations involving illness and injury, and such services as counseling and referrals regarding mental health and substance abuse.[103]

This requirement may explain Planned Parenthood's recent expansion in California. In what appears to be a jockeying for position as a major community health provider, several Planned Parenthood clinics, to be known as the "Family Health Centers of Planned Parenthood" will now offer a full range of family and primary care services.[104]

Problems Do Need Solutions

It is abundantly clear that the "Health Security Act" contains and imposes far more than is currently realized by the vast majority of American citizens. It is equally clear that Hillary Clinton was correct when she told a Florida audience that the outcome of the health care debate will "be a statement of values about the kind of people we are."[105]

The health care debate is engaged. This debate will continue to generate proposals in the attempt to meet specific needs and solve specific problems.

For every problem there is a solution that is quick, easy, and wrong. The Clinton administration is offering a solution that would be long-lasting, nightmarishly complex, and wrong. But the fact remains

that there are problems for which solutions must be found.

Already, a number of states have passed legislation that moves toward elimination of the pre-existing condition barrier to coverage and initiates portable coverage that goes with an employee from job to job.[106] Such developments should continue and expand to every state.

Changes must be made in tax laws, allowing individuals to take full deductions for health insurance premiums. (Currently, only businesses have these tax benefits.) In addition, easier access to voluntary insurance pools and subsidies—where needed to make coverage possible for all—are necessary. Greater use and availability of high risk pools (now available in twenty-seven states) should be encouraged.[107]

The real needs that create crises for people with disabilities, for individuals who need long-term care, for families caring for loved ones in the home must be met, not ignored.

But, in assessing any proposal for changes in the country's health care system, it would be wise to reflect on the words published forty-five years ago in the *Journal of the American Medical Association*:

> Any new plan for medical care or any significant change in the existing plan of medical care must by all tests preserve inviolate a reverence for the life of the individual, the physician-patient relationship, the patient's free choice of a physician or clinic, the free enterprise system and the vesting in the profession of a major part of the responsibility for medical service and its financial reward. Unless this is done, I am convinced that the American public will have sold their medical birthright for a mess of pottage.[108]

NOTES

1. S.1757. p. 2. Note: All page numbers in this article refer to S.1757, The Senate version of the "Health Security Act." The House version, HR3600, is identical in language but may be slightly different in pagination.
2. Michael Duffy and Dick Thompson, "Behind Closed Doors," *Time*, Sept. 20, 1993.
3. *Ibid.*
4. *Ibid.*
5. David Wessel and Gerald F. Seib, "Clinton Had Devised His Health Package Before the Inaugural," *Wall Street Journal*, Sept. 22, 1993, p. A1,13.
6. Michael Duffy and Dick Thompson, "Behind Closed Doors," *Time*, Sept. 20, 1993.
7. David Wessel and Gerald F. Seib, "Clinton Had Devised His Health Package Before the Inaugural," *Wall Street Journal*, Sept. 22, 1993, p. A1.
8. "Members of Health-Reform Task Force," *Wall Street Journal*, March 29, 1993, p. B8 and "The People Shaping Policy: the White House's List of Task Force Members," New York *Times*, March 27, 1993.
9. George J. Church, "Are You Ready for the Cure?" *Time*, May 24, 1993, pp. 34-35.
10. Susan Adelman, MD, "An insider's view of the Clinton plan," *American Medical News*, June 28, 1993.

11. Judy Keen, "Health panel's job: 'Activate grass roots,'" *USA Today*, March 30, 1993, p. 1A.
12. David Wessel and Gerald F. Seib, "Clinton Had Devised His Health Package Before the Inaugural," *Wall Street Journal*, Sept. 22, 1993, p. A1.
13. George J. Church, "Are You Ready for the Cure?" *Time*, May 24, 1993, pp. 34-35.
14. "Behind the Scenes," *Creighton University Window*, Fall 1993, p. 21.
15. *Ibid.*
16. Diane M. Gianelli, "Is it ethical? Experts debate helped frame reform plan," *American Medical News*, Sept. 27, 1993, p. 21.
17. *Ibid.*
18. Telephone interview, April 16, 1993.
19. *Ibid.*
20. Stewart M. Powell and Vic Ostrowidzki, "Clinton gears up for health-care blitz," San Francisco *Examiner*, May 16, 1993, p. A5.
21. *Newsweek*, October 4, 1993, p. 1.
22. "Next Question!" *Time*, October 11, 1993, p. 29.
23. New York *Times*, November 14, 1993, Section 4A, p. 14.
24. Mike Royko, "Don't believe Hillary," Pittsburgh *Post-Gazette*, October 6, 1993, p. B3.
25. ABC's "Nightline," March 1, 1994, referring to Washington *Post* poll.
26. ABC's "Nightline," March 1, 1994.
27. *Ibid.*
28. *Ibid.*
29. Ann Devroy and David S. Broder, "White House Defends Economics of Health Plan, Signals Flexibility," Washington *Post*, Sept. 22, 1993, p. A10.
30. "First Lady Defends Health Plan," San Francisco *Chronicle*, February 16, 1994, p. A3.
    Hillary Clinton had been scheduled to give her keynote address on health care reform in person at the Children's Defense Fund Annual National Conference on March 3, 1994. Instead, she spoke to the 2400 conference attendees via satellite from the White House.
    Mrs. Clinton is a former Children's Defense Fund board member and chairperson. She is a longtime friend of Marian Wright Edelman, CDF's founder and president.
31. "Health Plan Gets 'Back to Basics,'" *News-Register* (Wheeling, WV) March 20, 1994, p. 1.
32. Elizabeth McCaughey, "No Exit," *The New Republic*, February 7, 1994, pp. 21-25.
    McCaughey explained and documented lack of physician choice, rationing and price controls, mandatory alliance ramifications, quotas and controls at medical schools, in her article. She also compared the current care available in the United States with the lower standards of care in Canada.
33. "Writer Baffled But Grateful for Clinton's Attack," (AP) *The Intelligencer* (Wheeling, WV) February 5, 1994, p. 10.
34. Editorial Notebook: "Fear-Mongering on Health Reform," New York *Times*, February 6, 1994, p. 16.
35. Willard Gaylin, "The Health Plan Misses the Point," New York *Times*, Sept. 15, 1993.
    Gaylin himself favors health rationing based on the Oregon model.
36. *McConnell v. Beverly Enterprises*, Superior Court of Connecticut, Judicial District of Danbury, Docket No. 0293888 S, June 15, 1988, Transcript p. A-56.
37. *Cruzan v. Harmon & Lampkins*, Case No. CV384-9P, In the Circuit Court of Jasper County, Missouri, Probate Division of Carthage, March 8, 1988, pp. 228-230.
38. S.1757, pp. 90-91, Sec. 1141.
39. *Ibid.*, p. 256, Sec. 1501.
40. *Ibid.*, p. 258, Sec. 1502.
41. *Ibid.*, p. 260, Sec. 1503.
42. *Ibid.*, p. 341, Sec. 1911.
43. Robert Pear and Stephen Labaton, "White House Prepares for Flood of Lawsuits on Health Proposal," New York *Times*, Sept. 27, 1993, p. A9.
44. Hilary Stout, "Delicate Decision: Clinton Health Plan Must Face Huge, Spiraling Costs of Patients' Final Days of Life," *Wall Street Journal*, April 22, 1993, p. A4.
45. Jack Nelson and Edwin Chen, "Clinton Says He's Open to Change in Health Bill," Los Angeles *Times*, Sept. 22, 1993, p. 1A.
46. S.1757, p. 233, Sec. 1404.
47. Michael Kramer, "Pulling the Plug," *Time* magazine, October 4, 1993.
48. "Clinton urges living wills as way to cut health costs," Chicago *Tribune*, November 8, 1993, p. 8.
    The Clintons are, by no means, the first administration officials to propose living wills as a means of cost containment. See *Human Life Review*, Vol. XVI, No. 4, Fall 1990, pp. 21-24 and Vol. XVII, No. 4, Fall 1991, pp. 18-19.
49. Concern for Dying is the current name for the organization which was known from 1938-1975 as the Euthanasia Society of America, and from 1975-1992 as the Society for the Right to Die.
50. Choice in Dying Press Release, November 9, 1993.

51. Region B DMERC Supplier Manual, September 1993, p. 112.
52. S.1757, p. 69, Sect. 1123.
53. "Kids Not All Fully Covered," (AP) *Intelligencer*, (Wheeling WV) December 1, 1993, p. 13.
54. *Ibid.*
55. Adam Clymer, "Hillary Clinton Raises Tough Question of Life, Death and Medicine," New York *Times*, October 1, 1993, p. A22.
56. Children's Defense Fund Conference, Cincinnati, Ohio, Session entitled, "What Health Reform Means to Children with Disabilities," March 3, 1994.
    In a "Dear Friend of Children" letter to conference participants, CDF president Marian Wright Edelman said, "In the next few days, we'll go behind the newspaper headlines and learn from experts about current developments" in health care. Edelman promised that there would be "opportunities to ask questions and explore how children would be affected by various policy options in each of these areas." (Program of CDF Conference, "Leave No Child Behind," March 3-5, 1994, Cincinnati, Ohio.)
    The conference did offer ample opportunity for questions. Lacking, however, were answers dealing with specifics of the Clinton plan.
57. Children's Defense Fund Conference, Cincinnati, Ohio, Session entitled, "What Health Reform Means to Children with Disabilities," March 3, 1994.
58. Telephone conversation with Stanley Herr, March 14, 1994.
59. S.1757, p. 33, Sec. 1101 and p. 63, Sec. 1116.
60. *Ibid.*, p. 69, Sec. 1123.
61. Robert Pear, "Clinton Care Plan May Cut Benefits to Some Children," New York *Times*, October 11, 1993, p. A9.
62. S.1757, p. 814, Sec. 4221.
63. *Ibid.*, p. 242, Sec. 1421.
64. *Ibid.*, pp. 245-246, Sec. 1422.
65. "Hillary Criticizes Medical Profession, Aid Programs," (AP) *Intelligencer* (Wheeling, WV), Nov. 8, 1993, p. 3.
66. S.1757, pp. 260-261, Sec. 1503.
67. *Ibid.*, p. 263, Sec. 1505.
68. *Ibid.*, pp. 859-860, Sec. 5101.
69. *Ibid.*, p. 861, Sec. 5101.
70. *Ibid.*, pp. 878-879, Sec. 5130.
71. *Ibid.*, p. 886, Sec. 5141.
72. *Ibid.*
73. Predictions are that the plan would establish fifty-nine new federal programs or bureaucracies, expand twenty others, impose seventy-nine new federal mandates and make major changes in the tax code. Dick Armey, "Your Future Health Plan," *Wall Street Journal*, October 13, 1993, p. A20.
74. S.1757, p. 865, Sec. 5103.
75. *Ibid.*, p. 867, Sec. 5103.
76. *Ibid.*, p. 877, Sec. 5123.
77. *Ibid.*, p. 867, Sec. 5103.
78. *Ibid.*, p. 874, Sec. 5120.
79. *Ibid.*, p. 15, Sec. 1002. Emphasis added. The sole exception to this is "Medicare-eligible individuals."
80. *Ibid.*, p. 139, Sec. 1323.
81. *Ibid.*, p. 148, Sec. 1323.
82. *Ibid.*, pp. 973-974, Sec. 5434.
83. *Ibid.*
84. *Ibid.*, p. 971, Sec. 5432.
85. *Ibid.*, p. 972, Sec. 5433.
86. "Clinton: 'Help Me; Good for Health,'" (AP) *Intelligencer* (Wheeling WV), March 22, 1994.
87. Elizabeth McCaughey, "No Exit," *The New Republic*, Feb. 7, 1994, p. 24.
88. S.1757, p. 34, Sec. 1101 and p. 73, Sec. 1126.
89. *Ibid.*, p. 631, Sec. 3611.
    The Comprehensive School Health Education component dovetails with the controversial "Goals 2000: Educate America Act" (HR 1804).
90. S.1757, p. 656, Sec. 3681.
91. *Ibid.*, pp. 629-630, Sec. 3602.
92. *Heredity: The Code of Life*, (Prentice-Hall, Inc., 1993), *Student Text and Annotated Teacher's Edition*, p. 72.
93. *Holt Health: Texas Annotated Teacher's Edition* (Holt, Rinehart and Winston, Inc., 1994) p. 229.
94. *Ibid.*, pp. 240-241.
95. S.1757, pp. 656-657, Sec. 3682.
96. *Ibid.*, p. 658, Sec. 3683.

97. Claudia Morain, "Elders: Will push for school clinics," *American Medical News*, December 13, 1993, p. 14.
98. *Ibid.*
99. *Ibid.*
100. S.1757, p. 659, Sec. 3683.
A "community health group" is defined as a "consortia of public or private health care providers" that contracts with the government to develop community practice networks (S.1757, p. 581, Sec. 3421).
101. *Ibid.*, p. 659, Sec. 3684.
102. *Ibid.*, pp. 662-663, Sec. 3685.
103. *Ibid.*, pp. 663-664, Sec. 3685.
104. Sharon Ezekiel, "Planned Parenthood to expand," *Contra Costa Times*, Feb. 22, 1994, p. 3A.
105. "Clinton: 'Help Me; Good for Health,' " (AP) *Intelligencer* (Wheeling WV), March 22, 1994.
106. CNN's "CNN and Company," March 19, 1994.
107. "Comprehensive Health Insurance for High-risk Individuals," a state-by-state analysis of such insurance pools, is available from Communicating for Agriculture, located in Bloomington, MN.
108. A. C. Ivy, MD, "Nazi War Crimes of a Medical Nature: Some Conclusions," *The Journal of the American Medical Association*, Vol. 139, No. 3, (January 15, 1949) pp. 134-135.
Ivy served as the American Medical Association's expert medical advisor to the prosecution in the Nuremberg Medical Trials.

'Because it tends to trigger certain glands which release euphoria-inducing endocrines, I try not to smile too much.'

THE SPECTATOR 9 February 1991

Canada's Medicinal Socialism

John Muggeridge

The other day I watched with horror a news story about some retired Californians who were demonstrating in favour of Canadian-style medicare. If only we could have interfaced! At least then I might have been able to give them some slight foretaste of what they were letting themselves in for.

Their picket signs claimed that Canada's single-payment, state-run hospital insurance is simpler than the current U.S. system. In theory, of course, they were right. Most of the money spent on health care in Canada comes from a single source—the federal treasury. But is simpler necessarily more efficient? The Canadian system depends on transfer payments, which notoriously diminish as they move from one level of government to another. It also depends on coercion. Under the Canada Health Care Act of 1968, a provincial health department qualifies for federal financing only if it offers publicly-administered, comprehensive and universal hospital insurance whose benefits are accessible to everyone everywhere in Canada. By 1970 all ten provinces had met these conditions.

Not that they had much choice. To have stayed out of the federal scheme would have excluded them from a fund which their own taxpayers had contributed to, thus obliging them to pay for health care twice over. Such a luxury was beyond the means even of affluent Ontario.

And sadly enough, when Ontario did come to heel, it put aside a system of private hospital insurance which was the envy of all the other provinces. Run by doctors, Physicians and Surgeons Incorporated, P.S.I. (as it was called) provided full, reasonably-priced coverage for most of the province's workers. Under P.S.I. specialists charged extra; at the time, I remember, it seemed a small price to pay for having an obstetrician attend my wife while she was giving birth. There was also a voluntary government-run plan for those not covered by P.S.I. Good ideas die hard. Two years ago an editorial in the Toronto *Globe and Mail* suggested as one answer to our current health-care woes a reincarnation of P.S.I. in the form of Health Maintenance Organizations run by doctors, which in return

John Muggeridge, a Canadian teacher and journalist, is our new contributing editor.

for fixed premiums would undertake to keep their clients healthy.

Alas, instead of doctor-administered health insurance, we got bureaucratized medicine. The Governor-General's signature on the Health Care Act was hardly dry before nurses began to unionize and doctors to go on strike; then came the lay-offs and cutbacks. Overnight, or so it seemed, hospital beds started to close, specialists to flee southwards, and surgery to become something one has to line up for. Health costs mushroomed. In the nineteen-eighties alone they nearly tripled, and by 1993 they had reached $71 billion a year, which makes them the second heaviest in the world. They may soon move into first place, given that since 1968 doctoring costs have been rising even faster in Canada than in the United States.

To this largely self-inflicted financial crisis, the provincial governments have responded with that dizzying combination of skinflintiness and extravagance which the need to belt-tighten always calls forth from them. In the last three years, for example, Ontario has closed three whole hospitals' worth of beds in Toronto—while at the same time handing over $7.2 million to the city's four abortion clinics. And it's the same feast or famine approach at the local level. Since 1992 our city's hospital has shut down more than seventy of its 475 beds. Eighteen months ago my mother was released from one of them; we helped her to the elevator only to have the whole ward locked behind us. Meanwhile, staff is shrinking even more rapidly than accommodations. With every salary gain made by nurses, the number of those who have had their jobs declared redundant increases,* so that, as things now stand, one night nurse can expect to have charge, not just of a single ward, but of two floors, her only help being three registered nursing assistants.

And also a computer: the hospital has chosen these recessionary times to put one at every nursing station. But in what is certainly the most dramatic expression of official prodigality, a triple set of automatically sliding glass doors last month replaced the manually operated swing ones which patients, visitors and staff had been content to go in and out of since the hospital opened thirty years ago. One of these doors leads into an about-to-be-shut-down coffee shop.

But it is more than just red tape and wasted dollars that should have given those Californian innocents pause. Though late middle-aged, they looked healthy enough and, perhaps, therefore had no

*One of them, now in my English class retraining to be an accountant, was let go after her union had launched a successful pay-equity suit giving nurses the same wages as electricians.

immediate need for doctors or hospitals. In that case they were lucky. Woe betide them if ever they should succeed in persuading Congress to install some form of CanMedCare, and then fall sick enough to need operating on. Of Canada's 24 million souls, 180,000 at this moment await surgery, of whom 81,000 report that they are in pain. Moreover, given current demographic trends, it is reasonable to assume that more than half of the 180,000 are over sixty.

The truth is, as Sally C. Pipes demonstrates in an article in *Human Events* ("Entering the Queue Zone: Canadian Example Is Very Clear: Clinton Plan Means Health Rationing"), elderly Canadians, far from being the beneficiaries of their national health-care system, are among its hardest-hit victims. Pipes is President of the Pacific Research Institute and herself a recent refugee from Canada's therapeutic paradise. Health care north of the border, therefore, is a subject she can speak on with authority. Her research shows that the older a Canadian gets, the proportionately-fewer medical resources are allotted to him.

Thus Canadians over sixty-five but younger than seventy-five wait twice as long for coronary by-pass operations as do their counterparts in the United States, but once past seventy-five they wait four times as long. Pipes calls this progressive diminution of funding based on age "Simple triage masquerading as public policy." So it is. Easing old Canadians out of the welfare state can indeed be compared to pushing them off a lifeboat to make sure that provisions suffice for its other occupants. Meanwhile, the pushers are ready and willing. Pipes talks about ". . . a policy elite" which has no qualms about "making life and death decisions for others" or restricting "certain care for unproductive people."

Soon, of course, their job will be made even easier for them. Never has the cry been louder for legalized assisted suicide. On February 12 the tragic Sue Rodriguez* had herself murdered by persons unknown. She died in the arms of Svend Robinson, a homosexualist, socialist Member of Parliament and a prominent euthanasiast. The *Interim*, Canada's anti-abortion newspaper of record, wants Robinson to resign, or at least to be made to identify Rodriguez's assassin. But no one in authority has moved against him, the sad truth being that 80

*See John Muggeridge's "The Great Canadian Death Wish" (*Human Life Review*, Winter 1994). Sue Rodriguez was a 43-year-old woman in the final stages of Lou Gehrig's disease who lobbied for the removal of assisted suicide from the Canadian Criminal Code. The Supreme Court narrowly rejected her appeal.—Ed.

percent of Canadians now support his stand on mercy-killing. Already Prime Minister Jean Chretien's Liberal government at Ottawa has agreed to let Robinson introduce into Parliament a private member's bill which would delete from the criminal code all reference to assisted suicide. And once his bill becomes law, Pipes' "policy elite" will surely have little difficulty in getting termination therapy listed as an insured service under the Canada Health Care Act.

Nor is it only the elderly whom our health-care system discriminates against. Socialized medicine, like socialized anything else, far from eliminating class distinctions, enhances them. All patients are equal, but some patients are more equal than others. True, if you have a health card, nothing can stop you from seeing a general practitioner or even, if you are determined enough, a specialist. But in Canada seeing a doctor is only half the battle. The other half is lining up for treatment and, as Pipes makes clear, the speed with which a patient goes from specialist's office to operating room depends exclusively on his income and place of residence. Rich people in rich communities get dealt with first. In Canada's heartland province of Ontario, for example, an annual income of eighty thousand dollars or more means that your chances of having to wait five weeks for treatment are only three in a hundred; but move to Prince Edward Island, one of Canada's poorest provinces, on a salary of twenty to thirty thousand a year, and you will face an eight-percent chance of the surgeon taking four months to get round to you. What's so nice about all this is that hurrying up the process costs nothing. You just have to be in the right place and the right tax bracket—and have the right friends. According to Pipes, nearly 80 percent of patients who jump the queue for treatment in British Columbia manage to do so not because their cases are emergency ones, but because hospital staff members, senior Ministry of Health officials or sometimes even Members of Parliament have requested that they be brought forward. And I must say that, on the one occasion when a member of my family needed serious surgery, influence helped. The specialist who examined her and then operated on her one week later was not only a senior resident at the hospital that had made room for her, but also a good friend of ours. Need I add that we live in Ontario?

Human nature being what it is, Canada's national health system cannot work. Pipes' account of it puts one in mind of Solzhenitsyn's Ivan Denisovich in the Soviet hard-labour camp: on paper no one there went hungry; food scientists had determined exactly how many

calories and vitamins were needed to restore the tissues of men who had expended a given number of *ergs*. In reality, access to nourishment was never equal. Members of the prison aristocracy got more than their share, while Ivan Denisovich and his friends had to finagle extra food just to stay alive. As Ivan observes, entirely without rancour, "It's easy to give away things that don't belong to you." It's even easier when you do so to please a friend. The Health Care Act promises to distribute medicine solely according to need. Could it only have done as it promised, there would be no shortages or waiting lists. But there are, and they're getting worse.

Indeed, Pipes claims that Canadians have had enough. As a sign that we are fighting back, she recalls the case six years ago in British Columbia, where two hundred heart patients made a public protest at having to wait six months for treatment—the government hustled them off southwards for surgery in Washington State. She also points to an enterprising Winnipeg insurance company that last year began offering a health-care policy which entitles its holders to treatment in the United States after they have been kept waiting more than forty-five days in Canada. But these, I fear, are isolated incidents and not, as Pipes would have it, signs that Canadians are beginning to demand true health-care reform. We may grumble about our nationalized health service; we may suggest ways in which it can be improved, but not even the Reform Party, which is further to the right than any other nationally-represented political movement in the country, wants to scrap it. In fact, a Reform Party spokesman told me yesterday that he considered Canada's publicly-administered nation-wide health care system "fabulous." There were problems with it, of course. He thought transfer payments were undemocratic, and he wanted a popular vote on user fees. He'll never get one. Already two federal laws have had to be passed declaring that a province caught introducing user fees will have its federal health subsidies stopped. Yet the myth persits that, at least in Canada, private enterprise and socialism can coexist within the same health care system.

The truth is medicare in Canada has become a national institution. That is why a majority of Canadians continue to express satisfaction with it. Not to do so would sound unpatriotic. Thus even Malcolm Gladwell, among its severest critics (outside the pages of rightwing newsletters), in a recent article in the Toronto-based national monthly *Saturday Night* (entitled "Failing Health"), stops short of calling

for its total dismantlement. But if our health system really is failing, then surely we should replace it with a new one? As Gladwell says, nationalizing health care in Canada has fundamentally altered the relationship between doctor and patient. In the U.S., he argues, "the doctor is the patient's advocate throughout the system," whereas in Canada "the doctor is part of that system: he must provide care and [because of hospital budget restraints] worry about how to pay for it." Very well then, let him quit that system. Then at least he could stop agonizing about whether or not to put leg pains ahead of arm pains in the line-up for his region's only magnetic resonance imaging scanner* and get one installed in his office. But no: we can't have opting out. Allowing doctors to return to private practice would undermine the whole idea of government-controlled health care, and not even Gladwell seems to want that outcome.

Nor, of course, do members of Canada's liberal intelligentsia. To do them justice, they love our state-run health care system not just because it saves them money, or even just because it makes them proud to be Canadian, but above all because they see it, and rightly so, as one of the enabling acts of Canadian liberalism. It turns doctors into health-care handymen, and at the same time borrows the prestige that they enjoy as healers to enable the handiwork it requires of them.

Consider how medicare has taken the nastiness out of abortion. The Health Care Act is neutral on abortion. It omits it from the list of services which are not to be insured, such as acupuncture and "plastic or other surgery for cosmetic purposes"; on the other hand, nowhere does it suggest that abortion has to be covered. Deciding which treatments doctors are to be reimbursed for is left up to the provinces. All the federal law says is that an insured service must come under the heading of either "hospital services" or "physician services." And "hospital services" it defines as "services provided to in-patients or out-patients at a hospital, if the services are medically necessary for the purpose of maintaining health, preventing disease or diagnosing or treating injury, illness or disability. . . ."; "physician services" are "any medically required services rendered by medical practitioners."

In practice, abortion acquired the status of a hospital service just under a year after the Canada Health Act took effect on July 1, 1968. In June, 1969, after twenty-three days of debate, Parliament passed an amendment to the criminal code granting immunity from

*According to Pipes, the U.S. has 8.7 MRI's per million people, to Canada's .81; see *Human Events*, Mar. 4, 1994.

prosecution to "a qualified medical practitioner" who "in good faith uses in an accredited or approved hospital any means for the purpose of carrying out his intention to procure the miscarriage of a female person" the continuation of whose pregnancy, according to that hospital's Therapeutic Abortion Committee, "would or would be likely to endanger her life or health."

But still the matter wasn't concluded. Each of the ten provincial governments would have to decide for itself whether protecting the health or life of female persons by causing them to miscarry in approved or accredited hospitals really *did* amount to providing a medically-necessary service to in-patients or out-patients at a hospital. John Turner, then Federal Justice Minister, insisted that it didn't. Thus towards the end of the abortion-amendment debate, when a Conservative Member of Parliament from southern Ontario (who also happened to be a medical doctor) asked whether, if the amendment passed, abortions would come under medicare, Mr. Turner exclaimed: "Oh, no."

Turner, who is a Roman Catholic (and who later claimed to have checked the wording of the abortion amendment with priests from three different religious orders), argued that its sole purpose was to clarify an existing situation—he claimed that it "does not authorize the taking of fetal life" and "does not promote abortion" but only "permits it under the restricted circumstance where the mother's life or health might be in danger." In short, his government was not seeking to change morality or even to define a new right; it was bringing criminal law into line with current social reality—merely an up-dating.

But up-dating *meant* changing. Less than a year after Turner's amendment went into effect, abortion in every province had attained the status of an "insured service," for which doctors who performed it were, by the provisions of the Health Care Act, entitled to remuneration on the basis of a fee schedule worked out between the provincial minister of health and their local medical association. In other words, abortions were on a par with appendectomies. It didn't matter that anyone committing them in defiance of the 1969 amendment was guilty of an indictable offence and liable to life imprisonment. In hospitals they were legal, and therefore insurable. And even doctors who did them *outside* hospitals could claim that any counselling or testing they offered their patients before actually putting the knife

to them constituted valid "physician services." In 1985 Henry Morgentaler, Canada's *premier* abortionist, got medicare money from the Ontario government for providing such "services" at a time when his acquittal on a charge of performing an *illegal* abortion was still under appeal.

What's interesting is that, legally speaking, Mr. Turner was right. In Canada, no legislature has ever passed a law, or court handed down a decision *ordering* provincial health departments to fund abortions. Even the Supreme Court ruling of January, 1988, which declared the 1969 abortion law unconstitutional, in that it violated a woman's "security of the person" in a way that was not "in accordance with the principles of fundamental justice," makes no comment on the connection between abortion and medicare. Indeed, at least by implication, the 1988 ruling has made such a connection non-existent: if a legal abortion may no longer be defined as a procedure that improves the health or saves the life of a mother, on what grounds does the act of procuring one continue to qualify as a medically-necessary service?

Certainly not on the grounds of logic. Yet three days after the Supreme Court announced its decision, Ontario's health minister told a news conference that henceforth the province would pay for *all* abortions, including those performed in clinics or doctor's offices. "They are," she said, "an insured service and always have been." Even the faint concession to traditionalism—*de rigueur* among all leftwing propagandists—that her government would not require hospitals to perform abortions against their wishes, has proved a dead letter. Not only are they forced to perform them, but nurses are forced to assist at them. Five years ago my college held a forum on freedom of conscience in the work place. As a teacher of nurses the subject interested me. I asked the director of the nursing program, in the presence of a local Human Rights Commissioner, whether students who were anti-abortion could be assured of getting jobs. No, he said, they couldn't, but, in his view, the best solution to the problem was to make sure that only those who were prepared to take part in abortions be allowed to register. Nobody seemed to think there was anything discriminatory in what that director said.

The point is, a revolution is under way, and during revolutions logic doesn't count. The way things are *now* is everything. This is why Mr. Turner was such a bad prophet. He believed that precedent

matters. But for the doctrinaire leftists who now govern Canada, it is something you can make up as you go along. Or ignore, if it doesn't prove your point. At least since 1967, anti-abortion scholars have been submitting their precedent-laden briefs to governments, but no one listens to them. They are on the wrong side. (Meanwhile, Ontario's present socialist government plans to delete every reference to the primacy of heterosexual marriage from provincial statutes: if it survives long enough to carry out this intention, what argument will opponents have left against same-sex "matrimony"?)

But even revolutions need some sort of institutional basis. In Canada none has proved more effective than the Health Care Act of 1968, which turned abortion into a medically-required service, and is about to do the same thing for assisted suicide.

So please, California friends, put down your picket signs. Don't fall into the pit that we Canadians are wallowing in. Some honest and idealistic fellow-countrymen of yours think that it is possible to have state-run hospital insurance without abortion coverage. Not so. In Ontario it isn't even possible for opponents of abortion to hold back their health-care premiums. We don't have health-care premiums. The system is financed out of general revenue. What we've got is not socialized medicine but medicinal socialism. And that's what you will get, if you make the mistake of believing that our health care system really is operated in the interests of ordinary Canadians.

'Just browsing, thanks.'

THE SPECTATOR 16 May 1992

Schindler's List—and Hillary's

Maria McFadden

On a winter morning in Harlem, little Charles Christopher Bennett, 11 years old, ran through his burning apartment building, banging on his neighbors' doors, shouting "Rescue 911, Rescue 911, Fire, Fire!" The raging fire was started by crack-users' carelessness, but thanks to Charlie, all 15 families in the building were saved.

Little hero Charlie is "speech-impaired and emotionally-disturbed." He used to annoy his neighbors with his erratic ways and high-pitched screams. "I slow. I slow," the New York *Daily News* reports him saying: "he rapped his knuckles against his eyes and ears and mouth and forehead to signal he cannot comprehend the syllables and sounds, concepts and logic he tries so hard to know." Sometimes kids tease him. Though some might pity him for his impairments, he has a loving mother and an uncle who are committed to his care. He goes to school, and he has a best friend to play with, just like other kids. Charlie seems full of love for others and for life—and now he is a life-saving junior fireman.

I was particularly touched when I saw little Charlie on the TV news, unselfconsciously reaching up and giving his mother a big kiss while she was talking to reporters, because I had just seen the new Steven Spielberg movie, *Schindler's List.* Why the connection? Perhaps it was the simple appeal of a heart-warming story to replace the soul-chilling scenes of the night before. But maybe it was something more profound. I have also been thinking of the Clintons' proposed health plan. Before the fire, little Charlie was somewhat "undesirable" to his neighbors, and perhaps unwanted by society. If he had been born in Nazi Germany, he likely would have been eliminated. By our own society's standards, he is lucky he wasn't aborted. More disturbing still, if the Clintons' plan goes through, his family, who are poor, might not be eligible for his medical care benefits and therapy, because he's handicapped, and his quality of life might not be deemed worthy of the cost to society.

I can't help wondering whether *Schindler's List* is not only a tragic looking-back, but an ominous looking forward.

Maria McFadden, our managing editor, is currently expecting a Blessed Event.

Schindler's List is what most critics have called it: a powerful, haunting, important film. You probably know that it's the story of Oskar Schindler, a German businessman and playboy who started out partying with the Nazis and ended up saving more than a thousand Jews by insisting on employing them in his munitions factory (and creating a concentration camp for them that disallowed starvation, torture and death). But the movie is also the story of those who were not saved. Shot in black and white (except for an occasional glimpse of muted color, and a full-color scene at the end), the film is all the more terrifying because it looks like a documentary. It follows the fate of the Polish Jews from their normal lives in Cracow to their re-location in the ghetto, the horrifying liquidation of the ghetto, and then the deportment to the camps—the tortures, shooting, and the gas chambers at Auschwitz. Hope takes the form of one man, himself no saint, who became more and more troubled by evil until he did something to stop it. The Jews he saved have 6,000 descendants. In a touching scene at the end, suddenly in full color, some of the actual survivors, along with the actors who portrayed them, visit the grave of Schindler, who is buried in the Christian cemetery in Israel.

On March 21st, *Schindler's List* won the coveted Best Picture Oscar, and Spielberg won his first Oscar for Best Director. For once I was applauding with the rest of Hollywood. Spielberg's emphasis, on accepting his awards, was on remembrance (he dedicated an Oscar to the six million who couldn't watch), and education: he asked educators to teach about the Holocaust, and to make use of the Holocaust survivors still living who want to tell their stories. During an interview with Barbara Walters, Spielberg said he hoped that the film wouldn't fall on deaf ears, and that a film can change minds and hearts.

Schindler's List, like other movies or documentaries on the Holocaust, is disturbing, and often difficult to watch. Such films usually find the movie-goer grasping around in his or her mind during the awful parts for some comfort: it was a different time, it wouldn't happen here, we're nothing like that. But I couldn't find much comfort while watching this film. Of course, in the America of the 1990's, as we are fighting prejudice, championing the rights of the handicapped, and obsessed with human rights, we are the antithesis of a Nazi-controlled society.

Or are we?

Some have warned since *Roe v. Wade* that the anti-life policies of abortion, and now euthanasia—not to mention some of the uses of modern "scientific" technology—are sliding us further and further along the Nazi-style slippery slope. Most if not all of those who attended the Oscars and applauded the film probably wouldn't agree, though they might find that the rise of violence against Jews and the anti-Semitism raising its ugly head here—and most frighteningly, in Germany—is cause for some alarm. But I doubt that those who accept ideas in vogue see the most chilling parallel between us and Nazi Germany: What happens to a society when some humans are declared unworthy of living?

There is a new novel, *Stones from the River*, by a contemporary writer, Ursula Hegi. It centers around Trudi, a woman dwarf, born in Germany at the end of World War I, who grows up to help hide Jews in her cellar during the Nazi regime. Trudi's small town serves as a microcosm of what was happening in Germany as a whole. The plot traces the Nazis' rise to power, and how they progressively turned many ordinary Germans against the Jews (in many cases their own neighbors). The Nazis proffered hope for a better society, and there were those who let themselves believe that Jews, as a race, were part of the problem.

As we know, the ultimate result of such propaganda was the extermination of six million Jews. The true Nazis and SS men were, like the horrible, sadistic SS commander in *Schindler's List*, convinced that the Jews weren't really human. They were vermin, they must be got rid of. Hitler wanted to rid Germany of an impure race. And then there were others who could also be disposed of, for convenience sake: the handicapped, the homosexuals, the gypsies, the ailing (all "useless eaters"), and the others, thousands of clergy, and "ordinary people" who made the mistake of expressing dissent. Hitler and the SS were the murderers, to be sure—but how many others actually accepted the idea that Jews and gypsies and homosexuals were inferior humans, and that killing them wouldn't be the *same* as murder?

In Hegi's novel Trudi is never deceived by the Nazis, partially because, as a dwarf, she sympathized with outsiders and the "different." She and her father courageously hide Jews and a priest in their cellar, until the fugitives can go on to the next hiding place. Though Trudi is "handicapped," she survives, perhaps because her intelligence and her Aryan features mitigate her deformity. She is fictional, of

course but, like Charlie, she would have been an object of pity who nevertheless played a heroic role for others. And, whereas her own survival stands against evil in this novel about an evil time, how would she be thought of if she existed today? Would she have the necessary "quality-of-life"? Would she even have made it out of the womb?

There are some 1.6 million abortions each year in our country. The Clintons want abortion to be covered as a "basic benefit" in their health plan. So-called "pro-choicers" in 1990's America will groan and roll their eyes if they hear any comparison between the abortion mentality and the Nazis (though they have called pro-lifers Nazis, because Hitler prohibited abortions for Aryans). And in truth, we Americans are not Nazis, and the point is *not* that "we are like them." The point is: How can we stop *becoming* like them if we refuse to recognize that some of our current ideas are shades of Nazi thinking?

We have declared at least one class of humans less than human. One might say it was largely a result of the sexual revolution. Once sex outside of marriage became acceptable, there was much less room for the children, the inconvenient side-effect of sex. Frustration provided the impetus for the creation of a myth, instigated really by a small group of activists, that a pregnancy didn't involve a human, but merely a clump of cells. Those who wanted the public to accept this were cleverly careful to use words like conceptus, embryo, fetus—never baby, or even "potential" baby. As the movement to release women from their "biological bondage" grew, so did technology grow to show a beating heart in that clump of cells. But this didn't stop the tide. Fetuses might look human, but they aren't *really*—and even if they are, their lives are not worth living if they are unwanted. "Life that is not worthy of life"—*lebensunwertes Leben.* Probably most of the glitterati applauding Speilberg's film on Oscar night, and those supporting the Clintons' health plan, subscribe to this view of the unborn, *lebensunwertes Leben*, if they are unwanted or inconvenient. As a matter of fact, Whoopi Goldberg, mistress of ceremonies that night, jokingly put all of the politically correct slogans in her opening monologue, including "Choose for Choice." So accepted, so "in"—I doubt many of those applauding "Schindler" found this at all ironic.

But the "choice" to kill fetuses isn't the only type of killing accepted by many as humane and a "right." The early "abortion reform"

arguments made the case that, after all, fetuses are less than human because they are less than born; a *born* human would never be harmed. But then came the problem of babies born with handicaps. If they too were unwanted, then they could also be included in the lives unworthy of living. Handicapped babies began to be given the "humane" treatment of death, often by starvation. If a baby was born with deformities that would bring about death anyway, why not let it die sooner rather than later? And, then, if a baby was born with handicaps that weren't life-threatening, but uncomfortable, unsightly, difficult for the parents, they—and the doctors and hospital staff involved in the baby's care—claimed the "right" to "let" it die.

The famous "Baby Doe" case in Bloomington, Indiana, involved a baby who could have lived had he been given a simple operation. He was born with a deformed esophagus, thus no food could reach his stomach. This blockage could have been corrected with surgery that was 90 percent effective, and in the meantime he could have been fed intravenously. But he had a second problem—Down Syndrome. Because of this, his parents and his doctor (despite many offers to adopt the baby) refused the surgery, *and* prohibited any food or water. It took the baby six days to die. This was in 1982. There have been many Baby Does since. Acceptance of this "philosophy" has led now to routine prenatal testing for defects, and subsequent abortions.

Take a look at our criteria for lives unworthy of living. Women over the age of 35 are urged to have amniocentesis (a procedure that itself carries a one-percent risk of late miscarriage) to check for, among other things, Down Syndrome. For many women, a diagnosis of probable Down Syndrome will precipitate an abortion. Why? Well, because the Down Syndrome child might look a little different, have health problems, be slower than other children, have problems later in life. By these criteria, is it so far a stretch to let parents kill fetuses (or babies) who have a chance of: being ugly (Down Syndrome people are not ugly, but there *are* ugly people in the world—do none of them find happiness?); being less than brilliant (there are many people of low intelligence—should they be done away with?); unhealthy (do any of us have a guarantee of health?). It might sound well and good in the Orwellian-speak of today that there is a moral-yet-painful choice to terminate a pregnancy because of probable Down Syndrome, but the reality is that we as humans are rejecting the lives of other humans because they are not perfect,

or because their lives will be painful or burdensome to us. When we sanction the deliberate (and painful—babies do suffer) starvation of a child because his or her parents would find its life too burdensome, how are we so different from the Nazis who thought Jews were burdensome on Aryan society (starvation was one of their methods of extermination)? Once "quality of life" becomes the criterion (and the crucial question is *who* decides on *whose* quality of life) it becomes permissible to talk of the desirability of death for many "hard cases": the sick, the elderly, the physically or mentally handicapped—those whose lives are seen by *others* as inconvenient and sad. A woman wrote (in a "My Turn" column in *Newsweek*) last year that she wished we could euthanize the severely mentally retarded the same "humane" way she had her cat euthanized. Well, she is just living too late (and perhaps also too early) in history: the Nazis did kill off the mentally retarded with injections. More "useless eaters."

Of course those in Hollywood typically wax poetic about love—to love and be loved is every human's desire, etc. To be able to love might, in a better world, be a criterion for "quality of life." If that were the case, then babies—who certainly love their mothers, Down Syndrome and mentally handicapped children (who often are happier and give more love than "normal" children), and the sick and elderly who love their families ought to have priority for our care. Sadly, they do not.

One of the awful scenes in *Schindler's List* shows the prisoners, who have been in the concentration camp for some time, ordered to strip and run by SS "doctors" so it might be seen whether they are "workers" or "useless." They know by now that "useless" means the gas chamber—they can see the smoke that rises from the chamber building. We see women frantically cutting their fingers, then rubbing blood on their cheeks to give an appearance of health. We see naked, emaciated men and women running by the doctors and SS men. The choosing seems random at times, but the sick and the elderly are of course consistently separated. Now we are with the women who made it: they hug each other in joy. But at that moment of rejoicing they see the most horrible sight of all—trucks loaded with their children, nothing but children, leaving the camp. The mothers explode in a frenzy of horror—not the children! To be separated! (In one of the most poignant scenes of the film, one little boy manages to escape, but each hiding place he opens already has children who tell him to go away, it's *their* place. He finally hides in the human

excrement below the latrine—there, too, three other children tell him to leave. We last see him looking piteously up through the hole to the sky, and we don't know what happens to him.)

Now let's go back to those watching the film, in 1990's America. One thing they are hearing about in their real lives is the frenzied debate in the country and the Congress over the "health plan." Hillary Clinton's "baby." A plan that will supposedly ensure coverage for all.

But not all unborn children: Hillary and her pro-choice allies insist on full abortion coverage, a part of the basic plan that everyone will be forced to fund. Abortion is the extermination of a tiny, dependent human. The plan, to be overseen by a created national health board, would further facilitate the killing of one class of humans who are regarded as inconvenient and useless. These children will be exterminated, albeit, most unbelievably, with their mothers' consent.

Nor the ailing, the elderly, and the handicapped: a "universal" health care plan that sticks to strict federal budget guidelines would have to include a rationing of health care. The first to be denied would be those whose "quality of life" would not warrant expensive care. As we gasp in horror at the scene of the emaciated naked people being led to the gas chambers in the movie, let's imagine those people suddenly transported here, in the future as the Clintons see it. What kind of quality of life would these people start off with? Emaciated, in poor health, traumatized—the elderly might not have much time left. We weep to see those in the movie sent to their deaths, but if a health plan in the future denies a 77 year-old woman a heart operation, is she not also getting a death sentence?

Earlier in this *Review*, Rita Marker discusses the Clintons' health plan, and Mrs. Clinton's major role in shaping the proposed policy. What I find most frightening is that, while the President himself stays away from the question of rationing, Mrs. Clinton has been quite open about her view that rationing would be necessary. And, though *she* was not elected by us, her ideas may have no small effect on our lives.

Hillary's views on life and death were news last spring, after her father died. Hugh Rodham, 82, had suffered an acute stroke on March 19th. Hillary went to be with him, and he was kept in the hospital until his death on April 7th. The day before her father died, Hillary used her first public appearance since his stroke to speak of life-and-death issues. The New York *Times* reported:

> "When does life start?" she said softly in the speech at the University of Texas. "When does life end? Who makes these decisions? How do we dare to infringe upon these areas of such delicate, difficult quesitons?" Mrs. Clinton, who is working on a revision of the health-care system, said: "These are not issues that we have guidebooks about. They are issues that we have to summon up what we believe is morally and ethically and spiritually correct and do the best that we can with God's guidance."

Whatever the relationship between Hillary and her God, soon after this speech she threw herself full-time into daring to make decisions on these delicate issues. Her experience at her father's side apparently caused her to arrange for herself and the President to publicly sign living wills, and to encourage other Americans to do likewise. I assume from this that Hugh Rodham did not have one, but this was not reported. It *was* reported, by internist Stephen J. Sullivan in an Op-Ed piece in the New York *Times* (April 4, 1993), that Hugh Rodham, perhaps because he was a presidential in-law, was receiving medical care far beyond the norm. An elderly stroke victim, according to Sullivan, is typically released from the hospital to a less expensive facility after three or four days, as medical intervention rarely leads to much improvement. Rodham was in the hospital for three weeks. With recent cuts in Medicare (which the proposed health care plan would cut further) the hospital would be reimbursed for only seven days' care. Private insurance would probably be able to cover the rest, but "under the system the Administration is leaning toward, insurers competing to offer the best price to customers will be inclined to cut back on treatments." Sullivan continued:

> As hospitals receive less revenue per patient, they'll be less likely to provide the care we've come to expect. "Rationing" will become more universal, with bigger sacrifices in patients' well-being. I fear this will bring us closer to Britain's system, under which patients like Mr. Rodham might never be hospitalized. Unless you donate a hospital wing or are the President's father in-law, you won't be able to choose a costly treatment that might improve your chances: Is Mrs. Clinton truly prepared on a personal level to defend the rationing her changes will inevitably require?

With the unveiling of the health plan, it became obvious that, whether or not Hillary would accept this personally, she was prepared to raise "tough questions" for the American public. On the one hand, she has tried in her speeches to get sympathy for the plan by telling woeful stories of people who were denied treatment because they were not insured; on the other, she complained about people

who were covered that *she* didn't think warranted the care. The New York *Times* (Oct. 1) reported that: "Mrs. Clinton has argued that the budgetary constraints the Administration plan will put on insurance companies and hospitals may reduce unnecessarily costly treatment. She has repeatedly cited the example of a 92-year old man given a quadruple heart by-pass because the surgeon had depended on a cardiologist who had referred that patient to him, and she suggests that if the system is changed such surgery will not be performed."

Harry Schwartz, writing in *Senior Class*, a publication of the Seniors Coalition, says:

> According to the New York *Times*, Hillary Clinton has been going around the country complaining about an operation performed on a senior citizen. It was a quadruple heart by-pass received by a 92-year old man. . . . Despite the way in which Congressmen of both parties have recently made obeisance before her, she could be wrong. I don't see a major operation on a 92-year old man as necessarily wasteful. The operation might enable him to live a decade more, or even longer. Isn't that what we want?

It's apparently not what Mrs. Clinton wants. During her testimony before Congress (September 30th), she responded to questions by Sen. John Danforth on whether the system would have to say "no" to some medical care. Danforth cited examples of a baby who was kept alive for 11 months without a brain, Siamese twins who were separated, with little chance either would survive (though one is still alive today), and babies with low birth weights of whom "only 15 percent will be functional." Reflecting on her own ordeal at the hospital as her father lay dying, she said: "I would agree for both moral and ethical reasons as well as economic ones, there has to be the kind of very difficult conversation that you are suggesting." In other words, we can't afford to help these people, we must say "no." She added that: "people will know they are not being denied treatment for any reason other than that it is not appropriate—will not enhance or save the quality of life."

Is this supposed to be comforting? In this land of "choice" and "freedom," she wants us to give over moral and ethical decision-making to people like . . . her husband and herself. As Nat Hentoff wrote in his "Sweet Land of Liberty" column (Washington *Post*, February 19): "Where in the Constitution does the government derive the power to legislate what, in many cases, may be the end of life for those who do not meet the criteria in a future mandated

federal health system? And who decides? The family, the physician or the bookkeeper?"

For all Hillary's supposed agonizing over questions of life and death, she doesn't seem to care to even discuss when life begins. Abortion rights are an accepted non-issue in the plan. I suspect that premature babies wouldn't fare much better—Danforth's examples are frightening. If 15 percent of low-birth-weight babies do survive (and I wonder if the percentages are not higher?), shouldn't we try to save them *all* for that 15 percent? Try telling parents that you are not even going to try, because the country's good must come first. With the Surgeon General Joycelyn Elders praising abortion because it is eliminating babies with Down Syndrome, it's possible that parents who decide to *have* Down Syndrome or Spina bifida or cystic fibrosis babies will not get coverage for their care. What are those whose moral code prohibits abortion to do? If I have a baby with cystic fibrosis (for which a cure would likely be found in his lifetime), will I be forced to watch him die if I can't afford medication? Or, with the budget cuts imposed on research and pharmaceutical companies as part of the Clinton plan, even if I could afford to treat my child, would the drugs be available?

As for the other "difficult" question—when does life end—senior citizens also have much to fear from those who share Hillary's beliefs. While medical care advances have allowed the elderly to live longer and healthier lives, rationing might impose arbitrary age limits on expensive care. A patient's age would matter in transplants and operations, even if the treatment would restore them to good health. Nat Hentoff writes:

> Gregory Pence, a professor of philosophy at the Univ. of Alabama Medical School, asks in the NY *Times*: "What do we tell the 76-year-old woman with kidney failure? . . . We must say 'For all your children and grandchildren, we can't spend this much on you.' "
>
> A further question is whether there is a consensus in the nation that Pence has the correct, if painful, answer. And if Congress goes along in the affirmative, what happens if the 76-year-old woman dissents? Can she be left to die without her formal consent? Apparently so.

Another group that should be worried about the health plan—but seems too "politically correct" to say so—is AIDS activists. Just about every Oscar presenter and winner in Hollywood wore an AIDS ribbon, to show support for research and treatment, both *very* costly. Bill and Hillary have many friends in Hollywood and

have gotten a lot of support from the entertainment industry. Still, AIDS is a terminal illness, and the terminally ill will surely be on the list of those whose care would have to be rationed. Yet the activists argue that AIDS patients have a *right* to the latest drugs and treatments so they can live as long as possible. Will they be willing to give this up so that all Americans can be ensured of basic coverage? Should they be put on the list behind cancer patients, for whom there is at least a chance of being cured?

The crucial issue, as it has been since *Roe*—as it was in Nazi Germany, and Communist Russia—is the value of life. Once a government decides that doing away with one segment of the population will be for the over-all "good," that society is in trouble.

Life is precious; it ought to be natural for doctors to do all they can to save each life. I understand that this is not always financially possible, but at least as things are now, if a person *is* insured, and/or if family members and friends can and want to raise money, they may do so, privately. But the Clintons' proposed plan would flatly deny certain treatments, and would make it very difficult—or even illegal—to seek "extra" treatment outside of the plan. The logic is: if we can't guarantee care for all, poor as well as rich, then we must not give those who can afford it any edge over the poor in maintaining health. Anyone who doesn't fit the plan is beyond help. Is this health "reform?" How cruel it would be if doing all in your power to save a loved one becomes a crime!

I don't know how Mrs. Clinton will feel about this when she is 75 or so, but I doubt that she would calmly accept being told she's too old for medical care. As Harry Schwartz writes, "when Hillary Clinton takes verbal aim publicly at the 92-year old man who received the heart by-pass, she's really taking aim at all of us. Now in her mid-40's, she thinks 65 is old and 75 or 80 as having one foot in the grave."

But we can't blame it all on Hillary, of course. There have to be *many* people who think as she does, or those horrifying ideas wouldn't be so prevalent. The quality-of-life creed seems to be thriving. The state of Oregon is currently rationing Medicare: it will fund only the first 587 out of 709 health services on a priority list. Non-"cost-effective" treatments, including some life-extending treatments for AIDS and cancer sufferers, will not be covered. The state may also have a referendum in November 1994 on legalizing euthanasia,

instigated by the Hemlock Society. Abortion is the country's most common operation for women. The promotion of abortion, euthanasia and assisted suicide are politically correct causes and have strong financial backing. Fetal tissue transplants and experiments are being federally funded—we are using freshly-killed human flesh for experimentation for the "common good"—doesn't that sound familiar?

We despise the Nazis in *Schindler's List* because they killed innocent people. Oskar Schindler is a hero because he saved those he *could* save, including the children, the ailing, the elderly—the "useless eaters" (he insisted to authorities that *all* those on his list were essential workers in his factory, though many were too ill or too small). When Barbara Walters asked Steven Spielberg what were the most important times of his life, he didn't talk about his movies. He said, without hesitation, that they were being at the births of his three children. I am sure he would agree that they were alive before birth, and I hope he would count those times as special if one of his children had been born handicapped. He also said he made the film for his mother, for whom, I'm sure, he will do all he can in her old age. For now, he has made a film he hopes will educate all of us. I hope it will. *Schindler's List* should teach us something about our own inhumanity to other humans—the tiny, the handicapped, the ailing, the elderly—before *we* go too far.

Brave New World—or Is It?

Margaret White

Those of us who adhere to the principles of the Hippocratic oath are frequently at the receiving end of the sneers and jeers of the chattering class so beloved by the press and broadcasters. "It is rubbish," they argue, "to keep on talking about the slippery slope when what is happening is a wonderful improvement in the choices and chances available to women."

Those of us who have treated women suffering from the serious after-effects of abortion and failed in-vitro fertilisation know otherwise, but this aspect of "progress" is vigorously censored by the media. Ethical medicine started going down the slippery slope in mainland Britain with the passing of the abortion act in 1967. (In both Northern Ireland and the Republic of Ireland medical practice is still governed by Christian ethics.[1]) The powerful vocal minority, which pushed through Parliament our liberal abortion law, knew this was just number one on their shopping list: to be followed at expedient intervals by a gamut of permissive laws from school-based contraceptive clinics to infanticide and euthanasia.

The method used is the tried and tested "Softly softly catchee monkey." Each step sounds so reasonable at the time. Hitler used the same technique: every time he invaded and over-ran some small country he calmed the fears of the remaining European countries by claiming, "This is my last territorial demand." Unlike the United States of America, the abortion law in Britain does not permit abortion on demand; it allows it when two doctors agree "in good faith" (1) that the mother's physical or mental health will be harmed by giving birth or (2) there is grave risk that the child will be seriously handicapped. It didn't take long for the good faith of the doctors to be influenced by their bank balances: and the number of abortions rose rapidly and on this small island 500 unborn babies are killed every day. Either we have a very unhealthy female population or the law is being broken left, right and centre. The provision by the state of special contraceptive clinics for school girls ensured there was an increasing demand among them for the services of the abortionists;

Margaret White is a London doctor and Ob-Gyn specialist; she also has extensive experience as a magistrate, and has written widely on sex education for the young.

the pregnancy rate in adolescents has risen *pari passu* with the numbers attending such clinics. When in the late seventies complaints were made about the permissive society, a senior cabinet minister replied, "I don't call it a permissive society, I call it a *civilised* society."[2]

Infanticide of the disabled became common in some hospitals. The technique was to order "feed only on demand"—the child was then given sedatives so that he slept all the time and didn't cry for his feeds. This was euphemistically called "letting nature take its course" and parents were warned when the child was born that he would not survive. Thanks to courageous nurses, two doctors were reported to the police and accused of attempted murder. Both were acquitted but the practice is now less common.

Most research into prevention or cure of congenital disease has ceased and the medical journals frequently print articles describing quicker and easier ways of spotting disabilities in the womb with a view to performing an abortion. Fortunately Professor Smithells of Leeds had concluded his research on the cause and prevention of Spina Bifida before the onset of the abortion pandemic.

One result of the permissive society was an increase in the number of infertile women due to sexually transmitted disease or infection following abortion. Plastic surgery to repair the blocked fallopian tubes was only partly successful. But history was changed when Dr. Steptoe announced the successful birth of Louise Brown following in-vitro fertilisation. From then on the medical profession has suffered from the serious condition of having powerful means but very confused ends. I.V.F. is a process whereby the doctor by-passes the obstruction in the fallopian tube by taking eggs from the ovary with the help of ultrasound, and following fertilisation with the husband's sperm in a petri dish, implants up to three embryos into the mother's womb. It is the equivalent of a detour when a road is blocked. If there are over three embryos, the "spare" ones are usually frozen. The success rate is low and frozen embryos can be thawed and used in further attempts to produce a pregnancy in the womb. The miscarriage rate is high following I.V.F. and though three or more attempts are usually made, it is only a minority of women who succeed in producing a child.

The effect of abortion and I.V.F. on society is to reduce babies, who are one of God's greatest gifts, to the status of a consumer product. If you don't want the baby you have conceived, the doctor will kill it for you; if you do want a baby but can't conceive, the doctor will

conceive it for you in his laboratory. If your husband is unable to produce enough sperm, the doctor will buy some for you—but if you don't produce any ova things are (at present) a little tricky. Potential parents can request the sex of their offspring, and soon they will be able to ask for a child with the characteristics they desire.

Embryo experimentation was banned in the U.S. until quite recently, when it was legalised by President Clinton, but it has been practiced in Britain for over a decade. The idea that scientists should use the young of their own species as experimental guinea pigs is abhorrent to orthodox ethicists, but by now the profession was well down the slippery slope.

In a debate in the House of Commons on embryo experiments, many members expressed disquiet at the practice, but it was presented as a way to help the misery of the childless, "cure" the handicapped and even prevent cancer. Legalisation of embryo experiments gave a great boost to the genome project to map the genes on the chromosomes. The end result, without a shadow of doubt, will be the potential to produce designer children. A (rich) couple will be able to "pick and mix" their offspring and choose everything from height and hair coloring to musical ability. When Aldous Huxley wrote *Brave New World* in the thirties he was quite horribly prescient!

When ethical problems arise, the British government has many Machiavellian tricks for getting its own way without making it look too obvious. The favourite method is the Royal Commission, but there are others of a similar type such as "Committees of Enquiry." These are given long grandiose names, many of which are not intelligible to the general public, which helps to give the appearance of a group of disinterested and erudite people, who understand fully the subject under investigation, and in due course will produce a well-thought-out answer to a knotty ethical problem.

Sadly, this is far from the truth. The government decides what conclusions it wants the committee or commission to reach—in my experience—and then chooses as members of these various investigative bodies those people who they expect will produce the desired result. For the sake of appearances they will pick a small minority of members whom they know will not agree with the built-in majority, but as these can easily be out-voted this does not affect the result. (Lord Rees-Mogg made a similar point, in a recent *Human Life Review* interview [*Spring*, 1993], about the methods used by the House of Lords in

forming committees to investigate subjects such as euthanasia—actually ruling out individuals who had ethical objections in the first place!)

Many members of parliament who were anxious about embryo experimentation had their fears allayed by the government's promise to set up a Human Fertilisation and Embryology Authority to act as a watchdog and stop unethical experiments. Though its members are appointed by the Minister of Health, the Authority is not answerable to Parliament and it has been accused of being like the silent dog in the Sherlock Holmes story *The Hound of the Baskervilles.* Some members of this watchdog Authority are erudite embryologists, gynaecologists and neonatologists, but its membership also includes members of professions not known for their knowledge on the life and times of the early embryo. The non-medical members include the wife of an ex-cabinet minister, an excellent comic television actress, a female (and feminist) liberal rabbi, a senior bank official, a management consultant, the managing director of our main BBC radio and of course what no respecting Human Fertilisation and Embryology Authority could possibly be without—a trendy (Anglican) Bishop!

I have a sneaking suspicion that our Whitehall moguls have two lists of senior members of all the churches, temples and synagogues, one of which is headed "Orthodox" and the other "On Our Side"—I wonder which is longer?

In 1988 the British voluntary licensing authority for I.V.F. (a toothless watchdog over embryo experiments) began to worry about human egg donation. They were happy that it should go ahead but worried about the supply. They concluded that donated eggs should not come from a member of the family because this would involve the genetic mother having a continuing relationship with her child. All agreed that the donor must remain anonymous. It was posited that if it were to go ahead both the donor of the egg and the recipient must receive counselling. In our "civilised" materialistic society, counselling has become the equivalent of the mediaeval papal plenary indulgence. No matter how unethical the project, counselling will absolve all guilt.

Because women now expect society to provide either a child or an abortion, and human ova cannot be bought in a supermarket, scientists have come up with various suggestions to provide them. None are easy. I would not be surprised if some entrepreneur set up a business to buy ovaries and eggs from the poor of the third world as they do at present with kidneys. Transplanting ovaries from

cadavers has been considered, but this means the recipient would need to be immuno-suppressed and immuno-suppressants can have serious side effects. Eggs have been "harvested" from women having pelvic operations but many women dislike not knowing whether or not they have "donated" a genetic child.[3] The latest suggestion is that eggs should be "harvested" from the bodies of foetuses of more than three months gestation. This suggestion has produced what the press has called a widespread "YUK" reaction: "No," said the general public, "No."

"There are lengths to which we will not go" (with apologies to W. S. Gilbert). The suggestion is to take eggs from a foetus which at that stage are immature but extremely numerous, ripen them in the appropriate hormonal and nutritional environment, and then fertilise as many as possible with the husband's sperm. Any "spare" embryos can be frozen as with I.V.F. This method of reproduction has already proved successful in mice, but it is said it has not yet been attempted in humans.

The publicity given to the suggestion was a "coat trailing" project to gauge the reaction of the public, and the general revulsion it has caused has rather surprised them. As the foetus can't give permission for the procedure, to steal part of its body to use for your own purpose has been called a form of cannibalism. The proponents of this form of egg stealing have retreated into silence, but after a pause they will return using the usual campaign plan. This has been used many times before and rarely fails. It starts with letters to the *Times* from childless anovular women and a liberal peer or two, followed by documentaries on prime time television, then open line radio programmes on the subject (with of course careful selection of the callers who get on the air). Finally there will be repeated questions to the minister during question time in the House of Commons and in the House of Lords; one or two bishops will plead for this compassionate act to be made legal. By this time honest John Doe (or "the man in the street" depending on which side of the Atlantic you live) has begun to feel that perhaps stealing eggs from the unborn is a painful necessity. And so the medical profession slips a bit further down the slope.

There is an interesting post-script to the story of stealing eggs from an unborn child you have just killed. Those who support this practice also support abortion on demand, and the main justification

they offer for this position is that the foetus is not a human being until it is born. Is it not rather unpleasant—to put it mildly—for a child who was conceived from her father's sperm but the egg of a foetus to be told that her mother was not a human being?

An interesting side line is, what happens to men who are unable to produce their own genetic children? It has recently been revealed that men in the cities of Britain are now producing only 25% of the sperm that they did two decades ago, and certain fish in our rivers have become hermaphrodites, while others have changed from male to female. Along with the great increase in cancer of the testes, this has caused concern. The cause is thought to be due to the increase in oestrogenic substances in the water. One obvious reason for this is the oral contraceptive: we have nearly four million women on the pill who excrete some of the hormones in their urine and so into the rivers, and back into the water supply. Farm animals are also given hormones which can enter the food chain *via* the dinner table. Will men soon demand assistance with their fertility?

Two decades ago a scientist in California called Sun Lee, in a brilliant bit of micro-surgery, transplanted the testes of a black rat into a white rat and produced piebald offspring. Men may be prepared to put up with the immuno-suppressive drugs necessary for a testicular transplant rather than have their wives inseminated by a donor's semen.

The medical profession was once a noble profession because it existed to cure when possible and to care always, and its ethics were those of the Hippocratic oath. It did not exist to eliminate the weak and satisfy the unreasonable demands of the rich. Woe betide society when medicine becomes a consumer-led profession.

From the dawn of history civilisations have alternated between eras of idealism and materialism. Let us hope and pray that the next age of idealism is not too long in coming.

NOTES

1. The 1967 British Abortion Act (which effectively led the way for other European and British Commonwealth legislation) did not extend to Northern Ireland because of hostility in the province to the legislation. Termination of pregnancy is performed in Northern Ireland under a tight medical proviso: there is no "social" abortion as in Britain itself. In the Republic of Ireland, the unborn child is protected by constitutional amendment, though case law is tending to permit abortions in "hard cases."
2. Sir Roy Jenkins, sometime Home Secretary, now elder statesman.
3. In fact, egg donors are in short supply—women have been reluctant to come forward to offer to donate eggs, for ethical reasons and reasons, possibly, of later identification.

What Would Surprise Aldous Huxley?

Faith Abbott

"I was convinced that there was still plenty of time."
—Aldous Huxley, 15 years after *Brave New World*

First it was the hysteria over the reported cloning of human embryos that had journalists recalling *Brave New World.* Then, just as the cloning furor was dying down, along came even *newer* New Reproduction Technologies—some waiting in the wings, some already on stage—and "brave new world" references proliferated. A 59-year-old woman gave birth on Christmas Day to twins generated in a Rome *in vitro* fertilization laboratory; she'd had a 25-year-old woman's fertilized eggs implanted in her uterus. Another woman (treated at the same clinic) was pregnant, at age 62. In February, a 60-year-old woman who had gone to Tel Aviv for an implant of donor eggs became "the world's oldest mom." And a doctor in Scotland announced that within a few years it will be possible to implant ovarian tissue from aborted female fetuses into the wombs of infertile women.

"It really is a brave new world," says Yale Professor Jay Katz.

My memory of Aldous Huxley's *Brave New World,* which I'd read back in the 50s, was hazy at best, so I thought: What better time than now to re-read the novel? I found an old paperback at home, with two copyright dates: 1932 and 1946. On the page facing the back cover there is a brief biography of Huxley, followed by a succinct description of the book as "a fantasy of the future which sheds a blazing, critical light on the present."

Whether or not that was true in 1931, when the book was being written, it certainly seems true now, in *our* present.

In Huxley's Foreword to this 1946 edition, he explains why "this *Brave New World* is the same as the old one: to pore over the literary shortcomings of twenty years ago, to attempt to patch a faulty work into the perfection it missed at its first execution, to spend one's middle age in trying to mend the artistic sins committed and bequeathed by that different person who was oneself in youth—all this is surely vain and futile." *Were* he to rewrite the book, he would indeed change some

Faith Abbott, our long-time contributing editor, is our Resident Expert on neglected sources.

things he says, but *Brave New World* is "a book about the future and, whatever its artistic or philosophical qualities, a book about the future can interest us only if its prophecies look as though they might conceivably come true. From our present vantage point, fifteen years further down the inclined plane of modern history, how plausible do its prognostications seem? What has happened in the painful interval to confirm or invalidate the forecasts of 1931?"

That the book contains no reference to nuclear fission is, he says, "one vast and obvious failure of foresight," which was "immediately apparent" and rather odd because the possibilities of atomic energy had been a topic of conversation years before the book was written. But the oversight, "though not excusable," can be easily explained:

> The theme of *Brave New World* is not the advancement of science as such; it is the advancement of science as it affects human individuals . . . The only scientific advances to be specifically described are those involving the application to human beings of the results of future research in biology, physiology and psychology. It is only by means of the sciences of life that the quality of life can be radically changed.

Then he goes on to describe what would constitute "a really revolutionary revolution"—meaning a really bad one. It would involve "the problem of happiness," which is solved by "the love of servitude," and it can't be established except as "the result of a deep, personal revolution in human minds and bodies." Among the discoveries and inventions this revolution requires is one he foresees as "a long-term project, which it would take generations of totalitarian control to bring to a successful conclusion." It would be

> a foolproof system of eugenics, designed to standardize the human product and so to facilitate the task of the managers. In *Brave New World* this standardization of the human product has been pushed to fantastic, though not perhaps impossible, extremes. Technically and ideologically we are still a long way from bottled babies . . .

Are we still "a long way from bottled babies"? The world's first test-tube baby was born a mere thirty-two years after Huxley wrote those words (and only fifteen years after his death).

About the "sexual promiscuity" in *Brave New World* (mild, by today's standards), Huxley says it doesn't seem so very distant because "there are already certain American cities in which the number of divorces is equal to the number of marriages." And

> All things considered, it looks as though Utopia were far closer to us than anyone, only fifteen years ago, could have imagined. Then, I projected it six hundred

> years into the future. Today it seems quite possible that the horror may be upon us within a single century . . .

What would Huxley (who would be a hundred years old this coming July) say about the Reproduction Revolution of the 1990s? Perhaps he'd say "Oh, I've already written about that." Would anything, I wonder, surprise him? Suppose Leonardo da Vinci were to appear in the United States now: what might surprise *him*? This question was recently posited by Dr. Arthur Caplan, the University of Minnesota ethicist, who is frequently quoted these days. Caplan answers his own question: "I'd show him a reproductive clinic . . . I'd tell him, 'We make babies in this dish and give them to other women to give birth.' " And that, Caplan predicted, "would be more surprising than seeing an airplane or even the space shuttle."

That was how Gina Kolata, New York *Times* science writer, began a recent article ("Reproductive Revolution Is Jolting Old Views," Jan. 11). After reminding us that the world's first test-tube baby was born only 15 years ago, she says that that first use of *in vitro* "ushered in a new era of reproductive technology that has moved so far, so fast that ethicists and many members of the public say they are shaken and often shocked by the changes being wrought." And although the aims of helping infertile women are "laudable," Kolata says "the new reproductive science is raising piercing challenges to long-standing concepts of parenthood, family and personal identity."

One subtitle in Kolata's long *Times* article is "The Meaning of 'Mother.' " According to "experts," she writes, each new development gives rise to new questions of personal identity; she reports that "several ethicists said they were repelled by the idea of using eggs from a fetus to enable an infertile woman to become pregnant. They asked, for example, how a child would feel upon discovering its genetic mother was a dead fetus."

(This reminds me of a two-frame cartoon that ran in the Chicago *Tribune*: at left, two women are walking together along a sidewalk. The modishly-dressed femme is saying to her sad-faced companion: "So you were born from in-vitro fertilization utilizing fetal tissue. How do you celebrate Mother's Day?" The second frame shows a door in a brick wall that has a large ABORTION CLINIC sign. Straddling the curb is a garbage dumpster. On the ground in front of its lies a bouquet of Mother's Day flowers.)

Would any of this surprise Aldous Huxley? Maybe not. In what he

calls "the fable of my imagination" not only are there no mothers; there are no fathers, siblings, or families (only his Alphas and Betas have anything like a "personal identity"). Well, there was the *one* mother, from the Indian reservation, but

> To say one was a mother—that was past a joke; it was an obscenity. Moreover, she wasn't a real savage, had been hatched out of a bottle and conditioned like anyone else . . .

The phrase "hatched out of a bottle" must have startled readers in the 1930s. "Test-tube baby" took some getting used to, but at least it sounded *scientific*, sort of, whereas "bottled baby" sounds—well—*commercial.* "Hatching" and "fetus farming" also sound commercial—and horrible too, but we'd best get used to them, they've entered the new lexicon. "Fetus Farming" was, in fact, the title the Washington *Post* (Jan. 8) gave to a column by Ellen Goodman. It seems that even those who have no qualms about abortion are unsettled by the latest developments: Goodman, a doctrinaire pro-choice advocate, blurts out "It's a situation screaming for limits." Another syndicated columnist, Stephen Chapman, suspects that the real reason for unease among the pro-choicers is that the middle ground on abortion is "awfully slippery turf." If abortion is "a private decision," he asks, then why object to its "particulars?" Today "we are talking about inseminating eggs from dead fetuses. Tomorrow we may be talking about conceiving fetuses solely to furnish body parts for people in need. Someday, when it becomes possible to incubate an embryo to maturity in man-made machines, we could have fetus farms devoted to such purposes."

Just so in *Brave New World*, except they are called fetus *factories*, or "hatcheries," not farms. In the first chapter, the action takes place in the Central London Hatchery and Conditioning Centre, a "squat grey building of only thirty-four stories." The D.H.C. (Director of Hatcheries and Conditioning) is conducting new students around the various departments. They begin in the Fertilization Room, proceed through Incubation, the Bottling Room, the Social Predestination Room, the Decanting Room and, finally, the Nursery, where the infants are electronically preconditioned for their life categories.

The students learn that in one set of bottles, biologically superior ova—fertilized by biologically superior sperm—are given the best possible pre-natal treatment and will be finally decanted as Betas, Alphas and even Alpha Pluses. In another, much more numerous set of bottles, biologically *in*ferior ova, fertilized by biologically *in*ferior sperm, are

subjected to the Bokanovsky Process. "Bokanovskification" consists of a series of arrests of development, the D.H.C. tells his avid students: "One egg, one embryo, one adult—normality. But a bokanovskified egg will bud, will proliferate, will divide. From eight to ninety-six buds, and every bud will grow into a perfectly formed embryo, and every embryo into a full-sized adult. Making ninety-six human beings grow where only one grew before . . . Progress . . . The whole of a small factory staffed with the products of a single bokanovskified egg . . . the principle of mass production at last applied to biology . . . a prodigious improvement on nature."

Warmed by his students' interest, the D.H.C. then tells them a story: Once upon a time, he begins, there was a little boy called Reuben Rabinovitch. "Reuben was the child of Polish-speaking parents . . . You know what Polish is, I suppose?" One student answers: "A dead language." "Like French and German," adds another. "And what about 'parent'?" asks the D.H.C.

> There was an uneasy silence. Several of the boys blushed. They had not yet learned to draw the significant but often very fine distinction between smut and pure science. One, at last, had the courage to raise a hand.
>
> "Human beings used to be . . ." he hesitated; the blood rushed to his cheeks. "Well, they used to be viviparous."
>
> "Quite right." The Director nodded approvingly.
>
> "And when the babies were decanted . . ."
>
> " 'Born,' " came the correction.
>
> "Well, then they were the parents—I mean, not the babies, of course; the other ones." The poor boy was overwhelmed with confusion.
>
> "In brief," the Director summed up, "the parents were the father and the mother." The smut that was really science fell with a crash into the boys' eye-avoiding silence. "Mother," he repeated loudly rubbing in the science; and, leaning back in his chair, "These," he said gravely, "are unpleasant facts; I know it. But then most historical facts *are* unpleasant."
>
> He returned to Little Reuben—to Little Reuben, in whose room, one evening, by an oversight, his father and mother (crash, crash!) happened to leave the radio turned on.
>
> ("For you must remember that in those days of gross viviparous reproduction, children were always brought up by their parents and not in State Conditioning Centres.")

(I checked "viviparous." Webster's first definition is: "Producing living young instead of eggs from within the body in the manner of nearly all mammals, many reptiles, and a few fishes.")

The actual *point* of the Little Reuben story was that while he was asleep, his mind absorbed every word of a radio broadcast from London—

a long lecture by George Bernard Shaw ("One of the few whose works have been permitted to come down to us") and thus "The principle of sleep-teaching, or hypnopaedia, had been discovered."

Just before the D.H.C. had finished indoctrinating his students, who should appear suddenly in their midst but his fordship Mustapha Mond, the Resident Controller for Western Europe: one of the Ten World Controllers. The eyes of the saluting students almost popped out of their heads. Mustapha Mond was going to stay and actually talk to them!

> Mustapha Mond leaned forward, shook a finger at them. "Just try to realize it," he said, and his voice sent a strange thrill quivering along their diaphragms. "Try to realize what it was like to have a viviparous mother."
>
> That smutty word again. But none of them dreamed, this time, of smiling.
>
> "Try to imagine what 'living with one's family' meant."
>
> They tried; but obviously without the smallest success.
>
> "And do you know what a 'home' was?"
>
> They shook their heads.

* * * * *

It isn't just *now* that references to *Brave New World* are popping up in the media: as early as 1956, when Dr. Robert Edwards (who with Dr. Patrick Steptoe "pioneered" the first test-tube baby, Louise Brown) published the results of his first attempts at ripening human eggs in a laboratory, the London *Sunday Times* said the experiments were "reminiscent of Aldous Huxley's *Brave New World.*" I read that in *Making Babies*, a 1985 book by Peter Singer and Deane Wells, in the section titled "Slipping Toward Brave New World?" After reminding the reader what Huxley had written in his 1946 Foreword, that a society such as he described could happen in one century, they say that "many believe it is much closer than that."

They also mention a book titled *Who Should Play God?* which argues that "Over a period of time (the next twenty-five to fifty years) the cumulative effect [of a step-by-step process] will be the emergence of a kind of Brave New World, not unlike the one Huxley fantasized about over forty years ago."

While I was writing this, I thought *Brave New World Revisited* would be the perfect title. Then, to my chagrin, I discovered it had already been done—by Huxley himself—in 1958. This is how he begins:

> In 1931, when *Brave New World* was being written, I was convinced that there was still plenty of time. The completely organized society, the scientific caste

> system, the abolition of free will by methodical conditioning, the servitude made acceptable by regular doses of chemically induced happiness, the orthodoxies drummed in by nightly courses of sleep-teaching—these things were coming all right, but not in my time, not even in the time of my grandchildren . . . Twenty-seven years later, in this third quarter of the twentieth century A.D., and long before the end of the first century A.F. [After Ford], I feel a good deal less optimistic than I did . . . The prophecies made in 1931 are coming true much sooner than I thought they would.

Huxley thought (he didn't predict: he just supposed) that the twenty-first century would be "the era of World Controllers, the scientific caste system and Brave New World." Some of the trends upon which he based his supposition are no longer relevant. What *is* relevant is this: he writes "To the question *quis custodiet custodes*?—Who will mount guard over our guardians, who will engineer the engineers?—the answer is a bland denial that they need any supervision. There seems to be a touching belief among certain Ph.D's in sociology that Ph.D.'s in sociology will never be corrupted by power. Like Sir Galahad's, their strength is as the strength of ten because their heart is pure—and their heart is pure because they are scientists and have taken six thousand hours of social studies."

One thing that *might* surprise Huxley is the collapse of Communism. He was certain that by about now most of the world would be in servitude to totalitarian regimes. In *Brave New World Revisited* he was concerned with freedom and democracy: the survival of democracy, he wrote, "depends on the ability of large numbers of people to make realistic choices in the light of adequate information. A dictatorship, on the other hand, maintains itself by censoring or distorting the facts."

Would that apply to abortion clinics that mislead their clients about the "products of conception" and deny them "adequate information"? But Huxley did not mention abortion—not even in his chapter titled "Over-Population." He thought it was "a pretty safe bet" that "twenty years from now, all the world's over-populated and under-developed countries will be under some form of totalitarian rule—probably by the Communist party." Perhaps he thought that abortion was just too *drastic* a solution to the "threat" of over-population; perhaps he didn't dare write about it. His readers would have been repelled? Would he be surprised to learn that killing pre-born babies became legal just ten years after his death?

Although Huxley doesn't specifically mention the right to, or the value of, human life, he does value human individuality:

> In the course of evolution nature has gone to endless trouble to see that every individual is unlike every other individual. We reproduce our kind by bringing the father's genes into contact with the mother's. These hereditary factors may be combined in an almost infinite number of ways. Physically and mentally, each one of us is unique.

And he goes on to say: "Any culture which, in the interests of efficiency or in the name of some political or religious dogma, seeks to standardize the human individual, commits an outrage against man's biological nature."

What we seem to be heading for now, though, is not "standardization" but *selection*. Sex selection, for example, is already available from certain unlicensed clinics in the United Kingdom: sperm is divided into X carriers (girl producers) and Y carriers (boy producers) prior to fertilization. An Oxford philosopher, Johnathon Glover, imagines a supermarket of the future in which prospective parents peruse eye-color, height and intelligence charts before deciding how talented they could *afford* to make their little Johnny. (Or Joanie—whichever they preferred. Or twins.) Did they want an intellectual or an athlete? If they had enough money, Johnny or Joanie could be both academically brilliant *and* athletically Olympic-class. In Huxley's "nightmare" scenario, "eugenics and dysgenics were practiced systematically." Johnny or Joanie—Alphas, of course—could have a few Deltas or Epsilons vegetating somewhere for spare parts in case of accidents; the parents would have some of these programmed to handle routine things at home and office, thereby freeing them to further their children's brilliant careers.

Not to worry, though—the authors of *Making Babies* don't think there is cause for alarm. They write:

> Advances in biotechnology alone will not plunge us irrevocably into the depths of Huxley's nightmare. A technology is only a tool. How a society chooses to use a tool will be influenced by the characteristics of the society in question.

So: What *of* our "society?" Here at home in the United States, abortion mills grind away to produce 1.6 million dead babies a year. That's one every 20 seconds.

And in New York City, some *born* babies are shaken or beaten to death by their fathers or by their mothers' boyfriends because the relationship had "soured" or because the baby wouldn't stop crying. A few days ago a two-year-old girl was put by her aunt into a tub of scalding water because the child had wet her pants: she died a few days later. Teenage girls give birth in secret and then toss the newborn into a dumpster or—in a bizarre case—into the

backyard of the house next door. A man filled with "black rage" kills six and wounds 19 commuters on the Long Island Railroad. Deranged individuals push people onto subway tracks. A gang of Brooklyn teens—the youngest only 14—rob bodegas, killing three shopowners after they'd already handed over their money; a 16-year-old Bronx boy fatally shoots his best friend in the head, telling cops he didn't want to ruin the victim's leather jacket. An elderly, disabled woman is murdered by the "nice boy" who did her shopping and ran her errands. A bus driver begs for his life as a robber points a gun at him; his accomplice yells for blood. The driver (who survived) says: "The guy was screaming 'shoot him, shoot him! I wanna see some brains!' " And in what is described as "a disturbing new trend," young assailants slash the faces of pretty girls simply to leave a scar.

(It's not just in New York: in Virginia Beach a large group of teenagers—on a religious retreat—frequent the gift shop of a prestigious hotel where a friend of mine works. She tells me that the kids kept coming in to buy Alka-Seltzer. Had they all got indigestion, she finally asked? No, the Alka-Seltzer was for the sea gulls. They'd ingest the tablets, drink some water, and would then *explode*. The kids said it was fun to watch.)

KIDS WITHOUT CONSCIENCE was the headline over a story by Patrice O'Shaughnessy in the New York *Daily News* (on Sunday, March 13). "For reasons sociological, psychological or pathological," O'Shaughnessy writes, "children not only commit a larger proportion of crime than they did 20 years ago, but many kill, assault and hurt just for fun." She gives statistics: the felony arrest rate for 15 to 19-year-olds went from 39 per thousand in 1970 to 62 per thousand in 1992, and murder arrests of youths 15 to 19 tripled—from 116 in 1970 to 359 in 1992.

O'Shaughnessy quotes a John Jay College professor who is also a forensic psychologist: he says "I've interviewed countless adolescents after a crime has been committed who smile as they describe the events. They enjoyed seeing someone beg for mercy, plead for their life." The chief of the Family Court Division of the City Law Department says "This is the future of New York City, and it doesn't look good . . . What was fiction, a scary movie like 'Clockwork Orange,' is no longer fiction." Also quoted is the director of clinical services for Family Court mental health services, who says "The primary factor is that these children have failed to achieve a recognition of the humanity of others, even of their own humanity. This makes them a lost

generation . . . But in a sense all of us are a part of this . . . a society in which so many lack a sense of humanity cannot sustain itself."

In a "good society" the law teaches, and sets limits. In the United States our law "teaches" that the unborn can be killed and—in reality—sets no limits. So how are those who grow up in a pro-abortion climate supposed to have "a sense of humanity"?

Every adult knows that crime is now a major problem. But what of adults themselves in our society? In the aftermath of the Nancy Kerrigan/Tonya Harding soap opera (to which I'll admit I was glued), a record-breaking number of television watchers tuned in to see Roseanne Arnold execute her (media-hyped) Lesbian Kiss. And NAMBLA, the North American Man/Boy Love Association, held a recent screening of a "documentary" about "Men Who Love Boys." This is an "offering" under the auspices of "the first New York Underground Film Festival" and the movie's director says he made it "to look at the taboo subject at a time when sexual permissiveness has come into conflict with forces eager to return to traditional morality." "To look at the taboo subject"—what sort of "look," and why isn't *taboo* in quotes, since obviously the documentary's message is that NAMBLA-type "sexual permissiveness" should *not* be taboo?

As for "traditional morality"—well, that *is* on the Taboo List of Shere Hite, the self-described cultural historian who causes a stir every few years with her "Hite Reports." The feminist sex-researcher's latest publication is "The Hite Report on the Family: Growing up under Patriarchy," which claims that the traditional two-parent family is outdated, authoritarian, and the cradle of many of society's injustices: it is a structure not worth saving. The "holy family" model of Jesus, Mary and Joseph, she says, is "an essentially repressive one, teaching authoritarian psychological patterns and a belief in the unchanging rightness of male power." She asks "How can there be a successful democracy in public life if there is an authoritarian model in private life?" The Washington *Times* ("American feminist can't wait for end of 2-parent family," Feb. 19) reports that "Miss Hite argues that a family can be made up of any combination of people—heterosexual or homosexual—who share their lives in an intimate way."

The book has been published in England and the Netherlands, but Hite's American publisher (Dutton) has delayed its release "indefinitely" for "editorial reasons." Insiders speculate that it's just too "dicey."

Edinburgh University's Roger Godsen, the leader of the team that's pioneering the ovarian-transplant business, is having problems too: he says that the research had been suspended a year ago because of its "controversial nature." "Of course," he said, "those who are opposed to abortion will not accept that any use of the foetus is permissible, but if as a country we believe abortion is permissible in certain circumstances, there is surely a case for using the material to benefit others." (When the Jews were being incinerated, wouldn't it have been a sinful waste not to use their hair and gold dental fillings? The Nazis did. And a German scientist, Dr. Julius Hallevorder, at a hearing before a scheduled mass execution, stated: "If you are going to kill all these people, at least take the brains out so the material could be utilized.") One thing that might possibly surprise Aldous Huxley is *our* surprise. Couldn't we see where we were heading? (Gina Kolata quotes Dr. Arthur Caplan as saying "I never thought that technology would throw the American public into a kind of philosophical angst, but that's what's going on here.") And shouldn't *we* be surprised by our own naive faith in Public Opinion as a force to draw the line? Surely "they" couldn't wantonly go ahead with all these experiments when we—as well as some "experts"—are yelling *Stop*!

Yet we who are parents know that yelling *Stop*! doesn't always prevent the kids from doing whatever they oughtn't to be doing: most likely they'll just go somewhere else to do it. Behind the scenes, as it were. So do we know what's going on behind the curtains of this present bio-tech scenario? For one thing, it seems that new frontiers have been opened for the National Institutes of Health. Congress and President Clinton have given NIH a "broad mandate" to decide whether to *fund* experiments in human *in vitro* fertilization, and in late January the NIH announced what it will *do* with that mandate. It will begin funding research into aspects of *in vitro* that are part of "the normal course of medical practice," but with the help of a newly-appointed Human Embryo Research Panel, it will also consider funding experiments on human embryos produced in the lab: experiments that would be technically impossible or legally forbidden for embryos in the wombs of their mothers.

At its first meeting in early February, this new panel announced that it has already received about 40 grant proposals for embryo experiments. (Said one panelist: "These are the sorts of things that nightmares are made of.")

Besides fetal ovary transfer (which some British critics call "babies from the dead") other proposals include: work on parthenogenesis (in which an egg would be developed into an embryo not by sperm but "by experimental means") and ectogenesis (in which an embryo is brought through all developmental stages to infancy completely in the laboratory—as in *Brave New World.*) The latter raises some frightening possibilities: federal regulations forbid destructive experiments on embryos once they are implanted in the mother's womb (in spy lingo, a "safe House"). But as long as the embryo is *outside* that sanctioned space, how far in its development it may go is up to the lab experts. A lab-grown child would not be protected as "a human subject" in federal regulations, because it had never been implanted, and therefore never *born*: and *therefore* that child could not become "a legal person" since the Supreme Court's *Roe v. Wade* decision equates "personhood" with being "born."

Just think: researchers could produce a whole *generation* of adult humans who never had a right to live, and who could never be protected from harmful research. It sounds preposterous, but isn't it logical?

One NIH panelist asked if there were *any* "generally understood limits" on embryo experimentation that they could take as an ethical starting point—"for example, that you don't create human chimeras" (beings that are half human, half animal). But the panelists did not agree on *any* limits.

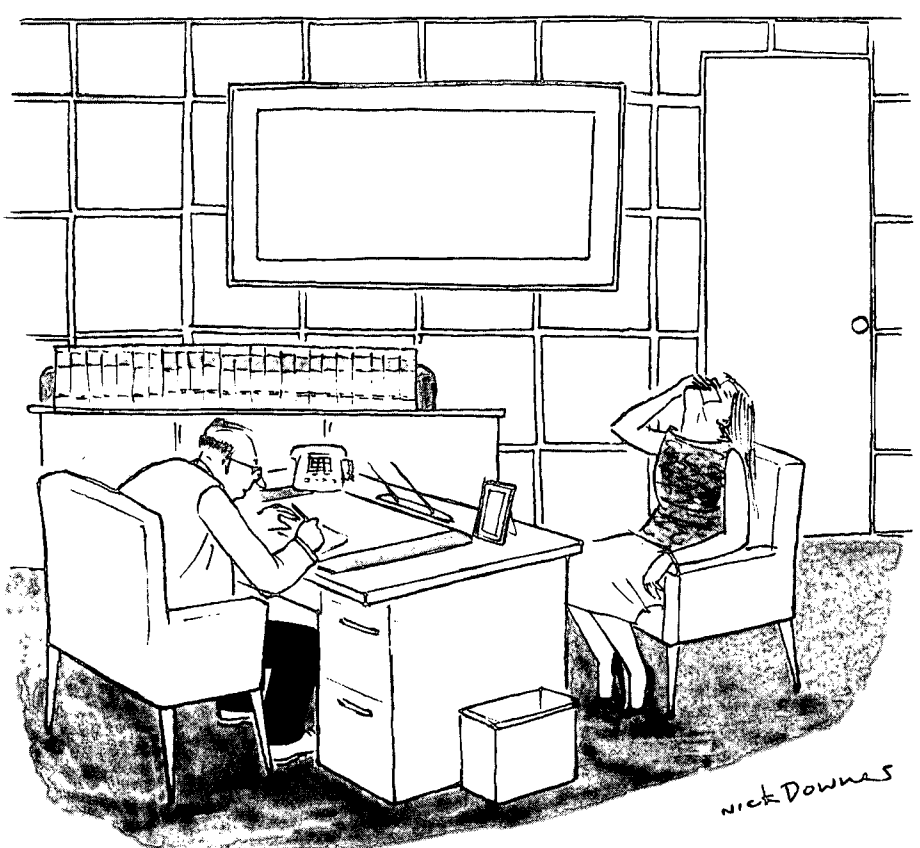
* * * * *

"At the centenary of his birth, Aldous Huxley's influence still grows," announced the London *Sunday Times* (Jan. 2) in a feature article titled "This ever brave new world." States the *Times*: "There have been other prophetic fictions; none matches Huxley's for sheer wit, pace, intelligence and energy. It is also uncannily accurate."

If Huxley reappeared now, he might well admit to one very large surprise—something he wouldn't have predicted—that his death would go virtually unnoticed on the day it happened. It was not announced on the radio, nor did it make the newspapers' front pages the following day; Huxley died on November 22, 1963, the day John F. Kennedy was assassinated. (Pity the brides whose wedding write-ups were scheduled for Pearl Harbor Sunday!) Another famed writer died on that day in 1963: C.S. Lewis, who—half a century ago—had warned against a scientific "conquest of nature" that would turn

its attention to conquering *human* nature. If we begin treating some classes of humanity as "raw material" for the experiments of a scientific elite that has lost its moral focus, Lewis said, our final conquest could amount to "the abolition of man." Could that happen? And, if so, how soon? Huxley wrote (in 1946): "In 1931, when *Brave New World* was being written, I was convinced that there was still plenty of time . . ."

I bet Huxley would want to revise *that* today.



'I'm taking you off five-inch heels.'

THE SPECTATOR 27 June 1992

Going Far Enough

Ellen Wilson Fielding

"[Abortion] is only about, must only be about, those early months when a newly pregnant woman considers her *life,* her *needs,* her *game plan and decides whether or not to become a mother. It is a period of tremendous power that some find unbearable."*

"The dark side of Roe v. Wade *is a reminder that no life is cheaply bought. In this case, the life is unquestionably the woman's."*

—Nora Johnson, from the New York *Times Sunday Magazine* "Hers" column "Whose Life Is It?" (Jan. 23, 1994)

A few generations ago, someone who shoved aside the health, life or well-being of another person in favor of his own might try to justify it in Nietzschean terms. The exceptional man or woman is not bound by the ethical norms of lesser mortals. The masses require a common law to conform to, to keep them productive and in order. But those more highly endowed with will and intellect might walk all over the masses—in fact, must do so—to fulfill their destiny. It wasn't a compassionate or endearing philosophy, but had the virtue of confining its ill effects to those with hubris and imagination enough to consider themselves exceptional.

But America is an inexorable leveler, and egalitarianism is our god. Modern public morality, as it appears in self-help books, television talk shows and mass magazines, long ago democratized Nietzsche by claiming for perfectly ordinary people the right to sacrifice others to their needs. The excuse of the great artist or scientist who deserted his family went something like this: "I am not like the rest of you. I have a duty to my art/science. The world will be the poorer if I sacrifice myself and my career on the altar of bourgeois morality and middle-class notions of marital fidelity."

Nowadays, the Great Man's privilege has been extended to his grocer, dry cleaner, dentist, accountant and landlord. We all have the right—the duty—to be happy, or "self-fulfilled," as we say now when we want to elevate a preference to a moral imperative.

Ellen Wilson Fielding, our sometime contributing editor and author of *An Even Dozen* (Human Life Press), writes from Davidsonville, Maryland, where she lives with her husband and four children.

Michelangelo was fulfilled by painting the ceiling of the Sistine Chapel. Your neighbor may be fulfilled by dropping off her baby at day care on the way to a job as a middle-level bureaucrat.

But there is a more venerable tradition of moral thinking that also places Michelangelo and your neighbor on the same moral footing. Traditional morality denies a preeminent right to self-fulfillment to all creatures, great and small. Duties and prohibitions against doing evil that good may come of it apply to all of us. Self-fulfillment is merely a modern euphemism for having one's way, and at any given moment, for any person, what one wants may be good or bad, permitted or forbidden.

When Nora Johnson justifies her 1950s abortion by writing that "an unwanted baby finished your life anyway," what consequences are we encouraged to imagine? The stepping stones to a brilliant career toppling like blocks in a castle knocked over by a clumsy toddler? An education cut off, a series of dead-end and low-paying jobs, a typewriter, heavy with dust, neglected in the corner of a shabby apartment? A line of potential suitors slinking away at the thought of taking on a ready-made family? A bruised or broken marriage? Moving in with Mom?

Ms. Johnson's decision not to have that baby seems to have marred her life in a different way. By failing to push past her fears and pain, she has blinded herself to the effects of her actions on another human being. "My life is finished"—that is not the hard-bought judgment of a woman faced with a critical turning point but the exaggerated rhetoric of a self-absorbed teenager passed over for the prom.

C. S. Lewis writes that for those we truly love we do not seek happiness at any cost; we would rather they suffer unhappiness than be happy "in base and contemptible modes." That is why, throughout childhood and adolescence, we counter rudeness, unkindness, lying, pilfering, irresponsibility and the like in our children.

With abortion, the stakes are even higher because of the finality of death. The special burden a mother or sister or friend undergoes when a woman decides to abort her child is the knowledge that either the loved one will be morally stunted or she will awake to what she has done and suffer the anguish of intense regret. The mother or sister or friend who understands what is at stake will hope for the second possibility, however much she may shrink from the beloved's pain.

I am often impatient of women who proclaim themselves pro-choice while congratulating themselves on such exquisite sensibilities that they, in Ms. Johnson's contemptuous words, "brood on being selfish." When such sentiments are uttered proudly and complacently, as evidence of the speaker's ability to handle moral complexity, they seem luxuriously self-centered. And yet, sometimes they are spoken anxiously, sometimes they are the first signs of a splintering of the pro-choice fairy tale, like cracks on the surface of an iced-over pond toward the close of winter.

Unlike the younger women she describes, Ms. Johnson shows no such cracks. She is at once more honest and more chilling ("you'd gotten out of the worst mess of your life and you were joyous"; "The fetus? *Yuk* would have been our response. Out with it!"; "Abortion is not what nature intended, but neither is bypass surgery."). There is something surgeonlike about her ruthless ability to thrust aside thoughts and sensations that might sap her nerve. A surgeon must learn to depersonalize and objectify early on, lest squeamishness about the mutilation he causes by rib-sawing and organ-hacking frustrate the great good of saving lives and restoring health.

But for Ms. Johnson, the only life at stake is the mother's ("no life is cheaply bought. In this case, the life is unquestionably the woman's"). This is not to say that she shows any evidence of considering the possibility that her unborn baby's rights might take precedence over her intense desire not to give birth. In her words, to peer too deeply into these matters is to show a kind of sentimentality that "those of us of a certain age" regret seeing in "our daughters, nieces and neighbors' daughters, for whose freedom we fought along with our own." (Of course, the daughters, nieces and neighbors' daughters she has in mind are those left untouched by the scalpel while siblings succumbed to their mothers' thirst for freedom.)

Ms. Johnson notes, correctly, that it is more difficult for her children's generation to ignore the growing life in the womb because of the modern technology of sonograms. But keeping to her Old Soldier point of view, she does not question whether the pictures the sonogram shows tell the truth or subtly lie; in either case the image from within is a traitor against its mother (and grandmother), causing "confusion over abortion," calling into question the decisions of an earlier generation which "hung over the abyss."

For women who are pregnant against their will, being inhabited

by an unwanted baby may be harder to accept than being the mother of an unwanted child. When lawyers and judges locate the abortion right in the right to privacy, they are making bad law but following good psychology.

It is the invasion of space—of bodily space, crowding the womb, pushing it out of shape, out of the mother's recognition of what her body has always looked like, that upsets and panics her. And this conceived life also invades her conceptions of her own life—her goals and daydreams, her Five Year Plans—undermining her sense of control and her fundamental belief that she can choose whom to love and care for. I can well imagine the (self-inflicted, but just as real for all that) torture a woman feels being inhabited by someone she has rejected. She must long to say "Get out of here!" the way she would to a roommate, a lover, a husband.

Ms. Johnson's refusal to countenance the hesitations and murmured doubts of what she sees as a less doctrinaire generation of pro-abortionists has such a tone. Why don't these women do as she did and just get rid of it, resuming life uncomplicated by an intimate interloper? The baby is not truly gone if it lives on as a poignant regret. It must be disposed of ("Out with it!") in every sense. It is a misconception—worse than a crime, a blunder. If she weeps a little, it is "over the relationship [with the father, needless to say], or your own foolishness."

Of course she propagates the mythology of pro-lifers who hate sex and want to punish "bad girls" with babies. It is for this reason, she writes, that rape and incest exceptions are permitted. It is difficult not to lose patience with what can most charitably be called willful blindness. Someone who guards abortion rights as zealously as Ms. Johnson must be aware that pro-lifers regret every abortion, believing each one snuffs out a human life. Laws with rape and incest exceptions were and are concessions to that intermediate mass of Americans fought over by both sides, the uneasy middle who concede the moral distastefulness of abortion in general but do not want to dictate to others in hard cases.

No anti-abortionist I have met sneers at the teenager or college girl or young woman who finds herself alone, unmarried or deserted and pregnant. These are just the people who turn up by the thousands at crisis pregnancy centers across the nation to be supported, encouraged and assisted even after their babies are born. Those who volunteer at these centers love babies, but they love the desperate young girls

and women too. I have heard too many speak with great tenderness and compassion of this or that girl's plight to be deluded by Nora Johnson's charges.

Why do pro-abortionists refuse to give pro-lifers credit at least for helping those who want to be helped? It is not as though we kidnap these girls and hold them hostage for nine months. Perhaps a woman deciding to abort an unwanted baby feels her pregnancy does just that. "An unwanted baby finished your life anyway," declares Ms. Johnson, but all those who choose differently, and all who belatedly realize that a long-ago abortion was a terrible mistake, line up to contradict her.

The more women who are helped through extremely difficult situations during and after their pregnancies, the more evidence against flat assertions that abortion is the obvious answer to a "problem pregnancy": "what seemed so wonderfully pure and simple on the day of *Roe v. Wade* has become clouded with qualifications, conditions, metaphysical contortions." They are a rebuke, those women who make at great cost a decision which may drastically remodel cherished dreams of the future.

Sometimes our dreams for the future are like the experience of falling in love. Intensity of feeling does not tell us whether that feeling is lasting or temporary, right or wrong. It just tells us what we want and how badly we want it. The child who is never born because his mother could not bear to strain and perhaps break her relationship with his father might have shown greater love and loyalty toward his mother than anyone else in her life. The career that appeared so crucial may, six or eight years down the road, become a treadmill that is happily exchanged for another pregnancy. Cheerless prospects can change over nine months, just as bright prospects may dim.

Our feelings, insofar as they merely register preferences considered apart from moral reasoning, cannot be trusted to do what they were never meant to do. Feelings of guilt tell us we are violating moral guidelines we at least vestigially respect. But even they must be justified by something outside themselves, or they become no more than superstition or scrupulosity. And feelings of pleasure or pain, anticipation or dread, passion or fear cannot claim moral rights.

But feelings are often treated as moral arbiters. Our society has traveled from pluralism to moral relativism because we shrink from arguments from first principles; they are divisive; they seem rude

and exclusionary. "I feel" has replaced "I think," because it seems less arrogant and less absolute. "I feel that two plus two equals four." "Really? I feel the same way."

Feelings are an important part of the philosophy of self-fulfillment; they are the measure of self-fulfillment. The husband who deserts spouse and children for freedom, peace and quiet is seeking fulfillment. The mother who says "I would go crazy if I spent all day with my baby" as she delivers him to day care is seeking fulfillment from her job.

Nora Johnson seeks to counter the younger generation's expressions of disquiet about abortions that do not fall into the category of hard cases by suggesting that they show emotional weakness. By contrast she and her generation are portrayed as unsentimental realists, people who faced facts and did what had to be done: "an unwanted baby finished your life anyway (and still can)"; "Anyway, abortion is birth control, and so what?"

But the younger women are the ones who, according to the article, actually think about whether abortion is right or wrong. "The idea fills their eyes with doubt. It's a tough call, they say. It's a Life. It would depend . . ." They may be fumbling with conflicting feelings, but those feelings are attached to real ideas, and real arguments, and this gives me hope that they may someday burst free of the self-referential prison of "If it feels good, do it."

Ms. Johnson's arguments are the ones actually based on emotion. They are not hardheaded but hardhearted. They are grounded in a kind of self-interest, but not the kind concerned with piercing through false ideas of where our interest lies. She chooses between relief or dread, joy or sorrow, feelings of imprisonment and feelings of freedom: "you'd gotten out of the worst mess of your life and were joyous"; "Probably fewer tears were shed over fetuses than Jo March shed over selling her hair."

Ms. Johnson insists that the newly pregnant woman should consider "*her* life, *her* needs, *her* game plan" and decide on that basis whether "to become a mother." But her imaginary woman is given no equipment for making this decision. Would any possible rationale be acceptable, as long as it was hers? Would aborting a child because it was a girl be all right? On what basis would this imaginary woman sacrifice others to her game plan? Would such a sacrifice ever be immoral? (Remember, Ms. Johnson is not primarily worried about the erosion of abortion rights in this article; her second-generation women assume an abortion right, but seem to be arguing only about the morality

of taking advantage of it in specific circumstances.)

Under what conditions would it be right to sacrifice her game plan for others? Where do aged parents, or children already born, or a handicapped husband fit into the picture? How do we decide which wants are truly needs, and which usually legitimate needs must be relinquished at a time of crisis for others? Is there, for example, a need for integrity that might triumph over a need for passion or a high standard of living? I imagine that Ms. Johnson has often, in her own life, failed to live down to her philosophy; at least, I certainly hope so.

Ms. Johnson's article is short, and we couldn't expect anything like a watertight explication of her point of view in the space provided. But it would be reassuring to see some recognition that some more rigorous standard than she has mentioned should apply to the decision to abort a child—if not legally, then at least morally. Unfortunately, all we are given is a conjugation: I want; you want; he, she, it wants.

Nora Johnson's article was published in the New York *Times* "Hers" column. Let's consider why it appeared there. One reason is obvious. Women undergo abortions. Men can only provoke, perform, or oppose them. Ms. Johnson celebrates a woman's opportunity to thwart biology and achieve her chosen destiny, a destiny that fulfills her by definition, because it is chosen.

But to complete the picture one might imagine two other columns. One would be written by the Chinese woman Steven Mosher has written about, who was both a victim and enforcer of her country's mandatory population control policies. She was forced to abort her own child, and later, as overseer of local reproductive quotas, strong-armed other women, including a friend, into abortions. She unexpectedly became pregnant while in the United States with her husband, and the authorities back home insisted that she abort the child. She and her husband were determined to let the pregnancy go full term. After a long battle she achieved political asylum here, at the cost of separation from relatives and friends, and continuing guilt over the role she once played.

The other column would appear on the "About Men" page that alternates with the "Hers" column, and it would recount the "choices" Ms. Johnson's male counterpart had made in search of fulfillment and independence. He might have dumped a pregnant girlfriend who refused to have an abortion, or a wife approaching middle age who

no longer excited him. Like Nora Johnson, he could say "An unwanted baby finished your life anyway," and insist on consulting only "[his] life, [his] needs, [his] game plan." Alas, some people would consider him selfish, but that's O.K.: "No life is cheaply bought."

Why do the champions of choice always claim that they have no choice in the decisions they make? One reason is that true choice is impossible for those who let their feelings dictate their choices. If you must do what you want and you want X, then X is what you will "choose" to do. Of course, you may change your mind (or your desires) and want Y next time, but then you are just as determined to do Y.

Only those who have some means of decision apart from feelings and inclinations can make choices, for only then can you decide which feelings to gratify and which to deny. Those who allow themselves to be led along the path of least resistance are enslaved and not free.

"I couldn't help it," "I was frightened," "I couldn't bear to lose him," "I had worked so hard, and couldn't bear to give it all up," "my parents would have killed me," "I couldn't handle a handicapped child," "I wanted to finish college"—these are offered as explanations, where once they would have been confessions of weakness. The weakness may be understandable, the situation may warrant help and sympathy. But the one comfort that cannot be truthfully offered to a woman who realizes what has really taken place when she has an abortion is "there, there, it's all right." It's not all right, and she knows it. She can be loved and forgiven by God and those around her, but some decisions cannot wholly be called back.

A human being once existed under a woman's special protection, and she cut off its life for what seemed like good reasons, doing evil that good might come of it, and deluding herself that it wasn't evil after all. The first step to healing is to see reality, to understand the truth of what one has done. People who hallucinate are sick; people who are well see what is there. The hallucination may be prettier or more comforting than reality; it cannot be truer.

It's a free country, as Nora Johnson might say, but how much does going your own way in life do for you? How much does it teach you (aside from the opportunity, not always accepted, to learn from your mistakes)? How much of the earth's wisdom can be expected to emerge from one human brain given full throttle to follow its prejudices and preconceptions and inherent dispositions?

Even from the selfish point of view there is a lot to be said for placing oneself in an objective moral framework in which one's ideas, inclinations and activities can be judged against outside standards and pruned to accommodate the requirements of other people. Ms. Johnson and her peers "saved themselves" from a commitment to a human being they had not chosen. Years later they are petrified in egotism, still defending themselves from self-made charges of being the "bad girls" who go too far in the back of a boyfriend's car. But in the matter of moral maturity, they haven't gone nearly far enough.

'And try to keep it out of the reach of children.'

THE SPECTATOR 23 May 1992

Just Say "Off"

William Murchison

My friends the Smiths, Murray and Pat, had the intestinal fortitude years ago to strike an unfashionable blow for Western Civilization. They got rid of the TV. Or, rather, they hid it in the closet. It came to nearly the same thing.

If an event of international consequence was scheduled—an event on which television was uniquely suited to eavesdrop—out of its captivity the set could emerge. But for that purpose only. Its work done, its social mission fulfilled, the TV was sent back whence it came. The closet door slammed. No soap operas, no sit-coms, no talk shows, no blood-and-thunder police sagas, only peace, blessed peace.

The Smiths were in part behaving pragmatically. Their brood of intelligent, well-behaved children was subject to unseemly squabbles over choice of program. I reiterate that this was some years ago, before a TV in Every Bedroom became an American right—certain to be proclaimed as such, one of these days, by the American Civil Liberties Union. As the Smiths saw it, if one TV was disruptive, a houseful would only multiply the disruption. This was saying nothing of the cultural disruptions that occurred every time a series thumbed its nose at those fundamental convictions the Smiths held dear.

The stratagem worked. The Smith children, after some anxious times initially, adapted well to the new household regimen. All, when at home, found other occupations, such as talking to each other. All have turned out wonderfully well. The Smith children are bright, well-mannered, and pleasant. One is to be ordained later this year to the Episcopal priesthood.

Stories like the Smiths', rare at one time, are increasingly common today. Not general, mind you (or likely ever to become so)—just common enough to excite mention. This is for good reason. Television becomes increasingly anti-social.

This is no new complaint. We have wrung our hands over television (the great "wasteland," as a Kennedy-era Federal Communications Commissioner called it) virtually since Jackie Gleason was expatiating on the size of his mouth. It was common 30 or so years ago to refer to a television set as "the idiot box."

William Murchison, our contributing editor, is a columnist for the Dallas *Morning News*, and is syndicated nationally.

One wonders whether there is anything new to say about a piece of furniture that talks. Possibly not, the essential points having been made in time past: TV 1) wastes valuable time, 2) deadens the intellectual faculties, 3) normalizes the abnormal. So do most modern movies, but to see a movie you have to leave the house and fork over a fistful of hard cash. To watch television you merely flick a button on a remote control device. TV is automatic diversion and, for that reason, all the more consequential.

Recently, Pope John Paul II called television a major threat to family life, "degrading values and models of behavior by broadcasting pornography and graphic depictions of brutal violence." The pontiff urged parents simply to "turn the set off"—advice from which Murray and Pat Smith, devout Episcopalians, would hardly dissent.

A new study by the Alexandria, Virginia-based Media Research Center finds religion generally ignored in standard TV programming and generally denigrated in news coverage.

Kenneth R. Clark, in the Chicago *Tribune*, asserts that when it comes to presenting family life, "the medium has hit an historic low in potentially destructive distortion." Not so much because of family sit-coms like "Roseanne" as on account of made-for-TV movies like the trio of films—one per major network—that celebrated the trial and tribulations of Amy Fisher and Joey Buttafuoco. (See—an article in a high-minded journal like this one doesn't have to explain these characters' identities: which shows you the extraordinary reach of TV culture in our time.)

"We're going straight to hell," says a University of Illinois professor who studies the TV problem. Coming next: movies on the John Bobbitt and Tonya Harding/Jeff Gillooly families. One can hardly wait for the next round of knife and, um, sex organ jokes.

Such alarums and excursions have a point. Imagine the Jones family (certainly not the Smith family) gathered around the box. Mom, who is the man beating up the lady? Dad, what is that lady doing with the knife? Dad, what is that she's cutting?

Welcome to "Family Life in the Nineties," brought to you by your favorite networks and your old standby purveyors of soft drinks and hair-care products. It cannot be said often enough that what is seen often enough—certainly without prompt contradiction from authoritative sources—comes to seem normal; part of the order of things, like flies at a picnic. This hardly bodes well for the future.

Do we wish Lorena Bobbitt to seem normal?

But she may in due course. Liberal social values of every sort find validation on the Box, and a measure of protection as well. When Vice President Dan Quayle mildly rebuked the television show "Murphy Brown" for a favorable portrayal of illegitimacy, he outraged more than the producers. The industry, and its claque in the news media, came at Quayle, knives drawn. Down with the bigot! The very idea—questioning a Valid Lifestyle Choice!

But we have to ask: Where does all this really come from? A box made of faux walnut, with wires coming out of it? That would be giving a machine extraordinary credit for persuasiveness when in fact no machine has any more power than its users confer on it. A TV, silent and unplugged in the Smith family closet, is no threat to anybody. Wheeled out, plugged in, turned on, the set becomes a force. We have to ask, why do people let TV have its way with them? Only one answer makes sense: They enjoy it when TV has its way with them.

It is like the bumper sticker we used to see on the cars of gun control opponents: "Guns don't kill people; people kill people." The gun is a tool. TV is a tool. The murder rate is high because people, frankly, are much less reluctant to kill others than was the case even 20 years ago. TV is bad and damaging because people enjoy—or at the very least subject themselves to—bad and damaging TV.

Television shows us what we want, or expect, to see. It has to, by virtue of marketplace necessities. If it showed us anything else, TV would relegate itself to triviality. No one would notice its importunities—or patronize its advertisers.

What makes these considerations all the more troubling is that TV is the ultimate democratic medium. There are no criteria for admittance, as with books, which require basic literacy. Anyone can look at TV. Virtually everyone can own his own set. The cheapest black and white, South Korean-made models are around $59; used sets can be had more cheaply still. TV requires no particular attention. The viewer can "channel surf" through a seemingly limitless range of possibilities—a range, at that, destined to expand almost incomprehensibly if dismal predictions of 500 channels should come true.

So here is what we, the people, watch: steamy soap operas, true-confession talk shows, sex comedies, cop slop, "reality-based" movies about teen-aged nymphets and their middle-aged lovers. Every night, a democratic referendum: Here's what we like, give us more.

The producers oblige. As do supermarkets whose dogfood or whisk brooms sell out regularly. Sales are signals to the marketplace: More, give us more! Only a dull-witted—or, in TV's case, extraordinarily principled—merchant will refuse such a plea.

The question becomes: What has happened? It wasn't formerly so. In the late 1950s, for instance, when Amy was but a distant gleam in Mr. Fisher's eye, cowboys, comedies, and quiz shows held sway on television. "The Mickey Mouse Club" and "American Bandstand," rather than Oprah and Montel, ruled the afternoons. The paradigms of family life were "Ozzie and Harriet" and "Father Knows Best." How painfully naive it sounds in retrospect—so saccharine as to set the teeth on edge.

Yet TV then, as now, merely incorporated and displayed the values of the people who looked in: not so large an audience in the '50s as it has become but representative all the same. These were people who believed by and large—the only way one can characterize the beliefs of a diverse people—in the traditional mores: family, patriotism, honesty, hard work, the duty of religious observance. "Roseanne," if offered in 1959, would have been met with stares of incomprehension, then cries of outrage.

The 1960s changed America and, with America, its chief instrument of mass communication. TV is different because *we* are different. Former Education Secretary William J. Bennett's *Index of Leading Cultural Indicators*, with awful clarity, shows us the differences: a crime rate more than four times higher in 1992 than in 1960, a 400 percent increase in illegitimate births since 1960, a divorce rate twice as high now as then, and a marriage rate 25 percent lower. And so on.

Today the stares of incomprehension would more likely greet any new program modeled along old-fashioned lines ("Father Still Knows Best," for instance?). We do not have to like today's culture. We would have to be moral idiots, in fact, if we did like it. We merely have to recognize what it is that modern television communicates—namely, values subscribed to, or acquiesced in, by a society that in alarming degree has forgotten the old standards of worth.

To which act of oblivion TV has made its unique contribution. Oddly perhaps for a popular medium, TV is controlled today by an elite. This elite, as studies have demonstrated, is much more liberal, especially on social questions, than the people as a whole. These

are people likewise who know what they are about. With the most powerful communications medium in world history at their command, are they going to affirm values they fail to cherish? Pretty clearly they don't.

In *Watching America: What Television Tells Us About Our Lives*, Stanley Rothman and Robert S. and Linda Lichter note that the old apolitical environment TV used to inhabit is no more. Whereas "television started as an agent of social control," it has become "an agent of social change. Once the servant of the status quo, it now fosters populist suspicions of traditional mores and institutions. A medium that originally helped legitimize authority today tries to demystify it."

Rothman and the Lichters note that "the fictional world of prime time can be sharply at odds with public sentiment." The producers are preaching, that is—showing us how they'd like things to be, or, alternatively, not be.

Of course they count on a certain kind of audience, acquiescent, if not thoroughly delighted with what they see. By and large, to judge from the immense size of the viewing audience, viewers make their peace with The Box. If its values differ from those an individual viewer would affirm, still (the viewer may reason) there are plenty of other reasons to watch, such as TV's technical excellence, its variety and color; the news, the sports, the weather; or, if you get down to it, a lack of more appealing alternatives. (Reading, in the post-literate age, appeals as an alternative to steadily diminishing numbers.) Often enough frazzled families simply hand over their children to TV's inexpensive oversight. Go watch Barney, darling. Go watch Sesame Street. Go learn your letters—and your politics.

Relatively few Smith families remain at large, thumbing their noses at these varied blandishments. This proves to the producers that they are doing merely what the customers want. So they do more of it.

Look at the friction over "NYPD Blue." When publicized prior to its debut, the program excited controversy: It might be realistic, in terms of how it depicted big-city cops, but, as the TV critics reported, there was R-rated language and sex. In the family living room? Yes, in the living room. Not every viewer enjoys such a prospect. Various stations refused to carry the show; however, the great majority went along, and the program proved highly popular, not just with viewers but also critics.

In latter years, so-called TV "vigilantes" have mobilized themselves against the Box and its baneful effects. Action for Children's Television, led by the redoubtable Peggy Charren, campaigns for better viewing fare. (That parents, Smith-like, might wheel their sets into the nearest closet, rather than afford Johnny and Susie unrestricted access to the Box, seems a fanciful notion to the clean-it-up set. Alas, this perception probably is right.) The Rev. Donald Wildmon, of the American Family Association, has launched advertiser boycotts, not without a certain effect.

More strikingly, a Fort Worth, Tex., dentist, Dr. Richard Neill, campaigned against the infamous "Donahue" show, with its rhapsodic transsexuals and defiant sado-masochists: the whole enterprise bracketed by Donahue's whines and groanings about what terrible wrongs the Roman Catholic Church had inflicted on him.

Neill wanted this egregious piece of trash bagged and shifted from 9 a.m. to late night, a less likely viewing time for children. After the north Texas outlet, WFAA in Dallas, declined his request, Dr. Neill approached Donahue's sponsors with exasperated, and graphic, representations of the program content. About 200 sponsors, he says, pulled their ads from the show. WFAA—its eyes opened as if by magic—announced in due course it would decline to renew Donahue's contract in September, 1994.

A famous victory? Undoubtedly. Yet what good came of it at last?

The CBS outlet in Dallas announced it would pick up "Donahue" once ABC yielded up this juicy prize—just as a UHF station picked up "NYPD Blue" upon WFAA's refusal to take it from ABC. The commercial instinct triumphs again and again and again.

As of course it must. This is how our economy operates, nor would most Americans have it otherwise. What would we wish instead—votes by Bill Clinton's Federal Communications Commission as to program content? Clearly not. But consumer sovereignty thwarts the purposes of those who would scrub television clean, not to mention the movies—and rock concerts and Howard Stern's radio show and a host of kindred cultural plagues.

The Smith Solution, or something like it, is what we need—the outreached hand, wheeling away the television set, or perhaps no more than flicking the power knob to "off." This requires more than internal discipline. It requires a whole new way of looking at life.

A "new" way, did I say? An old way, I meant: the oldest. The cultural crisis in modern America is of a piece. A box with a glass

screen in the front, and wires trailing behind, is not the heart of the crisis. Something else is. Were there no cultural crisis, none of us would think twice about a TV. On those occasions we subsided before it, we would watch on Masterpiece Theater "The Life of St. Augustine," starring Sir Anthony Hopkins. It would have to do with repentance, confession, and renewal. Bill Bennett would replace Jay Leno. Donahue would retire to write his definitive treatise, "Me and the nuns," which no one would buy, thus causing the author to seek employment in some degraded place or other—possibly a journalism school.

That's if there were no cultural crisis. There is, of course. Television is no more than one of its many conduits—though all the more dangerous for its near-universal reach. TV demonstrates what is on the minds of, if not everyone, at least a vast and influential number. It is futile to think of the Smith Solution as enjoying much applicability outside families already alarmed over the cultural crisis. Boycotts are a way—an entirely proper one at that—of reminding advertisers and programmers that principled objectors to the spirit of the age remain at large. Cultural "vigilantes"—I use the word in a commendatory sense—may ward off worse than Donahue even if the worst they do to Donahue himself is force changes in the show's address. Moreover, gestures of this sort force the society that hears about them to stop and reassess, however briefly, some of its premises: such as the harmlessness of touting "alternative life styles" on television. Would it not be at least equally interesting, someone may ask, to have talk shows where successful married couples share their secrets? There is no telling where inspirations of that sort may lead. We need all we can get.

But mostly we need cultural change, both from the top and the bottom, joining and merging in the middle. It is a tall order. Cultural change means, among other things, desire for instruction as well as entertainment. TV, touted early in its history as the peerless educational tool, has become all circuses and no bread. Circuses are what viewers want, or anyway what they watch: football circuses, political circuses, quasi-pornographic circuses.

The desire for standards of a certain height and thickness—if such a desire existed generally—would drive off the air the worst of modern TV. There would not be many grungy people, talking and acting the way grungy people are generally believed to act. There would be,

let us say, nicer people, using words that didn't make old-fashioned people cover their ears. (A familiar four-letter word for the human posterior has become conventional on TV in latter times; though it sounds mild enough, compared with what is heard on "NYPD Blue.")

First, however, has to occur a rebirth of *desire* for standards. This is a democracy. Sooner or later, what the people want, they get. If television viewers wanted the identical moral and intellectual standards that TV recognized in the '50s—no double beds, Elvis photographed only above the waistline, etc., etc.—why, those are the standards that would be observed. The commercial nature of television is too frequently ignored or glossed over: as if television fare were churned out not in Los Angeles but on Mount Olympus, high above the hubbub and heckling of mortals. In fact, television succeeds financially only as it pleases its customers. These seem pleased enough at the moment.

Who will change the culture, in order to change television? Here is the hard part. Families, churches, and schools are our great teaching institutions. Each labors under serious handicaps today: illegitimacy, illiteracy, and irreligion, just for starters.

Ah, but you never know. Moral resurgence is becoming the theme song of the Nineties, and an ever-more bewitching one, too. Witness the commerical success of William J. Bennett's *A Book of Virtues*, with its sturdy, McGuffey-like accounts of good people doing good things. How to help the conversion process along? There are innumerable ways of witnessing. High on any list should be the Smith Solution, for which all you need is a measure of reckless courage—and a sizable closet.

APPENDIX A

[*The following column first appeared in the New York* Post *on April 6, 1994, and is reprinted here with permission. All rights reserved.*]

Abortions mean big bucks to Planned Parenthood

Ray Kerrison

Planned Parenthood, the single biggest abortion factory in America, has launched a $10 million campaign to persuade Congress to pass legislation that the nation has consistently and overwhelmingly rejected.

That legislation is to give abortion mandatory coverage in any national health-reform plan. In other words, PP wants taxpayers to fund the cost of unrestricted abortions to any female—a proposition that has been routinely rejected out of hand by voters in flocks of polls in the last year.

For example: In March last year, a CBS News/New York *Times* poll reported that 72 percent oppose making abortion a part of any basic health plan. Last October, a Louis Harris poll found 62 percent opposed abortion coverage. Two months ago, in a Washington *Post* poll, 68 percent said they were "concerned" about the inclusion of abortion.

But that doesn't stop PP. It is now trying to hoodwink the nation through a massive media propaganda campaign. In a full-page ad in The New York *Times* yesterday, it demanded that members of Congress "not turn your back on the women of America!"

It blared, "What if Congress passed a health-care plan that covered only half the country? That's exactly what will happen if Congress turns its back on the special health-care needs of America's women."

Nineteen women members of Congress joined PP in this pitch for "equal health care for women."

Notice the deception. PP used hundreds of words to convey its message, but the word "abortion" was mentioned only once—by Sen. Barbara Boxer, the California Democrat. The euphemism for abortion on demand used over and over by PP and the other congresswomen was "reproductive health services."

It is amazing how even the most radical abortion advocates cannot quite bring themselves to utter "abortion." It's as if they recognize its taint, so they dress it up in polite but empty packages like "reproductive health services."

Only PP and its feminist backers would think to designate baby killing as a "health service."

Money, not health or interest in women, is at the heart of PP's big new legislative drive.

PP is a big-bucks outfit. In 1992—the latest year for which an annual report is available—its budget hit a nifty $446 million. Now here's something to really make you mad. Of that sum, $142.3 million came from you, the taxpayer, in grants from federal, state and local government.

PP pays its administrators top dollar. Its president, Pamela J. Maraldo, takes in $225,000 a year. Some local directors pull $100,000. Now they've got $10 million to fund a new abortion drive.

And why not? PP stands to reap a fortune if unrestricted abortion is included in a health-reform plan. It already operates the biggest abortion-clinic network in the country. It has more than 100 clinics and performs 132,000 abortions a year. Its gross from abortions alone is estimated at about $33 million a year.

With 1.5 million abortions annually throughout the whole country, at an average cost of $300, the industry rakes in about $450 million. PP would stand to profit handsomely if a government health plan covers abortion as it does an appendectomy.

Indeed, that possibility has begun to alarm independent abortion providers so much that they have hired a lobbyist to counter PP, claiming PP is a major threat to their businesses. One spokesman said PP was a bigger menace than Randall Terry, head of Operation Rescue!

Jim Sedlak, who monitors PP for pro-life groups, said yesterday, "It's our view that Pamela Maraldo was brought in to restructure PP's finances so that it is not so dependent on government grants or so vulnerable to its contraceptive services. PP admits that it loses 43 percent of its contraception clients every year, so it must hustle to replace them.

"Maraldo plans to market the PP logo aggressively by selling it for a fee to corporations to put on their products—like the Good Housekeeping Seal of Approval. They want direct marketing for their contraceptive products, maybe through a catalog."

So the potential for big money is really behind PP's drive to get abortion covered in a new health scheme. Sadly, every plan advanced so far includes such a clause. The Clinton plan, of course, favors everything. But the Republican bill proposed by Sen. John Chafee (R. I.) and Rep. Bill Thomas (Calif.) includes abortion, as does the Democratic bill floated by Rep. Jim Cooper (Tenn.) and Sen. John Breaux (La.) and the "single payer" bill advanced by Rep. Jim McDermott (Wash.) and Sen. Paul Wellstone (Minn.).

The people clearly don't want it, but their politically correct representatives in Washington may well defy them. And out of it may come a tax bill of $450 million a year to pay for all those abortions.

There is no free lunch and there is no free abortion. Nobody appreciates that better than Planned Parenthood. Hell, they're banking on it.

APPENDIX B

[*The following column appeared in the Washington* Times *on February 10, 1994 and is reprinted here with the author's permission.*]

It's time for an honest discussion of the pain of abortion

Suzanne Fields

"We think abortion is a bad thing. No woman wants to have an abortion."
—Kate Michelman, president of the National Abortion Rights Action League

Kate Michelman, who speaks the absolute language of pro-choice, was embarrassed to see words she could never imagine having said printed in the Philadelphia *Inquirer* in black and white. She protested.

"I would never, never, never, never, never mean to say such a thing." But the reporter had the tell-tale tape.

"I do think at the very least I was taken out of context." But the tape revealed that the words were nestled in a discussion of a new policy, propounded by abortion rights advocates, of a concern for preventing pregnancy by encouraging abstinence.

Why should an obvious remark that nearly any woman could support—who would say that abortion is a good and happy thing?—cause such consternation in the woman who said it? The remark, though unintentioned, reflects the new stage of the argument over abortion. Until now, the rhetoric has been polarized so that many women speak in glib generalizations that have little to do with the reality of the experience of abortion.

Like early Marxists, who in reaction to bourgeois morality insisted that "the sexual act is of no more consequence than the quenching of thirst by a glass of water," early abortion rights advocates overstated the case to try to make abortion the moral equivalent of motherhood.

Many of these women knew of other women who had endured back-alley abortions or abortions inflicted with knitting needles and coat hangers, creating the pro-choice rallying cry: "Women of the world unite, you have nothing to lose but your coat hangers."

Today even many pro-choice defenders concede that they're hardly pro-everything in the discussion of abortion—that much of what they defend is painful, difficult, and to use the catch-all post-modern morally neutral word, complex.

"Perhaps *the* major problem of pro-choice public relations is that the image of this procedure we so believe in—of somebody scraping or vacuuming out a woman's insides, digging between her legs into her tender sexual passage, blood, gooey tissue, injured fetus all falling out—is esthetically a disaster," writes Nora Johnson in the New York *Times*. "Are we really *pro* that?"

But even descriptions of aesthetic disasters abetted by coldly efficient technology obfuscate the larger emotional, moral and spiritual experiences of abortion.

In a bulging folder labeled "pro-life," my mail testifies to the excruciating

psychological pain borne by many women who have had abortions. They are not all Catholics or Southern Baptists or Orthodox Jews or Pentecostals or members of other religions with taboos against abortion. Not by any means.

One woman, a mother of four in St. Paul, Minn., had two abortions before she gave birth to her children. She describes how she silently wept alone, haunted every day of her life until she began to talk about her abortions with others who suffered similarly. She now conducts groups of women who meet over the trauma of abortion, "to come to terms" and to "heal the spirit." In post-abortion support groups all over the country, women address the ghosts that prowl the consciousness, confront the extended fantasies of what might have been and deal with the unending yearning for the child who will never be.

Many of these women are mothers today. Some are not. Some would like to be, but cannot conceive. Any woman who has ever wept when she was unable to become pregnant or to adopt a child should be able to empathize with the pain of a woman who ends a pregnancy, for whatever sad reason.

Of course, not every woman experiences abortion in the same way, but one of the awful consequences of politicizing abortion is the way otherwise well-meaning women dismiss the seriousness and sanctity of the act for those women who require a mourning process, who experience abortion as the loss of life.

One woman cries that her baby "was sucked up like ashes after a cocktail party." Another complains that boyfriends send girlfriends to clinics "as if they were having a tooth pulled."

Abortion statistics tell a terrible story—up to 1.5 million abortions a year. "The fact that we have so many abortions in this country," says Kate Michelman, "represents a failure of policy." She's right. But it also represents a failure to imbue young men and women with a sense of the awesomeness of human life.

'You're terribly old and decrepit, probably the result of your lifestyle, so I'm not treating you.

THE SPECTATOR 29 May 1993

APPENDIX C

[*The following article first appeared in the Washington* Post *on April 9, 1994, and is reprinted here with the author's permission.*]

When a Baby Is HIV Positive

Nat Hentoff

Netti Mayersohn, a member of the New York state legislature, is so forceful a feminist that in 1989 the state's chapter of the National Organization for Women named her Legislator of the Year.

This year, however, she is a pariah among many feminists and has been condemned by NOW for trying to invade the privacy rights of women who have just given birth. Also against her are the American Civil Liberties Union, AIDS lobbyists, and gay and lesbian groups.

Netti Mayersohn became a heretic when she introduced a bill in the assembly that would make a fundamental change in the testing of newborns that has been conducted by the state since 1987. All babies are tested to find out whether they have the HIV virus. The goal of the test is to track the spread of the epidemic. It is a blind test in that neither the mothers nor their doctors are offered the results.

As Mayersohn points out, "Seventy five percent of the newborns who are HIV positive at birth turn out not to be HIV cases. They have the mother's antibodies, which their own bodies throw off in a matter of months." The rest of the infants are actually HIV positive. That means a quarter of the 1,512 infants found positive in New York state's blind test last year do have the virus.

Mayersohn's bill would ensure that mothers are notified if a baby is HIV positive and that the Health Department sees to it that all such infants get treatment.

To disclose that a baby has the virus, Mayersohn's opponents say, would mean that the mother is infected and has been tested without her consent. The effect would be to make the mother vulnerable to discrimination and stigmatization. Says Netti Mayersohn: "Countless people tell me that I will be destroying the mother's privacy and also that she has the right not to know. They completely dismiss the fact that there is now another human life involved whose right to medical care—and, indeed to life—is being violated. It's a baby, not a statistic!"

The righteous myopia of her opponents continues to astonish and anger the assemblywoman. Look, she says, "The New York State Health Department and the Centers for Disease Control recommend that if a woman knows she is HIV infected, she should be warned not to breast feed the child." But these mothers are sent home from the hospital without being told that they are infected. Predictably, the state's AIDS Advisory Council—which has politicized the epidemic for years—opposes the passage of Mayersohn's bill. Also placing privacy over an infant's right to treatment is Gov. Mario Cuomo's handpicked state health commissioner, Mark Chassin.

The way to deal with this problem, these privacy protectors say, is to encour-

age women to be tested voluntarily. Accordingly, they have a bill requiring HIV counseling for pregnant women and new mothers. But if some women do not respond to counseling, well, that's life.

The rights of the child are irrelevant. Yet these are born children and therefore have the status of persons under the Constitution—with independent claims to due process and equal protection of the laws.

The governor, a noted ethicist, could make the difference in the state legislature. So far silent on this matter, he has not returned my calls. The governor is running for re-election.

Among the four dissenters from the AIDS Advisory Council report was Dr. Louis Z. Cooper, district chairman in New York state of the American Academy of Pediatrics. "Reliance on counseling," he says, "in order to encourage voluntary testing ignores the unacceptably high failure rate of such an approach." Thereby, infants are denied "access to life-saving and life-enhancing care."

A woman with a 4½-year-old son, blind-tested at birth, was not told then that he had the virus. He is now brain-damaged and cannot be fed except through a tube in his stomach. "They are sacrificing infants," she says of the AIDS establishment, "on the altar of confidentiality."

I asked the Centers for Disease Control how many states blind-test newborns for the HIV virus. "Forty-four," I was told. Has there been any controversy, any attempt to unblind the tests, in any of the states beside New York? No, I was told. And that is even more frightening than the resistance in New York to giving those infants a chance for a better life.

From the beginning of the epidemic, people with good motives have tried to protect those infected with the virus and those with AIDS from ostracism. But they have had only marginal concern for those who have unknowingly acquired the virus from people already infected. Infants too must be sacrificed on behalf of privacy.

'If symptoms persist, may God have mercy on your soul.'

THE SPECTATOR 25 September 1993

APPENDIX D

[The following column is reprinted here with permission of the author. It appeared (in slightly-shortened form) in the March 21, 1994, issue of U.S. News & World Report *under the same title.]*

An Anti-abortion Rally

Do *you* know anyone who *should*?

Here is your opportunity to introduce somebody you know to the finest anti-abortion publication in America (or the whole world, for that matter!). Surely you know at least *one* friend—a young person you care about, your pastor, or some "politician"—who *should* be getting it? It will bring them a wealth of facts and opinions they just can't find elsewhere—arguments powerful enough to change *minds* on the most vital moral issue of our time. Use this card now to send a gift subscription. Just fill in the name below and return it along with only $20, we'll begin your gift with the *current* issue as a **free bonus**, and send an announcement card in your name—just indicate your message below. Thanks for your support.

Please print your *own* name below:

Name _____ *(please print)*

Address _____

City _____ State _____ Zip _____

I enclose $_____ (please enclose $20 per subscription—see other side for details).

If this is a gift, please add the following:

Send to: _____ *(please print)*

Address _____

City _____ State _____ Zip _____

Gift card to read: _____

other noisemakers to drown (WAC) said it was bringing raw a major crowd urged come in costume and show ıo drum corps, and just one essing as a demon.

hicago. Rallies were taking e murder of abortion doctor e Armitage Baptist Church d in a huge former Masonic ties. All three pastors have s.

nt of abortion clinics is a jail for. Victoria Leyva, a n, says, "We don't scream that happen. We have to ve shout that there are

uption tend to be the ones e sponsors included Queer ın underground women's Rican POWs and Political ıy "Feminist Witch" and oward humor, shows the e slogan, "Life—what a

nembers of Queer Nation y interrupted the sermon, ɛ. Six were arrested. zed, and pro-gay or pro- ɔre the rally, "Choice or Else," was sprayed on the church, and the church reported that rocks were thrown at the glass doors. No damage was done—the doors had unbreakable glass panels.

The building bristled with security people with walkie-talkies. The police were there too, cordoning off demonstrators away from the church steps. About 30

men from the congregation clogged the steps to prevent an invasion by demonstrators. But the air of tension dissipated rather quickly. The demonstrators seem disorganized. With weeks of preparation and ten sponsoring groups, only a hundred or so people have turned out.

There were indications that the demonstrators don't play the media game very well. While denouncing the "terrorism" of pro-lifers, many were holding up placards celebrating radical Puerto Rican women convicted of real terrorist crimes.

The most common chant was "Racist, sexist, anti-gay/born-again bigots go away." The "racist" charge is particularly weird. The Armitage congregation is about 40 percent white, 30 percent black and 30 percent Hispanic. For "born-again bigots" the congregation has made an unusually successful effort to cut across racial lines.

While the crowd was still chanting about racism, a group of young black men showed up wearing long red jackets saying "SHS security." They were from a southside black Baptist church, Sweet Holy Spirit, here to protect a fellow Evangelical church.

The woman with the bullhorn tried to lead the crowd in singing "Little Boxes," a song about suburban conformity popularized by Pete Seeger in the 1960s. This may have been an attempt to mock the small coffins sometimes used in the burial of dead infants and fetuses.

Next, five yellow buses rolled up and a seemingly endless stream of people poured out. "They're bringing in the homeless," one demonstrator said in dismay. But no, they were evangelicals from a second southside church, mostly black families, showing up for the service. More than a thousand people were now in the church.

The security men had been singing all along, picking fast-paced music that almost matched the volume of the demonstrators. Now they gave way to a choir of black kids. The demonstrators were done for. The kids were too good and too loud.

The rally trailed off strangely. At the bullhorn, a lesbian announced that her sexuality is so hot that when she has an orgasm, "the pillars of patriarchy crumble." This was too much for one cop, who turned aside quickly and broke up laughing.

Sunny Chapman, a rally organizer, said later, "I was surprised at how strongly they responded, how threatened they were by our presence." She said "we had no intention of having any type of confrontation." What they did intend, Chapman said, was to apply pressure on members of the church so they would stop protesting at abortion clinics. Instead the church just showed it would not be intimidated. It showed it could call in sympathizers and discredit the charge of racism. So it goes. Another inconclusive skirmish in the abortion wars.

APPENDIX E

[*The following articles appeared as* Cityscape *columns (the first on February 9, 1994) in New York* Newsday, *and are reprinted here with the author's permission.*]

Do Samaritans Belong Behind Bars?

Richard Vigilante

New York City may soon have its own "abortion clinic access law." A bill before the City Council would expose anti-abortion protesters to prison and bankrupting civil penalties (inapplicable to protesters for other causes) not only for participating in nonviolent sit-ins, but even for communicating anti-abortion messages, in person or by mail, "in a manner likely to seriously alarm or annoy a reasonable person."

The other day I paid a visit to some of the folks whose lives such laws threaten to destroy.

Christopher Slattery is director of Expectant Mother Care at 210 East 23rd St., a counseling center that offers women alternatives to abortion and helps them find housing, free prenatal care, education and job programs, plus longterm help raising their babies. A father of three who earns $15,000 a year, he was convicted in 1990 of violating a federal injunction against sit-ins at New York clinics, and assessed over $200,000 in fines and court costs. Sixteen hundred protesters violated the injunction, but only a handful were prosecuted. None were fined as heavily as Slattery, whose counseling center had been a target of a pro-abortion hate campaign for years. The campaign included pasting wanted posters daily in the bathroom of the offices where Slattery had a day job—until he was fired.

Elisa Di Simone, president of Staten Island Right to Life, which also organizes protests, is a counselor at Expectant Mother Care. She had just finished counseling a young black woman, pregnant and scared, when I arrived.

"She came in pretty sure she was going to have an abortion," Elisa told me. "She has lots of problems right now, and, like lots of girls, she convinced herself if she got rid of the baby the other problems would go away, too.

"So I told her, 'OK, I can tell you what procedures are available. And then we can talk and see what your options are, because there is help available you might not know about.'

"She wasn't too happy about that at first. A lot of the girls just want to get it over with and not think about it. But soon she began opening up. Pretty quickly, she told me she had an abortion before, and then she started to cry.

"Of course, she wanted to tell me every detail. Most of the girls can tell you exactly what time it was, the weather, what they were wearing, everything. They never forget.

"She is about six weeks along now. So we looked at some pictures of fetal development at that stage. Then I offered to show her two tapes of the most common abortion procedures. Like lots of the girls, she really wanted to see the

tapes, because when she had her abortion, she did not know what was happening. So she watched and then she cried and cried, and I held her for a long time and she told me she really wanted to keep the baby. But she already had a baby by a different man, and having babies by two different fathers just seemed like the biggest disaster in the world. She needed to talk that out with someone. We're trying to get her into prenatal care, and I think she is going to be OK.

"We can get girls material help. But, really, most of them are just short of friends. No husbands. Boyfriends who don't care. No family life, or families they are afraid of. They feel totally alone, so they rush into a decision many will regret forever when all they needed was a friend to show them the world is not ending. We require a seven-day waiting period to buy a gun, but we'll let an abortion mill shuffle a girl in and out without a minute to think or a real friend to talk to."

Elisa, herself a mother of four, counsels about 30 hours a week. It is emotionally exhausting. And the job doesn't end when she leaves. She is always available for a woman in crisis. I asked her how long she could keep this up.

"As long as there are women out there who need somebody, I will do it. I just can't turn my back on them and retreat into my own little life."

Oh, what the hell, let's lock her up.

[*This* Cityscape *column followed on March 16, 1994.*]

A Sidewalk Shout Can Save a Life

Richard Vigilante

Call her Rachel. A trim, stylish brunette. Smart. Educated. A practicing psychologist, no less. A real New Yorker. She was privy to many secrets. But nothing like what was about to happen to her.

"When I was examined by the doctor he said the baby was far more advanced than he had thought—that it was 15 weeks." But she was already on the table. "I was in shock. Within a *minute* I was aborted. I waited a few minutes, then got up to get dressed. When I went [toward] the dressing room I saw a bucket of blood."

Now you know what's coming, but she can't tell you right away because she has to pause to keep from crying because she is smart and tough and wants to explain this very clearly and be a doctor and not just a victim. "My baby was in the bucket. And the baby was not an *inch* big." It "was as big as my hand. It was a real *baby*. All I could think of was that I had murdered my baby.

"I started deteriorating emotionally that night." That is a very good description, very clinical, very precise. But some will find this more illuminating: "I remember leaning at the top of my staircase wishing I could throw myself down . . . I remember thinking of jumping off the roof. I thought of every method

of suicide." And then she did cry, but "not normal cries, I cried from the belly . . . so deeply, so constantly it was like the wail of a newborn baby when they cry and their fists are clenched and they just cannot control the crying."

Rachel's story has been recorded in a brief and rarely seen documentary. But it is not a rare story. Women panicked, pressured, harassed, fast-talked or fast-shuffled into an abortion are heartbreakingly common. After decades of sexual openness, abortion remains for most women shrouded in secrecy until the very moment when they become, irrevocably, secret sharers in the horror.

Abortions are performed almost exclusively in this country either by its ideological advocates—e.g., Planned Parenthood clinics—which have little interest in providing any information that might play into the hands of their right-to-life opponents, or by clinics and doctors who make their livings almost exclusively from this one procedure and are not eager to discourage customers.

So it would be only reasonable for government to require a substantial informed consent procedure followed by a mandatory 24-hour waiting period—one day to save women like Rachel a lifetime of agony. Because the government refuses to do this, private anti-abortion groups often "sidewalk counsel" women on their way to have abortions. Many counselors are on other days protesters, and in either role they can be obnoxious—shouting out unwanted information to emotionally distraught women. The counselors would say what they do trumps etiquette because it works. A surprising number of women who take their literature walk out of the clinic waiting rooms and into alternative-to-abortion centers. There, other counselors help them through their pregnancies and beyond. Rachel wishes somebody had been so obnoxious to her.

In the next 48 hours New York will clamp down further on private providers of information about abortions and alternatives to them. Today the City Council is expected to pass New York's own abortion clinic access bill, which crafts special legal and civil penalties for protesters outside abortion clinics. Despite substantial and well-intentioned redrafting to protect free speech, the law will inevitably chill sidewalk counseling by inviting juries to confuse it with illegal harassment.

Tomorrow, the New York State Court of Appeals will hear oral argument on *Hope v. Perales*, popularly referred to as New York State's *Roe v. Wade*, though the results could be even more sweeping. If it affirms the decisions of two lower courts, the court could permanently outlaw either informed consent rules or a waiting period. And then the darkness shrouding our Rachels will be even deeper and we will never be able to find them but by the sound of their weeping, when it is too late.

APPENDIX F

[The following article first appeared in January/February issue of Mother Jones *magazine, published in San Francisco. It is reprinted here by permission (© 1994 by Foundation for National Progress). The author is described as "a Bay Area writer."]*

The Choices

D. Redman

January 29

Woke up sick again this morning. I feel like I've been poisoned. Still, I can't afford to miss another day of work. I dress and stumble to my car, double-checking to make sure that I haven't forgotten any vital article of clothing. By the time I get to the office, people are lined up at my desk. Their voices sit like sour milk in the pit of my stomach. I bite my lips to control the rising waves of nausea. My mind drifts off. Slowly, as if from a long distance, I watch as the final piece of a puzzle drops into place. And I get the picture. It all fits. The pinching cramps, the back pain, the ominous absence of blood. I'm dry as a bone. I'm pregnant.

The rest of the day seems interminable. After work, I fly to the nearest Pay Less Drug Store. The array of home pregnancy tests bewilders me. I read each package word-for-word, as if choosing the right product will determine the final outcome. In the end I bring home the box that seems prettiest to me.

With trembling hands I extract its contents and set up my laboratory on the bathtub rim. I mix, shake, and count the seconds. As I put the little white palette into the final vial, I begin to bargain with God. *If you let me off just this once I promise I'll never have sex without condoms again. In fact I'll never have sex again, period.* I watch with rapt attention as the palette begins to turn color, hoping it's nothing more than a trick of the light, a reflection of the glass. By the end of ten minutes a bright blue square glimmers cheerfully back at me. I pause and take note of how my first thoughts automatically fly to abortion. But in my case, I'm afraid it might not be so simple. The opening of my womb is crusted with scar tissue.

January 30

The counselor at Planned Parenthood sounds apologetic. Because of the scars on my cervix, an ordinary surgical abortion could be difficult. The suction curettage, in which the cervix is dilated and suction is used to remove the fetal tissue, could be more painful than usual, and might present a risk of perforation and infection. Complications could produce further scarring, which might impair my future fertility.

"The perfect solution for you," she tells me, "would be RU 486, but of course it's not available in this country." RU 486, the abortion pill now commonly used in France and Great Britain, is 95 percent effective, with no known long-term

side effects and very few short-term risks. It's safer and has the potential to be cheaper than the typical suction abortion. And it's still unavailable in this country because of pressure put on the French manufacturing company, Roussel-Uclaf, by American antiabortion forces.

"You might be able to find it in Canada or Mexico, or maybe through the black market here," she says, "but I would have no idea how to go about doing that." Well, neither would I, and that would mean taking it without a doctor's supervision.

Bouncing from one referral to the next, I end up conducting an extensive investigation into what is not available to women in this country. I call every women's hot line and clinic within a fifty-mile radius, along with scores of gynecologists, Chinese herbalists, and hospitals both public and private. People's responses run from evasive to downright insulting. Worst are those who say, "You're forty years old—do you really think you're ever going to have children?" I begin to feel ashamed of my age, my childlessness, my foolish desire to hang on to my fertility. "Yes," I want to shout, "I'm forty, but I'm not yet willing to give up my body's capacity to embrace life!" Instead I just cry.

After hours of fruitless and painful phone calls, I've lost all pretense of composure. I dial the last of my numbers, the family-planning clinic at San Francisco General Hospital. A cheerful-sounding Latina woman answers. When I've finished my story, she says, "We might have something just right for you here." She tells me they're doing a study on a nonsurgical procedure similar to RU 486. She gives me the name of the doctor in charge.

February 2

Dr. Creinin is surprisingly young. I can still see the traces of childhood in his curly blond hair and winsome smile. An unlikely face to be on the cutting edge of abortion technology. We go into a small examining room, and he explains the procedure to me.

The first step, after establishing that there is in fact a living fetus, would be to administer a shot of methotrexate, a drug that's been used in cancer treatment for forty years. This would end the growth of the fetal tissue. Methotrexate has already been used as a substitute for surgery in ectopic pregnancy, when the fertilized egg lodges in the fallopian tubes instead of descending into the uterus. After being treated with methotrexate the fetal tissue of a tubal pregnancy is automatically reabsorbed into the body. In the case of a normal pregnancy like mine, the fetal tissue would need to be expelled in some other way. Several days after the methotrexate, I would be given misoprostol, which would hopefully produce uterine contractions and eject the pregnancy. I ask about potential side effects. In the higher doses given for cancer treatment, methotrexate can irritate the stomach, and with long-term use it can suppress the production of bone marrow and permanently damage the liver and kidneys. But when methotrexate has been used on tubal pregnancies, they've recorded no major side effects.

I ask about the success rate of the procedure. "Well, you're only the second

woman we will have tried this with," Dr. Creinin answers earnestly. "And it didn't really work with the first woman. We ended up having to perform a suction curettage when the misoprostol didn't expel all of the pregnancy. We're still experimenting with timing and dosages." I ask if anyone anywhere else is working on this.

"Not to my knowledge," he says.

In other words, I would be the second woman on earth to undergo what has so far been an unsuccessful procedure. If I agree to participate in this experiment, I will have to sign a paper stipulating that if I am injured as a result of the study I will forgo any monetary compensation. The hospital's responsibility will end at trying to repair whatever damage has been done.

"Let's go ahead with the preliminary exams," I say. "But I've really got to think about this."

Dr. Creinin draws blood to do the official pregnancy test. He also does an ultrasound, inserting a long probe, covered with a rubber glove, into my vagina. The fingers seem to be waving at me. He apologizes. The clinic has run out of condoms. He turns the monitor on, and we examine my womb like a couple of deep-sea divers in an underwater cave. The pregnancy appears as a solid patch in the milky background of my uterus. We won't be able to start the procedure until we see evidence of a heartbeat. For the purposes of data collection, there has to be proof that the fetal tissue is normal before it can be eliminated.

February 3

I feel like I should get a second opinion and call Lisa, an obstetrics doctor at one of the women's clinics. "This is very exciting!" she bursts out, as I'm describing the procedure. "We've never heard of it. All we have to offer is surgery." We talk about the escalating assaults on clinics and the diminishing availability of abortion, especially for poor women. "This would make abortion much more accessible. You'll be doing a wonderful thing for *all* women if you participate." I hang up the phone feeling almost heroic.

February 8

A mustardy fog has settled over me. All day I'm exhausted, then at night I'm too agitated to sleep. I'm tormented by a cacophony of voices inside my head, berating me for not having made it to the elusive plateau called "security," from which one does things like having children. Raising a baby in my cramped and noisy apartment, on this street known for its junkies and drive-by shootings, would seem like doing a stint in prison. A life sentence in two tiny rooms, festooned with half-finished crackers and discarded toys. My time consumed by the tedious, daily activities that I've always done my best to avoid. Three meals a day. Unwashed laundry, untied shoes, unwiped noses.

The father of this pregnancy is young, lives out of state. He's not ready to be a parent. And I barely make enough to cover my own expenses. How can I dream of taking responsibility for this fragile being whose entire existence would depend on me?

My mind wallows in images of what my own childhood in the fifties was supposed to be, and never was. Mothers in gingham aprons spooning out Jell-O. Little girls playing hopscotch; little boys saluting the flag. I'm drowning in an ocean of voices. I can't distinguish my own from June Cleaver's, or Jesse Helms's.

And I'm haunted by the vision of a small face that I love beyond imagining. A heart entwined with mine, as no other heart would ever be. An immutable, undissolvable relationship. Almost as a bystander I watch as my body and psyche do what they are programmed to do, honing down to the single focus of sheltering this new being. I find myself scrupulously avoiding alcohol. Am I eating enough vegetables?

February 9

In the morning, I pass an elaborate construction of cardboard boxes and upturned shopping carts. Inside, a woman and her three children are eating potato chips. I feel like a voyeur, intruding on the space they've so carefully constructed to separate themselves from life on the street.

There are no easy answers to this question of whether or not to have children. I've been sucked into a swamp of self-doubt and regret, and have stopped telling people that I'm pregnant. Their responses only confuse me.

My friend Judith was sterilized in her early twenties. Now thirty-five, she's been trying to adopt. "Let me have the baby," she pleads. "You could visit her anytime, and if you ever wanted her back, I promise I would let her go."

Other friends, single women dancing on the edges of poverty, have postponed pregnancy, hoping time would bring greater prosperity. But time brought only menopause, and, for better or worse, the decision was made. For my friend Alice, her womb grew a cancer like mine is growing a baby. Still, to bring another child into a world full of unwanted children is no answer. Why have I been given this gift, one I can't imagine accepting?

February 12

Today's the day. I still have this life inside of me. Last night Dr. Creinin and I saw a heartbeat on the monitor, like the fluttering of a butterfly's wing. I have a four o'clock appointment for the methotrexate shot. I still don't know what I'm going to do.

On my way to the hospital, I suddenly realize that I need a haircut. I wander into a Mexican beauty salon. I can't stop fidgeting in the chair. The stylist is cutting too much, I'm sure of it. "*Poco, poco,*" I keep repeating nervously. I know that the hair will grow back. This baby won't. "*Bonita,*" she says. She must think I'm nuts.

I arrive at the hospital, completely numb, and watch myself as one foot moves after the other, until I'm in Dr. Creinin's examining room. I notice that he also got a haircut. He looks tender and unprotected, like a sheep shorn for summer. I have him go over the specifics of the procedure in minute detail, grasping on to every extra second.

Eventually he falls silent. As if from a distance, I watch myself. I'm rolling

up my sleeve. My arm stretches out. "Pressure and a little sting," he says. And it's done. The shot of methotrexate. The immutable act.

"How long will it take for the, uh, process to work?" We both laugh nervously. "Two days," he says. "More or less. By Sunday you won't see on the monitor what we call the heartbeat."

As we walk down the stairs I notice the shoelace to his sneaker is hanging loose, like that of a boy running home from playing baseball. "You should tie your shoe," I say, feeling a sudden surge of affection. "Yeah," he smiles bashfully.

In the elevator I'm surprised by my overwhelming and buoyant sense of relief. For better or worse, the decision is made. There's no going back.

February 15

The delicate pulse of the fetal heartbeat has vanished. Sitting in Dr. Creinin's office at the hospital, I can hear women in labor crying out down the hall. I notice that I don't feel any desire to change places with them.

Dr. Creinin has given me the misoprostol, which is supposed to evict the now-inert material from my womb, but nothing seems to be happening. When I ask him when the drug might kick in, he says, "It could happen today, or anytime in the next couple of weeks. We just don't know."

February 16

Had a couple of hours of intense pain yesterday, after leaving the hospital. I watched soap operas, a time-honored women's anesthetic. Became heavily drowsy and slept through the afternoon.

February 17

The bleeding has stopped. It's too soon. The emptying of my uterus is not yet complete. Maybe I should have gone to Europe for the RU 486. Why did I let them use my body as a laboratory when something already exists that's known to work? We're barbarians in this country. We let everything important be decided by religious fanatics and big business.

March 8

Women's Day. This is one demonstration I wasn't about to miss. "Our bodies, our lives, our right to decide." I feel awash with joy, a tiny drop in a river of boisterous, shouting, unruly women. We will not be polite and we will not disappear.

I lose my balance suddenly and grab my friend Nancy's arm. Waves of dizziness pass over me. I'm bleeding. At last, the blood I've been praying for. I look at the women around me and think how beautiful we are in our rebellion, in all our glorious variety. Women who bring children through our bodies and entrust them to this capricious world. Women who forgo parenthood and love the world's children as our own. I stand with my sisters, a woman without children. A barren field perhaps, or an orchard that will produce a different fruit. My life feels luxuriant with possibility. For one precious moment, I believe that we have the power to dismantle this system. I finish the march, borne along by the women, feeling as if I've come home after a long journey.

APPENDIX G

[*The following article first appeared in the* Our Sunday Visitor *on January 16, and is reprinted here with permission (© 1994, Our Sunday Visitor, Inc.). Mr. Erlandson is the Editor in Chief.*]

Stilling the butterfly's wings

Greg Erlandson

Occasionally, a pro-abortion article will come along that must be read by every pro-lifer. An example of this rare genre is "The Choices," by D. Redman, in the January/February issue of the bimonthly magazine, Mother Jones.

Redman has written a chronicle of her service as a guinea pig for an experimental abortion procedure similar to that involving RU-486, the European "abortion pill" that pro-choicers want Americans to import.

The details of the story are out of Planned Parenthood's central casting: unmarried woman gets pregnant, feels ambiguous about an abortion, then does it. Feelings of relief mixed with a sense of feminist heroism follow.

But the tale told by Redman is so horrifyingly detailed that she inadvertently files an eyewitness report on the medical savagery and moral dim-wittedness of the "choice" movement.

Redman is pregnant, but she is unable to have a regular surgical abortion because her cervix is too scarred. She tells us that she is 40, unmarried, a writer in a cramped Bay Area apartment in Northern California. The father of the "fetus" is younger than she and unready for fatherhood (anyone who thinks he is ready for fatherhood has never been a father!).

Removing the "fetal tissue" could impair her future fertility, she worries. "I'm forty, but I'm not yet willing to give up my body's capacity to embrace life!"

She has a friend who was sterilized in her 20s, and now wants desperately to adopt. " 'Let me have the baby,' pleads Judith. 'You could visit her anytime, and if you ever wanted her back, I promise I would let her go.' "

Redman ignores her friend's plea, however, and falls back upon the abortionist's cliché: "To bring another child into a world full of unwanted children is no answer. Why have I been given this gift, one I can't imagine accepting?" One can imagine Judith shouting, "But I want this child," while Redman remains lost in her canned certitude.

Redman worries that she is being tempted by the all-American television mother June Cleaver, and fantasizes about a 1950s childhood that she will not be able to give her small child: "And I'm haunted by the vision of a small face that I love beyond imagining. A heart entwined with mine, as no other heart would ever be. An immutable, undissolvable relationship."

Unfortunately, neither immutable nor undissolvable. For while Redman is luxuriating in her dilemma, avoiding alcohol and eating vegetables as any expectant mother should, she is also preparing to use a new drug to end the

child's life. The drug, Methotrexate, has previously been used only to fight cancer. Redman will be only the second woman in the world to have had this used on her as an abortifacient.

The experiment will be approved only when there is positive evidence that the fetus is alive, however: "For the purposes of data collection, there has to be proof that the fetal tissue is normal before it can be eliminated." That means that an ultrasound must be performed, and a heartbeat must be visible on the screen.

"Today's the day," Redman writes. "I still have this life inside of me. Last night Dr. Creinin and I saw a heartbeat on the monitor, like the fluttering of a butterfly's wing."

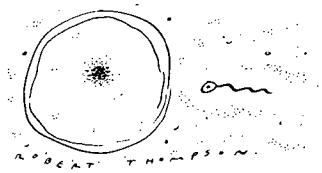
Life has evidenced itself, so now it can be killed. The shot is prepared, the drug injected. It takes two days, says the doctor: "By Sunday you won't see on the monitor what we call the heartbeat."

The butterfly's wings are about to be pulled off. What everyone everywhere except in an abortion clinic calls a heartbeat will soon be stilled. Death occurs, or in Redman's prose, the "material from my womb" is "now inert."

As all these articles are scripted, Redman must have a feminist epiphany by the end of the story. Hers occurs at a feminist rally, where the remains of the abortion suddenly rush from her womb. "At last, the blood I've been praying for," she writes. Redman celebrates the moment: "I look at the women around me and think how beautiful we are in our rebellion ... My life feels luxuriant with possibility."

"Possibility," but never actuality. A "capacity" for life, but an empty womb. The heartbeat has been stilled. A child is felt, seen, identified and killed. This is what passes for moral reasoning in the late-20th century.

"We're barbarians in this country," Redman concludes. "We let everything important be decided by religious fanatics and big business." No, Ms. Redman, we are barbarians precisely because people like yourself choose to silence the heartbeats of their own children, and our nation calls that a "right."



'Hello, womb service.'

THE SPECTATOR 8 January 1994

APPENDIX H

[*The following article first appeared as a* "Hers" *column in the New York* Times Magazine *(Sunday, Jan. 23, 1994); Ms. Johnson was described as "an author and critic" whose "latest book is* 'Perfect Together,' *a novel about pregnancy."* (© *1994, Nora Johnson. Reprinted with permission from the New York* Times Magazine). *Ms. Johnson and her article are the subjects of Ellen Wilson Fielding's article* "Going Far Enough" *in this issue.*]

Whose Life Is It?

Nora Johnson

Abortion used to be so simple: it was life-threatening, it was against the law and it was a godsend.

The images are mythic: a hurried, furtive doctor of unknown credentials, which could have been excellent or deplorable; a black-shaded, back-alley room; the warning that there would be no anesthesia; being shooed out, doubled up with pain, to return to your home or hotel room with a sanitary napkin and the advice to go to the emergency room if the bleeding didn't stop by the next day. The fee in the mid-50's: $200, cash on the barrel head.

The risks were injury or death. But so what? An unwanted baby finished your life anyway (and still can). So it was a question of choosing which way to go. If you escaped unharmed, you'd gotten out of the worst mess of your life and you were joyous. (And oh, how careful next time!)

The fetus? *Yuk* would have been our response. Out with it! It got thrown into a pail and went out with the garbage, which was a little disgusting—but not disgusting enough to think about for more than two seconds when you weighed the alternatives. Probably fewer tears were shed over fetuses than Jo March shed over selling her hair. So was the attitude in the "gray and repressive 50's," as it was recently referred to in this paper.

Legal abortion is even more high-concept. As a sympathetic doctor once said to me, "I think any woman who wants one of those things should have one." But what seemed so wonderfully pure and simple on the day of *Roe v. Wade* has become clouded with qualifications, conditions, metaphysical contortions. It is permeated with the righteous reek of Right to Life—whose influence has gotten to all of us.

Now the subject of legal abortion, a favorite of male pundits, is considered to be philosophically, theologically, politically, scientifically and ethically "complex" (so much for pure and simple). Forget saving your own life; forget thinking that you own yourself. Your pregnant body and its contents belong to God and society. This is a very serious matter!

You haven't forgotten, have you, that the fetus is a person with rights, or, at least, that it becomes a person somewhere along the line—just where is a matter to be debated by hoary judges, blowhard Congressmen, men of the cloth and lawyers on contingency fees.

Once, the awfulness of the back alley was retribution enough for our sins. But did we really think we were going to get off so easily? Now we are to brood on being *selfish*—as though there was anything giving or generous about having an unwanted baby! Today's hussy is the woman who goes to the clinic guilt-free.

To those of us of a certain age, all this might be funny if its real purpose, to keep us on our knees, were not so reprehensible, if we did not hear it from our daughters, nieces and neighbors' daughters, for whose freedom we fought along with our own.

For them, the proud gift of legal abortion is not an unmixed blessing. The idea fills their eyes with doubt. It's a tough call, they say. It's a Life. It would depend: probably if they were raped, probably if they were carrying a child with multiple deformities ... *probably* if it had been incest. And back and forth they go, weighing evils, quoting articles, comparing apples and oranges—seeking justifications that their mothers, who had hung over the abyss, never needed.

Because young women today start their families later than we did, and often struggle for healthy births, they are acquainted with their fetuses, through their ultrasounds and amnios, as we were not. Their husbands actively help on the big day; ours hung out in the local bar. Anesthesia is out and the whole event is videotaped. In comparison, we were passive parties at the birth of a "little stranger."

But this high fetal visibility, along with the technology that can keep one-pound babies alive, contributes to the confusion over abortion. The issue is only about, *must* only be about, those early months when a newly pregnant woman considers *her* life, *her* needs, *her* game plan and decides whether or not to become a mother. It is a period of tremendous power that some find unbearable.

I've heard the strangest things from perfectly intelligent, thoughtful people:

"I'm for it, but there should be *some* regulation. I don't think women should be able to just run out and get one of those things." (So much for my helpful doctor friend!)

"It shouldn't be used for birth control."

"You're not really *pro-abortion.* You're *pro-choice.*"

Or the usual rape and incest twaddle.

Can anyone fail to see any more that pro-life thinking has nothing to do with "life" and everything to do with crime and punishment? The babies of rapists or abusive fathers, though equally alive, usually fall under the knife; Mom is partly excused if she was forced into sex. "Life" counts really to teach her a lesson—Baby as penalty. It's there between the lines, in the minds of the best of us.

Take the words *run out*, as in "I'm going to run out and buy a new hat." It's the hussy again—donning her hat, her black garters, her push-up bra—not staying home with the baby.

Scolding critics seem to think the evil act of having an abortion is in some way fun. But it really isn't. It's uncomfortable, risky and inconvenient. If it doesn't call for cosmic despair, it's an occasion to weep over the relationship, or your own foolishness.

It shouldn't be used for birth control seems to refer to girls who are too dumb to use contraceptives, who think they can just "run out and get an abortion" whenever they get knocked up. The unwanted baby is punishment for being stupid, or for not being on the pill so that men don't have to be inconvenienced. (Never mind that they should use condoms; never mind that it's these very girls who *should* have abortions or else should have their legs tied together.) Anyway, abortion *is* birth control, and so what?

As for the labels pro-choice and pro-life—we should stop being furious that the anti-abortion crowd got pro-life before we did. Perhaps *the* major problem of pro-choice public relations is that the image of this procedure we so believe in—of somebody scraping or vacuuming out a woman's insides, digging between her legs into her tender sexual passage, blood, gooey tissue, injured fetus all falling out—is esthetically a disaster. Are we really pro *that*? Kids react with horror when you describe it to them: they see themselves in shreds in the pail; they suddenly grasp Mother's murderous power and the fragility of existence.

It's ugly, and difficult and painful—but so is much of life. Abortion is not what nature intended, but neither is bypass surgery, and no one has suggested making *that* illegal. The dark side of *Roe v. Wade* is a reminder that no life is cheaply bought. In this case, the life is unquestionably the woman's.

THE SPECTATOR 12 March 1994

APPENDIX I

Doctor Jérôme Lejeune, R.I.P.

On Easter Sunday, April 3, Dr. Jérôme Lejeune, aged 67, died in Paris. He was world-renowned for having discovered the cause of Down Syndrome; he won numerous awards, and was a member of many prominent medical and scientific academies. In March of this year, Pope John Paul II named him head of the new Pontifical Academy of Life.

Dr. Lejeune was perhaps best known as an eloquent advocate of the unborn, and a frequent witness at abortion hearings and legal trials, both in France and the U.S. (where he also testified at several congressional hearings).

A memorable example was the so-called Loce *case*[1]*, tried in a New Jersey court in 1991. Dr. Lejeune was questioned by Patrick J. Mullaney, an attorney for the defendant, Alexander Loce. We reprint here excerpts from his testimony.*

Q: Doctor Lejeune, could you please, for the record, state your name?

A: Your Honor, my name is Jérôme Lejeune.

I am a professor of fundamental genetics in the Children's Hospital of Paris and the Faculty of Medicine of Paris.

And I began as a pediatrician and then I became a geneticist. Now I am a pediatrician and a geneticist.

And in my consultation, which is probably the biggest in the world for mentally retarded children having difficulty due to a chromosomal mistake, we examine every year 2000 children, and we have record of 30,000 of them.

So our job is really to try to understand what makes the nature of every human being; why some of them are afflicted by constitutional difficulty, and to try later to treat that, if we can, so that we would be able to some day to bring them back to normal; and to give them what nature has refused to them.

Q: Dr. Lejeune, could you please tell the Court a little bit about your educational background?

A: As I said I was MD and PhD, and have been always in Paris as a student.

And later when I finished my studying and I got my degree in medicine and genetics, I was representative of France in the United Nation's scientific committee on the danger of atomic radiation, because I was geneticist.

And in that function, international function, I came very often to the United States to go to the UN and I met one professor of California Institute of Technology.

And I was invited to give the first course of human genetics in Cal Tech because in this highly-educated university they had not yet had any course of

human genetics.

They had a lot of courses in fundamental genetics. I was the first professor of fundamental genetics in Cal Tech.

Q: As part of your serving on this committee, Doctor, did you have opportunity to go to the Kremlin in Moscow and meet with Mr. Brezhnev?

A: Yes. That is, as a geneticist, I was vice-president of the Genetic Congress in Moscow, and I was known by my fellow professors of genetics in Moscow, and because I am a member of the Pontifical Academy of Science and because I was a member of a special group to study the dangers of atomic war, I was sent by the Pope, John Paul II, to Moscow.

It was around three days after Mr. Jaruzelski had declared the war against people of Poland; in other words, declared a state of war against its own population.

And because we had prepared the reports about the dangers of—as a specialist I was only speaking of the genetic dangers of the atomic war—then the Holy Father wanted me to be presenting a report to all the powers of the world who were having the atomic power.

And so some of us of the Pontifical Academy of Science went to America to see Mr. Reagan and some came to France or England, to China and India. And I was sent by the Holy Father to see Mr. Brezhnev.

And it was a very curious situation. But I am not going to talk too much about that.

Q: Dr. Lejeune, you have been credited with the first discovery of the first chromosomal abnormality in man. Could you please tell the court about your discovery of Down Syndrome?

A: Yes. Down Syndrome is a very peculiar disease in the sense that the babies who are born with it owe their difficulty to an excess of genetic material. . . . It was long ago, nearly thirty years ago, that I discovered that they had an extra chromosome and this chromosome is now known as number 21.

The classification of chromosomes was not yet established at that moment because it was the first disease to be discovered to be due to this chromosomal defect.

And those babies, in fact, suffer because they have too much of those tables of the law of life which we call chromosomes. . . . To make a very complex story short, I would say that inside the chromosomes, written in a very special ribbon which is DNA, are all the tricks of the trade to be a human being, if those chromosomes are human chromosomes.

If they are chimpanzee chromosomes, all the tricks to be a chimpanzee are written there.

Q: Dr. Lejeune, could you please describe the process of human reproduction?

A: It is a very long story, your Honor. Because life has been with us for

millennia. But even if life continues from generation to generation, each of us has a very unique beginning, which is the moment that all the information necessary and sufficient to be that particular human being, which we will call later Peter or Margaret, depending on its own genetic make-up, when this whole necessary and sufficient information is gathered.

And we now know from experience both in animals and now in human beings, that this moment is exactly the moment at which the head of the sperm penetrates inside the ovum; then the information carried by the father encounters in the same recipient cell the information carried or transmitted by the mother; so that suddenly a new constitution is spelled out.

It is very curious that biology and the science of the law are speaking the same language.

The voting process even exists in biology, which is the choice of the sperm.

Because there are maybe hundreds or thousands or ten thousand sperms swimming around one egg, and one is selected. And that is a voting process.

And at the moment the human constitution is entirely spelled out, a new human being begins its career.

That's not rhetoric. That's not fancy, or hope of a moralist. It is just an experimental phenomenon.

Q: Dr. Lejeune, where is this information specifically contained?

A: This information is specifically contained in two different parts. One is DNA. DNA is a long thread molecule. And to give you an impression, your Honor, this flat ribbon is roughly comparable to the tape that you put in a tape recorder. But it is very minute.

Inside the head of a sperm there's a long thread of one meter, one yard, say. And this is so tightly coiled in 23 little pieces that we call chromosomes, that the whole thing is inside the head of the sperm and the volume of it is upon the point of a needle.

In the first place, in so small a volume, all the data which will spell out the way to build all the protein which will make the machine tool inside the cells is entirely spelled out.

The same is true in the ovum, in which 23 little pieces of chromosomes one meter long all together stay there until they receive the help of the 23 from the father. Now that's part of the information and it is a text book.

Most of the people will stop there and tell you that genetic information is carried by DNA.

That's perfectly true. But there's another type of information, the amount of which is even much more important and much bigger, which is inside the cell.

Inside the ovum there are prepared billions of highly specialized molecules who will recognize and be recognized by the signals given by the genetic make-up.

And to make the thing understandable, remember that when you use a tape recorder if you buy a mini cassette in which the music of an artist such as Mozart

is recorded, then if you put it in your tape recorder, you will get a symphony.

But curiously on the tape there are no notes of music, and inside your tape recorder there are no musicians.

Nevertheless, by a special code written on the tape, some information is given to your tape recorder so that it will read it, and it will make the air move by the loudspeaker so that what is coming to you is not the orchestra, not the musicians, not evidence of music, but the genius of Mozart.

That's the way life, the symphony of life, is played. That is inside the egg, which receives the tape band from father and which has its own tape bands, and which makes 23 plus 23, 46 volumes of the table of the law of life.

Now when you speak about genetic information, you have to remember you have the long ribbon of DNA which is the mini cassette of the symphony of life, but you have the cell itself which is the tape recorder; and which has an enormous amount of information.

Because the tape recorder, to read a tiny ribbon like this, must be a fantastic machine, extremely complex.

Then, to answer your question, it's very difficult to spell out the amount of information in the first cell.

Q: Once fertilization, once conception has occurred, could you tell the Court, is anything added after that point? Does Peter or Margaret come into being, so to speak, through additional information?

A: Well, that was a very interesting discovery of modern science. Because for a long time it has been believed that the mother, the feeling of the mother, could do something to the baby. . . . [but] we know now that everything is written inside the first cell. I have to come back to this concept of conception, because it is a very remarkable fact that in all the languages coming from Latin, we use the same word either to express an idea which comes into our mind, or to a new being coming into life.

We conceive an idea. We conceive a baby. A baby is conceived. Conception applies just as well for defining what will animate matter in a human nature or what will animate your mind within your idea.

And that is, so to speak, an extraordinary description of reality which is at the very beginning the information and the matter, so to speak: the spirit and the body are so intimately interwoven that we use the same word to say spirit animated by your ideas, or life of a new human being animated by genetic property—conception.

Now this moment a new human being is conceived is, really, as for the conception of a new constitution, when the whole thing has been spelled out.

Now we know, and I think there's no disagreement among biologists everywhere in this world, that after fecundation no new information goes in.

Everything is there, just at the moment after the entry of the sperm, or it is not enough and it will fail.

Either the whole information for the human being is there and the human being can develop and organize, or it is not there and no human being will develop at all.

Now nature has invented an extraordinary device to tell us that nature does protect the privacy of the very first stage of the human being. The right of privacy is written in that way in biology.

The egg is a little sphere of one millimeter and a half in diameter. But it is not naked. It has some plastic bag around it that we call from Latin *zona pellucida*, because you can see through it. And this very curious plastic bag is, in fact, the perfect control of the privacy of the new being because as soon as the head of the sperm who got there first was able to burrow inside the *zona pellucida*, as soon as the head comes inside, suddenly in a micro-second, this *lucida*, this transparent membrane becomes suddenly changed physically, and it becomes entirely impermeable to any other sperm.

It's a mechanism of an extraordinary precision which prevents many sperm from going inside the one egg.

Q: Doctor Lejeune, is it your testimony that there's a physical difference between the chromosomal make-up, a physical difference, of the human being and every other species?

A: Well, there's no doubt. There's no other species which has the same chromosomal constitution as a human being.

But that is not true especially for us. It is true for every species. We can look at the chromosome of a chimp and say this one is a chimp. This is an orangutan. This is a gibbon and this is a gorilla.

Each species has its own shape of chromosome that we can recognize.

Q: Dr. Lejeune, could you tell us about the Jeffreys' bar code and the process of methylation?

A: You know when you buy something now in the supermarket, instead of writing the price and what it is, there are various lines of various widths, of various distances and with an optic reader.

You just go through the bars and it tells inside the computer what is the product and what you should pay for it.

Now the Jeffreys' system does exactly the same thing, that is, having extracted the DNA, and having looked at it with that technique, you see the bar code of the person.

And the demonstration by Jeffreys was correct; that is, each of us is absolutely unique—that is the sequence of bands is absolutely typical of the person you're looking at. . . . It is unique to an individual. It is, so to speak, its identity card, which cannot be falsified because you have this identity card written in each of your cells.

In all of your cells it is always the same pattern that you would get if you

were looking at it.

But this pattern is not only typical of each of us. If you look at the pattern of the DNA by the Jeffreys' picture of Dad and Mom of this person, we will see that this person has a sequence of the bar code which is unique to this person.

But we will see that half of the bands were present in Dad, and the other half was present in Mom.

So that we can recognize at one glance beyond any discrepancy in calculation that this person is the progeny of those two persons.

And we can demonstrate that no other person in the world has exactly the same bar code.

Q: At what point does that individuation take place?

A: Oh, that takes place at fecundation, at fertilization, at conception. Because it just tells us that the constitution of this person is unique to this person.

Q: Dr. Lejeune, is it your testimony that we have at conception both species specificity and a casting of the individual within the species?

A: Yes. And I would say that very soon we will build a machine very comparable to the supermarket with an electronic reader so that we will go through the bar code and have the whole thing studied by computer.

Just for the moment we look at it. But it could be done by computer, exactly like in the supermarket.

But the only thing that the biggest computer will never tell us will be the price of the human life.

Q: Dr. Lejeune, based upon the empirical data you presented, do you have a conclusion as to what exists at the moment of fertilization?

A: Well, at the moment of fertilization, what exists is a pure novelty. It has never occurred before.

It's a new constitution of a new personally-devised constitution for this person.

Q: If you had to give it a name what would you call it?

A: I would call it a human because I know that the whole information is human. I can read it. I can see the dimensions and make up of the chromosomes.

I can be sure it is human. Now I would say it is a being because I know by its own information that it will develop itself.

It just needs nurture and protection. That is all it needs. Then, being human, it is a human being.

I would not have any definition other than a human being. But if I could say a word about a second discovery, because what I felt in France, the curious decision of the Supreme Court in America.

I was surprised by one phrase which was that it was not possible to reach agreement on when human life begins.

But that was 18 years ago. And Jeffreys' system was not known, and what was not known is now the Sorimy and many others which I will not quote all of them by their name which is the methylation of DNA. . . . The human constitution happens at the moment the genetic information coming from the father goes in the cell which is ready to have it, which is the female cell.

And once the *zona pellucida* has closed entirely, the information is locked in. No one can enter later. And all of it has to be there.

To answer your question when does this special constitution begin, it's very simple—at the moment which is micro-seconds after the change of the *zona pellucida* which locks in this particular human constitution which is a new being.

Now what is a human being? That's very simple. A human being has to be human, has to be a being. Then a human being is only a member of our species.

An egg of a chimpanzee can't be a human being because it is a chimpanzee being. But every time that genetic information is human, every time that this message which is at the beginning of life which is alive and which is life, as soon as this message is really a human message, then this life is a human life.

And if it is a being, this being is a human being. . . . Now it is what is meant by the methylation processes, the message is well-written and everything is written to make a human being, to be a human being.

But at the moment of fecundation, part of the DNA coming from father is underlined in the male way, and the DNA coming from mother is underlined in the female way.

And, therefore, the fantastic discovery was never expected ten years ago. Nobody predicted it—that, in fact, the father underlines instructions to make immediately the membranes inside which the embryo will develop itself, so to speak, its space capsule; and to make the placenta which is the body by which it will take the nutrients from the vessels of mother.

That's underlined on the sperm, not on the egg. But on the egg what is underlined is all the tricks of the trade to make the spare pieces, which if they are put together will build an individual.

Now it is extraordinary because it was a moving observation for geneticists to see in this one millimeter and a half sphere of living being this separation of the tasks which we see in ordinary life.

And the man in biology builds the membranes which is the shelter and the placenta which is a gathering food system.

On the other hand it is up to the feminine genius to underline the way how to manufacture a baby.

And all that is written in the first cell. Now what was the greatest consequence of the discovery was that it is impossible and it is definitely ruled out to make a genetic constitution from one parent only. . . . Now we come to an extraordinary observation that the only cell in all my life in which those two methylation systems from father and from mother were present together

inside one cell was in the first cell which gave me life.

Because progressively at each division, this methylation is erased and replaced. And progressively cells learn by a cascade of reaction to specialize.

So that one will make nails, another will make the brain, another will make the liver and another will make the bones and another will make the muscle.

For example, I read only two months ago, that the male way of spelling is obligatory for muscles. And muscles are, we know, much stronger in males than in females.

But even in the female, the information which builds the muscles has to be underlined in the—coming from father—in the paternal way and remains that way so that muscles can be made.

And we are just beginning to understand that, in fact, this way of underlining the message which is different in father and in mother is the secret that life is using, so that it can epitomize in one cell that which a mathematician would say is reduced to its simplest expression.

Q: Doctor Lejeune, as the being develops, does it retain its individuality and its membership in the human species?

A: Totally. We, each of us, has never been a chimpanzee. And we are not going to become one.

No baby goes through different species. It belongs to its own species from the very beginning. And that's true of every species. It's not a special feature of humanity.

But what is written in the human fertilized egg that is in a human zygote, in the human being of one cell, what is written is this humanity.

Q: Dr. Lejeune, at eight weeks how would you describe that being?

A: I would describe that being indeed as a human being. But to tell the Court what it looks like, I would say it's Tom Thumb.

Q: Tom Thumb?

A: Tom Thumb. Because the human being at eight weeks is the size of my thumb.

That is, from the head to the rump, he measures one inch. And if you were looking at one of them, having never seen anything about human embryology, if I had an eight-week-old human being in my fist you would not see I had anything inside.

But if I opened my hand you would see a tiny human being with fingers, with toes, with a face and with palm prints you could read with a microscope.

You would see the sex. And this story of Tom Thumb, of the tiny human being smaller than the thumb which has always enchanted the young babies and the great mothers, is not a fancy.

It is a truth. Each of us has been a Tom Thumb in the womb of the mother, in this curious shelter, in which only some red light, dim light comes in, in which there is very curious noise, one loud, and strong, and deep hammering which

is the heart of the mother and which bangs around a decemberate of a counter bass. And the other is very rapid, like the maracas. And it will come from the heart of this tiny human being. And those two rhythms which we can now detect with hydrophones are typical of the most primitive music any human ear has ever heard, which is the symphony of two hearts; the mother one like the counter bass, 60 times per minute, and the baby one like maracas like 150 per minute: 140 if it is a boy, 160 if it is a girl. . . . This symphony by two hearts is what defines the true story of Tom Thumb.

Q: Dr. Lejeune, what is the effect of an abortion on an eight week human being?

A: It kills a member of our species.

NOTE

1: On September 8, 1990, Mr. Alexander Loce and 14 friends entered a Morristown, N.J., doctor's office to prevent Loce's fiancee from aborting their 8-week-old unborn child. Loce and his friends were arrested on the grounds of forcible entry and trespassing. The abortion was carried out. (Loce had tried to obtain an injuction from the New Jersey Supreme Court the night before but had been denied.)

The case, *New Jersey v. Alexander Loce et. als.,* came before the Morris County municipal court on April 13, 1991. After the Defense and Prosecution agreed that Loce and the others had, in fact, entered the doctor's office unlawfully, the State rested its case.

The defense lawyers, although agreeing that Loce had committed trespass, argued the case in terms of justifiable defense of a person, namely the unborn child, citing the Right to Defend Life under Section 1 of the New Jersey State Constitution and the 14th Amendment of the U.S. Constitution as giving Loce a "right to protect, defend and enjoy the company of his progeny." The State replied that no matter if the fetus was proven to be a human being, abortion was a protected action like a legal execution, and the right to an abortion took precedence over Loce's rights.

The Defense called several expert witnesses in Loce's defense, including Dr. Lejeune. Mr. Loce was found guilty, although Judge Michael J. Noonan agreed that life does begin at conception, and therefore abortion is "a legal execution of a human being."

The defense appealed to the U.S. Supreme Court, and Mother Teresa of Calcutta filed an *amicus curiae* brief in behalf of Loce [see following *Appendix J* in this issue], but on February 28, the Court denied *certiorari.* The legal case is closed.

APPENDIX J

[We reprint here the complete text of the amicus curiae *brief filed by Mother Teresa of Calcutta with the U.S. Supreme Court on February 14, 1994. The original title page is reproduced below.]*

IN THE

Supreme Court of the United States

OCTOBER TERM, 1993

ALEXANDER LOCE,

Petitioner,

- against -

THE STATE OF NEW JERSEY,

Respondent.

TINA KRAIL, ET ALS.,

Petitioners,

- against -

THE STATE OF NEW JERSEY,

Respondent.

BRIEF AMICUS CURIAE OF MOTHER TERESA OF CALCUTTA, IN SUPPORT OF PETITIONERS' PETITIONS FOR A WRIT OF CERTIORARI

ROBERT P. GEORGE ESQ.
Counsel of Record
Robinson & McElwee
Post Office Box 1791
Charleston, W. Virginia 25326
(304) 344-5800
Attorneys for Amicus Curiae

William C. Porth, Jr., Esq.

INTEREST OF AMICUS CURIAE

Mother Teresa resides at 541A Ach. Jagdish, Ch. Bose Rd., Calcutta, India 700 016. She is the founder and mother superior of the Order of the Missionaries of Charity. The order maintains its headquarters in Calcutta, India. The Missionaries of Charity have provided services to the needy in many parts of the world, including the United States of America, where the order's main office is located at 335 East 145th Street in the Bronx, New York. Much of the work of the Missionaries of Charity involves providing charitable services to children and to poor families. Through this work Mother Teresa and the Missionaries of Charity have a special interest in the welfare of all children, born and unborn, and the familial relationship between children and their mothers and fathers.

SUMMARY OF ARGUMENT

The unborn child possesses an inalienable right to life which must be recognized and safeguarded by any just society.

ARGUMENT

1. THE QUESTION WHETHER UNBORN HUMAN BEINGS POSSESS THE INALIENABLE RIGHT TO LIFE IS OF THE GREATEST IMPORTANCE AND MUST NOT BE AVOIDED BY THIS COURT.

I hope you will count it no presumption that I seek your leave to address you on behalf of the unborn child. Like that child I can be called an outsider. I am not an American citizen. My parents were Albanian. I was born before the First World War in a part of what was not yet, and is no longer, Yugoslavia. In many senses I know what it is like to be without a country. I also know what it is like to feel an adopted citizen of other lands. When I was still a young girl I travelled to India. I found my work among the poor and the sick of that nation, and I have lived there ever since.

Since 1950 I have worked with my many sisters from around the world as one of the Missionaries of Charity. Our congregation now has over 400 foundations in more than 100 countries, including the United States of America. We have almost 5,000 sisters. We care for those who are often treated as outsiders in their own communities by their own neighbors—the starving, the crippled, the impoverished, and the diseased, from the old woman with a brain tumor in Calcutta to the young man with AIDS in New York City. A special focus of our care are mothers and their children. This includes mothers who feel pressured to sacrifice their unborn children by want, neglect, despair, and philosophies and governmental policies which promote the dehumanization of inconvenient human life. And it includes the children themselves, innocent and utterly defenseless, who are at the mercy of those who would deny their humanity. So, in a sense, my sisters and those

we serve are all outsiders together. At the same time, we are supremely conscious of the common bonds of humanity that unite us and transcend national boundaries.

In another sense no one in the world who prizes liberty and human rights can feel anything but a strong kinship with America. Yours is the one great nation in all of history which was founded on the precept of equal rights and respect for all humankind, for the poorest and weakest of us as well as the richest and strongest. As your Declaration of Independence put it in words which have never lost their power to stir the heart:

> We hold these truths to be self-evident: that all men are created equal; that they are endowed by their creator with certain inalienable rights; that among these are life, liberty, and the pursuit of happiness. . . .

A nation founded on these principles holds a sacred trust: to stand as an example to the rest of the world, to climb ever higher in its practical realization of the ideals of human dignity, brotherhood, and mutual respect. It has been your constant efforts in fulfillment of that mission, far more than your size or your wealth or your military might, that have made America an inspiration to all mankind.

It must be recognized that your model was never one of realized perfection, but of ceaseless aspiration. From the outset, for example, America denied the African slave his freedom and human dignity. But in time you righted that wrong, albeit at an incalculable cost in human suffering and loss of life. Your impetus has almost always been toward a fuller, more all-embracing conception and assurance of the rights which your founding fathers recognized as inherent and God-given. Yours has ever been an inclusive, not an exclusive society. And your steps, though they may have paused or faltered now and then, have been pointed in the right direction and have trod the right path. The task has not always been an easy one, and each new generation has faced its own challenges and temptations. But, in a uniquely courageous and inspiring way, America has kept faith.

Yet there has been one infinitely tragic and destructive departure from those American ideals in recent memory. It was this Court's own decision in 1973 to exclude the unborn child from the human family. *Roe v. Wade*, 410 U.S. 113 (1973). You ruled that a mother, in consultation with her doctor, has broad discretion, guaranteed against infringement by the United States Constitution, to choose to destroy her unborn child. Your opinion stated that you did not need to "resolve the difficult question of when life begins." 410 U.S. at 159. That question is inescapable. If the right to life is an inherent and inalienable right, it must surely obtain wherever human life exists. No one can deny that the unborn child is a distinct being, that it is human, and that it is alive. It is unjust, therefore, to deprive the unborn child of its fundamental right to life on the basis of its age, size, or condition of dependency. It was a sad infidelity to America's highest ideals when this Court said that it did not matter, or could not be determined, when the inalienable right to life began for a child in its mother's womb.

America needs no words from me to see how your decision in *Roe v. Wade* has deformed a great nation. The so-called right to abortion has pitted mothers

against their children and women against men. It has sown violence and discord at the heart of the most intimate human relationships. It has aggravated the derogation of the father's role in an increasingly fatherless society. It has portrayed the greatest of gifts—a child—as a competitor, an intrusion, and an inconvenience. It has nominally accorded mothers unfettered dominion over the independent lives of their physically dependent sons and daughters. And, in granting this unconscionable power, it has exposed many women to unjust and selfish demands from their husbands or other sexual partners.

Human rights are not a privilege conferred by government. They are every human being's entitlement by virtue of his humanity. The right to life does not depend, and must not be declared to be contingent, on the pleasure of *anyone* else, not even a parent or a sovereign. The Constitutional Court of the Federal Republic of Germany recently ruled:

> The unborn child is entitled to its right to life independently of acceptance by its mother; this is an elementary and inalienable right which emanates from the dignity of the human being.

[Judgment of May 28, 1993, The Constitutional Court of the Federal Republic of Germany, Judgment of the Second Senate, 20 EuGRZ 229-275 (consolidated case nos. 2 BzF2/90m 2 BzF 4/92, 2 BzF 5/92).]

Americans may feel justly proud that Germany in 1993 was able to recognize the sanctity of human life. You must weep that your own government, at present, seems blind to this truth.

I have no new teaching for America. I seek only to recall you to faithfulness to what you once taught the world. Your nation was founded on the proposition—very old as a moral precept, but startling and innovative as a political insight—that human life is a gift of immeasurable worth, and that it deserves, always and everywhere, to be treated with the utmost dignity and respect.

CONCLUSION

I urge the Court to take the opportunity presented by the petitions in these cases to consider the fundamental question of when human life begins and to declare without equivocation the inalienable rights which it possesses.

Respectfully submitted,

MOTHER TERESA OF CALCUTTA

ROBERT P. GEORGE, ESQ.

February 15, 1994

SUBSCRIPTIONS AND BOUND VOLUMES:

Subscriptions: the *Human Life Review* accepts regular subscriptions at the rate of $20 for a full year (four issues). Canadian and all other foreign subscribers please add $5 (total: $25 U.S. currency). Please address all subscription orders to the address below and enclose payment with order. You may enter gift subscriptions for friends, libraries, or schools at the same rates.

Additional Copies: this issue—No. 2, Volume XX—is available while the supply lasts at $5 per copy; 10 copies or more $3 each. A limited number of back issues from 1991 through 1993 are also available at the same prices. We will pay all postage and handling.

Bound Volumes: Volumes XVII (1991) and XVIII (1992) are available at $50 the copy, paid, Volume XIX (1993) will be available soon at the same price; advance orders are being accepted now.

Earlier Volumes: while several volumes are now in very short supply, we can still offer a complete set of volumes for the first 16 years (1975-1990) of this review for $700 the set. The volumes are indexed, and bound in permanent library-style hardcovers, complete with gold lettering, etc. (they will make handsome additions to your personal library). Individual volumes are available while our supply lasts, at $50 the volume. Please send payment with order; we pay all postage and handling.

The Human Life Review index is available in microform and electronic transmission to on-line terminals from University Microfilms Inc. (300 N. Zeeb Road, Ann Arbor, Michigan 48106).

Address all orders to:

The Human Life Foundation, Inc.
150 East 35th Street
New York, New York 10016


THE HUMAN LIFE
FOUNDATION INC.