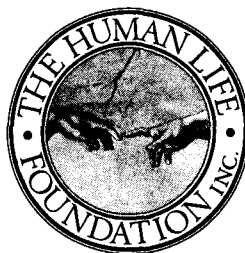


the HUMAN LIFE REVIEW



FALL 1996

Featured in this issue:

William Murchison on . . . Doctor Death, the Celebrity
John F. Matthews on . . . Killers by Choice
Henry J. Hyde on . . . Calling on Our Better Angels

Special Section: Who's Afraid of Post-Abortion Syndrome?

Heather King • Catherine Spencer • E. Joanne Angelo • Candace Crandall

Mary Ann Glendon on . . . "Medically Necessary" Killing
Mackubin T. Owens on . . . Slavery & Abortion
Mary Kenny on . . . Time to Elevate the Argument?
Lynette Burrows on . . . In Praise of Bossy Women
J. Budziszewski on . . . What We Can't *Not* Know

Also in this issue:

Maggie Gallagher • Ray Kerrison • *Physicians' Ad Hoc Coalition for Truth*
Richard Stith • Robert P. Casey • Paul Johnson • Stephen Glover

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ABOUT THIS ISSUE . . .

. . . As we look forward to the start of our 23rd year of publishing, it is clear that, as Representative Henry Hyde said in his House speech on partial-birth abortion (reprinted on p. 25): "Our moment in history is marked by mortal conflict between a culture of death and a culture of life." With the articles we have gathered here, we hope to nurture the culture of life in a society badly scarred by legalized abortion and its "progeny."

The effects of abortion are poignantly demonstrated in our "mini-symposium" (p. 29), for which we have several sources to acknowledge. We thank *Commonweal* magazine for permission to reprint Heather King's *One Woman's Journey*, and the British Catholic weekly *The Tablet*, for Catherine Spencer's piece. We also thank the Pope John Center, which publishes *Ethics and Medics*, in which Dr. E. Joanne Angelo's article first appeared. The Center, founded in 1972, is devoted to responding to medical science and technology in the light of the Catholic ethical tradition. (For more information, contact them at: 186 Forbes Road, Braintree, MA 02184; tel. 617-848-6965; fax, 617-849-1309.)

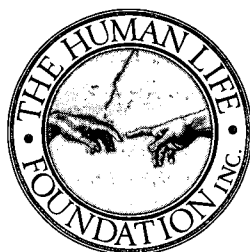
Dr. Angelo is also a member of Project Rachel, a national and international post-abortion outreach program. For more about Project Rachel and other support services (including training for care providers), contact the National Office of Post-Abortion Reconciliation and Healing, 3501 South Lake Drive, P.O. Box 07477, Milwaukee, WI 53207-0477; tel. 1 800-5WE-CARE.

Candace Crandall's "Legal But Not Safe" was reprinted from *The Women's Quarterly*, published by the Independent Women's Forum, a non-profit organization which, wrote the *Boston Globe*, is "well on its way to becoming the foremost media nemesis of the feminist movement." IWF is at 2111 Wilson Boulevard, Suite 550, Arlington, VA 22201-3057; tel. 1 800-224-6000.

Maggie Gallagher, whose column is reprinted in *Appendix A*, is the author of a compelling book, *The Abolition of Marriage*—if it is not in your bookstore, ask them to order it, from Regnery Publishing, Inc., An Eagle Publishing Co., 422 First Street, S.E., Washington, D.C. 20003.

Finally, we thank the *London Spectator* for permission to reprint Paul Johnson and Stephen Glover (*Appendix F*), and for the unique cartoons by Nick Downes.

MARIA MCFADDEN
EXECUTIVE EDITOR



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INTRODUCTION

Do you know Richard Thompson?

We mean *the* Richard Thompson, the prosecutor of Oakland County, Michigan, who lost his bid for re-election in this year's primary elections. Still don't know him? We didn't either, until we read a column by our friend James Hitchcock, who pointed out that Thompson is "the man who bravely prosecuted Dr. Jack Kevorkian . . . only to see juries acquit Dr. Death three times." Adds Professor Hitchcock: "There may have been other reasons for Thompson's defeat, but he was the first prosecutor in that county to be defeated in 30 years. The people have spoken."

Indeed they have, and not just in one county in Michigan. Time was—and not many years back either, we'd say—when anyone who tried to do what "Doctor Death" is doing would have been locked up tight after his first attempt, successful or not, then speedily tried and convicted by a judge and jury outraged by his assault on "the sacredness of human life." Whereas, as William Murchison marvels in our lead article, Kevorkian has instead become a celebrity, duly certified by the applause of a prestigious media audience he spoke to at Washington's National Press Club last July.

It's a stunning demonstration of how far down the "slippery slope" we've tumbled since *Roe v. Wade* legalized the killing of one class of humans, less than a quarter century ago. As Murchison explains it, in place of the traditional sacredness "we have a new principle," one of "individual judgment in these matters, kindness and compassion promoted to precedence over undifferentiated respect for differentiated life." Kevorkian himself puts it more bluntly: "It's a right," he says, "it's inherent. Everyone can kill himself—or herself"—he's just there to help them exercise their "autonomy."

As Murchison says, "The Romans would recognize" Kevorkian's pagan creed, but not "the Judeo-Christian vision of man as the image of God" which has sustained our civilization for two millennia and more.

But then the pagan world was hardly all bad: we used to think ourselves greatly indebted to Hippocrates who, some four centuries before Christ, gave us his famous oath, with its eloquent forswearing of abortion. Alas, the fabled "Father of Medicine" has become just another fuddy-duddy sage, no match for Doctor Kevorkian's great god Autonomy—which in *re* abortion is worshipped in the guise of a woman's "right" to dispose of her unborn child as she will.

However, her absolute power involves more than a “private choice”—she needs help to abort, and in our free-market society that means she normally has to pay for the “service” provided.

What kind of person is willing to provide that kind of service? That’s the question that sets our old friend John Matthews to wondering. After all, as he says, “In the not very distant past, when abortion was considered a shameful and punishable violation of medical ethics,” its clandestine practice was thought to be “mainly in the hands of wicked, hard-eyed old crones who did horrible and gruesome things.” True, abortionists still do some horrible and gruesome things—for more see Candace Crandall’s description further on in this issue—but in the main now, as Matthews puts it, “this once utterly-despised activity has apparently become completely respectable,” performed by people “who have spent grinding years in medical school” only to “devote themselves to destroying and eliminating life rather than to saving and prolonging it.” In short, Matthews joins Murchison in marvelling at our precipitous descent of the slippery slope.

The Honorable Henry Hyde of Illinois was also nonplussed when he rose in the House of Representatives to speak in the debate (last September 19) on “partial birth” abortions: How can it be, Hyde asked, “That we are even *debating* this issue—that we have to argue about the legality of an abortionist plunging a pair of scissors into the back of the neck of a tiny child whose trunk, arms, and legs have already been born, and then suctioning out its brains”—the grisly description is all too accurate, you can hardly blame Mr. Hyde for wondering *why* the great majority of Americans aren’t outraged by such a “procedure”? The problem is, it’s hard to tell whether that majority doesn’t *know* about such atrocities—certainly the Media have not provided them with the vivid description Hyde gives—or simply *refuses* to know (it’s too horrible!). But we do believe that Hyde’s moving plea belongs in our permanent record of the Abortion War, so you get the full text of it here.

Next, Maria McFadden introduces what she calls our “mini-symposium” on another too-little-known aspect of the abortion reality, “Post-abortion Syndrome.” It includes four pieces that may seem disparate, yet complement each other: Heather King tells how her own abortions (she had three) changed her life; Catherine Spencer tries to convince a friend that her abortion was the *wrong* choice; Dr. E. Joanne Angelo provides a clinical view of post-abortion grief, and Candace Crandall concludes the section with some highly-disturbing information on the “national scandal” of “abortion malpractice”—abortion is indeed legal, but *safe* is another matter entirely!

Then we back-track to the partial-birth controversy: after President Clinton’s veto of its ban last spring, the Congress held more hearings that included “expert” witnesses for both sides. Among them was Harvard Professor Mary Ann Glendon, who happens to be not only a qualified expert but also a fine writer, which is why we think you will want to read the full text of what she told our

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lawmakers—Glendon makes good reading out of much that is usually obscured by the *legalese* too many experts speak. She also makes some very telling points about what might be called the “momentum” of *Roe v. Wade*; after all, *Roe* “discovered” a right nobody had previously found in the Constitution (certainly the Founding Fathers never dreamed of it!)—it’s only “natural” that its supporters would “search for new rights” that would buttress and defend the decision by *expanding* it. Just so, *Roe* has been used to justify “assisted suicide” and much else that serves, as Glendon says, “further to undermine respect for life in our society.”

Such “active defense” is by no means new in the history of Supreme Court decisions, being precisely what was done following the infamous *Dred Scott* decision. Then too, the legal victors feared to rest on the “final solution” the Court seemed to have handed them; rather, they fought fanatically both to expand the “right” to slavery *and* to force its opponents to accept it. Needless to add, they over-did themselves right into the bloody Civil War. As Mr. Mackubin Thomas Owens admits, history never repeats itself *exactly*, but “every now and then a parallel appears to be so compelling that it simply cannot be ignored.” He then proceeds to give us the glaring parallels between slavery and abortion.

The hero of the story is of course Abraham Lincoln, who believed that “moral indifference” to *Dred Scott* was not (as we might put it nowadays) an “option” for a free society, and therefore refused to accept the decision as final. How *could* it be, he argued, when slavery was a repudiation of the “created equal” clause of the Declaration of Independence itself? Which it surely did, just as abortion repudiates the Declaration’s “right to life” clause. It’s hardly a *new* story, but Mr. Owens re-tells it very well indeed.

If the slavery-abortion parallel is specifically American, abortion itself is certainly not. While it’s true that the U.S. has the most “permissive” abortion law—abortion on demand right up to live birth (and beyond four-fifths of *that*, as “partial birth” abortions confirm!)—both Japan and much of Europe preceded us in “liberalizing” abortion prohibitions. For instance, Britain legalized the practice in 1967, six years before *Roe*. Then, it was argued that the law would restrict all but “hard case” abortions, but the restrictions were soon and rather easily disregarded. Even so, most Britons have managed to avoid the issue—Parliament has certainly done so, vigorously—until recent events made it front-page news.

You will find a brief summary of these events “boxed” on pages 74-75 below—that is, within Mary Kenny’s article, in which she ponders it all, and wonders if the time hasn’t come to “elevate” the anti-abortion argument to a higher cultural level. Her point is well taken, i.e., that most people *know* the facts, they just refuse to *face* them, and won’t do so until abortion finds opponents with *imagination* enough to employ the persuasive arts (novels, poetry *et al.*).

As it happens, Mary is followed by a most persuasive friend of hers, Lynette Burrows, who provides a good and sharp example of just the kind of thing we need more of—in this case, a stiff uppercut to the glass jaw of feminist ideology

and the myths it gets away with employing. If that sounds like strong stuff, we think you'll agree that Burrows provides exactly that here, albeit rather briefly (we wish she'd do a whole *book* on the subject!). In any case, we're sure you will find it a most enjoyable change of pace.

We conclude our regular articles with another piece that is different from our usual fare. Actually, we've run a good deal of "religious" stuff in our time (this issue completes our 22nd year of publication), but ordinarily we have eschewed what might be called appeals to authority that many readers would be unlikely to accept—e.g., the "We know because the Bible tells us so" variety.

Well, that's exactly the kind of authority Professor J. Budziszewski invokes here—but he does so to support a line of argument that we found fascinating. So much so, in fact, that we'd rather not spoil it for you by trying to describe it. As *he* puts it, the paradox is that truth is *known*, just denied. The good professor may not convince you, but we bet he'll make you *think* hard. Why is it, for instance, that those who most adamantly deny the "religious" notion of an innate human conscience are so quick to appeal to "the conscience of mankind"? If you can ignore Thou shalt not kill, why not Thou shalt not pollute? As we say, fascinating stuff, which Budziszewski (speaking of fascination, we *asked*, he says it's pronounced "Boo-jee-shef-skee") has the imagination to turn into a good *story*; Mary Kenny would approve, we have no doubt.

* * * * *

Our appendices this issue are fewer in number—only a half dozen—but all of them relate directly to our articles, beginning with *Appendix A*, in which Columnist Maggie Gallagher wastes no time in asking the question that the "partial birth" abortion horror inspires: "Are we a civilized nation or not?" But she has noticed something that most other commentators missed: *defenders* of the ghastly procedure have insisted that the victims are in fact "seriously deformed" and *therefore*, presumably, worthy of execution—which Gallagher rightly describes as "whipping up a little public revulsion against the handicapped"! Along the way, she also supplies a good deal of information on the whole controversy, as a good reporter should—too many write as if the reader *knows* it all, which is certainly not true in this very complicated affair (she even cites *us*).

We can say the same for Ray Kerrison (*Appendix B*), who expands on the partial-birth saga from a slightly later viewpoint—he was writing just after the U.S. Senate failed to over-ride President Clinton's veto of the partial-birth ban. Kerrison too notices something most of the news stories ignored: Connecticut's Sen. Joseph Lieberman, a Democrat who voted to *sustain* Clinton's veto, did so while saying that he had "a growing personal anxiety that something very wrong is happening in our country." He's right: Americans are now perpetrating a holocaust on the innocent unborn; after Hitler's holocaust of the Jews, "good" Germans claimed they didn't *know* what was happening—we *do*.

Compounding the evil is the charge—disputed, maybe, but *not* convincingly—

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that the partial-birth “solution” is not only a moral horror but also bad *medicine*, which is exactly what a group of distinguished medical experts say it is (*Appendix C*). They say a lot more too: for instance, they charge that abortion proponents “have waged what can only be called an orchestrated misinformation campaign” that included claims they knew to be “totally and completely false”—meaning that women who have *had* partial-birth abortions for what they believed were “medical reasons” have been “tragically misled.”

In *Appendix D*, Professor Richard Stith brings us back to Lincoln and slavery, and the point made by Mr. Owens—that defenders of the “peculiar institution” would not accept mere *toleration* of it, but demanded that slavery be accepted as “a positive good that should be everywhere accessible”—exactly what Planned Parenthood would have us believe about abortion. But Stith sees a “technological” problem: sonograms “bond” mother and child very early in pregnancy, which means that “horror at abortion is likely to increase” among women—he thinks the sonogram could be “the *Uncle Tom’s Cabin* of the abortion debate”!

Slavery’s political power was vested in the Democratic Party which, despite all efforts to stifle “dissent,” was split apart by the *moral* issue involved. Ironically, the same party is behaving in roughly the same fashion on *this* century’s great moral issue: it has become the Party of Abortion, no “right-to-lifers” need apply—not even the sitting Governor of the Great State of Pennsylvania. As everybody knows, then-Gov. Robert Casey asked to address the 1992 Democratic convention, but was denied “the right to speak because I am pro-life and planned to say so from the convention podium” (as he puts it, in *Appendix E*). Casey tried again this year, was again denied, and so took to the *Wall Street Journal*, to tell his fellow party members what he couldn’t tell them in person, for instance “The time has come for the Democratic Party to give all God’s children—born and unborn—a seat at the table.”

Finally, in *Appendix F* you will find commentaries on the present situation in Britain, by two columnists for the London *Spectator*. The first is by Paul Johnson, an historian whose books are well-known over here; he writes that “it is quite untrue to say that there are no good causes left”—ending abortion is a very good one! The second, by media-critic Stephen Glover, provides quite a few details about the several “scandals” Mary Kenny describes. One of them involved a woman who, at the time Glover wrote, was pregnant with *octuplets*—all of them (six boys, two girls) later miscarried, at 19 weeks gestation.

We are also indebted to *The Spectator* for the ten cartoons you will find in this issue—all of them by Mr. Nick Downes, about whom we know nothing beyond what we can see, which is an hilarious talent based on the greatest simplicity of both imagination and artistry—we hope you enjoy them as much as we have. For that matter, we hope you enjoy the whole issue.

J. P. McFADDEN
EDITOR

Doctor Death, the Celebrity

William Murchison

⁶⁶“Dr. Kevorkian is out of control,” Timothy E. Quill and Betty Rollin charge in an August 29th New York *Times* Op-Ed essay.

Coming as it does from two staunch advocates of assisted suicide, the accusation enjoys a certain resonance, not to mention timeliness. When Quill and Rollin wrote, in late August, “Dr. Death” was winding up a summer of extraordinary activity—ten assisted suicides since June 10, two of them on August 22. The Quill-Rollin essay apparently made no impression on Kevorkian, who, in the first week of September, filled two more vacant slabs in the morgue.

The death August 15 of Judith Curran, a 42-year-old nurse, especially agitated Quill and Rollin. Curran, who carried 260 pounds on her five-foot-one inch frame, suffered from chronic fatigue, as well as from marriage to a man whom police charged with spousal assault only three weeks before her death. The Oakland County medical examiner—an official admittedly hostile to Kevorkianism—said on the basis of an autopsy that Curran had no medical disease. She had been in no danger—except of course from herself.

Earlier, 39-year-old Rebecca Badger, who was being treated for multiple sclerosis, killed herself with Kevorkian’s indispensable assistance. The autopsy showed no sign of the affliction of which she complained.

Nor was another Kevorkian client, 59-year-old Elizabeth Mercz, who had amyotrophic lateral sclerosis—“Lou Gehrig’s disease”—near the point of death, according to the autopsy. Though of course the disease would eventually have killed her.

The obvious inference is that, as Kevorkian draws more and more attention to himself, and as clients (one hates to call them patients) flock to him, and juries decline to convict him, he feels possessed of a ghastly power. With lofty contempt, Quill and Rollin call him “the sole proprietor of a quick-fix death store.”

Kevorkian’s clear sense of his own power likely suggests to him a grander title. Perhaps the snippet from the *Bhagavad Gita* which haunted the atomic bomb scientist J. Robert Oppenheimer—“I am become death, the destroyer of worlds.” What power, in human terms, is greater than that of snuffing

William Murchison, our contributing editor, is a nationally-syndicated columnist based at the Dallas *Morning News* and author of *Reclaiming Morality in America* (Thomas Nelson Publishers).

the flame of life? Here one instant, gone the next, thanks to the boldness of an individual who took it upon himself to act! Such individuals are rare; they shape history. Kevorkian must relish the testimony of the Michigan law professor who said, "There is certainly a major shift that our society has undergone as a result of this man. Ultimately, I think he will be a major force in shaping the law."

(So they laughed at Jack Kevorkian, did they? Called him "weird"? What do they say now that he's reshaping the law?!)

This much moral confusion, concerning the ultimates of life and death, we have not seen in modern times. Quill, the lead plaintiff in a case challenging New York's assisted suicide law, and Rollin, who wrote a book about helping her terminally ill mother commit suicide, partake of the confusion.

Their intent is not to challenge the premise that the tenant of the body enjoys final jurisdiction over it. The argument is over means, not ends; taste, not objectives. "Dr. Kevorkian's early actions," they write, "served an important purpose. He forced Americans to acknowledge the intolerable sufferings of the terminally ill . . ."

The Kevorkian of 1996, as Quill and Rollin see him, is tasteless, brutal. He fails to knuckle his forehead to the Quill-Rollin guidelines on assisted suicide. These stipulate that "a terminally ill patient should be helped to die only after every alternative has been exhausted." Kevorkian lacks expertise in managing pain and in "considering complexities of the wish to die." To say the least, he ignores "complexities." Far from considering them, he plows them under.

We might call Quill and Rollin the "euthanasia moderates"—scrubbed and manicured spokesmen for reason and good will. "Death with dignity" is their aim. Arrayed against them, one might gather, are the cut-and-slash radicals with rundown heels and grease on their ties: Newt Gingriches of the euthanasic left. Ah, the waste of it all! Why can't these disreputable people adopt the tender methods and objectives of moderates? Too brutal and slovenly for words, Dr. Kevorkian! And his people! Poor preyed-on victims. Hardly like Betty Rollin's cancer-ravaged mother, overdosing on Nembutal and Dalmane, then joining hands with daughter and son-in-law, "as if in a ceremony . . . perfectly, harmoniously still," telling them, "Remember, I am the most happy woman. And this is my wish. I want you to remember . . ."

The euthanasia moderates are under a serious misapprehension. They conceive themselves, it would seem, to be acting on a different fundamental

principle from Jack Kevorkian's. If truth be told, the same principle underlies their effort, which is why the two camps are not rivals really but collaborators. That principle is the dispensability of human life under circumstances to be decided case by case.

"The colonel's lady and Judy O'Grady are sisters under the skin," Kipling wrote. So with Rollin and Kevorkian, as differently as life may have shaped their breeding, temperament, and taste. The sacredness of life, as bestowed in trust by God, is the principle both have breached. If Kevorkian's lip-licking enthusiasm for his task dismays the well-bred Rollin, whose love for her mother shines through her poignant narrative, one has a right to say to her: Aw, come on, lady. Aren't you both singing off the same sheet?

Arguments concerning the famous slippery slope have a monotonous quality, so let's try a different image. Think of moral principle as a high, fine fence protecting human life. Outside it, the dark forces of instinct and aggression; inside, sheltered and slumbrous, the green pastures of peace, of contentment.

But then, safe inside the barricades, some of the flock start muttering. Circumstances change—why shouldn't principles? Betty Rollin's mother, after a long full life, her husband having died already, falls ill with ovarian cancer. Life for her ceases to have meaning. "Every day," she says, "is bad . . . to me this isn't life. Life is taking a walk, visiting my children, eating! . . . If I had life I'd want it. I don't want this." Her plight engages her daughter's tenderest, warmest feelings of compassion. Betty Rollin wants for Ida Rollin a speedy departure, with dignity. What if, to secure such a departure, we were to dismantle part—only part—of the protective fence? A breach in the principle that life is sacred—given good cause for such a breach, who will mind?

So the thing is done, and Betty Rollin writes a popular book, *Last Wish*, describing in emotional language the whole experience. This is in 1985. *Last Wish* catches the tide of growing interest in euthanasia. As their tribulations achieve wider notice, sympathy grows for patients living in pain, ready for the end but denied; their lives not wholly washed away but ruined all the same, like sand castles licked by the tide.

Well, we have a new principle—one Betty Rollin, by implication at least, bids us accept. The principle is individual judgment in these matters, kindness and compassion promoted to precedence over undifferentiated respect for differentiated life.

The hole that Rollin and Quill open in the protective fence surrounding

life admits not them alone but others. Nor is there any reason that some of these others may not enlarge the hole to suit their own fancies. This is what Dr. Jack Kevorkian has done—enlarge the hole.

To tell the truth, the hole, when Kevorkian encountered it, was larger than many had supposed. Let Kevorkian's attorney, Geoffrey Fieger, tell it. Kevorkian and Fieger turned up last July—at the height of the summer slaughter—in a presumably respectable venue, the National Press Club. The media's manicured and tailored representatives in Washington wanted to know what was going on with this big new story. Fieger and Kevorkian told them.

Fieger had just denounced—to applause—"the inveigling of religion into what should otherwise be a separation of church and state . . ." He went on:

I have never heard a rational argument why a mentally competent, sick, or dying person does not have an absolute right under certain controlled circumstances, to end their suffering without government. I don't see how rationally you can make an argument in this country, where over 20 years ago it was declared fundamental right for a woman to control her own uterus and make decisions about an unborn child. And every single argument that was raised in *Roe v. Wade*, every single one, identically, is raised here: the slippery slope; if you allow this, we'll have infanticide; we'll be killing the infirm, the insane; we'll be killing the elderly. Every single one was made. How can you resolve the [sic] in favor of a woman despite those arguments and not allow a mentally competent dying or suffering born person to abort themselves, how is that possible?

Why, counselor, what a point you have. Almost certainly it's not possible—if you stick to the *Roe* principle: life as dispensable, contingent.

Well, now, not everyone wants to stick to the *Roe* principle, such is our society's well-known ambivalence about abortion. Fieger, the hard-nosed attorney, sees what these won't look at squarely: light shining through the moral fence protecting human life from roving predators. The Supreme Court, in *Roe*, wrenched a few boards off the fence; Betty Rollin pried a large enough opening for her special errand of compassion. Is a retired pathologist in Michigan entitled to do less if conscience instructs him—as it instructed his predecessors—that human life may be extinguished without guilt or reprimand?

There is no logic here. Betty Rollin and the U.S. Supreme Court apply individualized criteria to the question of when humans may intervene to take their own lives, or those of other humans. Who says their wholly-subjective criteria are better than Kevorkian's? There is no yardstick by which to take the measure of such claims. Why not just remove the fence in that event—use it for firewood? Warn the inhabitants that henceforth

they're on their own?

As it happens, that would likely suit Kevorkian fine. He has everything figured out. Just ask him.

"Can you tell us your underlying philosophical belief?" the National Press Club moderator inquired of their guest.

"Yeah, it's quite simple. Absolute personal autonomy. I'm an absolute autonomist. Do and say whatever you want to do and say at any time you want to do or say it, as long as you do not harm or threaten anybody else's person or property."

The transcript, at this point, records "Applause." Possibly some in the audience extrapolated from this declaration a commitment on the doctor's part to absolute press freedom. (Notwithstanding that earlier the doctor had addressed the audience as "wimps—all of you.")

The Betty Rollins of the world, with their well-bred nuances and modulated talk of compassion, don't understand people like Kevorkian: mannerless, straight-ahead types whose greatest weapon is their clarity of viewpoint. If they drool and scratch themselves, at least they don't mind the heavy lifting that goes with the job at hand. Still, such folk can't stand nuance. At last they start kicking tables over, making an awful clatter. Because they see what they want, they set out to get it. Kevorkian has found it, and nobody can wrench it away from him.

Not that Kevorkian doesn't talk, Rollin-like, of compassion and suffering. It just fails to turn him on. Autonomy turns him on. "Suicide," he told the National Press Club audience. "It's a right, it's inherent. Everyone can kill himself—or herself. Sorry. To ask assistance to do it is not a right either. That obligates somebody else. But the person—a person can voluntarily exercise autonomy and say, 'I will help you in an action to which you are entitled.' The problem is infringing the autonomy of the person who wants to actively help without being asked or forced or coerced or feeling that he has an obligation to fulfill, see? This is a problem. The laws prevent that. That's an infringement of autonomy that cannot be justified."

There are obvious weaknesses in the doctor's argumentation, the kind that invite a gigantic "Oh, yeah?" Suicide, an inherent right? Where does that one come from, other than left field? Prove it, doctor. Don't just assert it—show how and why, and Who says?

Nevertheless, a lot of people agree with Kevorkian—at least to a discreet point. Certainly his clients agree. When, in Southfield, Michigan, last September, police broke up a counseling session Kevorkian was holding with a woman suffering from spinal cord disease, the woman took heated

exception. "I came to die," she emphasized at a press conference. The next day, she did. (Kevorkian and Fieger, to show the depth of their outrage, filed a \$25 million federal lawsuit against the police.) When last May Kevorkian won his third acquittal in Michigan on charges of assisting a suicide, jurors besought his autograph.

Polls show three out of four Americans sympathetic to the asserted right to euthanasia in cases of excruciating pain. A Michigan defense attorney who has been tracking the euthanasia issue told the *Toronto Star*: "The public has begun to perceive this like abortion. Nobody likes assisted suicide, but it is a necessary consequence of living in 1996." Or dying, as the case may be.

The comparison with abortion shows how far the autonomy argument has sunk in. In fact, the argument is ancient (hence apparently well rooted in human nature). The Romans would recognize it. Modernity has entrenched it. "The advance of religious scepticism, and the relaxation of religious discipline," wrote the Victorian historian W.E.H. Lecky, "have weakened and sometimes destroyed the horror of suicide; and the habits of self-assertion, the eager and restless ambitions which political liberty, intellectual activity, and manufacturing enterprise, all in their different ways, conspire to foster . . . render the virtue of content in all its forms extremely rare." So much for "that spirit of humble and submissive resignation which alone can mitigate the agony of hopeless suffering."

We go vaulting backwards in time, the centuries blurring as we pass: the perfumed revolt of the Enlightenment, long-bearded theologians in Geneva, ranks of brown-cassocked monks, barbarian chieftains, until with a jolt we fetch up among marble columns.

We take our bearings. We are in ancient Rome—psychically. The people swarming the streets speak another tongue, but not a few of our thoughts are their thoughts. We owe Jack Kevorkian a certain debt: He has made our psychic destination far clearer to us than Timothy Quill or Betty Rollin or Derek Humphry or the Hemlock Society have made it.

Individual autonomy—the right to embrace life or reject it—is the new/old principle at stake. Kevorkian, in word and deed, tells no less. There is certainly an attraction here—the attraction of control. In the Stoic culture of ancient Rome (wrote Lecky), "Life lost much of its bitterness when men had found a refuge from the storms of fate, a speedy deliverance from dotage and pain." Plutarch relates how Cato the Younger, deprived by his son of the sword with which he intended to kill himself, raged until a boy returned it. "Cato took it, drew it out, and looked at it; and when he

saw the point was good, 'Now,' said he, 'I am master of myself.'" After a nap, he sheathed the weapon in his chest.

True, stabbing yourself to prevent humiliation by political enemies isn't the precise equivalent of allowing a grotesque ex-pathologist to poison you *via* needle and tube. However, times have changed, and the principles at stake are at least equivalent: the nominal owner of the body as rightful gatekeeper of life and death.

The true problem is that fence which formerly surrounded and protected human life—now so full of holes as to admit all manner of attackers.

Supposedly the only thing we talk about here is personal autonomy. Not quite. Fieger, the Kevorkian lawyer, makes this clear when, in tracing the family connections of Kevorkianism, he brings in *Roe v. Wade*. The right to abort and the right to die he ties together securely. He is correct, of course. But, far from providing reassurance, he disturbs.

The underlying principle is personal autonomy? It depends on what you mean by personal. You mean a sick woman's right to end her life? How does that correspond to the decision a pregnant woman makes to end a life distinct from her own? The autonomy principle is broader and more slippery than Kevorkian and Fieger let on. Unbidden, it slops over into the lives of others. Nor can Kevorkian and Fieger logically confine it, having destroyed (at least by their own estimate) the principle that life is sacred.

In fine: If one's own sick, weary life is worth little, how much are other sick, weary lives worth? No, no, Kevorkian might riposte. Autonomy! Autonomy! Can't hurt others. To which the answer is: Oh? Why not? What if someone chooses to define "autonomy" differently from how Jack Kevorkian (who isn't Plato or Noah Webster) defines it? Say that autonomy, upon this redefinition, means the right not only to healthy existence but the right to surroundings free of drugged, dreary deaths on the taxpayers' resources: the mentally infirm, the severely handicapped, the old.

Would not a two-fold advantage accrue from, shall we say, divesting ourselves of such folk? Advantage 1: freeing earth's limited resources for the use of those able fully to enjoy them. Advantage 2: freeing the "physically disqualified" of a life which surely they must find burdensome. Why should they not rise up and bless us—like Kevorkian clients—as the gas fills their lungs or the poison their veins?

The slope of which no one wishes to talk—except Geoffrey Fieger in making light of it—is slippery indeed when the principle of human life's sacredness has been washed away.

"Ideas have consequences," as the title of Richard Weaver's remarkable

WILLIAM MURCHISON

book would have it. This is because ideas affect not only the way we think but—assuming we take them seriously—the way we behave. They elevate or cast down, ennoble or destroy. The popularity of Jack Kevorkian's deadly—it is not too much to say evil—ideas concerning autonomy shows the awfulness of our present moral condition.

The ghost of Cato the Younger, who never received the Christian Gospel, could plead extenuating circumstances for undue attachment to the autonomy gospel. Late 20th-century Americans have no such excuse. The Judeo-Christian vision of man as the image of God has passed in all its glory before their eyes—but it is getting harder and harder to know whether they any longer *accept* much of it. Judicial acquittals for the dark Doctor of Death! Applause at the National Press Club! The ancients indeed had words for it: Those whom the gods would destroy, they first make mad.



'It wouldn't surprise me if we had a serial killer on our hands.'

THE SPECTATOR 6 January 1996

Killers by Choice

John F. Matthews

We live in a world dominated increasingly by the assertion of what are said to be “rights”—women’s rights, animal rights, special rights for adolescents, ethnic, racial and sexual minorities—the list seems endless, and the passion for enforcing them frequently verges on the hysterical.

In their demand for recognition and “empowerment,” for example, organized lesbians and homosexuals like to stage loud (and lewd) exhibitionist demonstrations to show their hatred and contempt for what they call “straight” society, targeting church services, Fourth of July celebrations and jolly community festivals like New York’s St. Patrick’s Day parade. What they claim is a *right* not only to “express themselves” but also not to be disapproved of or “discriminated” against. Meanwhile, in somewhat less urban parts of the country, “anti-development” enthusiasts often act with similar violence and enthusiasm to protect the hitherto-unrecognized rights of snails, newts, or inconspicuous bits of creeping and indigestible vegetation.

For better or worse, the American Constitution’s hallowed Bill of Rights—originally devised to guarantee freedom to write and speak on matters of politics and religion, and to defend property rights—has now been twisted into an instrument for purposes which not even the most passionate liberal could pretend to be any part of the intentions of the original Founding Fathers.

Freedom of speech, for instance, is now interpreted to mean the right of entertainers, publishers, film, TV and “music” makers to systematically corrupt and pervert the public mind and morals with unrestrained exhibitions (and celebrations) of violence, degeneracy and vice which would have seemed perfectly at home amid the decadence of the declining Roman Empire.

But at the same time, and utilizing other interpretations of the same Constitution, proponents of Political Correctness have quite uninhibitedly been able to enforce the view that an immense range of nouns, adjectives, familiar terminologies and unfashionable arguments and attitudes can *not* be freely expressed in public, because they infringe the right of various sexes, minorities or “lifestyles” not to be mentioned or discussed in ways

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that “insult, diminish or defame” them. Partisans of the new “freedoms,” oddly enough, have become the strictest enforcers of limitation and conformity in speech, conduct and opinion—and one defies them, in many parts of America, only at the risk of losing either one’s job or the possibility of promotion.

But what people say, sing, or print is of course not nearly so significant as what they actually *do*. And beyond any question, the most significant development in the new doctrines of “rights” has to do—*hugely*—with fundamental matters of life and death.

By a judge-determined, split-decision “interpretation” of the Constitution, modern American women have had the right for over two decades to kill their own children. For it to be legal, of course, they still have to make sure they do it before the infants have grown to the point of actually getting themselves *born*.

The Chinese, who kill unwanted or “excess” babies *after* they have been born (by exposure, starvation, neglect or other “natural” means), are of course an international scandal. This is partly because the ones they get rid of are mainly girl-children, and partly because for us here in the enlightened West the whole trick is to destroy the little creatures before they can get out into the air and start screaming.

Ever since *Roe v. Wade*, every prospective mother in America has had the right to “choose” whether to bother having the baby she is carrying, or to have it killed before birth and put out of her way. And unlike the executions of terrorists, multiple rapists and murderers (which can take years and involve endless appeals and judicial reviews), all it takes to get rid of an unborn infant is an appointment at the friendly neighbourhood “clinic.”

One of the oddities of the female’s special “right” in this matter is that it is wholly and unashamedly sexist. Whoever or whatever the man who is involved in the conception of an unwanted child (and there has to be one—husband, lover, rapist, passing stranger, donator of anonymous sperm), he has no rights whatever in an abortion clinic. Neither to order the action nor to prevent it; not to postpone, hasten, not even to demand discussion of the matter. Interference is entirely unacceptable; all the clinic has to do is call the police.

And the function of the police? Not, as in the past, to prevent the killing of the unborn child, but to ensure that the pregnant woman’s wishes shall prevail. She has the absolute and (so they say) “inalienable” right to choose life or death; to condemn without regard to innocence or guilt, and to exterminate without the slightest fear of legal retribution.

Whether she has a *moral* right is, in feminist circles at least, no longer even discussable. In the words of the old song, "What Lola Wants, Lola Gets," if she wants to fornicate—because she has the appetite and finds it fun—*let* her. And if as a result she gets pregnant (which is, after all, a not-unnatural consequence), then by all means let her do what *men* supposedly do all the time—simply walk away from the situation. Unlike the (supposedly) complacently unconcerned male, she may have to dispose of the unborn baby first—but that's perfectly legal now, so what's the problem?

There is no longer anything in the Feminist Creed to suggest—as used to be the case—that women are by nature morally as good or actually *better* than men. To the contrary, there is only the insistence, nowadays, that they have an absolute right to be every bit as *bad* as men are often said to be in the ideological fantasies of some of the more shrill professional feminists.

So women have a right, now—conveyed solely by gender—to get rid of their pregnancies. But when it comes to the actual act of *killing* the unborn, women also have the unusual legal authority to *delegate* their rights in this matter to somebody else.

As indeed well they'd better: "Do-it-yourself" abortion tends to be both painful and unsafe; the last thing women seeking this sort of "relief" have in mind is to hurt *themselves* in any way. So the dirty work of killing what pro-abortion activists modestly prefer to call "fetuses" is simply handed over to somebody else. Which in almost all cases, nowadays, means somebody in the medical profession.

In the not very distant past, when abortion was considered a shameful and punishable violation of medical ethics (and in all "civilized" western countries had been for many generations wholly illegal), the business was conventionally thought to be a nasty, clandestine, back-alley affair. It was mainly in the hands of wicked, hard-eyed old crones who did horrible and gruesome things either with herbal infusions, or with dreadful instruments like bent coat-hangers or rusty button hooks. Alternatively, of course, there might sometimes be a disgraced and disbarred ex-physician, raddled with drink, drugs or disease, plying his abhorrent trade with unsteady hands and ancient surgical implements on top of a rickety kitchen table somewhere in the slums.

Nowadays, of course, the situation is entirely different. Within less than a quarter of a century, this once utterly-despised activity has apparently become completely respectable. People who have spent grinding years in medical school, followed by the exhausting routine of internship, now openly

devote themselves to destroying and eliminating life rather than to saving and prolonging it. Aided by trained female nurses and staff (an important element in abortion clinics—they help customers feel comfortable!), these skilled medical persons go about their task of “embryo disposal.”

Not the most enticing occupation in the world, one would have imagined. A natural assumption is that the main motive for a man or woman to embark on the baby-killing trade would be to make money. Anything *other* than that would suggest an element of the psychotic.

The kind of person who would perform abortions for “kicks” would clearly have to be insane—like the perverts and “paedophiles” who wreak fatal havoc on the slightly *older* unsuspecting young. And anybody who took up a career in abortion simply to “help reduce world over-population” or to “free women from the unfair consequences of their natural sexuality” would quite rightly be considered something of a nut. Granted that fanaticism does tend to eliminate the constraints of normal morality (which is what helped make a good Nazi S.S. man, a good Jacobin in the days of French revolutionary Terror, or a good member of the OGPU or the KGB under Lenin and Stalin): Is that really quite what one hopes for in a good gynecologist?

So what are they like, then—the thousands of specialized “doctors” all over the world who, evidently without the slightest known quaver of conscience, go routinely in to work every day, to knock off their appointed quota of “terminations”? Isn’t that more or less the way the S.S. did it, or the GPU—or famous official government executioners like France’s M. Samson or Britain’s unflappable Mr. Pierpoint?

Well no, not quite. The S.S. and KGB were taught that they were exterminating members of an inferior and hostile race or class, whose existence threatened the welfare, health and actual *survival* of the states and creeds they served with such brutal loyalty.

Like True Believers everywhere, they were not just killing off anybody who was brought into the office in the belly of an unwilling mother—they were killing off *enemies*. So too, Mr. Pierpoint and M. Samson were not hanging or beheading at random, or at the mere demand of a woman who did not choose to bear her own child. They were acting (presumably) in the name of Justice—ridding the State of known criminals, whose guilt had been properly established by trial and conviction. Which is certainly not the case with babies killed in the womb by our modern secular “physicians.”

The victims of pre-natal execution have obviously never done anything wrong or deserving of punishment, because they have never been in a

position to. And as for justifying elimination of the unborn on the grounds of race, class, religion or ethnicity, that proposition (in the USA or the UK at least) would quite properly be treated as a monstrous and criminal outrage.

But if none of the classic excuses and rationalizations offered down through the ages by hangmen, lunatics and execution squads are suggested as even remotely applicable in these cases, how on earth can our doctors get away with it?

Quite easily. It is *legal* now.

What an odd world we live in. If the Hutus and Tutsis in Rwanda and Burundi periodically do away with 10 or 15 thousand of each other, this is viewed by white outsiders as a horrible outburst of inhuman tribal savagery. Or if the Serbs kill off a few thousand Muslims or Croats (or vice versa) in a little frenzy of *white* ethnic cleansing, there are universal shudders, and we send in troops to help stop the massacres.

But if members of the U.S. medical profession, acting solely on the instructions of their sexually-mature, maternally-unwilling but legally-empowered female “patients,” participate in over 1,500,000 cases of pre-natal infanticide every year, that is apparently considered just part of their job. That is more deaths than took place among American troops in all the wars the country has ever fought. And it’s a quarter of the killings (annually) that are claimed for the entire Jewish holocaust under Hitler. During the years since *Roe*, that comes to well over 30 million deaths in America alone—which is 10 million more than the 20,000,000 Soviet citizens officially reported as slaughtered during the whole of World War II.

One might think that fatalities on such a vast and calamitous scale might well arouse the self-promoting sympathies of those popular Show Biz types who are always available (like the adulterous, photogenic “Princess” of Wales) to clutch and give comfort to people with AIDS. But oddly enough, the fund-raising, the concerts, and the pathetic public beseechings of this particular crowd all seem to be devoted solely to the cause of people who’ve already been born.

Indeed, especially to the very tiny minority who are damaged in what is advertised as being a rather “glamorous” and “sensitive” sort of way, and are doomed by a loathsome disease which according to repeated scientific evidence (and despite all the propaganda to the contrary) seems to have been in the great majority of cases partly self-inflicted.

Most AIDS victims are clearly products of a “lifestyle” based on sexual practises which have been the subject of condemnation ever since Sodom and Gomorrah. Having enjoyed their promiscuous frolics in places like

bath-houses and public toilets (in an atmosphere scented with the romantic fragrance of urine and feces), what is killing them seems as natural a consequence of their own personal behaviour as pregnancy is for women who engage in normal fornication.

Others, of course, can also contract this disease. Careless drug addicts; perfectly *innocent* persons like tennis champion Arthur Ashe and a lot of hapless hemophiliacs who unwittingly received contaminated blood transfusions—not to mention members of the various medical professions who are put at risk now from the body fluids of some of their own patients. But as London's celebrated Dr. James Le Fanu and many others point out, AIDS has demonstrably *not* turned out to be the universal menace that it was once widely proclaimed to be, and people who die of it are still overwhelmingly homosexual.

So how many *do* die of it? A lot fewer than die each year from auto-accidents or from perfectly "ordinary" viral infections. Strokes and heart attacks are annually fatal to immensely more people than AIDS—and so, too, are a lot of other familiar and old-fashioned afflictions. So: why all the commotion and publicity?

Quite simply, because these miserably dying homosexuals offer the Celebrity Compassion Industry a number of rather conspicuous advantages. First, some of the victims are celebrities or would-be celebrities themselves. Secondly, they are really and truly suffering from something which is slow, lingering, painful, and visibly quite horrifying—and many are considerably more willing than most sick people to be photographed and to speak to the media about it. Added to which there is a lingering aura of "defiance" and "wickedness" about these doomed and shrunken figures which seems to make them somehow expressive of dogmatically rebellious and sexually permissive attitudes still left over from the Youth Culture of the 1960s.

What remains completely unacknowledged, however, in all the insistent (and *commercialized*) pathos about AIDS, is the fact that *abortion*, every year, wipes out about 150 times more individual lives than AIDS has ever done. This is something that stars of the Celebrity Compassion Circuit somehow never even seem to notice, maybe because the 1,500,000 American babies destroyed every year by abortion are—for all practical or *publicity* purposes—invisible.

Short of X-rays or something like sonic imaging, they seem to the external observer to be nothing more than rather unsightly and occasionally somewhat thrusting lumps in the bellies of their unwilling mothers. And even granted that they are truly and incontestably "victims" (who have

done nothing *whatever* to deserve the fate that awaits them), they are regrettably in no position to be pathetic about it. They cannot be cuddled; they cannot speak to tell the world how brave they are being, or how grateful they are for all the love they've been shown by their "partners," or how much they blame "society" for not spending more money to find a *cure* for their condition.

The "cure," of course, is obviously to get rid of them. In the modern entertainment business, sex without responsibility is generally promoted as the whole key to happiness. What good is success if the aim isn't to have *fun*? Even a good cry can be fun (for a gallant victim of AIDS, for instance)—but where's the profitable weep to be found in something so demanding, undefined and burdensome as an unborn baby?

That's a completely different world, man!

And indeed it is. Instead of a relatively small-scale but utterly dreadful affliction that kills off the sort of nice, presumably "talented" types that celebrities are more or less expected to know personally and be concerned about, abortion is something vast and formless, killing off and destroying the unformed futures of millions about whom one knows nothing whatever—and, once aborted, never *will*.

Of course by sheer statistical probability there may be many among them, every year, who might have shown a good deal more human and creative potential than all the lost actors, hair-dressers, ballet dancers, athletes, rock-stars and fashion-designers, etc. in the whole recent AIDS generation put together. But who can possibly know? And how, then, could anyone be expected to care? Certainly not the eager, sentimental types who find some kind of "feel-good" factor in "compassion" about AIDS.

To be publicly and profitably lamented, what one needs is visibility, personality, and (if possible) fame.

The doctors who are trying to deal with AIDS cannot really be blamed for any of this. What they're doing is simply what the vast majority of physicians have always been devoted to doing; saving life, diminishing pain, and trying as best they can not to injure anyone. And indeed *most* members of the medical community, however greedy they may sometimes seem, and however unwilling to blow the whistle on unsuitable members of their own tightly-guarded profession, are clearly and demonstrably on the side of life.

Those in the abortion business, on the other hand, are something else again. Their profession is fatality. They and their nurses constitute only a small minority in the complex world of modern medicine, but a very

peculiar part. What they do for a living is snuff out human futures. And let's not be deceived about it; they know perfectly *well* that this is what they're doing.

They can have no illusions about it, because if a woman instructed them to help her carry her baby to full term and then deliver it safe and well into the *next* stage of childhood, they would be obliged to do that, or send her to someone who would. Both their training and their experience make it necessary for them to be perfectly aware that what they and the lawyers and the feminists have agreed to dismiss as nothing but a fetus is *not* merely a "something" but a *somebody*.

What dies in every abortion is a small human being, going through one of the inevitable stages of normal human growth. Allowed to live, it would have changed and developed just as all the rest of us have done—we are all "ex-fetuses"—but of course nobody, as an embryo or fetus, is recognizably what he or she will be at the age of two. The potentiality is there, but what the development requires is good luck, good health and the passage of time.

So too, by thirteen, everybody will again have profoundly and dramatically altered. At 20, something even *more* different has emerged. And by the time we reach 45 or 50 (as every "college reunion" photograph shows), most of us cannot easily be identified as having ever been—or looked like—what we were at 20.

Life is a process of change; a mystery, a wonder, a true, traceable, and sometimes quite-inexplicable miracle. And it starts with conception. What each of us will be—saint, moron, genius, sluggard, lunatic, lout, or loving and devoted husband and wife—all begins with the pregnancy that gives us life. Destroy us then, or destroy us later; it is the death that counts, not the date of it. And the pretense that killing the "unborn" is somehow saner or more excusable than if the killing happens a little later is surely one of the great moral and legal frauds of our time.

Kill a child at ten, and you are said to be a monster. Kill the same child a few months before it naturally emerges from the womb and you are merely an abortionist, with a perfectly legal *right* to do it. And if there's a little problem about dates, so that things have gone on a bit longer than perhaps they should have done under the legal fiction that "real life" begins only at some absurd and arbitrary point agreed to once by the majority of a panel of elderly judges—then as a qualified medical practitioner all you have to do is fall back on what is known as "partial-birth" abortion.

It might seem a bit gruesome to a layman, perhaps—artificially inducing

labour first, and then sucking the infant's brains out of an incision in its living skull so that it can be born "brain dead" and thus pronounced medically unsalvageable. But it's still perfectly legal, as of this writing, and from an abortionist's point of view, sometimes quite useful.

One still cannot help but wonder what sort of people they are—the doctors who can do these things day after day, and be content to make their livings at it. Surely it must take something beyond "skill."

But what? Lack of imagination? Blank insensitivity? A psycho-political commitment of some sort that eliminates even the remotest possibility of conscience?

Funnily enough, in a world full of surveys and sociological profiles of everybody from vegetarian anti-marital drug addicts to left-handed transsexual animal trainers, nobody ever seems to have paid the slightest attention to this somewhat peculiar medical sub-group.

Where do they come from? What is their *real* motivation? Do they ever feel remorse, or a sense of solidarity with the *other* sorts of mass killers we read about sometimes in the press? One could see somebody making a doctoral dissertation out of something like that.

Still, even without questionnaires and in-depth interviews, there are a few things we *do* know about them. Male, female, whatever—they are almost certain to be prosperous. (As the lady at the golf-club said, "the ones with the expensive cars are usually doctors or lawyers.") Neat, professional, freely advertising their services in the press and on public transport, they presumably go home at night to comfortable homes, celebrating Christmas and Easter, Hanukkah or Passover in the bosom of their families (if they have any)—or celebrating nothing at all, perhaps, except the calm, orderly increase in their bank balances as they quietly kill their way to prosperity and security.

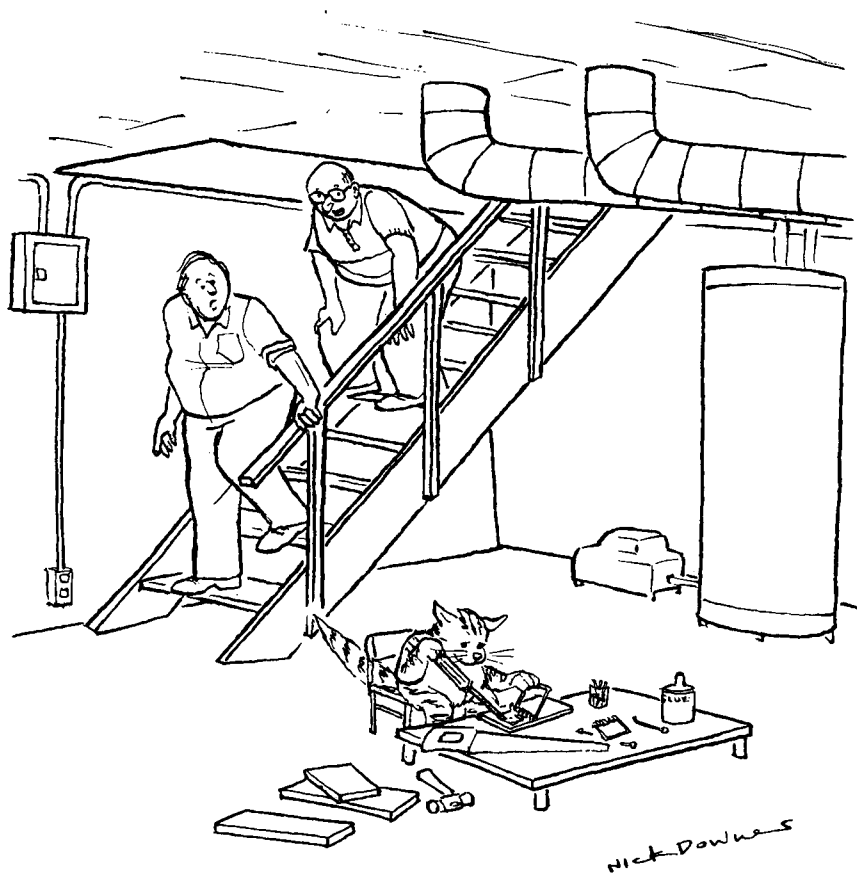
They are not like most of us. Most of us simply would not—could not—*do* that sort of thing. It is always surprising how very kind most people are, how generous, how very anxious to be helpful in times of emergency or need. The great majority goes out of its way to feed cats and dogs and birds, and could no more put down an unborn child than it could stamp on an injured kitten.

But abortionists are different, and they have a *right* to make a living in the way they have chosen. Because in *Roe v. Wade* the U.S. Supreme Court ruled that as part of her freedom, every pregnant woman has a right not to give birth to the baby she's conceived. Which means that *somebody* has to remove it. Right?

JOHN F. MATTHEWS

During the Second World War, an eminent American constitutional lawyer told me that "Freedom is the only thing in the world worth dying for—even if it's somebody *else's* rights you must give up your life to preserve."

I wonder who explains this to all the little embryos and fetuses: Do you suppose they are persuaded?



'Cats make the best mousetraps.'

THE SPECTATOR 2 March 1996

Calling on Our Better Angels

Henry J. Hyde

Mr. Speaker: In his classic novel *Crime and Punishment*, Dostoyevsky has his murderous protagonist Raskolnikov complain that “Man can get used to anything, the beast!”

That we are even *debating* this issue—that we have to argue about the legality of an abortionist plunging a pair of scissors into the back of the neck of tiny child whose trunk, arms, and legs have already been born, and then suctioning out his brains—only confirms Dostoyevsky’s harsh truth.

We were told in committee by an attending nurse that the little arms and legs stop flailing and suddenly *stiffen* as the scissors is plunged in. People who say “I feel your pain” can’t be referring to that little infant.

What kind of people have we become, that this “procedure” is even a matter for debate? Can’t we draw the line at torture? And if we can’t, what’s become of us? We are *incensed* at ethnic cleansing—How then can we tolerate INFANT CLEANSING!

There is no argument here about when a human life begins. The child who is destroyed is certainly alive, certainly human, and certainly brutally destroyed.

The justification for abortion has always been the claim that a woman can do what she wants with her own body. If you still believe this 4/5th’s delivered baby is a part of the mother’s body, your ignorance is invincible.

I have finally figured out why supporters of abortion-on-demand fight this infanticide ban tooth and claw—because, for the *first time* since Roe v. Wade, the focus is on the *baby* and the harm that abortion inflicts on an unborn child—or, in this instance, a 4/5th’s born child. That child, whom the advocates of abortion-on-demand have done everything in their power to make us ignore, to dehumanize, is as much the bearer of human rights as any member of this House. To deny those rights is more than the betrayal of a powerless individual whom some find burdensome. It betrays the central promise of America; that there is, in this land, justice for all.

The supporters of abortion-on-demand have exercised their capacity for self-deception by detaching themselves from any sympathy whatsoever for

Henry J. Hyde of Illinois is the leading opponent of abortion in the U.S. House of Representatives, which voted on September 19 to override President Bill Clinton’s veto of the Congressional ban on “partial-birth” abortions. This article is the text of Mr. Hyde’s remarks during the debate that day.

the unborn child—and in so doing they separate themselves from the instinct for justice that gave birth to our country.

The President, reacting angrily to this challenge to his veto, claims not to understand why the morality of those who support a ban on partial-birth abortions is superior to the morality of “compassion” that, he insists, informed his decision to reject our ban on what Senator Moynihan has said is too close to infanticide.

Let me explain.

There is no moral, nor, for that matter, medical justification for this barbaric assault on a partially-born infant. Dr. Pamela Smith, Director of Medical Education in the Department of Obstetrics and Gynecology at Chicago’s Mt. Sinai Hospital testified to that.

The abortionist who is a principal perpetrator of these atrocities, Dr. Martin Haskell, has conceded that at least 80% of the partial-birth abortions he performs are entirely elective, and he admits to over 1,000 of these abortions.

While we are told about some extreme cases of malformed babies (as though life is only for the privileged, the planned, and the perfect), Dr. James McMahon listed 9 such abortions he performed because the baby had a cleft lip.

Many other physicians, who care about both mother *and* the unborn child, have made it clear that this procedure is never a medical necessity, but merely a “convenience” for those who choose to abort late in pregnancy, when it becomes physically difficult to dismember the unborn child in the womb.

The President’s claim that he wants to “solve a problem” by adding a “health” exemption to the partial-birth abortion ban is spurious: as anyone who has spent ten minutes studying the federal law understands, “health” exemptions are so broadly construed by the court as to make any ban utterly meaningless.

There is one consistent commitment that has survived the twists and turns of policy during this administration: and that is its unshakable commitment to a legal regime of abortion-on-demand. Nothing is, or will be done, to make abortion “rare.” No legislative or regulatory act will be allowed to impede the most permissive abortion license in the democratic world.

The President would do us all a favor, and make a modest contribution to the health of our democratic process—if he would simply concede the obvious, and spare us further exhibitions of manufactured grief.

In one of his memoirs, Dwight D. Eisenhower wrote about the loss of

1.2 million lives in World War II: he said: "The loss of lives that might have otherwise been creatively lived—scars the mind of the civilized world."

Mr. Speaker, our souls have been scarred by one and a half million abortions in this country *every year*! Our souls have so much scar tissue there isn't room for anymore.

What do we mean by "human dignity" if we subject innocent children to brutal execution, when they are almost born?

We all hope and pray for "death with dignity"—what is "dignified" about a death caused by having a scissors stabbed into your neck so that your brains can be suctioned out?

We have had long and bitter debates in this House about "assault weapons"—those scissors and that suction machine are "assault weapons," worse than any AK-47—you might miss with an AK-47—the abortionist never misses with his assault weapon.

It isn't just the babies that are dying for the lethal sin of being unwanted. We are dying, and not from the darkness, but from the cold: the coldness of self-brutalization that chills our sensibilities and allows us to think that this unspeakable act is an act of "compassion."

If you vote to uphold this veto—if you vote to maintain the legality of a "procedure" that is revolting to even the most hardened heart—then please don't ever use the word "compassion" again.

A word about anesthesia. Advocates of Partial Birth abortions tried to tell us the baby doesn't feel pain—the mother's anesthesia is transmitted to the baby. We took testimony from 5 of the country's top anesthesiologists and they said this was impossible—that result would take so much anesthesia it would kill the mother.

By upholding this tragic veto, you join the network of complicity in supporting what is essentially a crime against humanity—for that little almost born infant, struggling to live *is* a member of the human family. Partial Birth Abortion is a lethal assault against the very idea of human rights, and destroys, along with a defenseless little baby, the moral foundation of our democracy. Democracy isn't after all, a mere *process*—it assigns fundamental values to each human being—the first of which is the unalienable right to life.

One of the great errors of modern politics is the unavailing attempt to separate our private consciences from our public acts. It can't be done. At the end of the 20th century, is the crowning achievement of our democracy to treat the weak, the powerless, the unwanted as *things* to be disposed of? If so, we haven't elevated justice—we have disgraced it.

This isn't a debate about sectarian religious doctrine nor about policy

HENRY J. HYDE

options—this is a debate about our understanding of human dignity—what it means to be human. Our moment in history is marked by mortal conflict between a culture of death and a culture of life.

I am not in the least embarrassed to say that I believe that one day each of us will be called upon to render an account for what we have done, and what we have failed to do, in our lifetime. And while I believe in a merciful God, I would be terrified at the thought of having to explain, at the final judgement, why I stood unmoved while Herod's slaughter of the innocents was being reenacted here in my own country.

This debate has been about an unspeakable horror. And while the details are graphic and grisly, it has been helpful for all of us to recognize the full brutality of what goes on in America's abortuaries, day in and day out, week after week, year after year. We're not talking about abstractions here. We are talking about life and death at their most elemental. And we ought to face the truth of what we oppose, or support, stripped of all euphemisms.

We have talked so much about the grotesque, permit me a word about beauty. We all have our own images of the beautiful: the face of a loved one, a dawn, a sunset, the evening star. I believe that nothing in this world of wonders is more beautiful than the innocence of a child. Do you know what a child is? She is an opportunity for love; and a handicapped child is an even greater opportunity for love.

Mr. Speaker, we risk our souls—we risk our humanity—when we trifle with that innocence, or demean it, or brutalize it. We need more caring and less killing.

Let the innocence of the unborn have the last word in this debate.

Let their innocence appeal to what President Lincoln called "the better angels of our nature."

Prove Raskolnikov wrong. This is something we will never get used to. Make it clear, once again, that there *is* justice for *all*—even for the most defenseless in this our land.

Who's Afraid of 'Post-Abortion Syndrome?'

In 1989, then-Surgeon General C. Everett Koop wrote to President Ronald Reagan that there wasn't enough evidence to support the existence of "post-abortion syndrome" (PAS). What he actually *wrote* was that there was no "available scientific evidence" to support "either the preconceived beliefs of those pro-life or of those pro-choice," but his report was touted as a victory for the pro-abortion forces.

Part of Koop's difficulty with "evidence" had to do with the very denial that is a symptom of PAS; many women questioned denied that they even had abortions, and they often denied that the symptoms they were experiencing (which would officially come under the definition of Post Traumatic Stress Disorder) could have anything to do with past abortions. Nonetheless, there is a growing body of evidence that points to the profound negative effects of abortion on women (not to mention men, and children). Post-abortion grief is not, as critics contend, brought on by the guilt-inducing tactics of the pro-life movement. Rather, it is a natural, primal and essentially human response to the death of one's child.

Abortion is too often considered just one more divisive "issue," so that its reality—that each one represents a personal and moral tragedy, and that lives are profoundly affected forever—is easily overlooked. And so we decided to bring together the following four pieces, in a sort of mini-symposium, precisely because they represent, without political or ideological motivation, the truth. Can there be any more convincing witness to the tragedy of abortion than the honest testimony of those it affects most? The children of course have been silenced, but it is hard to argue with the experience of their mothers.

Our first two pieces, by Heather King and Catherine Spencer, are from "pro-choice" women who chose to abort, but have since come to believe that abortion is wrong. Miss King's conviction came after a long journey, through disillusionment with the lifestyle she had chosen, towards the Catholic Church, though she says that the Church's stance on abortion was initially one of the hardest things for her to accept. Miss Spencer, without (as she says) a "Christian framework," was led by a grief "that seems fantastic, almost absurd" to a point where she can say that "I made a serious mistake for which I am sorry."

Then we have an article by a noted psychiatrist, Dr. E. Joanne Angelo, who describes what women really go through after abortions, physically and psychically. As she writes: "The death of a child is perhaps the most difficult loss to mourn . . . grief after elective abortion is uniquely poignant because it is largely hidden." King and Spencer, I believe, would agree. Finally, we have a piece by Candace Crandall about the other ways in which women are victims of abortion—that women are dying along with their unborn children. In "Legal But Not Safe," Crandall provides appalling evidence that the politics and the culture of

“choice” not only leave women ill-informed (as Spencer wrote, “One gets more information if one is buying a new car”), but also puts them at serious risk, at the mercy of unsafe, unlicensed clinics and doctors. “Anyone can sit at a computer . . . and pull up hundreds of newspaper accounts of death, injury and fraud at walk-in abortion clinics across the country.”

The “Pro-choice” movement claims to care primarily about women, yet it consistently ignores women such as those who write here, unless it is to vehemently challenge them. For example, Candace Crandall’s piece, which appeared in the *Wall Street Journal* (July 31), was answered with a letter from Gloria Feldt, President of Planned Parenthood, who accused Crandall of being an “anti-choice spinmaster.” She also said that Crandall was unable to “cite medical research for her claims” and had relied on statistics from pro-life groups. This is simply untrue: as Crandall herself replied in her own published letter, “I have never cited statistics, fact sheets or any other such material produced by either pro-life or pro-choice activists. The hundreds of reports of abortion negligence and malpractice that fill my files come entirely from reputable newspapers: The *New York Times*, *Miami Herald*, *Boston Globe*, *San Diego Union-Tribune*, and others all across the country.”

Feldt also referred to the above-cited 1989 Koop report, writing “The question of abortion safety was fully researched by Dr. C. Everett Koop (who opposes abortion) when he was Surgeon General, at the request of anti-choice President Reagan. *Drafts of the report prepared by Dr. Koop’s staff* [my emphasis] concluded that abortion does not pose a health risk to women.” So Dr. Koop’s report of “no available scientific evidence” (in his own words, not his staff’s), is being used by abortion providers to attempt to dispute, seven years later, the actual abortion-related *death* (as you will read) of a twenty-one year old woman in Miami!

It remains inexcusable to deny the sad reality: the “right” to choose has meant not only a dead baby, but a crippled (and sometimes dead) mother as well.

—Maria McFadden

One Woman's Journey

Heather King

Some mornings I wake stupefied with wonder that I have come of my own free will to the neighborhood in which I live. A complicated confluence of events has brought me to this my forty-third year, this mahogany bed, this husband beside me, this cat's breath in my ear: Koreatown, Los Angeles, California. It is a neighborhood under physical, mental, and spiritual siege. Here, encircled and infiltrated, we live in the agora. As I write, a man ten feet from my desk puffs a cigarette on his porch; I can see the whites of his eyes. Even sex in your own bedroom has the aura of public spectacle.

Here it is not an exaggeration to say that somebody will steal it if it's not nailed down. Somebody, for instance, stole my brand-new bicycle, then somebody stole my car. When I secured the steering wheel of the new one with a "Club," somebody smashed the side window and stole my battery, spare tire, and jack. The hood is now secured with a length of stout chain and a Master's padlock. My husband's pickup has been relieved of both headlights, a radio, the antenna, several Freddy Fender tapes, and a full set of mechanic's tools.

The majority of our neighbors are Latino and Korean and the place is lousy with children. Mothers and fathers—mostly mothers—throng the sidewalk with their litters of offspring. I used to wonder with irritation why these people give birth so relentlessly. The hands of every woman seemed to have a permanent grip on the handle of a baby stroller: more hungry mouths, more consumers, more litterers, more criminals. Had news of the population explosion somehow failed to reach them?

I like to think of myself as a solitary sort, yet I am drawn by the carnival of life that surrounds me. This disintegrating neighborhood seems to be a sterling example of the effect of global overcrowding; collective wisdom has it that the solution of the problem is more guns, more locks, more money, and fewer people. But living in Koreatown for three years has taught me that far from making me safe, those things are a symbol of a mortal danger; the danger of becoming unable to hear the deepest cries of our soul. An odd thing has occurred in the midst of this seething, surging

Heather King, a sometime litigation attorney, evidently intends to become a professional writer. This article first appeared in *Commonweal* (May 3, 1996) with the subtitle "Following my own unguided will" (Ms. King was described as "a first-time contributor"). It is reprinted here with permission. (© 1996, The Commonweal Foundation.)

mass of humanity: in spite of having undergone three, I have developed the conviction that abortion is wrong.

My husband and I moved to this part of town from the more fashionable, homogeneous, and Caucasian Westside for one basic reason: it was cheaper. Our decision grew partly out of the dawning realization that the only way to save money was to live below our means and partly from a growing unease with the relentlessly upscale, supposedly ultra-hip "lifestyle" the Westside seemed to encourage and support. One of the advantages of Koreatown is that the buildings tend to be older and possess some charm; our 1940s French Normandy courtyard apartment has hardwood floors, crown moldings, and a bathroom lined with hand-painted tiles. We eat beneath a chandelier in the formal dining room. I hang my clothes out to dry on a line ringed by geraniums, gardenia, and hydrangea.

Three times a day the produce truck parks out front, blaring "Turkey in the Straw" or "O'er the Bounding Main" for twenty minutes at a stretch. At 8 P.M., a man who sells bread out of the back of his car pulls up and emits a haunting wail, like a mullah calling the devout to prayer. Women balancing towel-covered recycled spackling compound buckets on their heads ply the street chanting, "Ta-MA-les, ta-MA-les. . . ." We fall asleep to the whirr of circling helicopters and the staccato lullaby of gunfire. Crack addicts propel their shopping carts through the alley; car alarms shriek like wounded animals; the spray cans of graffiti "taggers" hiss audibly. Girlish screams follow the thud of fist against flesh.

The litter is ferocious. A set of unspoken rules prevails: when holding something you no longer have any use for—a newspaper, a napkin, a styrofoam cup—open your hand and let the thing drop to the ground where you stand. When finished eating, throw what's left—a chicken bone, a corn cob, a banana peel—in the street. If there's something you don't want indoors—a sofa, a mattress, a refrigerator—open the door and put it on the sidewalk. If you've come to pick someone up, lay on the horn as you turn onto the street and sit in front of the building, blasting away, until your passenger strolls out. If you're drunk and have to urinate, lean up against a busy storefront, zip down your fly, and let 'er rip.

When I do the dishes, I can see the Korean mother across the way stirring a pot and wiping her table. A kind of blue-net birdcage, housing what appear to be dead sardines, dangles from an eave; kimchee ferments below in an earthenware crock. My husband jokes that they won't eat anything unless it's rotten.

On the porch, shoes are aligned in a neat row—plastic flip-flops, blocky sandals of butterscotch leatherette, cracked black pumps from Payless.

Babies with duckling hair teeter across the porch. A girl clomps up and down on pink roller skates; the husbands pace and smoke.

The Latino kids live in the buildings south of ours. They patrol on bikes, brandish guns fashioned from scrap wood, and throw their ice cream wrappers in the street. Juan and Fidel help me carry groceries. Tito sells chocolate bars to raise money for his school band. When our cat disappeared, Carlos presented us with a scrawny black kitten he found rooting in the garbage. I walk by their apartments at night and see whole families sprawled on the floor, bathed in the blue light of TV screens.

I come from a white working-class family in which I was the first ever to complete college. Coming of age in the '60s, I believed passionately in sexual freedom and the concomitant right to choose abortion. Also a staunch supporter of drinking and drugs, I became deeply alcoholic and sobered up in my mid-thirties to discover that I had somehow graduated from law school.

I have now been married for six years, and, at forty-three, am childless. It is difficult to admit that two of the babies I aborted were conceived with married men, one of whom was a one-night stand, and that the third abortion was performed during the course of a long-term relationship. I would like to be able to say that I agonized over the decisions, but the fact is that they were based on expedience and fear.

Motherhood would have disrupted my life in every conceivable way. It would call upon resources I was not at all certain I possessed—patience, selflessness, the ability to go without sleep—and I viewed it, frankly, as a kind of prison sentence. It seemed inconceivable that a woman would actually invite the upheaval that a baby entails. I don't care *how* much joy they say it brings, I said to myself, no way am I getting sucked into that trap.

When we arrived in Koreatown, I was working as a litigation attorney in a Beverly Hills office. I could scarcely have been more temperamentally ill-suited for the job, but it was the first time in my life I had made decent money and I was desperately afraid to give it up. My eyes, red-rimmed with fatigue, fell upon the bimonthly paycheck with the same grim relish a buzzard displays for carrion; I dragged through each day consumed by anxiety and the hideous fear that I would contract some stress-based disease and keel over dead at my desk. I couldn't quite put my finger on it, but there was something fundamentally artificial and dishonest and life-diminishing about the lawyering I was doing.

Part of it was the fact that the basic object of litigation is to manipulate

the truth, rather than bring it to light; but it also had something to do with the stomach-turning arrogance that prevailed among my colleagues, a presumption of entitlement and innate merit that was doubly repulsive because of the lack of even a rudimentary moral compass.

During those four years my life felt, oddly enough, like a prison sentence—the sentence I had hoped to avoid by exercising intelligence backed by the unfettered exercise of free will. As a matter of fact, although I had enjoyed virtually every purported freedom that modern life has to offer, I realized that in one way, my life had always felt like a sentence. I had drunk and smoked and slept around to my heart's content, yet the apotheosis of my personal freedom had consisted of servitude to a bottle of booze and getting pregnant by someone whose name I barely knew. My expensive legal education had bought me a different kind of bondage: in the name of what was supposed to be truth, I took advantage, at least vicariously through my employer, of the opportunity to lie, cheat, steal, bully, lord it over the rest of the peons, and rake in the cash.

This awareness crept over me slowly, in the context of, and strongly abetted by, a religious conversion. It was a long, arduous process, which, though I didn't know it at the time, began the day I stopped drinking. The devil is very much a going concern in the life of an active alcoholic; he is cast out by slow degrees. But the small sense of wonder that accompanied the first blush of freedom from physical dependence was the mustard seed from which everything grew.

One of the people who helped me was Flannery O'Connor. O'Connor lived a monkish life that looked like a kind of penance, but her outlook was breathtakingly devoid of self-pity; in fact, she was dryly, hilariously funny. She wrote—a goal to which I had always aspired and had never done a single thing to advance—with a fierce and uncompromising passion that encompassed and reflected her entire existence. O'Connor saw her writerly vocation as pure grace, once remarking of a trip to Lourdes, made for the ostensible purpose of restoring the use of her legs, that she would rather be able to write than walk.

I had followed my own unguided will, and it had led me straight to hell on earth: an existence characterized by guilt, shame, doubt, insecurity, and the inability to love or be loved. I lived the kind of violence that appears so inexplicable yet real in O'Connor's stories. And seemingly against every rational instinct, the violence prepared the way for that freedom from bondage of self that can only be achieved in seeking Christ's will, not our own.

While I could never quite decide whether life in Koreatown was a blessing

or a curse, I increasingly began to see that it was the same combination of the grotesque and sublime for which Christ had died and that O'Connor captured in the beauty of her strange and startling stories. Tentatively, I began to attend Mass and study Scripture. I read Thomas Merton, Henri Nouwen, Romano Guardini, Saint Augustine, each of whom helped, in his own way, to introduce me to a new way of looking at and being in the world. The church's opposition to abortion, however, seemed an insurmountable stumbling block. I still could not see how any intelligent, progressive woman could seriously subscribe to the notion of depriving herself of the right to make choices about her own body.

But the more I thought about it seriously the more I found that much of the public debate centers on semantics: around "viability," trimesters, whether a finned creature with a shadowy spine is or is not yet "human," the legal definition of murder. These are questions that can go whichever way the wind blows and will never be fully resolved to everyone's satisfaction. Still, sooner or later everyone is forced to agree that scraping off or sucking out whatever you choose to call the living creature in a mother's womb is an act of violence—defined by *Webster's* as "acting with or characterized by great physical force, so as to injure or damage."

Abortion is an exercise of power by the strong over the wholly weak. The women's movement has been on the bandwagon for years about the issue of power and exploitation—as it pertains to men. Yet jeremiads against violence, I came to think, eventually ring hollow when we resort to violence ourselves.

Nitpicking about whether a fetus somehow "equals" a human being misses the point; what matters is that abortion is the willful destruction of a potential human life, and that's wrong. Abortion profanes the most mysterious act of creation we can know on this earth. It's emblematic of the distorted orientation of our hearts and minds: the faithless heart that makes women want to emulate the "freedom" of the men who have abused or abandoned them.

Women are wrong if we think that the right to abortion gives us the same kind of "autonomy" men supposedly enjoy. It won't because it can't: in the worst-case scenario, the guy walks away, but we destroy the human life that's growing inside us.

We must first recognize that the freedom to deny responsibility for one's actions—whether the actor is a man or a woman—is really no freedom at all. The freedom to choose cannot mean the freedom to choose evil.

Above all, the violence implicit in the act of abortion is directed not

only against our children but against ourselves; women are implicated physically, mentally, and spiritually in the act of human creation—or its destruction—in a way men cannot be. That is an inexpugnable fact of life; instead of being grateful, it seems to piss women off.

Many people justify abortion on compassionate grounds, saying they don't want to bring a child into a world that doesn't share their own sense of compassion. The vague notion underlying my abortions, and I suspect of the vast majority of other women's as well, is the idea that *there wouldn't be enough to go round*—not enough time, not enough energy, not enough space, not enough people to help.

But when I examined my motives honestly, I realized that though I *said* not enough for the kid, I *meant* not enough for me. I mouthed platitudes about the global population boom; in fact, I was most worried about overcrowding in my own bedroom. I chafed against the “enforced labor” of motherhood while accepting without question the prevailing consumer ethic that sentences the vast majority of us to a lifetime of economic servitude. The truth in my case is that there was not only enough to go round, there would probably have been more than most of the rest of the world will ever enjoy: maybe not an expensive home or fancy cars—I don't have those things now—but nourishing food and a roof over our heads and comfortable clothes.

There would have been books and music and museums. It would have meant sacrifice, deferred plans, missed vacations, no slipcovered down sofa, no hundred-dollar shoes, but there would have been enough. The truth was that I simply did not want to share.

My sense of neurotic guilt is as highly developed as anyone else's. In the course of renouncing my own sins, I know I run the risk of romanticizing the virtues of others. I am attracted, for instance, to the starry-eyed view that every mother is fully conscious of having safeguarded a great mystery and, in the care and education of her child, will continue to do so. I tend to stereotype the Mexican women in my neighborhood as being “natural” mothers and caretakers, with the ability to sacrifice running in their blood. “I have different genes,” I tell myself. “I come from a different culture . . .”

This is as far removed from reality and just as wrongheaded as saying that every woman who has an abortion is selfish and irresponsible. The truth is that each of us is a combination of various moral strengths and weaknesses, which is precisely why all need to be held to the same standard. I can't ask for an exception because I think, erroneously or not, that caretaking and doing without are inherently easier for some other group of

women, just as the woman with less money or fewer resources can't ask for an exception because some other people have more.

I recently heard a female physician from Wisconsin gleefully relate how she couldn't pass up the offer to become an abortionist because she came from the land of Senator Joe McCarthy. The irony, she said, was too delicious. But, in fact, there is no irony, just sad proof that violence, whatever form it takes, always begets more. The doctor went on to say that there was really only one reason that women get abortions: it just wasn't time. The majority of the women who came into her clinic had been anti-abortion—until they got pregnant—which, she noted, put them in a “terrible psychological bind.”

It occurred to me that the bind was rather more spiritual than psychological, and that having an abortion was an odd way to resolve it. Concluding that it isn't time now presumes that somewhere down the road it will be time. The idea that killing an unborn child now will contribute to the parenting skills you hope to develop in the future is a dubious proposition.

Still, the hearts of these women were in a better place than where mine had been: my feeling was that the time to disrupt *my* life would *never* be right. To be honest, I often still feel that way. But I have also come to believe that there is an invisible dimension where the smallest act of creation, or love, holds us together; where destruction, no matter how it is rationalized, or what it is called, inevitably tears us apart.

I am convinced, for instance, that if Flannery O'Connor hadn't faithfully sat at her desk writing four hours a day, day after day, every week of her adult life, even when swollen and crippled with pain, that I would not have finally quit my job as a lawyer so I could write, would not have agonized over this essay, would not have recently been received into the Catholic church. There is something unimaginably, mysteriously powerful at work that is called, I'm told, the Communion of Saints.

If I discovered today I was pregnant, I hope my convictions would be steadfast and unwavering. I hope I would know enough to weigh my fear—of birth defects, of making do with less, of not being a good parent, of noise and anxiety and lack of sleep—against the possibility that a child would change me in ways I cannot imagine, in aspects of my life that probably desperately need changing. I hope that I would be so filled with joy and anticipation and wild, abandoned love for the life inside me that it wouldn't occur to me for a second to destroy it.

I hope so, but I can't be sure. And although part of my faith is believing I've been forgiven, what I have to live with is the knowledge that three

HEATHER KING

times I forfeited the opportunity to receive the very kind of transforming grace I long for now with all my heart—because I didn't think it was time.

At Jon's Grocery on Eighth and Normandie the other day, a dark-skinned woman with wide hips, short legs, and a shopping bag on each arm, waited patiently while her shrieking little boy took a twenty-five-cent ride on a mechanical horse. Two other children with dirty faces tugged on either side of her skirt, one dripping ice cream, the other waving a toy gun. We had each made our choices, the Latina mother and I, and though the cries of a hungry brat will never wake me, I couldn't help but wonder which one of us rests easier in the long, noisy nights.



'He and I go way back.'

THE SPECTATOR 15 February 1992

My lost child and yours

Catherine Spencer

At the time, abortion seemed the least bad course. The pressures were strong. But Catherine Spencer now believes she was wrong, as she explains in this letter to a friend who also had an abortion but thinks it was justified.

Dear Anna:

Thank you for your letter—of nearly a year ago now. If I have been so slow in replying, it is not because of any unusual busyness but, I suppose, because I have felt reluctant to expose my deepest feelings only to have you deny or dismiss them. That probably sounds rather paranoid but it is a reaction I have experienced often enough to make it a real fear. Perhaps, however, I have now reached a point where my sense of things is strong enough for me to survive criticism of it. And if our friendship is to be lost, better, I feel, to lose it honestly.

You said that your motives in having an abortion and those of the doctor who performed it were sincere and compassionate, and you took issue with the intensity of my suffering and remorse over my abortion; you asked me to consider that things are not what they might seem and that God understands—and, you imply, condones—abortion.

To respond adequately is extremely difficult, especially in the brief confines of a letter, but I shall try. In fact, I have been desperately split about my own experience, unable to discern clearly whether I did right or wrong. The opinion of the world—in the form of the pro-choice and pro-life lobbies and of family and friends—is completely at odds. “You did the right thing,” “what else could you do?”, say some; “You did wrong, you failed in moral courage,” say others.

The source of my confusion (because the mere fact that, as a woman, I had the automatic “right” to an abortion is not, for me, sufficient moral justification) lies in my intentions—which is what, I think, you asked me to consider. I was under intense pressure from a man I loved, lacked strong family support and feared for my child’s future and my own. I believe I wanted to take the route that seemed to cause the least suffering to the

Catherine Spencer is now a member of the Labour Life group of the Labour Party (which remains nonetheless officially “pro-choice”). This article first appeared in *The Tablet* (July 27, 1996), a British Roman Catholic weekly, and is reprinted here with permission.

fewest people; the extent of the trauma and damage I have experienced because of that decision rather invalidate that calculation (if that word can be used of an essentially emotional, fear-driven state), but I did not know that at the time.

You too had your reasons, which you describe, just as everyone involved in abortion must have theirs. I think it is natural, perhaps even healthy, for us all to justify our actions. And it would be pharisaic of women who have been through this experience—there are many of us, even though our voices are rarely heard—to pretend that we do not understand the complexity of difficult situations or that everyone involved in abortion is morally deficient.

You say that you believe abortion was right for you and that, unlike me, you have not suffered from it, although you allude to occasional fearful thoughts which, you say, you dismiss as morbid. I am loath to arouse painful or guilty feelings in you, but I wonder why you feel that it would have been “impossible” for you to have a child then, since you now have a child and are separated from her father? But if I accept your statement at face value—and I am not really qualified to do otherwise—isn’t the logical conclusion that everything is relative, that what was wrong for one person was right for another? That abortion ethics have to be situational, because it is important for children to be “wanted” and secure?

Now, with all the wisdom of hindsight, I feel a nagging unease with that position which, as always with anything real, is difficult to convey in words. As I write this I am sitting in a lovely, lush garden; tiny leaves are floating down in the wind and a butterfly hovers overhead. Things are simply that way, not another; the only thing that seems relative is my attitude towards them. Does that edge towards my meaning?

It would be easier to regard abortion ethics as relative if no one else were involved, and if it were a less brutal and potentially traumatising act. As things are, it can have significant impact on a woman’s mental and emotional health and her relationship with future children. Unborn children—or potential children or whatever one decides to say: I don’t think the word matters as much as the fact that there is life—are of course left out of most abortion equations. Is that right, though? Here my fear of seeming to ally myself with certain pro-life people with whom I am not necessarily in sympathy rears its head—yet is this because I am not looking far enough, deeply enough?

The way in which some people frame moral truths—often invoking a particular Christian theology to do so—can seem to betray the essence of any truly moral approach to life by its prescriptiveness, piety and implicit

self-satisfaction—yet haven't we perhaps mistaken the messengers for the message? Might there not be some real human truth in moral precepts which we ignore to our cost, ultimately? Have we not been moonstruck by the notion that abortion is a fundamental woman's right? What does that really mean? Is it possible to benefit from another's destruction? Are a formerly oppressed section of people—women—justified in oppressing others? At least we should think about these questions.

The social justifications for abortion are so well established that I believe they fooled us at the time, and continue to fool most good and reasonable people, and made it seem as though we were engaged in a genuine moral dilemma. Yet abortion is drained of its moral reality. Because it is not presented as the life and death decision it is, the grave seriousness which should attend it is rarely manifested, although the woman knows all too well in her heart what is at stake.

The notion of abortion as an issue of "choice" is actually fairly specious. I have never spoken to a woman who received true guidance about it; one gets more genuine information if one is buying a new car. Largely because of the half-baked pro-choice rhetoric, few questions are asked about a woman's true circumstances or feelings. To say that some pregnant women need protection sounds offensive in many people's ears—what if it is true, though? Sometimes this whole ideology of abortion as choice and freedom seems nightmarish, and suicidal, madness—the madness of all ideologies, perhaps, that cannot see beyond slogans to human realities.

So many exits from the moral maze I entered as a result of abortion turned out to be false. The most recent is the belief that I too participated in killing for good reason. Yes, I had reasons, everybody had reasons, but were they truly good enough to justify the taking of human life? In fact, that decision now seems to be more like a concerted lack of *response* than anything else, a desperate attempt to seek an easy solution to a difficult situation; what one learns, however—quite brutally—is that no action is free from responsibility or consequence.

I feel that the shadow of abortion and the inadequate inner and outer responsibility that accompanied it never leaves. We are like veterans who have returned from battle, having borne silent witness to appalling atrocities. How do we deal with such horror? Most of us seem to perpetuate the old lies about the glories of war (the "woman's right to choose") or its sad and painful inevitability—that is, I guess, easier and less painful to live with than the nagging sense that the whole thing was a futile and hollow sham, that people died without just cause for the sake of flawed and rotten ideals.

Perhaps we really believe the propaganda. Yet sometimes, in the middle of the night, or when drunk, exhausted or hit by some other grief, doesn't the nightmarish reality of what we were involved in suddenly grip us? That it was our child that we agreed to have killed—no, no, rages our rational mind, don't say such mad and rabid things, let us sleep again until the cold light of day makes the monstrous imaginings of the night laughable There will be plenty of people who will support that laughter.

Perhaps all this sounds to you like just another kind of rhetoric; indeed, you imply that I have been "brainwashed" by pro-life fanatics. But I say these things only because I have *discovered* them—though they are not new to me. Perhaps, as T.S. Eliot said, it is only on returning to where we were that we see the place for the first time.

I understand intimately what you are talking about. But I began to find that my ambiguity was impeding me; explaining my actions—rationalising, as we say—made me feel better in a sense and seemed to lift me clear of some of the unreflective and narrow pro-life voices, yet that juggling of truths could not touch a kind of soul-sickness that was growing in me like a cancer; even though my emotions, circumstances and ignorance forced me to do something I would not otherwise have done, I have begun to feel that the only balm for that sickness is to face my responsibility, to stop running away from it.

I can say clearly, now, that I made a serious mistake for which I am sorry. I do not have the kind of Christian framework that readily lends me the notions of repentance and forgiveness and yet I find, to my surprise, that they are not notions but reality. And they are healing. It seems to me that few of the other people involved—and society itself—are willing to bear their share of the responsibility; it would make my path much easier if they did but I cannot make them, just as no one could make me see my responsibility until I was ready.

I cannot truly speak for you or claim that I know God's view of abortion—although I see the suffering it causes and that is on the way to formulating such a claim. All I can do is be loyal to a certain still, quiet voice within me, a voice that I believe was betrayed when I had my abortion. Perhaps only one thing makes such courage possible: my love for someone I never saw or knew and for whom I have experienced a grief that seems fantastic, almost absurd—particularly since his or her very existence, and certainly importance, is almost universally denied.

That love has a clarity and conviction that, finally and too late, I believe enough to act on.

Catherine

Post-Abortion Grief

E. Joanne Angelo

Every woman who subjects herself to an induced abortion suffers the death of her own child. She is at risk not only for the surgical and medical complications of abortion—uterine rupture, sepsis, infertility, increased incidence of cancer. She is also at high risk for pathological grief which often brings with it severe and long-lasting negative sequelae for herself, her partner, her surviving children and the whole of society. Grief following a death in the family is a universally accepted experience. A period of mourning following the loss of a loved one is a normal expectation in every culture. It is also generally understood that if this mourning process is blocked or impacted, there will be negative consequences. Shakespeare, in his tragedy *Macbeth*, says, “Give sorrow words, the grief that does not speak knits up the o’erwrought heart and bids it break” (Act IV, scene 3). Yet a mother’s grief after an induced abortion has heretofore seldom been acknowledged.

The death of a child is perhaps the most difficult loss to mourn—even the death of a premature baby, a stillborn child, or a miscarriage. The medical literature in recent years has increasingly acknowledged the significance of perinatal loss for parents. Obstetrical journals describe “perinatal grief teams” consisting of nurses, doctors, social workers, clergy and volunteers who help parents cope with the loss of children who die in neonatal intensive care units. Parents are encouraged to name and hold their dead baby, and to take photographs. Religious services assist them in their mourning, and they are encouraged to bury the child with their loved ones in a family grave which they can visit as often as they wish.¹

Abortion, whether spontaneous or induced, is part of the same continuum of perinatal grief. However, grief after elective abortion is uniquely poignant because it is largely hidden. There are no provisions made to assist the post-abortion woman in her grieving—she has no child to hold, no photographs, no wake or funeral, and no grave to visit. After an elective abortion, a woman typically finds herself alone to cope not only with the loss of the child she will never know, but also with her personal responsibility in the child’s death with its ensuing guilt and shame. She may

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have difficulty understanding her ambivalent feelings—on the one hand, relief (often very temporary) that she is no longer pregnant, and, on the other hand, a profound sense of loss and emptiness. In her book, *The Anatomy of Bereavement*, Beverley Raphael explains, “A woman may have required a high level of defensive denial of her tender feelings for the baby to allow her to make the decision for termination. This denial often carries her through the procedure and hours afterward, so that she seems cheerful, accepting but unwilling to talk at the time when supportive counseling may be offered by the clinic.”² This may explain why research into psychiatric sequelae of abortion in the immediate post-abortion period often yields negative results.

The emotional effects

In the weeks and months after the abortion, feelings of sadness and guilt often threaten to overwhelm the post-abortion woman, yet society offers her no assistance in mourning—she is expected to be grateful that “her problem is solved” and to “get on with her life” as though nothing significant had happened. At the same time, pain and bleeding remind her of the assault on her body, the sudden endocrine changes cause her to become emotionally labile or unstable. She is poignantly aware of the date her child would have been born. Reminders threaten her defensive denial and repression all too frequently: anniversaries of her abortion, other children of the age her child would have been, Mother’s Day, the omni-present abortion debate in the media, a visit to the gynecologist, the sound of the suction machine at the dentist’s office, or the sound of a vacuum cleaner at home, a baby in a television ad, a new pregnancy, a death in the family, a film depicting prenatal development or abortion, or a pro-life homily. Any of these may trigger a sudden flood of grief, guilt, anger and even despair, which in turn, calls forth even more intense defensive responses.

The post-abortion woman’s attempts to comply with society’s expectations that she proceed with her life as though she had undergone an innocuous procedure are bought at great personal expense. She may turn to alcohol or drugs to get to sleep at night or to deaden the pain of the intrusive thoughts which haunt her day and night, “I killed my baby! I killed my baby! I don’t deserve to live!” Flashbacks to the abortion procedure may occur at any time. She may throw herself into intense activity—work, study, or recreation, or attempt to deal with her feelings of loneliness and emptiness by binge eating alternating with purging or anorexia, or by intense efforts to repair intimate relationships or develop new ones inappropriately, becoming sexually promiscuous, risking sexually

transmitted diseases, and repeating pregnancy and abortion. Complaints of vague abdominal pain or pain on sexual intercourse may cause her to seek medical treatment from one physician after another unsuccessfully, and the very examinations to which she is subjected may cause flashbacks to the abortion experience. Her life spirals downward as her general health, personal relationships and job performance become more and more impaired. Discouragement, despair, clinical depression and suicide attempts often follow.³ Typically, in presenting symptoms over a period of many years, she is treated by numerous physicians and mental health professionals without ever receiving help for the root cause of her problems, her abortion or abortions. Psychiatric textbooks subsume all of the above symptoms under the diagnosis of a Pathological Grief Reaction.

Effects on marriage and subsequent children

Short-term research into the psychiatric sequelae of abortion fails to document its devastating long-term negative effects on women and on their forming and sustaining stable spousal relationships, and of caring appropriately for subsequent children. They may have difficulty bonding with a new baby, or, conversely, become overprotective and inappropriately attached to the next child who bears the burden of replacing the aborted baby. These children are often referred to child psychiatrists because of separation anxiety, or because they are judged to be at risk for physical abuse. Couples may be treated for infertility or dysfunctional marriages which stem from a previous abortion or abortions. Substance abuse, "burn-out" on the job, psycho-somatic symptoms, eating disorders, chronic depression and suicide attempts which routinely bring women into psychiatric care can often be traced to an abortion experience several years before through a careful and complete history.

In addition to immediate intervention for the presenting problem, successful treatment of women who have suffered the tragedy of abortion requires that the underlying traumatic loss be acknowledged and appropriately grieved. Psychotherapy involves facilitating the work of mourning which has been so long delayed. Within a therapeutic relationship, the woman is encouraged to share her traumatic loss and to acknowledge her role in it. She is helped to share the mental image she has formed of her child—often one of a baby being torn to pieces or crying out in pain. As the grief work proceeds, her image is transformed into a less disturbing picture of her child at peace. She may name the child and arrange for a religious service to be performed for him or her. She accepts God's forgiveness and may be able to forgive herself and ask forgiveness of her

child. Eventually she is able to put the child to rest in her mind. Only then is she free to resume her life productively—to make new relationships or repair old ones, to work, to play, and to be creative once again.⁴

With 30 million abortions in this country since *Roe v. Wade*, and the continuing rate of 1.5 million abortions per year, we can no longer deny the public health significance of their psychological and psychophysical sequelae. Epidemiological studies are urgently needed which are statistically sound and which follow women and men for at least ten years post-abortion. However, it is axiomatic that the best treatment for any epidemic is primary prevention. Abortion is an elective surgical procedure performed on healthy women (pregnancy is not a disease). The immediate abolition of elective abortion would eradicate the iatrogenic epidemic of post-abortion pathology and would serve the best interests of women and society. In *Evangelium Vitae* (no. 99) John Paul II spells out the pastoral approach of the church:

The wound in your heart may not yet have healed. Certainly what happened was and remains terribly wrong. But do not give in to discouragement and do not lose hope. Try rather to understand what happened and face it honestly. If you have not already done so, give yourself over with humility and trust to repentance. The Father of mercies is ready to give you his forgiveness and his peace in the Sacrament of Reconciliation. You will come to understand that nothing is definitely lost and you will also be able to ask forgiveness from your child, who is now living in the Lord. With the friendly and expert help and advice of other people, and as a result of your own painful experience, you can be among the most eloquent defenders of everyone's right to life.

NOTES

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Legal But Not Safe

Candace C. Crandall

A week before last Christmas, Carolina Gutierrez had an abortion at the Maber Medical Center, a storefront women's clinic in Miami's Little Havana. She returned home staggering, in severe pain. A few hours later, when she telephoned the clinic seeking help, staff members hung up on her. Later more frantic phone calls reached only an answering machine. No one called her back.

Two days later, Gutierrez was rushed by ambulance to Jackson Memorial Hospital. According to reports in the *Miami Herald*, she was suffering septic shock. Her uterus was perforated in two places; a blood infection was spreading rapidly throughout her body. Doctors worked for six weeks to save her life, administering massive doses of antibiotics and finally, with her feet turning black, amputating both of her legs in a futile attempt to stop worsening gangrene. Gutierrez died on February 5. She was just twenty-one years old.

Into the gulf that separates pro-life and pro-choice activists, the lives of women like Gutierrez fall without making a sound. Feminists refer to abortion as a "vital health service," label attempts to regulate it as "threats to women's safety," and focus their efforts on the fight over parental notification and attempts to curtail the so-called partial-birth procedure.

Most in the religious right lament only the tragic loss of unborn children. But the most compelling issue is swept aside: *Roe v. Wade*, the Supreme Court's 1973 ruling that legalized abortion nationwide, was supposed to put an end to abortion horror stories like Gutierrez's. But it hasn't. Women are dying from abortion. And they are dying not because of good doctors making honest mistakes but because of bad doctors taking calculated risks.

Just how much bad medicine is being glossed over in the name of choice? "A lot," according to Warren Hern, a nationally known specialist in abortion and author of *Abortion Practice*, the nation's most widely used textbook on the subject. Epidemiologists with the federal Centers for Disease Control and Prevention will say only that they cannot be certain that all abortion-related deaths are being reported. But today, anyone can sit down

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at a computer—as I did recently—and pull up hundreds of newspaper accounts of death, injury, and fraud at walk-in abortion clinics across the country: in Atlanta, Houston, New York, Boston, Los Angeles, St. Louis, Chicago, Detroit, Washington, D.C.

These are not the pristine establishments where Radcliffe girls might go for a weekend abortion. These are the clinics that advertise in Spanish-language newspapers and neighborhood weeklies, pay kickbacks to sleazy phone referral services, and lure women through the doorway with names that echo the political lingua franca—“choice,” and “reproductive health.” These are the nightmarish abortion mills where black and Hispanic women are dying at a rate of two-and-a-half times that of white women; where doctors stop midway through a procedure to shake down patients for more cash and turn them out into the street bleeding if they can’t pay up; where staff members seldom change the bloody sheets on the beds; where patients scream through their abortions with no anesthesia because administering painkillers is costly and risky, and in an assembly line operation that rushes through as many as ninety women a day, there just isn’t any time.

Most abortion providers, one assumes, are reasonably competent, as they were even before 1973, when Planned Parenthood estimated that nine out of ten illegal abortions were being performed by qualified physicians. But prior to *Roe v. Wade*, the fact that these doctors were often breaking the law also kept the numbers of abortions low—as few as 200,000 by some estimates—and effectively discouraged most from taking unnecessary risks with their patients. Legalization removed these constraints. An unscrupulous abortion doctor could simply hang out his shingle, confident that he would be shielded by abortion rights rhetoric that uniformly proclaims him a hero, even if his motives are not compassion but greed.

As early as 1971, a year after the New York state legislature legalized abortion, Susan Edmiston noted with alarm in the *New York Times* magazine that the city’s high-profit, high-volume abortion industry had grown up largely uncontrolled, and that state health department officials had failed to supervise the clinics, establish accurate data collection, or take any action on the numerous medical complaints that were already coming in. Reporters were turning up similar problems in Los Angeles and the District of Columbia.

Yet warnings like this were repeatedly ignored. In 1974, the *Detroit Free Press* found unsafe, unlicensed abortion clinics proliferating in the Detroit area. In 1978, a five-month investigation by the *Chicago Sun-Times* uncovered dangerous medical practices at abortion clinics along Chicago’s Michigan Avenue, including abortions routinely performed on women who

were not pregnant. In 1991, the *New York Times* reported “filth” and “butchery” at dozens of shabby, unlicensed abortion mills tucked away behind storefronts or—to evade state regulators—operating out of ordinary-looking doctors’ offices, often in poor neighborhoods. Since then, three gruesome New York abortion cases have made national headlines.

How much serious injury stems from abortion isn’t known. There are no federal agencies tracking these numbers; overall complication rates and long-term health risks from abortion deaths reported to the Centers for Disease Control and Prevention—some five hundred and fifty between 1972 and 1990—have remained low in relation to the total number of procedures—about twenty-seven million over the same period.

But how reliable are these figures? CDC epidemiologists themselves have expressed doubts. According to Dr. Clarice Green, who handles the CDC’s abortion morbidity and mortality data, state health agencies are not required by law to report abortion deaths to the CDC; indeed, since *Roe v. Wade* fewer death reports have come through state agencies. In 1972, seventy-seven percent of the reports of suspected abortion-related deaths came from state health department vital records. By 1987, the last year for which source information is available, that figure had dropped to sixty percent. To estimate death rates then, the CDC has to rely on alternative sources: maternal mortality committees, surveys, private citizens (including malpractice suits), health care providers, medical examiner reports, even newspaper articles. This is clearly inadequate. Preliminary CDC data for 1991 and 1992, for example, lists only two abortion-related deaths, one for each year. Anti-abortion groups, however, can provide death certificates and autopsy reports showing at least twenty abortion-related deaths over that same period.

And numbers alone don’t give a complete picture. CDC officials have cited, in a paper published in the *American Journal of Obstetrics and Gynecology* (November 1994), a “growing concern” that doctors attempting to dodge lawsuits are falsifying data on death certificates, a practice that could be the cause of a noticeable delay in classifying abortion-related deaths.

Warren Hern, who is also director of a Colorado abortion clinic, puts much of the blame for the dangerous conditions at some clinics on the feminist movement, commenting that activists have “denied for twenty-five years that pregnancy is a medical condition or that abortion is a surgical procedure.” An expert witness in numerous abortion malpractice trials over the last twenty years, Hern states frankly that many abortion-related deaths

and injuries would not have occurred had the doctor adhered to the fundamental principles of surgery. "It's not a sin to have a complication," Hern told the *New York Times* last year, "but it is a sin if you haven't tried to prevent it. And it's a very serious sin if you abandon it."

Hern estimates that at least five to ten percent of all first trimester abortions are incomplete: that is, some fetal or placental tissue is left in the uterus, where it can lead to infection if it is not expelled. Serious infection and other potentially life-threatening complications—hemorrhage, uterine perforations, embolism, missed tubal pregnancies, and reactions from improperly administered anesthesia—have occurred in some 250,000 women undergoing legal abortion since 1972, according to the CDC. Yet abortion providers and abortion rights activists resist health regulation that would require emergency care equipment and better trained clinic personnel in order to keep abortion costs low—an important consideration in clinics that do much of their business on a cash basis.

A doctor who establishes an abortion clinic in his office can avoid having to report to state health officials the number of abortions he performs and at what point in the pregnancies they occurred. In some states, he is not required to have admitting privileges at a hospital, provide an ambulance service in case of emergency, or even to carry malpractice insurance. Performing abortions in a clinic or his office also isolates him from the medical community; other doctors won't see his work unless a patient shows up in a hospital emergency room.

"This is not about medicine," says Hern, "this is about economics and ideology." If a doctor is not required to provide adequate health and safety measures, he may weigh the costs of such measures against the chance that his patient ends up with a bad outcome. Further, state licensing boards have been notoriously reluctant to discipline doctors, even when confronted with overwhelming evidence of the most egregious negligence and incompetence. A Harvard study, published in 1991 in the *New England Journal of Medicine*, found that for all types of medical malpractice in New York State in 1984, there was a huge disparity between the number of patients who had suffered serious injury that year and the number of doctors disciplined. In fact, a doctor's risk of actually losing his state medical license for injuring a patient was one in three thousand. Other studies have reached similar conclusions.

If a doctor does lose his license, he simply moves to another state and sets up shop again. In September 1994, three months after the murder of an abortion doctor at the Pensacola Ladies Center, Florida health officials were publicly embarrassed by Associated Press reports that two doctors at

the same clinic, listed in good standing with the Florida Board of Medicine, had lengthy records of medical and ethical violations. One doctor, Stephen Chase Brigham, had had his medical license suspended in New York and Georgia, and restricted in New Jersey and California; in Pennsylvania, he'd "retired" from medicine under an agreement with state prosecutors.

The failure of state licensing boards to effectively put such doctors out of business eventually leaves it up to law enforcement officials. Three years ago, Dr. David Benjamin's reckless indifference to human life left Guadalupe Negrón, a 33-year-old mother of three, sitting on his operating table covered in her own vomit, watching her life bleed out of her. Benjamin, who was convicted of second-degree murder, had scores of complaints on file and had been barred from two hospitals for gross negligence before the New York state health department finally revoked his license, just two weeks before Negrón's death. Health department officials permitted him to continue practising while the decision was under appeal.

State medical investigators in California admitted that they had received numerous complaints about an unlicensed Santa Ana abortion clinic run by Alicia Hanna, including reports that she was rinsing and reusing disposable plastic syringes, employing unqualified staff, and had bungled several abortions. Even so, the decision to investigate was still pending when Hanna was arrested in 1993 for murder in the abortion death of clinic patient Angela Sanchez. Hanna, who performed abortions despite having no medical training, was caught loading Sanchez's body into the trunk of her car, reportedly planning to dump it in Tijuana, Mexico. She was sentenced to sixteen-years-to-life in prison.

Last December, the Federal Bureau of Investigation began looking into unsavory practices at a chain of Boston abortion clinics after allegations surfaced that clinic staff were falsifying ultrasound tests, convincing women that their pregnancies were farther along than they thought, in order to charge them the higher cost for late-term abortions. The *Boston Globe* noted that the physician owning the clinics had been barred from five Boston-area hospitals and had been ordered to seek psychological counseling by the licensing board for putting his mouth on a patient's breast.

When abortion providers do sloppy work and professional standards are not enforced, civil courts are the only recourse for the victims of poor quality care. Women or their families have sued abortion doctors, frequently winning multimillion dollar judgments. But bringing these cases to court can put a woman's life under a microscope, something that would incite

feminist outrage if a defense attorney tried that tactic in a rape trial.

And when lawsuits do come to court, pro-choice activists and even members of the press tend to dismiss the plaintiffs as part of some pro-life conspiracy. To be frank, those of us who sympathize with the abortion rights movement have repeated “keep abortion safe” so many times that we have ceased to question whether or not it *is* safe. Journalists who report an abortion malpractice case—or even uncover large-scale injury and fraud—usually see it as a local problem, an embarrassing aberration from the norm.

When a St. Louis abortion doctor was ordered in 1992 to pay \$25 million to the family of a woman who died after getting a toxic dose of lidocaine, the *St. Louis Post-Dispatch* held forth in an editorial that it was “unfortunate” that the malpractice case and the doctor’s numerous other botched abortions—at least three of which had required emergency surgery and hospitalization—might be used by anti-abortion activists as “propaganda” in their crusade to overturn *Roe v. Wade*.

Propaganda or not, some anti-abortion groups have stepped up efforts to bring more of these cases to trial, a prospect that, according to a reporter who covers this issue for a medical trade publication, has the abortion industry “terrified.” One group, Life Dynamics, Inc., claims it is now assisting in nearly ninety abortion malpractice cases—twice the number it reported eighteen months ago—and that it has established a network of some six hundred lawyers nationwide to handle other cases.

The response from abortion rights activists, predictably, has been denial and hysteria. Pamela Maraldo, until recently president of the Planned Parenthood Federation of America, calls abortion malpractice suits “bogus,” evidence of “extremism,” and an “irresponsible abuse of our court system by zealots who seek to intimidate doctors and control women’s lives.” Maraldo and other abortion rights activists imply that for newspapers to publicize such cases increases the risk that abortion doctors will be murdered by pro-life fanatics.

Besides, according to a popular pro-choice refrain, the only women likely to sue are those who have abortions despite being philosophically opposed to the procedure. A spokesman for the National Abortion Federation refers to these women as “a very worrisome subset of our patients.”

Actually, a stronger argument can be made that women uncommitted to the cause have traditionally been the least likely to sue. Abortion still carries a social stigma in most parts of the country. Many of those most vulnerable to ill-treatment by predatory doctors are poor, uneducated, and don’t

speak English. They don't know how to find a good clinic, how to evaluate the quality of their medical care, or how to file a complaint if a doctor's negligence results in serious injury.

Often it is only when a doctor finally bungles a case so badly that it makes headlines, that these women learn they have some recourse for their pain and suffering. When Dr. Abu Hayat turned up on network news in 1991, after a failed third-trimester abortion left an infant alive but with a severed arm, more than thirty of Hayat's former patients came forward with complaints, including one family that demanded an investigation of a woman's death at Hayat's New York clinic.

Feminist claims to the contrary, abortion doctors are not all heroes, though some of them do appear to have a mission. Dr. Edward C. Allred, founder of a California-based corporation that now operates nearly fifty abortion clinics and hospitals across the country, was quite matter-of-fact about his mission when talking to a reporter with the *San Diego Union*: "Population control is too important to be stopped by some right-wing, pro-life types. Take the new influx of Hispanic immigrants. Their lack of respect for democracy and social order is frightening. I hope I can do something to stop that tide. I'd set up a clinic in Mexico for free if I could. Maybe one in Calexico would help."

His views on welfare were equally revealing: "The Aid to Families with Dependent Children Program is the worst boondoggle ever created. When a sullen black woman of seventeen or eighteen can decide to have a baby and get welfare and food stamps and become a burden to all of us, it's time to stop." Allred's clinics are touted for their cleanliness and their efficiency. Allred himself boasts of perfecting the five minute abortion by eliminating "needless patient/physician contact" and of personally performing 1,800 abortions a month, working from seven in the morning to midnight. According to the National Conference of Catholic Bishops, eight women have died at these clinics; hundreds of others have filed malpractice suits.

New federal laws were promptly put in place when anti-abortion lunatics shot up two abortion clinics in Florida in 1994. Congress also responded quickly with hearings when pro-choice activists complained that phony clinics were selling women on adoption instead of abortion. Yet there has been no federal action on abortion malpractice, despite the dismaying number of cases uncovered by reporters over the years. Officials at state health agencies and medical licensing boards have failed to protect the public.

Demands by pathologists, emergency care physicians, and others for tighter standards are repeatedly dismissed as something best left to the abortion industry itself, though in the current political climate expecting this profession to effectively police its own ranks seems incredibly naive. Abortion care standards established by the National Abortion Federation have been dismissed by critics, including Warren Hern who helped write them, as “cosmetic” and “meaningless.” Hern, who remains active with the NAF, complains that the organization has never seriously pursued a program to implement abortion-care standards and evaluate member doctors and clinics. But in truth, what he envisions would be difficult to achieve. Without any authority to issue credentials, all the NAF can really do is drop bad doctors from its membership roster.

Abortion mill brutalities continue to occur because we have allowed politics to distort what should be a public health issue. Politicians and state health agencies make the claim that abortion is safe without providing the responsible oversight that would make it so. This is mindless. We need to set aside politics and inform women of possible complications and long-term health risks. We need to put in place a data-gathering system that can reliably track abortion mortality and injury, and establish—and enforce—medical care standards that ensure a reasonably safe outcome.

We also need to streamline the disciplinary process for physicians, ensuring that doctors who put cash-flow considerations ahead of a woman’s suffering are subjected to speedy hearings and licensing decisions, and put out of business permanently.

And feminists need to be honest with themselves. To downplay blatant cases of medical incompetence and deliberate disregard for human life leaves them open to charges that they are not acting in the best interests of women—indeed that their often professed concern for women in crisis pregnancies, particularly poor women, is a sham.

Abortion malpractice is a national scandal. Without taking steps to resolve it, we will continue as we have for more than twenty years, whistling through a graveyard of women like Carolina Gutierrez, for whom the only consolation was that their abortions were legal.

“Medically Necessary” Killing

Mary Ann Glendon

Mr. Chairman and members of the committee: I am honored to have the opportunity to address you, in the wake of the President’s veto of the Partial-Birth Abortion Ban Act, on the issue of the creeping degradation of life in our law and society brought on by *Roe v. Wade* and its progeny.

In his veto message, the President took refuge behind the argument that the Partial-Birth Abortion Ban Act was unconstitutional. I believe this is a misreading of *Roe v. Wade* and subsequent abortion cases. However, as I will explain, the President’s misreading of the constitutionality of the Partial-Birth Abortion Ban Act is based in large part on his all-too-accurate understanding of the core holding of *Roe*: that abortion is constitutionally protected in the United States through the ninth month of pregnancy for almost any reason the mother may assert.

The reason that it was not the Constitution that forced the President’s veto pen is that neither *Roe* nor later abortion decisions say anything about any right to kill a child during the course of delivery. Dr. Pamela Smith, chief of obstetrics at Mt. Sinai hospital in Chicago, provided poignant testimony before both the House and Senate that a partial-birth abortion closely resembles a breech delivery, with one exception: the baby is deliberately killed.¹

Ordinarily, when a child dies during the course of a breech delivery, we call it a tragedy. Sometimes, we even call it malpractice. But when the child is unwanted, the deliberate killing of a child during a breech delivery is somehow converted, by those who misconstrue *Roe v. Wade*, into the exercise of a constitutional right.

The truth is *Roe* says nothing about the killing of a baby during delivery. In fact, the *Roe* Court, in reviewing the constitutionality of the abortion provisions of Texas’s Penal Code, conspicuously noted in footnote 1 of its opinion that it was not reviewing the Penal Code provision against “Destroying an Unborn Child.”² That unchallenged section looks a lot like the Partial-Birth Abortion Ban Act: “Whoever during parturition of the mother destroys the vitality or life in a child in the state of being born and

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before actual birth, which child would otherwise have been born alive, shall be confined in the penitentiary for life or for not less than five years.”³ This law is still on the books.⁴ As my colleague, Laurence Tribe, has stated, the Supreme Court “has never directly addressed a law like [the Partial-Birth Abortion Ban Act].”⁵ It is interesting to note that the question could not even come up in most other legal systems, for late abortions are forbidden or strictly regulated nearly everywhere.

Yet it is quite understandable that the President made the mistake of thinking a maternal health provision for the Partial-Birth Abortion Ban Act was constitutionally necessary. While he erred in stating that the Constitution requires that the Act contain a health-of-the-mother exception, his error seems to have been based on a chillingly accurate understanding of the core holding of *Roe v. Wade* and its progeny: abortion is available in this country through the ninth month of pregnancy if an abortion will advance a broad array of health interests of the mother, which include psychological, emotional, and even more amorphous aspects of health and well-being. The American public is largely unaware of just how broad the litany of reasons is for which a woman may obtain a late-term abortion.

In the aftermath of the veto of the Partial-Birth Abortion Ban Act—a bill that many looked to as just the sort of reasonable restriction on abortion that could begin to heal some of the rifts in our society brought on by the bitter battles over abortion—I believe it is an appropriate time to set the record straight for the American people on what *Roe* and its progeny hold. Furthermore, I believe that it is an appropriate time for us to reflect on how *Roe* has wrought on our society a coarsening not only of our laws, but of our hearts.

The Supreme Court in *Roe v. Wade* found a right to abortion in the Due Process Clause of the Constitution. The Court held that during the first two trimesters of pregnancy, a woman had a right to abortion for any reason. During the second trimester, the state could impose reasonable regulations designed to protect maternal health, so long as they did not impair her right to have an abortion. In the third trimester, the state could regulate or even prohibit abortions, except where the life or health of the mother was at risk.

The Court at first did not dare to call abortion a “fundamental right.” In *Roe* the Court instead stated that the Fourteenth Amendment’s “right of personal privacy includes the abortion decision, but . . . this right is not unqualified and must be considered against important state interests in regulation.”⁶ However, in another part of its opinion, it stated that only fundamental rights “are included in th[e] guarantee of personal privacy,”⁷

so anyone willing to take the time to make a syllogism of the two statements would know that the Court was indeed calling abortion a “fundamental right.” The “fundamental right to an abortion” designation crept into Supreme Court decisions through dissenting opinions,⁸ until finally making its way into the majority opinion in *Akron v. Akron Center for Reproductive Health, Inc.*⁹ In *Akron*, the Court found that a woman’s “fundamental right to choose an abortion” precluded Ohio from implementing laws that many saw as reasonable attempts to reconcile a woman’s liberty with the interest of the state in protecting fetal life and upholding medical standards.

The Court struck down Ohio’s requirement that a minor under the age of fifteen seeking an abortion obtain the consent of one parent (or obtain an order from a judge if this was not possible); its informed consent provisions designed to ensure that a woman understood what an abortion entailed for her and her unborn child before exercising her choice; a 24-hour waiting period to help protect women from pressure to abort; a requirement that second-trimester abortions take place in a hospital; and regulations regarding the “humane and sanitary” disposal of fetal remains.

The Court’s strict adherence to the notion of the fundamental nature of the abortion right was not limited to pre-viability abortions. In *Colautti v. Franklin*,¹⁰ the Court struck down a rather modest provision of a Pennsylvania law that required a doctor to determine “based on his experience, judgment or professional competence” if there was “sufficient reason to believe the fetus may be viable;” if so, the doctor was to perform the method of abortion most likely to save the life of the fetus, unless using a different method was required to preserve the life or health of the mother.¹¹ A similar measure was struck down in *Thornburgh v. American College of Obstetricians and Gynecologists*.¹² This result seemed to a majority of the Justices a natural extension of the absolute-rights-based logic of *Roe*. But to anyone looking at the problem more holistically as a question of how society can balance a woman’s liberty with society’s interest in protecting viable babies, this result seems nothing less than barbaric.

The Supreme Court modified *Roe* somewhat in *Planned Parenthood of Southeastern Pennsylvania v. Casey*.¹³ It shifted from the judicially created trimester framework to a more flexible pre-viability and post-viability framework that can evolve as medicine advances. *Casey* also made it easier for states to regulate abortion in furtherance of their “legitimate interests from the outset of the pregnancy in protecting the health of the woman and the life of the fetus.”¹⁴ *Casey* held that the state may implement measures such

as 24-hour waiting periods, informed consent requirements, and parental notification, so long as the abortion right is not “unduly burdened.” However, *Casey* left intact the core holding of *Roe*: a woman has an absolute right to choose to abort her pregnancy for any reason before viability, and after viability she has a right to an abortion to preserve her life or health.

Health, as the courts have defined the word, is extremely broad. *Doe v. Bolton*, the companion case to *Roe v. Wade*, stated that health of the mother is a medical judgment that “may be exercised in light of all factors—physical, emotional, psychological, familial, and the woman’s age—relevant to the well being of the patient.”¹⁵ This health “exception” is so broad as to encompass just about anything. Just how broad the exception is is summed up in the chilling testimony of abortion clinic director Dr. Jane Hodgson: “In my medical judgment . . . I feel there is a medical indication to abort a pregnancy where it is not wanted. In good faith, I would recommend on a medical basis you understand that, and it would be one hundred percent . . . I think they are all medically necessary.”¹⁶

Rationales asserted to justify abortions based on maternal health include a broad litany of psychological, emotional, and social factors relating to well-being. Even the prospect of a temporary impact on a woman’s mental health from carrying a baby to term guarantees the right to abort a viable unborn child.¹⁷

Abortions are even done in situations where the abortion really does nothing to solve the “health” problem. One ob-gyn testifying before the Senate stated that in her thirteen years of practice she has had three patients who sought and obtained abortions after twenty weeks based solely on emotional crises. She testified that “their pregnancies were all terminated but their social situations remain unchanged.”¹⁸ Yet such reasons remain sufficient to give a woman a constitutional right to abort a viable unborn child.

The vast majority of abortions in this country are performed not by a woman’s own gynecologist, but in clinics specializing in abortion where the woman has a limited and short-lived relationship with her doctor.¹⁹ The fleeting nature of the doctor/patient relationship in the abortion context makes the notion that abortion is a private decision between a woman and her doctor illusory for most women.

Even in established doctor/patient relationships, doctors are reluctant to second-guess their patients. This hesitancy is surely more acute in the short-lived relationships in abortion clinics. As one abortion-performing doctor testified regarding late-term, pre-viability abortions: “It is not my place

to judge my patient's reason . . . it is my place to treat my patient, a woman with a pregnancy she feels certain she cannot continue, to the best of my abilities."²⁰

Despite the twenty-three years that have passed since the *Roe* decision, the American public is still largely unaware of how broadly available late-term abortions are. And that is a good thing for the special interests represented by the abortion-rights lobby. By a staggering majority, American women and men, and, I should add, women more than men, support banning abortions after the first trimester for reasons other than to save the life of the mother. When asked in a 1991 Gallup poll if they would favor a law banning abortions after the third month of pregnancy unless required to save a woman's life, 73% favored such a ban and 20% opposed it.²¹ In a poll released early this year by the Tarrance Group, only 13% of registered voters thought that abortion should be legal at any time for any reason.²²

Abortion-rights advocates often dismiss concerns about late-term abortions by citing the fact that the vast majority of abortions occur in the first trimester. It is true that most of the more than 1.3 million abortions performed every year occur during the first three months of pregnancy. However, ten percent of abortions, or more than 130,000 in raw numbers, are performed during the second or third trimesters each year.²³

While statistics are difficult to compile for later abortion, the Alan Guttmacher Institute, a research affiliate of Planned Parenthood, estimates that .5% of abortions, or more than 6,500 each year, are performed after the twentieth week of pregnancy.²⁴ According to the U.S. Centers for Disease Control, about 1.3% of abortions, or 16,900 are performed at or after the twenty-first week of pregnancy.²⁵ To the majority of Americans who would ban late-term abortions under most circumstances, these thousands of deaths occurring in the shadows of the Constitution's penumbra are not inconsequential.

What might seem puzzling is that while most American men and women are uneasy about late-term abortions, and a majority would ban abortions after the first trimester for reasons other than to protect the life of the mother, Americans respond in polls that they support *Roe v. Wade*. A *Los Angeles Times* poll found that a majority of Americans, by a 46% to 35% margin, say they support *Roe*. The same poll found that, by an even larger margin of 57% to 34% *the other way*, Americans do not think a woman should be able to get an abortion for any reason.²⁶

The solution to this puzzle is that nine out of ten Americans, according to the 1991 Gallup poll, do not have an accurate understanding of the

holding of *Roe v. Wade*.²⁷ Since *Roe* constitutionally protects, in most circumstances, those late-term abortions about which the public is so uneasy, somehow the truth about *Roe* is not getting out.

The restrictions on abortion that most Americans support, but which are prohibited from being enacted by *Roe*, are quite similar to those found in western Europe. A common pattern has emerged in other liberal democracies, where the courts have left abortion policy up to the people and their elected representatives. Typically, in the early weeks of pregnancy (ranging from ten in France to eighteen in Sweden), other countries do not criminalize abortion, but do require information, counseling, and material assistance in order to provide real alternatives to women facing what is often the worst crisis of their lives. After that initial period, most countries require strong justification for abortion and impose procedural safeguards to protect the woman and her unborn child.²⁸

The focus of *Roe* on finding a right to abortion based on the fundamental right of privacy has resulted in a search for new rights, many of which serve further to undermine respect for life in our society. Citing *Roe*, numerous state courts have created a cause of action called "wrongful life," a phrase that might make George Orwell cringe, under which a child can sue a doctor for failing to discover a defect that would have spurred her mother to abort her.²⁹ A similar cause of action, "wrongful birth," provides damages to the mother.³⁰ *Roe* provides women with a right against the state: the state cannot prohibit a woman from having an abortion.

Now, in states recognizing wrongful birth as a cause of action, a woman has a right to demand compensation from a doctor who caused her to bear a disabled child, even when someone is willing to adopt the baby (it should be noted that there is a large supply of parents willing to adopt special-needs children³¹). This seems to me to be nothing more than asking a court to put a dollar value on carrying a baby to term. Feminist scholars often identify ways in which women's bodies are commodified in our society; I can imagine few examples as stark as this.

Sometimes the search for new rights based on *Roe* reaches levels of outrageousness that would be comical were they not true. One court in Georgia, citing *Roe*, stated that a man had a constitutional right to possess rubber sex toys.³² If you are a strict constructionist, I'm sure you will have an easy task in determining that the Founders did not intend *that* one to be part of the Constitution. This is what *Roe* has wrought: a jurisprudence where we have a constitutional right to sex toys, but life is cast aside. Lifestyle has eclipsed life in our hierarchy of values, at least as decided and enforced by the courts.

Other fundamental rights asserted by litigants based on *Roe* include the right to engage in prostitution, the right of a counselor to engage in sex with a patient, and the right to practice polygamy. To my knowledge, the courts haven't bitten—yet.

The most dangerous extensions of *Roe*, however, are the new rights courts are finding in the Constitution that clash directly with the ability of society to protect life. One particularly troubling area is a new-found right of parents to deny medical care to newborn children with physical and mental handicaps. In many instances, routine and simple procedures are being withheld when a child is perceived to be “defective.” In 1982 a child, known as “the Bloomington Baby Doe,” was born in Indiana with Down’s Syndrome and a blocked esophagus. Although correcting a blocked esophagus is an established surgical procedure with a 90% success rate, the baby’s parents, after consulting with their doctor about Down’s Syndrome, elected not to have the operation done.

Despite numerous offers that poured in to adopt the baby, a court found that the parents had a right to deny care and the baby was allowed to die slowly in a corner of the hospital nursery.³³ When the U.S. Department of Health and Human Services responded to such discrimination through new regulations protecting handicapped newborns from lethal neglect, the new rules were invalidated by a U.S. District Court, which noted that they might “infringe upon the interests outlined in cases such as . . . *Roe v. Wade*.”³⁴

Also troubling are the recent decisions by the Second and Ninth Circuit Courts of Appeals that the Constitution forbids states from banning physician-assisted suicide. In the Ninth Circuit case, *Compassion in Dying v. Washington*,³⁵ the court ruled unconstitutional the application of Washington’s assisted-suicide statute to physicians who help terminally ill patients commit suicide. The court found in *Roe* and subsequent cases not merely a right for a competent, terminally ill patient to commit suicide, but the right to have a doctor assist her. The court rejected the state’s argument that the people of Washington, through their legislators, had determined that the proper balance of factors and rights was to give patients the right to have doctors disconnect life-support systems and to refuse all other forms of medical care, but not to permit doctors affirmatively to help them commit suicide. The court rejected the state’s strenuous assertion that the risk of undue pressure on the vulnerable terminally ill patient was too great and that the integrity of the medical profession would be compromised by allowing doctors to participate in patient suicide.

The court also brushed aside the argument that physician-assisted

suicide violates the Hippocratic Oath. The court noted that the Hippocratic Oath also prohibited giving an abortifacient, and that didn't stop Justice Blackmun in *Roe* from dismissing the Hippocratic Oath as "originat[ing] in a group representing a small segment of Greek opinion and . . . certainly was not accepted by all ancient physicians."³⁶

What is especially startling is the way in which the court rejected the state's "slippery slope" argument that once we allow physicians to participate in the killing of patients, we risk a disregard for life that could result in involuntary euthanasia of the elderly, children with "defects," homeless people with serious illnesses, and other undesirables.

This has begun to happen in the Netherlands, where euthanasia has been permitted since 1973 with a variety of "safeguards." A Dutch government study found that in 1990, 30 percent of the 3,300 instances of euthanasia occurred without the consent of the patient.³⁷ The Ninth Circuit rejected this concern, writing: "the legalization of abortion has not undermined our commitment to life generally; nor, as some had predicted, has it led to widespread infanticide." Judge Reinhardt, who wrote for the majority, fails to see that his opinion, which by his own description is part of the same continuum of rights that produced *Roe*, is itself a repudiation of this statement.

The Second Circuit case, *Quill v. Vacco*,³⁸ did not find the right to physician-assisted suicide in the Due Process Clause. It in fact did something even more alarming. The court determined, after conducting a review of the Due Process right of privacy that undoubtedly colored its decision, that there was no "rational basis" under which the state of New York could justify permitting doctors to withhold or withdraw medical treatment while banning them from assisting suicide. The court therefore held that the New York law against aiding a suicide violates the Equal Protection Clause. This opinion is remarkable, because the "rational basis" test is an extremely lenient standard under which courts ordinarily strain to find some grounds by which to uphold the legislature's decision. But what is even more remarkable is the court's holding that a legislature cannot rationally distinguish between a doctor helping a patient not receive further medical treatment and a doctor giving the patient lethal drugs to commit suicide.

One of the first things we teach first-year law students is that the law has always made a profound distinction between acts of commission and acts of omission. That the Second Circuit could label such a distinction irrational is a telling indication of just how distorted our jurisprudence has become in attempting to create new rights to address every important social problem.

THE HUMAN LIFE REVIEW

Regarding abortion, the American people have consistently shown a degree of compassion, good sense, wisdom, and prudence that fully justifies the faith our Founders put in the democratic experiment. It is regrettable, I believe, that the Supreme Court from 1973 to 1992 virtually shut down the legislative process where this vexing and controversial issue is concerned. It also is regrettable that there were so many references in prior hearings on this Act to "politics" and "politicians." Politics, after all, is the principal way we "order our lives together" in a republic with democratic elements, and politicians are the men and women who permit the good sense and good will of the citizenry to prevail within constitutional limits. We citizens count on you, our elected representatives, to keep the democratic elements in our republic strong. We count on you to protect the weakest and most vulnerable among us. We count on you, therefore, to override the veto of this humane, reasonable, and broadly supported bill.

NOTES

1. Testimony before the House Subcommittee on the Constitution, June 15, 1995; Testimony before the Senate Judiciary Committee, November 17, 1995
2. *Roe v. Wade*, 410 U.S. 113, 117-18 n.1 (1973).
3. Texas Penal Code Art. 1195.
4. See Texas Rev. Civ. St. Art. 4512.5 (1996).
5. Letter of November 6, 1995 from Laurence Tribe to Senators Barbara Boxer and Edward M. Kennedy, at 2.
6. 410 U.S. at 154.
7. *Id.* at 152.
8. See *Harris v. McCrae*, 448 U.S. 297, 338 (1980) (Marshall, J., dissenting); *H.L. v. Matheson*, 450 U.S. 398, 434 (1981) (Marshall, J., dissenting).
9. 462 U.S. 416 (1983).
10. 439 U.S. 379 (1979).
11. *Id.* at 381 n.1.
12. 476 U.S. 747 (1986).
13. 505 U.S. 833 (1992).
14. *Id.* at 846.
15. 410 U.S. 179, 192 (1973).
16. *McRae v. Mathews*, Nos. 76-c-1804,-1805, Hearing before the United States District Court for the Eastern District of New York, August 3, 1977 (Dooling, J.).
17. See *Margaret S. v. Edwards*, 488 F. Supp. 181, 196 (E.D.La. 1980) (striking down partial ban on third-trimester abortions on grounds that it did not permit abortions when there was risk of temporary impairment of physical or mental health).
18. Testimony of Dr. Nancy G. Romer before the Senate Judiciary Committee, November 17, 1995.
19. See Henshaw and Van Vort, "Abortion Services in the United States, 1991 and 1992," *Family Planning Perspectives*, May/June 1994 at 105 (69% of abortions performed in clinics in 1992); see also M. Glendon, *Abortion and Divorce in Western Law* (1987), at 20.
20. Testimony of Dr. J. Courtland Robinson, before the Senate Judiciary Committee, November 17, 1995.
21. "Abortion and Moral Beliefs, A Survey of American Opinion" (Gallup/Americans United for Life, February 28, 1991), at 30.
22. National Survey (Tarrance Group/National Conference of Catholic Bishops, January 18, 1996).
23. See "Abortion and Moral Beliefs," *supra*, Executive Summary at 7.
24. Testimony of Viki Saporta, Executive Director, National Abortion Federation before the Senate

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Judiciary Committee, November 17, 1995.

25. 45 Morbidity and Mortality Weekly Report (March 22, 1996), at 237.
26. See G. Skelton, "Most Americans Think Abortion Is Immoral," *The Los Angeles Times*, March 19, 1989 at 26.
27. "Abortion and Moral Beliefs," *supra*, Executive Summary at 13.
28. For details of the law in each of 19 countries, see M. Glendon, *Abortion and Divorce in Western Law* (1987).
29. See, e.g., *Turpin v. Sortini*, 31 Cal. 3rd 220 (1982).
30. See, e.g., *Berman v. Allan*, 80 N.J. 421 (1979).
31. See Martha Field, "Killing 'The Handicapped'—Before and After Birth," 16 Harv. Women's L.J. 79, 82 (1993).
32. *Cohen v. City of Daleville*, 695 F. Supp. 1168, 1173 n. 7 (M.D. Ala. 1988).
33. *In re Infant Doe*, No., GU 8204-004A (Cir. Ct. Monroe County, Ind., April 12, 1982), *cert. denied sub nom. State ex rel. Infant Doe v. Bloomington Hosp.*, 464 U.S. 961 (1983). See Field, *supra* at 81-83.
34. *American Academy of Pediatrics v. Heckler*, 561 F. Supp. 395 (D.D.C. 1983).
35. No. 94-35534 (9th Cir. March 6, 1996).
36. See *id.*, citing *Roe*, 410 U.S. at 132.
37. See J. Keown, "Euthanasia in the Netherlands: Sliding Down the Slippery Slope?" 9 Notre Dame J. of Law, Ethics & Pub. Pol. 407, 419 (1995).
38. No. 95-7028 (2nd Cir. April 2, 1996).



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Slavery and Abortion:

⁶⁶Let us re-adopt the Declaration⁹⁹

Mackubin Thomas Owens

Historical analogy is oftentimes a dangerous way of casting light on contemporary issues. After all, no two occurrences are ever exactly the same. But every now and then a parallel appears to be so compelling that it simply cannot be ignored. Similarities between the pro-slavery arguments made during the period leading up to the Civil War and those advanced today on behalf of abortion are surely a case in point.

One thing that history *does* show is that republics cannot function without a moral consensus on important issues. For Americans, the most important issue was and is the question of who is human, and thus who possesses the natural and equal rights to “life, liberty and the pursuit of happiness,” as expressed in the Declaration of Independence, and which the Constitution was framed to protect. During the 1840s and 1850s, the focus of this question was the status of the black race in America. Today, it is the status of the unborn.

During the decades leading up to the Civil War, defenders of slavery like John C. Calhoun essentially argued that the institution was justified because the natural rights laid out in the Declaration did not apply to the black race. In 1857, this position was given judicial sanction by Chief Justice Roger Taney in *Dred Scott v. Sandford*.

Taney declared that the founders could not have meant for the Declaration of Independence to include blacks and that, accordingly, whether enslaved or free, the black race had no rights that the white man was bound to respect; that slavery was a constitutionally protected right; and that despite such precedents as the Northwest Ordinance of 1787 and the Missouri Compromise of 1820, Congress could not prohibit the expansion of slavery into the federal territories.

Abraham Lincoln disagreed. He argued that the founders understood the Declaration of Independence to apply to all, that they compromised on the

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issue of slavery out of necessity, not because they believed it was right, and that the doctrines of Taney and Calhoun represented a repudiation of the “central idea” of the Declaration and thereby republican government. To Lincoln, slavery was an affront to republican government itself, leading “good men . . . into open war with the fundamental principles of civil liberty—criticizing the Declaration of Independence, and insisting that there is no right principle of action but self interest.”

He feared that Stephen Douglas’s doctrine of “popular sovereignty,” which professed indifference to the moral aspects of slavery, and Taney’s judicial institutionalization of Calhoun’s racial doctrine were preparing public sentiment to accept the transformation of the slavery question from one of “hostility to the *principle*, and toleration, *only by necessity*” to slavery as a “sacred right.” Lincoln especially feared that—as a result of such a transformation in public sentiment away from support of the Declaration’s principles of equality—free government could not survive.

Roe v. Wade is the contemporary version of *Dred Scott*. In this case, the Supreme Court ruled that the unborn child has no rights that are bound to be respected by the already born. As the slave was the absolute property of the slaveholder, so the unborn child is merely “fetal matter” under the absolute control of a woman, and subject to “no right principle of action but self interest.” As *Dred Scott* helped to shape public sentiment on behalf of the idea that slavery was a “sacred right” with which Congress could not interfere, *Roe v. Wade* has helped to shape public opinion in support of the belief that abortion is a woman’s absolute right. This view is reinforced by the John Calhoun of the abortion movement, Kate Michelman, and the “ultras” of the National Abortion and Reproductive Rights League.

Like slavery, the debate over abortion is frequently couched in terms of “choice.” Sen. Douglas was “pro-choice” on slavery. For instance, he argued that the issue of slavery in Kansas was no different from the issue of selling liquor in Maine. But abortion, like slavery, is a moral issue. While disagreements among reasonable people about liquor laws—or taxes, welfare spending and the like—can lead to compromise, there can be no such “middle ground” on moral issues. Slavery and abortion are either evil or they are not. In Lincoln’s words, to seek a “middle ground between the right and the wrong [is as] vain as the search for a man who should be neither a living man or a dead man.”

As Lincoln recognized, moral indifference to such issues as slavery and abortion cannot help but have an adverse influence on self-government

itself. As he said of Douglas during their first joint debate:

When he invites any people, willing to have slavery, to establish it, he is blowing out the moral lights around us. When he says he “cares not whether slavery is voted up or voted down”—that it is a sacred right of self-government—he is, in my judgement, penetrating the human soul and eradicating the light of reason and the love of liberty in this American people.

Perhaps these words ought to be contemplated by such “pro-choice” Republicans as Massachusetts Governor William Weld, New Jersey Governor Christine Todd Whitman, and California Governor Pete Wilson, who are playing the role of Douglas in today’s debate over abortion.

The similarities between slavery and abortion do not end here. They extend to the related political and social issues as well. Advocates of slavery argued that the institution was a “positive good” and that, indeed, slaves were better off than the free laborers of the North. Just so, advocates of abortion contend that abortion is preferable to life in poverty, or as an “unwanted child.” Echoing the very language of Calhoun regarding slavery, Beverly Harrison, a professor of Christian Ethics at Union Theological Seminary, contends that abortion is a “positive good” and can even be a “loving choice” for a woman.

In the 1840s and 1850s, the Democratic Party was held hostage by the “slave power.” Today, it is the “abortion power” that dominates the agenda of the Democrats so completely that the pro-life Democratic former Governor of Pennsylvania, Robert Casey, was not even allowed to address the 1992 Democratic Party convention (he was refused a hearing again this year as well).

In the 1850s, the Democrats put Republicans on the defensive by associating them with the violence of abolitionists like John Brown. Today, in a similar attempt to silence and coerce those who disagree with the pro-abortion stance, Democrats equate opposition to abortion with the violence of extremists like John Salvi, who have killed workers in abortion clinics.

But the slave power overreached. This overreaching began as early as 1857, when pro-choice Democrats like Douglas were enraged by the slavepower’s attempt, in concert with President James Buchanan, to coerce the nation into accepting the admission of Kansas as a slave state on the basis of the fraudulent pro-slavery Lecompton Constitution. It continued with the demand for a sedition law that would, in Lincoln’s words, suppress “all declarations that slavery is wrong, whether made in politics, in presses, in pulpits, or in private . . .”

Today, the abortion power seems to be on the verge of a similar

overreaching. A case in point is the current "sedition law" that essentially outlaws anti-abortion protests. Another is the recent veto by President Clinton of a congressional attempt to ban "partial birth" abortions. In the words of the Democrat Senator from New York, Daniel Patrick Moynihan, who voted to override the president's veto, partial birth abortions are "just too close to infanticide." Another is the British case in which a healthy twin fetus was aborted simply because the mother wanted only *one* more child.

Yet another is the hardening of the abortion power's official position that the fetus is not really an unborn child, and that there is no moral component to ending a fetal life other than the absolute right of the mother "to choose" killing it.

This last position was harshly criticized by the pro-choice feminist writer (and new mother) Naomi Wolf in a 1995 issue of the *New Republic*. She argued that the pro-choice movement has lost its "ethical core" and indeed something more. In words eerily reminiscent of Lincoln's during the first debate with Douglas, cited above, she wrote that

we [of the pro-choice movement] stand in jeopardy of losing what can only be called our souls. Clinging to a rhetoric about abortion in which there is no life and no death, we entangle our beliefs in a series of self-delusions, fibs and evasions. And we risk becoming precisely what our critics charge us with being: callous, selfish and casually destructive men and women who share a cheapened view of life.

What does the slavery-abortion analogy imply for the future policy of the pro-life movement? Again, Lincoln provides a guide: the education of public opinion. "In this and like communities," Lincoln said during his first debate,

public sentiment is everything. With public sentiment, nothing can fail; without it nothing can succeed. Consequently he who molds public sentiment, goes deeper than he who enacts statutes or pronounces decisions. He makes statutes or decisions possible or impossible to be executed.

Nearly two years earlier, Lincoln had observed that

public opinion on any subject, always has a "central idea," from which all its minor thoughts radiate. That "central idea" in our political public opinion, at the beginning was, and until recently has continued to be, "the equality of men." And although it was always submitted patiently to whatever of inequality there seemed to be as a matter of practical necessity, its constant working has been a steady progress toward the practical equality of all men.

The goal of the pro-life movement should be to shape opinion on behalf of the understanding that equality, the "central idea" of America, applies to the unborn.

Almost 24 years after *Roe*, this educational process has finally begun. Although the Senate failed to overturn President Clinton's veto of the ban on partial-birth abortions, the campaign against this procedure has served to shift the *terms* of the debate from "a woman's right to an abortion" to the rights of the unborn child. The abortion power understands the crucial—indeed, potentially decisive—importance of this shift. In the words of Kate Michelman, "there is no question that the anti-choice movement's strategy was to reposition the debate, to get the focus away from women and women's choices and their moral right to make a choice, to the fetus. I do not think it is successful among the general public."

But Ms. Michelman is whistling past the cemetery. The majority of Americans have been able and willing to avoid treating abortion as a moral issue *because* the abortion power has been successful in claiming that the fetus is not a baby—which, ironically, ignores the fact that "fetus" is the Latin word for child or "offspring"! But the partial-birth abortion debate has now made it difficult, if not impossible, for the abortion power to maintain this fiction.

It is of course true that the anti-abortion position has long had substantial support: in 1994, for instance, not one pro-life incumbent lost to a pro-abortion challenger in the congressional elections. In my judgment, if the pro-life movement follows a measured approach, focusing on the humanity of the fetus while eschewing all-or-nothing strategies such as the attempt to outlaw abortion by amending the Constitution, it will be able to drive a wedge between the horror of abortion and the decent citizens of the United States. The outcome will be the continued growth of moral consensus in support of the anti-abortion position.

It will grow as more citizens come to realize that abortion, like slavery, is an affront to republican government, that it violates the "central idea" of America: commitment to the equal natural rights expressed in the Declaration of Independence. It is especially this connection between abortion and republican government that anti-abortionists must drive home: How can the decent citizens of a decent regime tolerate abortion? How can they be indifferent to the millions of unborn lives terminated over the past two decades, often if not usually for no reason but self-interest and convenience?

Lincoln's words at Peoria in his speech on the Kansas-Nebraska Act apply as much to abortion today as they did to slavery in 1854.

Our republican robe is soiled, and trailed in the dust. Let us turn and wash it white in the spirit, if not the blood, of the Revolution. . . . Let us re-adopt the Declaration

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of Independence, and with it, the practices, and policy, which harmonize it. . . . If we do this, we shall not only have saved the Union; but we shall have so saved it, as to make, and to keep it, forever worthy of the saving. We shall have so saved it, that the succeeding millions of free happy people, the world over, shall rise up, and call us blessed, to the last generation.

The failure to do so will mean that the “moral lights” will continue to go out, and that republican government will become little more than a husk.



'I merely asked, "How are the wife and kids," Miller. I am not harassing you into resigning.'

THE SPECTATOR 13 January 1996

Time to Elevate the Argument?

Mary Kenny

It is about twenty years now since I began to be committed to the pro-life cause: I say “began” because my enlightenment about abortion did not happen all at once. St. Paul apart, Damascan conversions rarely do. The ground has to be prepared gradually, as a general rule. The knowledge that I had to confront—that the embryo, and then the fetus (“X,” as Dr. Nathanson called the unborn child in his brilliant *Aborting America*, is technically an embryo until eight weeks’ development, and a fetus thereafter until born) *is*, incontrovertibly, a human life—came to me through a process of gradualism.

First I conceded that late abortion was taking a human life—say abortion after 18-20 weeks. The Swedes, albeit liberal on abortion since the 1940s, have considered making it unobtainable, except for very serious medical cases, after 18 weeks, and if even the permissive Swedes frown on late abortion, then surely the rest of us must accept that this is taking a human life!

But what is so special about 18 weeks? Inexorably, the logic begins to lead you backwards towards conception. The only logical difference in early and late abortion is size, and we cannot say one person is more “human” than another because they are bigger. There is, of course, another difference between early and later abortion which is not logical, but aesthetic: it is much more distressing to watch a later abortion. This is “only” an aesthetic argument but I do not dismiss it, for if we lose our sensibility—our ability to be repulsed—by the sight of a small human being torn limb from limb, then we do become de-humanised. (Much less is *seen* in an early termination of pregnancy.)

Of course many people criticise the pro-life movements for showing pictures of dismembered small human beings as being *too* repulsive, too emotive. And yet, as Phyllis Bowman of the Society for the Protection of Unborn Children in Britain has said, “it is the picture of the aborted baby that converts people to our cause.” Yes, the truth has to be shown, and in a visual age, the impact is sensational. However, abortion has to be approached in a diversity of ways, and the dismembered unborn child is not the only way to argue against abortion. There should be a multiplicity of

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approaches, for people must also be allowed to be pro-life in their own manner.

Some people need to bear witness: to raise awareness: to campaign openly and challengingly. Others need to take another road: to write or to educate, to counsel or to share feelings, to provide alternative support or medical help. More, we need to think of new and creative ways to explore the abortion debate—perhaps through novels, movies, and the arts. It is extraordinary, as a matter of fact, how little the abortion question has touched the cinema in the twenty-three years since *Roe v. Wade* (which can be seen as the *imprimatur* on legalised abortion in the West). Although several film stars have endorsed “the right to choose”—Jane Fonda, Glenn Close, and Mary Tyler Moore come to mind—in the Hollywood liberal-left tradition, it has very seldom been an “issue” in movies, as AIDS and homosexual relationships have been.

Hollywood may be liberal-left but it is also conservatively shrewd about what the market will bear, and Hollywood presumably knows that a pro-abortion movie would not play; on the other hand, it is either not inclined to, or has not yet had the opportunity to, make a pro-life movie. This is the kind of area I look on as yet-unexplored territory.

Like everyone else who becomes convinced that the pro-life analysis is the right and true one, I spent many subsequent years involved in exploration and argument about the cause. The late '70s and subsequently the '80s were hostile years for the pro-life case as, gradually, I observed those who argued against abortion lose ground.

One example was a noted BBC radio programme, *Woman's Hour*, which throughout the '80s became increasingly feminist—although it has always been broadcasting of the highest quality. Still, it was clear that debates about abortion before *Roe v. Wade* were scrupulously balanced: great care was taken to give equal time and equal weight to each side.

By the 1980s, according to my observations, that approach had disappeared: the programme had become committed to the woman's “right” to choose, and pro-life people were marginalised. Reports (often from America) about pro-life activities were generally described as “extremist,” “fundamentalist,” “extreme Right-Wing,” without any consideration for nuance and complexity.

A similar situation obtained, though more predictably, with the British version of *Cosmopolitan* magazine, which was launched in 1972. In the beginning, it was a lively and provocative woman's magazine which, though not sympathetic to the pro-life cast of mind (where sex is “recreation, not

procreation" in Hugh Hefner's immortal words, abortion *has* to be available as a facilitator), was nevertheless open to a certain sensibility, if only to reflect a wide range of different women's views. I remember seeing an eloquent letter in British *Cosmopolitan* from a nun in which she explained the validity of seeking equality for women but rebutted the theme that this should involve the freedom to take the life of the child. That was in the early '70s. A few years later, it would have been impossible to publish such a letter in the magazine, which swiftly became the market leader—saucy sex always sells, doesn't it?—and a crucial influence on other publications which imitated it.

In researching a book on abortion in the early 1980s, in which I tried to be both committed and fair, I encountered a barrage of hostility, including that of a spokeswoman from the Birth Control Trust who told me: "We don't give interviews to Roman Catholics." I mused on the case I might have been able to bring, had the lady said "We don't give interviews to Jews" or "We don't give interviews to Afro-Caribbeans," if I had had a mind to do so, which in general I have not, finding most litigation vexacious. But I did see during those years the truth of the aphorism "Anti-Catholicism is the anti-Semitism of the intellectuals."

Actually, I didn't mind that too much, as I think one should be ready and willing to be persecuted. But I did perceive, as a journalist, how difficult it was to further the public debate on abortion where so much reasoned discourse was simply barred. When American pro-life groups began to be more pro-active—"extremist," if you like—to go for direct confrontations, sit-ins, boycotts, direct mailing shots and every other legal (and occasionally, regrettably, illegal) means of animating the abortion debate, it was, for us in Europe, a matter of rescuing a subject that was becoming unmentionable and invisible in polite society.

Of course, the American way of focusing on the abortion debate was not mirrored, or always copied, by the Europeans: here again there is, and there must be, diversity. Abortion politics often mirror the culture: in the Netherlands (where there is a strong pro-life movement composed of Catholics and Protestants) they have to accommodate Dutch liberalism, but at the same time there is a ready-made resource from the highly-active Dutch churches, which are well-integrated into Dutch provincial life. In Holland the big cities may be decadent, but the countryside is still strongly religious—there are Dutch Protestant churches which do not permit little girls to wear jeans, on the grounds that it is against the Biblical precept of "male and female He created them" differently. In Norway, the only

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Scandinavian country with an organised pro-life movement, again it meshes with Norwegian Lutheran traditions.

In Ireland, in the south and west, there is a strong streak of Marian devotion that fuels the pro-life movement—quite appropriately, because the Mother and Child is a perfect symbol for the protection of life in the womb (*Blessed is the fruit of thy womb, Jesus*). In Northern Ireland, interestingly *and* significantly, the pro-life movement has united Catholics and Protestants most constructively: it is, outstandingly, the one movement which is untouched by Ulster sectarianism, and both sides make a conscious effort to make common cause against abortionism. The Rev. Ian Paisley, notoriously anti-Catholic as a general rule, spoke out strongly and bravely in support of the Republic of Ireland's pro-life referendum in 1983, underlining his opposition to abortion.

In Britain, the pro-life movement focuses both on parliamentary reform and on social help—on services to assist the woman seeking an abortion, and on pro-life education—but generally from a marginalised position. For

Has Britain Had “An abortion too far”?

Events in Britain in the late summer of 1996 brought a bad press to the pro-abortion movement, and some heart-searching (and hand-wringing) by those on the sidelines. On August 1, more than 3000 embryos were deliberately destroyed by the Government-sponsored Human Fertilisation and Embryology Authority (headed by Dr. Ruth Deech of St. Anne's College, Oxford). The embryos had passed a five-year statute of limitations for being kept alive—and no one had claimed them. Couples had apparently “forgotten” they had embryos in storage, or were untraceable, or in the case of a few women who sought to save their stored embryos, the Authority insisted that the written permission of the father also be available to rescue the doomed unborn.

There was a palpable sense of public unease, but protesters agitated to no avail. Then, something even more dramatically illustrative of the consumerist view of human life occurred. A doctor at Queen Charlotte's hospital in West London—a maternity hospital much prized by the titled classes—gave an interview in which he said he was aborting one of a pair of twins. This abortion was taking place at 15 weeks, for reasons of social convenience. The mother was a poor woman in straitened social circumstances. This caused a huge controversy: it was a dreadful notion that a woman would be so desperate that she would kill off one of her twins.

The subject was aired on all the major radio phone-ins, and a large sum of money [some \$100,000] was pledged, virtually overnight, to support the mother. The abortion debate was reanimated nationally, and even hardened pro-abortionists demurred: one noted feminist gynaecologist who had staunchly supported

example, "Agony Aunts" (the British version of Ann Landers) and other agencies which publish lists of places where a woman in difficulty can turn for help will almost never include the pro-life support services. Getting publicity is *very* difficult. And this is where the American groups which have kept abortion on the front burner have helped pro-life movements elsewhere—just by keeping the issue alive.

But things never stay the same forever, and so, as time has gone on, there has been change and development in abortion politics and debate. It is important to remember that it takes a very long time indeed to get a mission or a message across. Systematic abortion began in the 1930s and '40s, for the medical technology was not really available until then. It is sometimes claimed that abortion has been practised since antiquity, but it was practised much less when it was very, very dangerous indeed for the woman *and* the doctor (in another sense) doing the operation. The invention of the vacuum syringe in the 1930s got abortion under way.

the "woman's right to choose" speculated on the effect on the surviving twin. (It is not a very nice thing to discover, in later life, that your mother has deliberately disposed of your twin?)

Much effort was expended to save the twin—to no avail: it was then revealed that the abortion had taken place three months previously, and the mother was not in "straitsened circumstances" but was a reasonably well-off married woman who just didn't choose to have two babies. "Even normally stalwart supporters of a woman's right to choose began to wonder if this was an abortion too far," wrote the liberal *Sunday Times*.

A third event brought another life issue under the microscope when it was reported that a single woman, living in an on-off relationship, was expecting *octuplets* after National Health treatment for fertility (although she already had a child and was not technically infertile). Doctors pressed for selective abortion of the eight, while outraged citizens asked what the National Health was doing in handing out fertility treatment so irresponsibly.

The British public certainly had much cause to ask what has been wrought by the Abortion Act of 1967, which was designed merely to rescue hard-pressed mothers *in extremis*. And there seemed to be gathering parliamentary support for review of such liberal abortion practice, which not only abuses the original law, but ushers in a mentality of commissioning and disposing of human life according to whim. But the dilemmas caused by abortion are only just beginning: we face a barrage of Brave New World actions, and counteractions over the "ordering" or, equally, the arbitrary destruction of human life, while the public wonders how we got into this bewildering situation in the first place.

—Mary Kenny

First the Communist countries, then Japan and Sweden, and then Britain (in 1967) legalised it; and throughout the 1970s a wave of abortionism passed over the developed, and sometimes underdeveloped, world. A social change accompanied legalisation. Not long ago I heard a retired British diplomat say: "One of the most dismaying changes that has occurred in my lifetime is that abortion has passed from being regarded as a terrible crime to being the badge of political correctness."

That change can be measured by definitions in reference books: encyclopaedias and dictionaries before the 1970s generally defined abortion in a medical or even veterinarian sense—that is to say, a miscarriage (cows can have "abortions": that is to say, the miscarriage of a calf). Reference books nowadays are more likely to have switched to the badge of political correctness mode: in United Nations statistics, Ireland is constantly downgraded for "quality of life" criteria because abortion is illegal, although on other criteria (low crime rate, low pollution, low maternal and perinatal mortality, good health services and human rights record) Ireland qualifies as having a praiseworthy quality of life.

So it has seemed that throughout the 1970s and '80s the "right to choose" advocates had things all their own way. Yet not entirely: the energetic pro-life groups organised effectively to stem the tide. And then, curiously and even paradoxically, the onwards march of science, medicine and genetics have in some ways assisted the pro-life cause. One anti-abortion advertisement in Britain some years ago suggested that if women had see-through abdomens, our view of abortion would be quite different. That is to say, if we could actually view the development, *in utero*, of the unborn child, then we would no longer regard it as "an undifferentiated clump of cells" as some feminists described "X" in the 1970s.

Yet, in one way, women *are* developing transparent wombs: *computers* can now visualise, more and more clearly, the growth of the unborn child in the womb. Silently, this visual image has become an advocate for the child. The development of fetology and embryology have helped to identify "X" as a human person, who can undergo surgery in the womb if need be, and even have a blood transfusion. But note that the baby's blood group may be different from the mother's, thus making the biological point that he or she *cannot* be just part of the woman's body!

There are many disquieting and even sinister things happening in the area of reproductive biology: surrogate pregnancy, egg donation, genetic manipulation, as well as artificial insemination by donor (now almost routine) and *in vitro* fertilisation. We are right to fear many of these things as

“Brave New World” phenomena. Where will it all lead? Some of the knowledge that has been gained is being, and will continue to be, used for deplorable purposes: “the right to choose” now includes homosexual couples commissioning (usually) a poor woman to carry a surrogate baby for them; it includes Sperm Banks where donors are identified by an almost Nazi scale of Superman qualities—tall, blond, blue-eyed—with musical donors having the highest status of sperm. (The British street-phrase of common abuse comes to mind: “wanker.”)

The manipulation of genes is a very worrying prospect. Yet in a paradoxical kind of a way, far more professional and creative (no pun intended) energies are now much more focused on fertility than on the termination of pregnancy. That is to say, doctors who do abortions are regarded, in medical terms, as doing something boring, repetitious and “down-market.” The “sexy” sought-after specialists are those who are working in fertility—in assisting the promotion of pregnancy.

Gynaecologists—some of whom I know perfectly well actually spent years carrying out abortions—have now gained a new status and respectability by doing fertility work. When interviewed on radio and television, they boast of how many women they have helped to have babies; they hardly ever allude to the babies they terminated. The abortionist is still a dingy character, while the baby-doctor is an ever-admired figure.

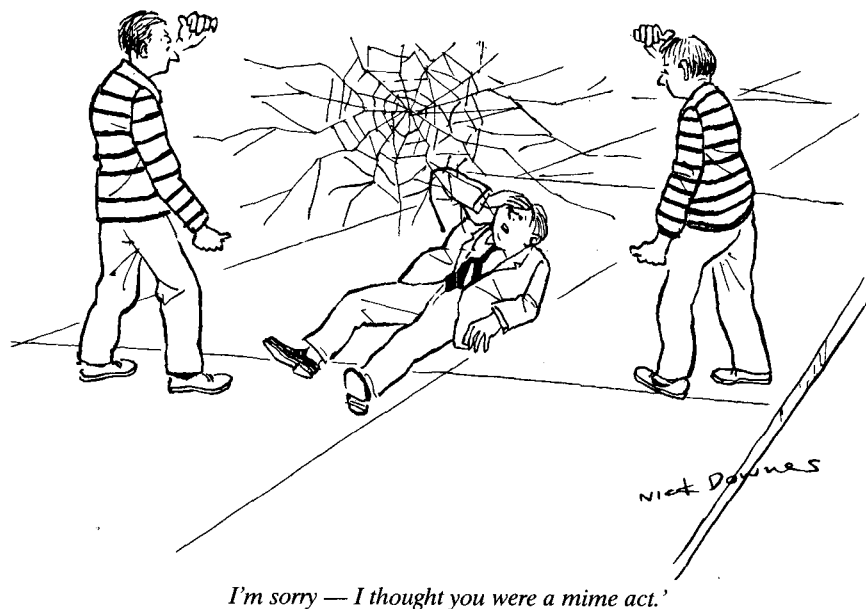
So, although many legal battles have indeed been lost in the abortion wars, and it has been difficult to halt the abortion tide, I now see more and more psychological gains—more acceptance, either explicitly or implicitly, that abortion is a sad old business at the very least, however it is dressed up as political correctness. Anti-abortion advocates are not as excluded from arguments or as marginalised, in Britain or France for example, as they *were* ten or fifteen years ago. Sometimes the boot can even be on the other foot: when I was at the UN conference at Beijing last year, I heard an American political feminist—a woman in middle age—tell a younger woman “You won’t get along in politics in the U.S. if you advocate abortion. Believe me, I’ve learned to hide my pro-choice feelings on the political platform. The voters don’t like it, and the pro-life lobby is too strong.” I thought that was an interesting straw in the wind.

II feel, in one sense, that I have argued enough about abortion now. Most people know the arguments, on the whole, and in their hearts they know we’re right: it *is* a human life. When a dreadful abortion story broke this August in Britain—a woman aborted one of the twins she was carrying because she did not “choose” to have two children at once—there was a

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kind of national horror expressed. [See "sidebar" above—Ed.] Even some of the pro-abortion spokespersons had the grace to feel a certain shame that *this* was what the right to choose had come to. And the reaction revealed the true feelings that most decent people really have within them somewhere: a sort of instinctive repugnance against the mother as Medea, taking the life of her own child. I believe that events like this make the best case against abortion—argument almost becomes unnecessary—people get the point, however unwillingly.

Of course arguments against abortion there must be, and they must go *on* being. New generations must take up the baton. But I want to find fresh paths of exploring the subject. Perhaps more elliptical paths: using the imagination, searching for the human response, examining human experience through pictures, narrative, poetry, art, biography. The unborn child, after all, represents consecrated life, the divine spark—there must be thousands of ways to explore and explain that great mystery.



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In Praise of Bossy Women

Lynette Burrows

What would the world be like if men really did oppress women as the feminists claim they always have? It is indisputably true that men could, if they wished, oppress women; they are rougher and stronger and, if that were all there was to it, that should be enough. Women would always have been in the position of slaves in the ancient world, without rights and with duties which involved doing whatever their master wanted, including rearing his children as he thought fit.

That is oppression and we have very well documented accounts from the Romans of precisely how it operated. Slaves could be punished and put to death with impunity; slaves had to do what they were told; slaves were not paid but simply received their board and lodging and were grateful for the protection of their masters. It was all so simple: not even the great St. Augustine (the first Archbishop of Canterbury—not of Hippo) objected in principle to the fact that children were sold as slaves in the market-place in Rome. He asked who some blond, blue-eyed children were and, upon being told that they were Angles, remarked that they were “not Angles but angels.” Anyway, that is the charming story told to English school-children since the year one, and even that masterpiece of approximate history, *1066 and All That*, was not able quite to obliterate the story with its own version of “Not Angles, but Anglicans.”

Slaves were a fact of life as unavoidable as the difference between the strong and the weak, but women were never the only, or even the principal, sufferers from the realities of inequality. On the contrary, they were always alongside their men, right there where the oppression was being dished out to others; sharing the spoils of war, benefitting from power and privilege which they either inherited, married, reared or, more infrequently, made for themselves.

In this respect, nothing has changed. It has often been pointed out that Margaret Thatcher was just about the only female world leader who did not come from a powerful political dynasty and feminists, for the most part, hated her. I won't say that they hated her particularly because she was a woman who made it on her own, because that would be difficult to prove. But the fact remains that the obsession with her dress, hair and

Lynette Burrows, an English journalist and broadcaster, is perhaps best known for her book *Good Children* (which the *Financial Times* described as “so old-fashioned it is positively radical”).

voice is something that has never surfaced again in respect to men with the same opinions. In this, the criticism is peculiar to women who do not like to see one of their sex breaking ranks.

They did not like a woman succeeding on her own because it established the fact that it could be done. They like to believe—they need to believe—that opposition is something only women, handicapped people, and ethnic minorities experience, because otherwise they would have to concede that what women do in any particular age is as much the product of choice as what men do.

Few people of either sex have complete freedom of choice; they are constantly constrained by social position, custom and personality for most of their lives. To claim anything else is to assign an inferiority of intelligence and resolve to women which goes beyond anything that even the most prejudiced of men might claim. In fact, it sinks absolutely any claim to equality now. It means, if we accept it, that at best women are late starters in life's race who have only recently discovered what it is they want at all.

This is such obvious nonsense that we should reject it out of hand before it turns us all into poor feeble victims, sobbing in front of a sexual harassment tribunal because the nasty men were rude to us. Feminists do seem to believe their own propaganda and it has quite obviously had the effect of making them feel eternal victims, unable now even to deploy the weapons of verbal scorn and outrage that women have wielded effectively since time immemorial.

One unfortunate effect of the prominence of career feminists in the media is that their constant refrain—that women are under-represented in careers which they have never wanted to pursue—has paralyzed the mass of women into thinking that they are all losers. They refuse to recognize and use the strength they do have, because it is different from men's. I have several strapping sons who always help to clear the table after meals and frequently cook, too; and I have lost count of the times other women, observing this, have remarked ruefully that where *they* come from, boys "wouldn't be seen dead" doing that kind of work.

"You reared them," I say: "Why didn't you teach them to help, if that's what you think is right"? And you know, it is something they have never even considered. They know full well, when you put it like that, that they could have done. But they let the opportunity pass them by because they were too busy worrying about the "patriarchal power" of the family to notice that they were the real boss in the home and that they could have done more to teach their children how to behave.

The truth is that what women lack in muscular strength, they have always compensated for by developing other qualities of mind and character. Ask any woman who has experience of children and she will confirm that little girls do not show the faintest sign of considering themselves inferior in any way. Far from it! They are often inordinately bossy and self-confident and, though a mother watching them organizing, cuffing and instructing other children may say to herself "How like her father she is," the truth is far more likely to be that girls are confident of their right to correct recalcitrant behaviour because they see their *mothers* doing it.

They grow up feeling they have a divine right to rule on a personal and domestic level because of the power of their mothers and, in our culture, that right has never seriously been challenged. The defeatism of the basic feminist premise has managed to undermine that confidence, and our whole culture suffers accordingly.

It is true that women have been denied access to the labour market at different times in our history when jobs were scarce; but it is also true that it was just as much in the interest of women that this were so. Go now to a high-unemployment area and tell the women there of the need for more child-care facilities for married women who want to work, and see the reaction. The women with unemployed husbands and sons shout angrily that their whole family suffers because there is no breadwinner, and that any woman who has an employed husband should count her blessings. How much more irresistible that argument must have been, when families actually faced starvation if the man had no work.

Nor was there ever anything oppressive or unjust about women being barred from pubs and clubs frequented by men. Why do we assume that it was men, uninfluenced by their wives' complaints, who wished it to be so? Those women looked to the defence of their marriages then, just as the wives of navy personnel a few years ago demonstrated on the docks against women being allowed to go to sea with their husbands and boyfriends. We see the prejudice in action and that women are its driving force, but we deny that it ever happened before.

So women did not have the vote—but neither then did most men (one of feminism's best-kept secrets). You had to be a house-holder above a certain income before you had an automatic vote, and *all* men only got that a few years *after* women. As a matter of fact, for some reason which is rather obscure to us now, most women strongly disapproved of the activities of the Suffragettes and regularly turned out to pelt them with eggs and flour at their demonstrations. Maybe they were reacting against

the hypocrisy that made the ladies of the suffragette movement so concerned about votes for women when their own servants did not have set hours of work, any form of job security, or a living wage. Certainly ordinary women were eventually given the vote because of their heroic efforts during the Great War—not because of the Suffragettes, whose dominant personalities tended to obscure the issues and raise tempers all round.

Speaking of which brings me to Naomi Wolf and her impassioned, sentimental, illogical defence of why women have got to have a right to abortion even though Wolf now accepts that it is a terrible thing. Her reasons are perfectly consistent with the philosophy of women as perpetual victims that Chesterton characterized in his spoof sub-title to “Tess of the D’Urbervilles”—‘Or Feebleness Knocked About.’

We can all agree that if a woman does not want to bear a child, she should not be forced to. Having said that, therefore, the adult muscular thing to assert would be that therefore certain behaviour which is not consistent with remaining childless should be avoided. Principally, for instance, that women should not indulge in sexual activity that risks insemination; and that they should take all steps to ensure that the man they marry respects them and can show restraint when necessary. These are, after all, obvious enough things and scarcely new. Women have always been the sternest upholders of the necessity for these basic protective measures.

There is a real difference between the American and the British attitudes here. It would be impossible in Britain to argue seriously in favour of a bad solution for something, simply on the grounds that those whom the solution was intended to help were poor. It would be like arguing for the right to allow people to live in areas affected by nuclear fall-out, on the grounds that property was cheap there, and they couldn’t afford anything better. It would be called unconscionable. One advantage in having a definite class system is that everyone knows what the best is. Though not everyone may have it, or even expect it, they damn well don’t want to be offered anything less by those seeking to help them. Servants wore their masters’ and mistresses’ old clothes for so many generations that the attitude is ingrained.

Abortion, in so far as it is argued about at all, is regarded as a personal matter; as bad for the rich as it is for the poor. When doctors have attempted to argue the case for necessity, as they have done in recent cases here, they have been generally shot down in flames.

However, Ms. Wolf does not see it like that. Her argument grapples instead with the need for reality itself to change in order to accommodate

what women now want. She believes they have a right to sexual gratification even though they cannot rely on the effectiveness of contraception and so when, as inevitably happens, unwanted children are conceived, women must have the right to destroy them—even though they know it is wrong. Is that not a mad argument? Like saying that a person has a right to be always happy, and if they are not, then someone must die—even if that is bad for everyone concerned and for society.

It just doesn't make sense, and no amount of raging compassion for the poor women who have abortions can disguise the fact that Ms. Wolf has an ignoble, spineless argument. Absolutely any horrible situation can give rise to lamentation and the tearing of hair. It can even mean that the sufferers throw themselves to their deaths or bravely give up their lives for others. These reactions, however understandable in people caught up in the drama of events, would be quite wrong and counter-productive in those who cast themselves in the role of *rescuer*.

A fat lot of good it would be if the U.S. Cavalry arrived just in time to advise the beleaguered settlers in the stockade how to set about scalping one another and then starving themselves to death. (You'll have to pardon the Hollywood interpretation of an archetypal American myth—I've only been once to the States and that was to New York. You get my meaning, I'm sure.) The person who is not unfortunate enough to be caught up in chaos or disaster has a duty to think coolly about the way out—to find a solution that takes account of the need to produce safety and healing in the lives of the sufferers.

We understand entirely why Ms. Wolf feels so badly about poor, pregnant women. What is more difficult to understand is how she thinks that defending a solution to their problems that involves them in yet more grief and wrong-doing is a bracing alternative. Women have never wanted babies out of wedlock, or children that they were too poor or tired to bear, but in the past they set about getting what they wanted with a will and a brain.

They policed and defended the institution of marriage; they protected their girls; they trained their boys and men to respect women by never allowing them to make free with them. They imposed a terrifying modesty on the depiction of their persons and insisted upon an unnatural propriety in language that instilled the idea of self-control. They covered the legs of pianos and carried smelling salts which they brandished like a weapon in the face of people who took liberties with their sensibilities.

They got what they *wanted* then; we may think that the price was rather

LYNETTE BURROWS

high, but they did it without having to have recourse to something as horrible as paying a man to scrape their living child out of them.

Undoubtedly there were some casualties, but they never had to run to the law to enact an evil solution to the mess they had made of their personal and social lives. They were basically proud of what they achieved, and rightly so.

When women once again begin to think and act in concert, as realistically, morally, and decisively as they once did, they won't need tribunals and laws to try and force respect; it will come as naturally as night following day. It always did *mean* something when men raised their hats to women, and it means something now that they *don't*.



'Do you have a shampoo for damaged hair?'

THE SPECTATOR 23 September 1995

What We Can't Not Know

J. Budziszewski

He came out of the blue to talk with me about abortion. I usually avoid discussing the issue with graduate student activists; what they want is free debating practice. This one, I thought, might be an exception. No doubt he wanted free debating practice, too, but something in his manner suggested a troubled mind, and I suspected that he was nearing his crisis.

There is a certain pattern in these conversations. He announced that he wanted to talk about biology, not theology. When his biology got in trouble, he switched to medical history. When the same thing happened to medical history, he switched to the history of canon law. Then he escaped to philosophy of jurisprudence; then theology. When his account of Christian theology was punctured, he complained that I was speaking from faith. When I pointed out the articles of his secularist faith, he returned to biology. Then it was medical history again, and so on. At each step he became more nervous than before. For several weeks we went on, but he was only trying to evade the hounds.

Of course I tried to close in. I showed that he was repeating spent arguments. I asked why it was necessary to keep shifting ground. I returned him to the point: a baby is there, and you're killing him. Time after time he was reduced to silence. But silence made him even more nervous than speech, and he finally broke off.

Several years have passed. We run into each other sometimes; he passes me with an absent-minded greeting, then stops, turns, tells me he has thought of answers to all my points and that he will soon come to tell me about them, then disappears again.

We say people do not know the truth about abortion. I believe the problem is altogether different: they *do* know it, but they hide it from themselves. As one post-abortive woman explained to me, "I used to treat my conscience like an abusive mother treats her child. When she beats her, the child wants to cry. But her mother says, 'Don't you dare cry! Don't you act like you have any reason to cry! Don't you even think about crying!' Underneath the child still hurts, but finally she learns to keep quiet no matter what."

So we are in a paradox. The law is really known, but it can really be

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denied. It is really written on the heart, but our fallen race tries to suppress and overwrite what is inscribed there.

For defenders of life, the paradox is confusing. We understand the *ought* of abortion, but not the *is* of it. We know it is wrong and must be stopped, but not how it sits with the human heart. We comprehend that the natural law is law and therefore *right* for all, but not that it is nature and therefore *known* to all. We have heard that it is written even on the hearts of the nations, but we don't really believe this is true. Too often, then, what we call belief in natural law is really only moral realism: a belief in objectively true moral principles. And so, too often, we misread the times and play from weakness.

So let us distinguish between mere moral realism and belief in natural law. Let us see what difference they make in theology, in abortion politics, and in the facts of women's lives. Let us try to understand the heart better, and study how to play from strength.

If there were no law written on the heart, there could be no true converse between believers and non-believers—about abortion or about anything else that mattered. Short of complete renewal of the mind by grace, there could be no persuasion on any subject. A Christian in the public square might as well be speaking in another language.

Often enough it feels as though we are, and sometimes theologians have spoken as though this were literally true. Thinkers as diverse as Karl Barth and Stanley Hauerwas have held that because every term gains its meaning from the story or system of thought to which it belongs, the statements of believers and non-believers will have no meaning in common even when they use the same words. They might both speak of the "sanctity of life," for instance, but there is no common ground, no point of contact, no real connection between them. The story of Jesus "teaches us to be suspicious of any political slogan that does not need God to make itself credible."

These claims are completely true. But are they the whole truth? To believe so is to take the world's pretense of ignorance at face value. I believe that this is a mistake. We are right to suppose that our stories and systems of thought do not in themselves supply a point of contact with non-believers, but we are wrong to suppose that there *is* no point of contact—it is established not by us, but by God Himself in revelation.

How could this be true? Isn't revelation precisely what non-believers reject—what keeps the two parties apart? Not so: Special revelation can be rejected, but general revelation can only be suppressed.

As to special revelation, an examination of Scripture shows at least four different forms. By the works of God in history, He set apart for Himself

a people of promise and delivered them from oppression. (Joshua 24:1-18.) By the Law of Moses, He told His people what sin is. (Romans 7:7-13.) By prophecy, He foretold their deliverance not only from oppression but from sin. (Isaiah 52:13-53:12.) Finally was Messiah Himself, Jesus Christ, who took their sins upon Himself. (John 3:16, Romans 3:23-24, 5:6-8, 7:4-6.) Each of the earlier revelations paved the way for the later ones. For example, Scripture teaches explicitly that the works of God in history were a preparation for the Law of Moses, and that the Law of Moses was a preparation for the Gospel of Jesus Christ.

None of this gives us the promised point of contact with non-believers, but the Bible also maintains that God has not left Himself without a witness even among the pagans. By contrast with special revelation, provided by God to the community of faith, this revelation is general because it is provided by God to all mankind. At least five different forms of general revelation are mentioned in the Scriptures. First, the testimony of creation speaks to us of a glorious, powerful, and merciful Creator. (Psalm 19:1-6, Psalm 104, Acts 14:17, Romans 1:20.) Second, we are made in the image of God, thereby acquiring not only rational and moral capacities, but also the intuition of an unknown Holy One who is different from our idols. (Genesis 1:26-27, Acts 17:22-23.) Third are the facts of our physical and emotional design, in which a variety of God's purposes are plainly manifest. (Romans 1:26-27.) Fourth is the law of conscience, written on the heart, which, like the Law of Moses, tells us what sin is. (Romans 2:14-15.) Fifth is the order of causality, which teaches by linking every sin with consequences. (Proverbs 1:31.) So it is that unconverted gentiles, who have neither waited at the foot of Sinai nor sat at the feet of Jesus, are still accountable to God.

What concerns us here is the *moral* part of general revelation, usually called the natural law, which is grounded by the second through fifth ways of general revelation. Because of the influence of the pre-Christian thinker Aristotle, most natural lawyers focus on the third. I am focussing on the fourth—the law of conscience, written on the heart. One reason is that Scripture is especially clear and emphatic about it. Another is that the new sort of pagan views guilt as a sort of wart or mole that has to be hidden, cut out, or scarred over. Scripture speaks of this too: the very heart on which God has written his law is estranged from itself. It needs to be not only informed, but transformed. Until this is accomplished, by the grace of God, we discern His law more through the consequences of its violation than through the witness of clear conscience, and even that instruction

may be ignored when we need it most. Yet a seared and scarred heart is still a heart: tough and withered outside, but tender within.

Scripture, then, comes down unequivocally for natural law, not mere moral realism. Now let us bring this to bear on abortion.

The same facts are interpreted by belief in natural law in one way, but by mere moral realism in another. What facts? Facts like these: That abortion is called wrong by some and right by others. That most of those who call it wrong call it killing. That most of those who call it killing say that what it kills is a baby. That most of those who call it killing a baby nevertheless think it should be allowed. That most of those who think it should be allowed nevertheless think it should be restricted. That proportionately, more and more people favor restrictions. Yet that proportionately, more and more people have had or been involved in abortions. The reason these facts are puzzling, the reason they need interpretation, is their contrariness. In particular, if abortion kills a baby then it ought to be banned to everyone, but if it only excises an unwanted growth then it is hard to see why it should be restricted at all; yet most people do not reason so consistently, and those who do are considered extremists.

Mere moral realism interprets such contrariness like this. The problem of human sin, it says, is mainly cognitive: it has to do with the state of our *knowledge*. There is a real right and wrong, but we don't know what it is and are trying to find out. In the meantime we hedge our bets, so logical consistency is an unreasonable expectation. One side wants unrestricted abortion, the other wants none at all; what is more natural than to split the difference? Searching for islands of clarity in a dark and trackless sea, we may get lost and sail in circles, but we are doing the best we can.

Belief in natural law views the same contrariness quite differently. Surely we do have thoughts like those above, but they are only on the surface of the mind. The problem of human sin is not mainly cognitive, but volitional: it has to do with the state of our will. By and large we do know what is right and wrong, but wish we didn't. We only make believe we are ignorant and searching—so that we can do wrong, condone it, or suppress our remorse for having done so in the past. Spurning the paved and posted road, we lounge in the marsh; throwing away the map, we groan that we haven't got one. Our great and secret fear is that to admit that abortion should be banned would be to admit the gravity of what we have already done or countenanced. Because we really know its gravity already, we do admit—but then again we don't. We feed scraps to our hearts to hush them, but only scraps, to keep them small. Abortion, yes, but not without a waiting period. Abortion, yes, but not in the last trimester. Abortion, yes,

but not by procedures that withdraw the baby partly from the womb—not where his legs can be seen to kick, his hands can be seen to open and close, and we are deprived of the pretense of his nonexistence.

If the word of God is true, then the second interpretation is the right one. We know on the authority of Scripture that some things are known to non-believers apart from Scripture. One can disbelieve in the natural law, but one can't not know the natural law. Therefore we can be certain that every woman carries in her heart what she has cut from the dimness of her womb, and every man wears around his neck what he has refused to carry in his arms. The burden, I think, is greatest for her. She may try to hush her conscience when she kills her child, but it croons and murmurs anyway as though it were a baby itself.

The difference it makes that we *do* know the natural law is most heart-rendingly dramatized in the lives of post-abortive women. Day after day their stories play out in hundreds of Crisis Pregnancy Centers across the United States and Canada. Asked if she has ever suffered emotional complications from an abortion, the woman usually says "No." Once again, mere moral realism would bid us take her denials at face value; she knows not what she has done. Yet there are cracks in the facade.

"Don't speak to me about fetal development," says one woman. "It makes me think about my abortion, and I'm trying to move on." Then there is the housewife who "hasn't had any problem," but admits to having nightmares and flashbacks about her abortion; the teenager whose experience was "just fine," but who doubled her weight and began suffering panic attacks in the months after aborting; the college student who says abortion "solved her problem," but who lapses into suicidal depression whenever its anniversary draws near; the girl under parental pressure who says "I didn't want a baby the way my life is now," but who later admits that she did; and the professional who declares her abortion was "what I needed," but whose eyes fill with tears when she speaks of it.

Many of these women go on to have a second, third, or even more abortions. Asked why, they give various answers. One says "I couldn't let down my parents," another, "I couldn't interrupt my education," another, "You have to understand that I'm a selfish woman and I get what I want, so I abort." Often they speak as though their previous abortions had made no difference, but there is always a hidden story. There is the outwardly religious girl leading a double life, who had her first abortion even though she knew it was wrong, and her second for fear that God would "do something to the baby" to punish her for the first. There is the Vietnamese

woman who had her first out of anger because her husband had been unfaithful, and her second because "I wanted to be able to hate myself more for what I did to the first baby." She has got her wish.

Then there is the working woman who says "I couldn't be a good parent," amends her remark to "I don't deserve to have any children," and still later adds "If it hadn't been for my last abortion, I don't think I'd be pregnant now." One does not need to be Daniel to read the writing on that wall. When she says she could not be a good mother, what she means is that good mothers do not kill their children. She keeps getting pregnant to replace the children she has killed, but she keeps having abortions to punish herself for having killed them. With each abortion the cams of guilt make another revolution, setting her up to have another. She can never stop until she admits what is going on.

The stridency of the abortion movement should not deceive us. Not many women become pro-abortion activists and therefore have abortions. On the other hand, many women have abortions and therefore become pro-abortion activists. In the early days of the cult, prominent feminists used to blazon their having had abortions in full-page signature ads in a parody of general confession. Of course they denied then, as they deny now, that what they were confessing was wrong, and mere moral realism takes their protestation of ignorance seriously: if they say they are ignorant, then they must be. But if there is a law on the heart, then conscience is deeper than consciousness. Consciously the activists may deny that they have done ill; unconsciously they know they have, and seek absolution in politics. They seek to expunge the guilt of killing their children, not by repenting and throwing themselves upon the Lord of Mercy, but by getting others to join in the killing.

This facade is also cracking. In 1977, when the rift was still unseen, *The New Republic* stoutly editorialized that "There clearly is no logical or moral distinction between a fetus and a young baby; free availability of abortion cannot be reasonably distinguished from euthanasia. Nevertheless we are for it. It is too facile to say that human life always is sacred; obviously it is not." Writing in the same magazine in 1995, however, abortion proponent Naomi Wolf struck a different note, describing the practice as real sin which incurs real guilt and requires atonement.

Yet she is for it too.

But proponents of abortion give *arguments* for it: Doesn't this prove that they don't know the natural law? On the contrary, it proves that they do. Defenders of evil are not indifferent to morality; they rationalize it, like

fallen men. Just as truth is employed in all lies, so natural law is employed in all rationalizations. The mutinous heart can find no other tenets on which it might base its insurrection than those that are written upon it already. Its revolt is a sham, for all it can do is pull a few ordinances from the ranks, fatten them up, and use them to beat down the others. It derives the very strength of its rebellion from the law itself. It exploits the fact that the moral precepts qualify each other to make them suppress each other.

Abortionism illustrates this perfectly: like a slaughterhouse that lets nothing in the animal go to waste, boiling even hooves down into glue, the cause enlists every movement of life in the cause of death. Even compassion takes its turn. Unwanted children must be spared the sorrows of this world, so let us spare them the burden of being in it. Let us no longer have pity and kill not; let us have pity and therefore kill. Let us cut them in pieces with knives, pierce their skulls with scissors, and suction out their brains with tubes, all to be merciful and kind.

This is how sin and error always work; having nothing in themselves by which to convince, on what other resources but good and truth could they draw to make themselves powerful and plausible? A virus cannot reproduce except by commandeering the machinery of a cell. In the same way, sin cannot reproduce except by taking over the machinery of conscience. Not a gear, not a wheel is destroyed, but they are set turning in different directions from their wont. Evil must rationalize, and that is its weakness. But it can, and that is its strength.

The mode of sin's reproduction also explains why so many other things change when we tolerate an evil like abortion. Wise men have warned for years that tolerating abortion will make conscience weaker. The idea is that every evil we condone lowers our barriers to the next; if we cannot see what is wrong in killing our babies, then we will be less able to see what is wrong in killing our grandparents. Good so far as it goes, this warning is based on mere moral realism and gravely understates the danger. Because it traces sin only to ignorance it fails to appreciate its dynamism. The infected conscience does not necessarily become languid; it may become more active, but in a perverted way. The evil we condone does not merely lower our barriers to the next—it drives us on to it.

How is this the case? Think what is required to justify abortion. Because we *can't not know* that it is wrong to deliberately kill human beings, there are only four options. We must deny that the act is deliberate; we must deny that it kills; we must deny that its victims are human; or we must deny that wrong must not be done. The last option is literally nonsense.

That something must not be done is what it *means* for it to be wrong; to deny that wrong must not be done is merely to say “wrong is not wrong,” or “what must not be done may be done.” The first option is hardly promising. Abortion does not just happen; it must be performed. Its proponents not only admit there is a “choice,” they boast of it. As to the second option, if it was ever promising, it is no longer. Millions of women have viewed sonograms of their babies kicking, sucking their thumbs, and turning somersaults; even most feminists have given up calling the baby a “blood clot” or describing abortion as the “extraction of menses.”

The only option left is number three: to deny the humanity of the victims. It is at this point that the machinery slips out of control.

For the only way to make option three work is to ignore biological nature, which tells us that from conception onward the child is as human as you or me (does anyone imagine that a dog is growing in there?)—and invent another criterion of humanity, one which makes it a matter of degree. Some of us must turn out more human, others less. This is a dicey business even for abortionists. It needs hardly to be said that no one has been able to come up with a criterion that makes babies in the womb less human but leaves everyone else as he was; the teeth of the moral gears are too finely set for that.

Consider, for instance, the criteria of “personhood” and “deliberative rationality.” According to the former, one is more or less human according to whether he is more or less a person; according to the latter, he is more or less a person according to whether he is more or less able to act with mature and thoughtful purpose. Unborn babies turn out to be killable because they cannot act maturely; they are less than fully persons, and so less than fully human. In fact, they *must* be killed when the interests of those who are more fully human require it. Therefore, not only may their mothers abort, but it would be wrong to stop the mothers from doing so. But see where else this drives us. Doesn’t maturity also fall short among children, teenagers, and many adults? Then aren’t they also less than fully persons—and if less than fully persons, then less than fully humans? Clearly so, hence they too must yield to the interests of the more fully human; all that remains is to sort us all out.

So conscience has its revenge. We can’t not know the preciousness of human life—therefore, if we tell ourselves that humanity is a matter of degree, we can’t help holding those who are more human more precious than those who are less. The urge to justify abortion drives us inexorably to a system of moral castes more pitiless than anything the East has devised. Of course we can fiddle with the grading criteria: consciousness,

self-awareness, and contribution to society have been proposed; racial purity has been tried. No such tinkering avails to change the character of our deeds. If we will a caste system, then we shall have one; if we will that some shall have their way, then in time there shall be a nobility of Those Who Have Their Way. All that our fiddling with the criteria achieves is a rearrangement of the castes.

Sin ramifies. It is fertile, fissiparous, and parasitic, always in search of new kingdoms to corrupt. It breeds.

What does it mean then to play from weakness, and what would it mean to play from strength? All apologetics includes two movements, explanation and exposé: for honest confusion can be dispelled, but smokescreens can only be dispersed.* Most people know how to deal with honest confusion; smokescreens are what defeat us. Being mere moral realists, we mistake them for honest confusion and respond by explaining still more. The futility of doing so is that although one may be instructed out of error, no one is ever instructed out of denial. Playing from strength is distinguishing between the two cases, dealing with each in the way it requires—whether we encounter it in politics, polemic, or the care of the soul.

Smokescreens are more common in certain kinds of discussions than in others. For example they are more common in politics than physics, not because the data are less clear in politics but because the motive for deception is greater. In morals, smokescreens are especially common, because added to the motive to deceive others is the motive to deceive oneself. But moral smokescreens are also the easiest to discern, and for a simple reason. The mass of the electron is not found in conscience, nor is the principle of legislative checks; but the moral law is inscribed upon the heart. Therefore, if we say we know nothing of particles or parliaments, we may well be speaking truth, but if we say we know nothing of the sanctity of life, “we deceive ourselves, and the truth is not in us.”

The hardest habit to break—but it must be broken—is refuting every argument. Those who will not be disciplined by conscience are hardly likely to be disciplined by reasoning; they use arguments to disguise and distract, not to sift for truth. A better habit is simply keeping things honest. First, we should challenge every euphemism. “Oh, you’re pro-*choice*,” we can say; “I thought you were only pro-abortion. Then does the baby have a say about being cut to pieces?” In the second place we should concretize every abstraction. “You spoke just now of late-term abortions,” we can

* I owe this insight to the Rev. Christopher Hancock, formerly of Virginia Theological Seminary, presently Vicar of Holy Trinity Church, Cambridge, England, who bears responsibility for neither the way I express it nor the application I make of it.

say; "I am thinking of the procedure in which the baby's legs and torso are pulled out into the air, then his brains are sucked out and his skull is crushed so that it can be pulled out too. Is that the one you mean?" Finally our own speech should be plain. Abortion is not a "medical" matter, because no one is healed, and we do not "consider" it killing, for it plainly *is* killing. And the little one is a "baby," not a "fetus," and a "he" or a "she," not an "it."

Even simple questions can disperse smokescreens if well-timed. "Morals are all relative anyway," said one young man. "How do we even know that murder is wrong?" My friend replied, "Are you in real doubt about the wrong of murder?" The young man's first response was evasive: "Many people might say it was all right." "But I'm not asking other people," pressed my friend. "Are you at this moment in any real doubt about murder being wrong for everyone?" There was a long silence. "No," the young man admitted; "no, I'm not." "Good," my friend answered, "then we needn't waste time on morals being relative. Let's talk about something you really are in doubt about."

A few moments passed as the young man's face registered comprehension; then he agreed. Another approach to dispersion of smokescreens is playback. "You've asked a lot of questions," I observed to a challenger. "Have you noticed a pattern in our conversation?" "What do you mean?" he asked. "I mean," I returned, "that you interrupt each of my answers by asking another question from a different direction." He considered. "I guess I do," he said; "Why do I do that?" "Why do you think?" I countered. "I guess because I don't want to hear your answers," he replied. "Okay, then," I told him, "let's talk about why you don't."

The man who said "philosophy is the assembling of reminders" spoke more truly than he knew. One can disbelieve in the prime moral truths, but one can't *not* know them; though theories may differ about how we know them, the great thing is to remember that we do. Nothing new can be written on the heart, but nothing needs to be; all we need is the grace of God to see what is already there. We don't want to read the letters, because they burn; but they do burn, so at last we must read them.

This is why the nation can repent. This is why the killing can be stopped. This is why the culture of death can be redeemed. "For I know my transgressions, and my sin is ever before thee . . . a broken and contrite heart, O God, thou wilt not despise."

APPENDIX A

[The following syndicated column appeared in the New York Post on September 24, 1996, and is reprinted here with permission (© 1996 Distributed by Universal Press Syndicate). All rights reserved.]

Death Sentence

A 'humane' liberal tries to justify partial-birth abortions

Maggie Gallagher

Are we a civilized nation or not?

Listening to Colorado's Rep. Pat Schroeder defend the president's veto of the partial-birth abortion ban, I'm tempted to conclude: not yet. Or, maybe: no longer.

They tell me Pat Schroeder, whose long, visible political career ends with her retirement this term, is a passionate liberal. They tell me she is a compassionate supporter of women and children. They tell me she is standing firm against the cruel policies of Gingrich and his GOP huns.

So what was she doing on the floor of the House trying to stir up support for partial-birth abortions by whipping up a little public revulsion against the handicapped?

When the partial-birth abortion ban first came before the House, Rep. Pat Schroeder tried mightily to keep accurate line drawings describing the procedure off-camera. She threatened to post her own pictures of severely handicapped babies. ("Go ahead," in essence was the GOP response.)

Last week she was at it again with the drawings. "You see the charts that are drawn over there. They are drawn and they eat at your heart and they eat at my heart because they show a perfect, beautiful child," said Schroeder. But in real life, she claimed, "these are seriously deformed children that we are talking about."

As a matter of fact, she's flat wrong. All the evidence shows that most partial-birth abortions in this country are not done for medical reasons. Recently, for example, a reporter for The New Jersey Record talked to doctors who perform partial-birth abortions in that state. Only "a minuscule amount," they conceded, are prompted by any health concern for either the mother or the baby.

(The Record also discovered that 1,500 partial-birth abortions take place each year in New Jersey—or three times as many, in one state alone, as the abortion rights lobby claimed take place nationally. One good result of the partial-birth abortion debate? Reporters have been put on notice that they cannot accept the claims of pro-abortion groups—including the formerly respected Planned Parenthood—at face value.)

In the Ohio practice of Dr. Martin Haskell, 80 percent of partial-birth abortions are, in his words (a 1992 interview with the American Medical News), "purely elective." The Washington Post interviewed a handful of doctors who perform late-term and partial-birth abortions. In no case did any maintain that

APPENDIX A

even a majority of abortions performed under these circumstances are for health reasons.

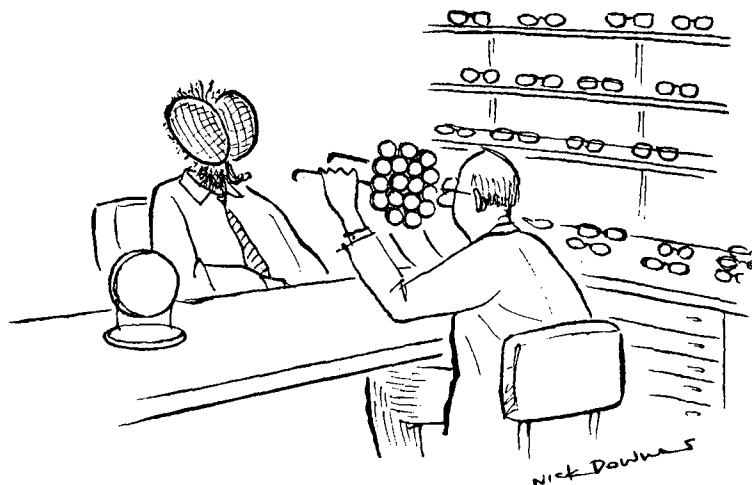
This despite the fact most doctors embrace a definition of “medically indicated” that is quite (some might say overly) broad. In at least nine documented cases of partial-birth abortions, for example, a “cleft palate” was deemed enough for a death sentence.

But what if Rep. Schroeder’s claim were correct? Suppose the line drawings waved by pro-life senators depicted a baby with Down’s syndrome or spina bifida or, God forbid, a harelip? Would this really make the killing of a partially born baby less gruesome?

I think of how the disabled (perhaps we should now call them “abortion survivors”) must hear Pat Schroeder’s supposedly humane words, this great liberal public official’s declaration that, if we could only *see* these babies’ handicaps, all our objections to killing them *ex utero* would be overcome.

In the summer 1996 issue of the Human Life Review, I ran across excerpts from a letter to the editor of The London Spectator. The correspondent wrote: “I have severe spina bifida and am a full-time wheelchair user. . . . Every day I read in the press about ‘exciting breakthroughs’ which mean yet another way to kill people like me before birth.”

It’s bad enough to permit the slaughter of innocents. What are we to say of those who would make disgust at the disabled our excuse?



THE SPECTATOR 31 December 1994

APPENDIX B

[The following column appeared in the New York Post on September 29, 1996, and is reprinted here with permission of Mr. Kerrison (all rights reserved).]

Infanticide's Now the Law of the Land

Ray Kerrison

For the first time in its fabled history, America—land of the free, home of the brave, beacon of the world and refuge for the dispossessed—has legalized the slaughter of children one breath away from birth.

It cannot stand. Either it will be rescinded by a new vote, a new government or the nation will enter a period of profound disarray.

A society that endorses the extermination of babies for convenience or the slightest physical blemish faces an uncertain future.

The Senate's failure to overturn President Clinton's veto of the bill outlawing partial-birth abortions violates every principle and ideal for which this nation stands. It also violates the clearly expressed will of the people.

It is probably futile to expect anything else from the Clinton co-presidency. It pursues abortion at home and abroad with a blood lust unprecedented in the office. The House of Representatives was not deceived. It voted overwhelmingly, Republican and Democrat alike, to ban these abominations.

The Senate failed to override, falling 10 votes short of the two-thirds needed. This institution, universally recognized as the most august of bodies, thus forfeited all claim to right or reason. It has participated in a most foul deed.

There is no other way to put it: President Clinton and the U.S. Senate have committed a crime against humanity. They should be held accountable.

The stage is now set for an electoral showdown on partial-birth abortions. When he opened the Senate debate on the issue, Sen. Trent Lott of Mississippi, the Republican Senate Majority Leader, announced, "If this bill dies, if the Senate upholds President Clinton's veto, partial-birth abortion will immediately become one of the most powerful issues in the fall elections.

"That's not a warning. It's just a candid statement of fact. It's happening now, all across America."

It is the nation's last hope. Put it to the people and let them decide whether America is to become a baby killing field.

Polls indicate only 20 percent of the population understands that a partial-birth abortion is the deliberate killing of a baby by piercing its head with scissors and sucking out its brain just moments from birth.

Sen. Lott condemned it as killing in the disguise of a "medical procedure."

The Senate debate was a distressing experience, filled with distortions, falsehoods and omissions. The chief offender was the abortion industry's point woman in the debate, Sen. Barbara Boxer, the California Democrat.

From the beginning, Clinton, Boxer and their allies have defended partial-birth

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abortion on the grounds it is extremely rare, it is performed only in the most extreme circumstances or to save the life of the mother.

All three premises are flagrantly and demonstrably false.

These proponents have said as few as 500 to 600 such abortions are performed each year. That lie was exposed two weeks ago by the Bergen Record, which found that in one clinic alone, in Englewood, N.J., 1,500 partial-birth abortions are performed each year.

Dr. C. Everett Koop, the former Surgeon General, said that a partial-birth abortion is never "a medical necessity for the mother." He added, "And it certainly cannot be a medical necessity for the baby."

Dr. Martin Haskell, who helped pioneer the horror, freely admits that 80 percent of these abortions are elective. And most of the rest are for such minor deformities as cleft palates.

Yet, in a long, misleading defense of the procedure, Sen. Boxer totally ignored all the Koop-Haskell medical testimony. She pitched fears of women dying, women suffering extraordinary health risks, women becoming infertile and paralyzed without the option of partial-birth abortion.

None of it has any foundation in medical fact. "It's about health and life," said Boxer. Wrong—it is about convenience.

The senator's rambling misinformation was bad enough. But her speech was terrifying for what it did not say. Boxer spoke for more than 20 minutes without once mentioning the baby in partial-birth abortion.

For radical abortion feminists like Boxer, a baby, even moments from birth, has no civil rights, no dignity, no right to live. For all practical purposes, it doesn't even exist. The heartlessness of it is numbing.

Some senators had the courage and humanity to shift their votes when confronted with the appalling reality.

In their first quick votes, Sens. Arlen Specter, Sam Nunn and Patrick Leahy supported Clinton's position. But on due deliberation, they changed.

"The line is really drawn between infanticide and the right to choose when the child is part way out of the mother's womb," said Specter.

Other senators, according to Sen. Rick Santorum, the Pennsylvania Republican, would like to have switched but were stuck with their first votes.

The most curious position of all was taken by Connecticut's Democratic Sen. Joseph Lieberman.

He voted to sustain the president's veto—but then sounded an ominous warning, saying he had a "growing personal anxiety that something very wrong is happening in our country."

Yes—its dark hour is at hand. Congress could remove it with another vote on partial-birth abortions or voters could overturn it with a new president in November.

The choice—no pun intended—is theirs.

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[The following article appeared on the editorial page of the Wall Street Journal (September 19, 1996) with this description of the authors: "Dr. Romer is clinical professor of obstetrics and gynecology at Wright State University and chairman of obstetrics and gynecology at Miami Valley Hospital in Ohio. Dr. Smith is director of medical education in the department of obstetrics and gynecology at Chicago's Mt. Sinai Medical Center. Dr. Cook is a specialist in maternal fetal medicine at Butterworth Hospital, Michigan State College of Human Medicine. Dr. DeCook is a fellow of the American College of Obstetricians and Gynecologists. The authors are founding members of the Physicians' Ad Hoc Coalition for Truth, which now has more than 300 members." Reprinted with permission of The Wall Street Journal (© 1996 Dow Jones & Company, Inc. All rights reserved).]

Partial-Birth Abortion Is Bad Medicine

Nancy Romer, Pamela Smith, Curtis R. Cook and Joseph L. DeCook

The House of Representatives will vote in the next few days on whether to override President Clinton's veto of the Partial Birth Abortion Ban Act. The debate on the subject has been noisy and rancorous. You've heard from the activists. You've heard from the politicians. Now may we speak?

We are the physicians who, on a daily basis, treat pregnant women and their babies. And we can no longer remain silent while abortion activists, the media and even the president of the United States continue to repeat false medical claims about partial-birth abortion. The appalling lack of medical credibility on the side of those defending this procedure has forced us—for the first time in our professional careers—to leave the sidelines in order to provide some sorely needed facts in a debate that has been dominated by anecdote, emotion and media stunts.

Since the debate on this issue began, those whose real agenda is to keep all types of abortion legal—at any stage of pregnancy, for any reason—have waged what can only be called an orchestrated misinformation campaign.

First the National Abortion Federation and other pro-abortion groups claimed the procedure didn't exist. When a paper written by the doctor who invented the procedure was produced, abortion proponents changed their story, claiming the procedure was only done when a woman's life was in danger. Then the same doctor, the nation's main practitioner of the technique, was caught—on tape—admitting that 80% of his partial-birth abortions were "purely elective."

Then there was the anesthesia myth. The American public was told that it wasn't the abortion that killed the baby, but the anesthesia administered to the mother before the procedure. This claim was immediately and thoroughly denounced by the American Society of Anesthesiologists, which called the claim "entirely inaccurate." Yet Planned Parenthood and its allies continued to spread the myth, causing needless concern among our pregnant patients who heard the claims and were terrified that epidurals during labor, or anesthesia during needed surgeries, would kill their babies.

The latest baseless statement was made by President Clinton himself when he

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said that if the mothers who opted for partial-birth abortions had delivered their children naturally, the women's bodies would have been "eviscerated" or "ripped to shreds" and they "could never have another baby."

That claim is totally and completely false. Contrary to what abortion activists would have us believe, partial-birth abortion is never medically indicated to protect a woman's health or her fertility. In fact, the opposite is true: The procedure can pose a significant and immediate threat to both the pregnant woman's health and her fertility. It seems to have escaped anyone's attention that one of the five women who appeared at Mr. Clinton's veto ceremony had five miscarriages after her partial-birth abortion.

Consider the dangers inherent in partial-birth abortion, which usually occurs after the fifth month of pregnancy. A woman's cervix is forcibly dilated over several days, which risks creating an "incompetent cervix," the leading cause of premature deliveries. It is also an invitation to infection, a major cause of infertility. The abortionist then reaches into the womb to pull a child feet first out of the mother (internal podalic version), but leaves the head inside. Under normal circumstances, physicians avoid breech births whenever possible; in this case, the doctor intentionally causes one—and risks tearing the uterus in the process. He then forces scissors through the base of the baby's skull—which remains lodged just within the birth canal. This is a partially "blind" procedure, done by feel, risking direct scissor injury to the uterus and laceration of the cervix or lower uterine segment, resulting in immediate and massive bleeding and the threat of shock or even death to the mother.

None of this risk is ever necessary for any reason. We and many other doctors across the U.S. regularly treat women whose unborn children suffer the same conditions as those cited by the women who appeared at Mr. Clinton's veto ceremony. Never is the partial-birth procedure necessary. Not for hydrocephaly (excessive cerebrospinal fluid in the head), not for polyhydramnios (an excess of amniotic fluid collecting in the women) and not for trisomy (genetic abnormalities characterized by an extra chromosome). Sometimes, as in the case of hydrocephaly, it is first necessary to drain some of the fluid from the baby's head. And in some cases, when vaginal delivery is not possible, a doctor performs a Caesarean section. But in no case is it necessary to partially deliver an infant through the vagina and then kill the infant.

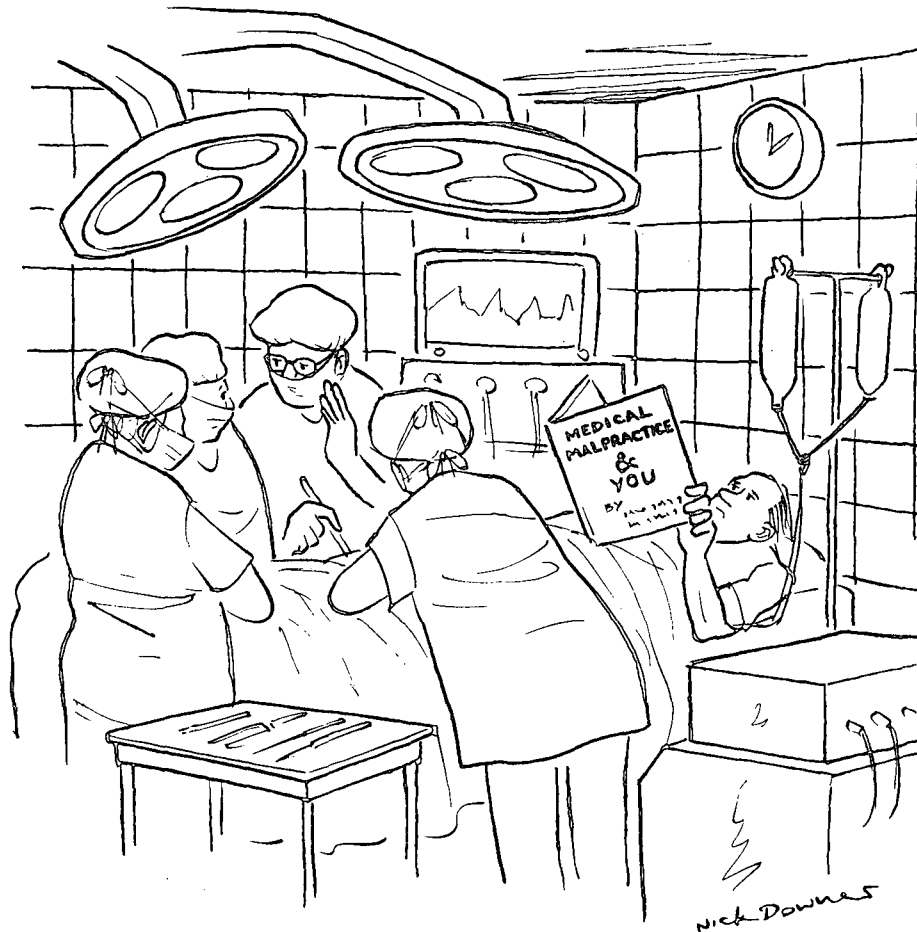
How telling it is that although Mr. Clinton met with women who claimed to have needed partial-birth abortions on account of these conditions, he has flat-out refused to meet with women who delivered babies with these same conditions, with no damage whatsoever to their health or future fertility!

Former Surgeon General C. Everett Koop was recently asked whether he'd ever operated on children who had any of the disabilities described in this debate. Indeed he had. In fact, one of his patients—"with a huge omphalocele [a sac containing the baby's organs] much bigger than her head"—went on to become the head nurse in his intensive care unit many years later.

Mr. Koop's reaction to the president's veto? "I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction" on the matter, he said. Such a procedure, he added, cannot truthfully be called medically necessary for either the mother or—he scarcely need point out—for the baby.

Considering these medical realities, one can only conclude that the women who thought they underwent partial-birth abortions for "medical" reasons were tragically misled. And those who purport to speak for women don't seem to care.

So who are you going to believe? The activist-extremists who refuse to allow a little truth to get in the way of their agenda? The politicians who benefit from the activists' political action committees? Or doctors who have the facts?



'I'm beginning to wish he had opted for general anaesthesia.'

APPENDIX D

[The following column first appeared in the Indianapolis News (January 17, 1996) and is reprinted here with the author's permission. Professor Stith teaches at the Valparaiso University School of Law.]

Nation is house divided by abortion

"We must ask whether neighbors can coexist if some see a basic freedom where others discern a base injustice."

Richard Stith

In his "House Divided" speech, Lincoln warned that our nation could not "endure permanently half slave and half free." This conclusion was not based on his personal opinion that slavery was a great evil. Rather, he was convinced that no balance could last where the slave states practiced what the free states abhorred.

Violence at abortion clinics raises again the similar question of whether our nation long can remain half pro-choice and half pro-life. Regardless of our own views of abortion, we must ask whether neighbors can coexist if some see a basic freedom where others discern a base injustice.

Planned Parenthood seems to understand that the root of clinic violence lies in the belief that the clinics are engaged in prenatal dismemberment. Its ads last year called for limiting rhetoric that uses such terms as "murder" to describe abortion, and its Oregon affiliate sued activists for \$1.4 billion primarily for their allegedly provocative language. In the same way, the South realized that the belief that slavery was an abomination could lead to John Brown or worse. It sought security in restrictions on speech—such as a ban on mailing anti-slavery tracts.

That strategy was insufficient because the South's problem was ultimately one of ideas, not words. Likewise, limits on pro-life language will not do much good as long as nearly half the nation considers abortion murder. And that is just what they do think, according to a CBS News poll.

Forty-six percent said abortion was the same thing as murder, while 41 percent disagreed. Sixty percent thought abortion should be more restricted, while 38 percent held it should be generally available, as at present. Planned Parenthood's problem lies not in the rhetoric of a few but in the convictions of millions.

The antebellum South finally grasped that it could not prevent the abolition of slave-holding unless it appealed to more than toleration. So it undertook to convince itself and the rest of America that slavery was a positive good that should be everywhere accessible.

Similarly, abortion will never be wholly secure until its advocates overcome the widespread belief that abortion clinics are engaged in mass murder. Just as

Southerners needed to convince Northerners that African-Americans were not their brothers and sisters, Planned Parenthood needs to convince the other half of America that fetuses are not unborn children.

Such a strategy would, however, have to overcome certain obstacles—one of law, one of theory, and one of affection.

The legal problem is that the Supreme Court still refuses to retreat from the nearly indefensible position it staked out in *Roe vs. Wade*. In order to permit abortion right up to birth, the court claimed that even the 9-month-gestated fetus counted only as “potential life.” But how can a change in location—passage through the birth canal—convert an entity from nonliving to living?

Recent debates regarding “partial birth” abortion have brought this problem home. The *New York Times* reported that most doctors interviewed could see no moral difference between dismemberment wholly inside vs. largely outside the womb. It must have seemed equally nonsensical that just crossing the Mason-Dixon line could convert property into a person.

Even if the Court were willing to revise its rulings to focus on a developmental difference, rather than a difference in location, a theoretical obstacle would remain. The difficulty is that any theory of personhood based upon traits unique to our species seems to classify the newborn with the unborn. For example, if reasoning is what makes our species special, then we become human quite some time after birth and infanticide is not murder. But if having the potentiality for reasoning makes infants persons, that potentiality is complete in the recently-conceived human organism, and even early abortion is killing a child.

The other obstacle to convincing America that abortion is not murder is ultrasound. Prenatal sonograms permit mother-child bonding earlier in pregnancy than ever before. At a National Abortion Rights Action League conference, a pollster is reported to have remarked, “Probably nothing has been as damaging to our cause as the advances in technology that have allowed pictures of the developing fetus, because people now talk about the fetus in much different terms than they did 15 years ago. They talk about it as a human being.”

As ties of affection between born and preborn become diffused through society, horror at abortion is likely to increase. The sonogram is the *Uncle Tom's Cabin* of the abortion debate.

APPENDIX E

[The following column first appeared on the editorial page of the Wall Street Journal Friday, August 23, just three days before the Democratic National Convention opened in Chicago; it is reprinted with permission of The Wall Street Journal (© 1996 Dow Jones & Company, Inc. All rights reserved). Robert P. Casey, the former governor of Pennsylvania (1987-95), is the author of Fighting for Life (World Publishing, 1996).]

The Gag Rule Party

Robert P. Casey

There's an old Pennsylvania Dutch lament: "We get too soon old, and too late smart."

Reminds me of the national Democrats. They never seem to learn. They seem determined to give tolerance a bad name—again.

The raging national debate about tolerance on the issue of abortion was ignited in New York at the 1992 Democratic National Convention, when the party denied me, then the Democratic governor of Pennsylvania, the right to speak because I am pro-life and planned to say so from the convention podium. That's how the Democrats became known as the party of the gag rule. And they seem to think the gag rule on abortion has served them well, because they intend to impose it again in Chicago next week by once again denying me a speaking slot at their convention.

The New Intolerance

The first thing the Democratic leaders don't want you to hear is that, on this single issue, they have become a lock-step, litmus-test, gag-rule party. They have been intolerant of those who hold the pro-life view, who have carried the Democratic banner into battle and supported the party and its candidates for generations. The new intolerance will not abide doubt or dissent—it claims it stands for freedom of choice, but it stifles freedom of speech. And so a movement that began by saying "let every person decide" has ended up by silencing anyone who disagrees.

This imposed conformity, which treats the right to life as an idea beyond even the pale of discussion, has peer and precedent in our national history. In 1860, at Cooper Union in New York City, Abraham Lincoln warned of an established opinion that would tolerate nothing short of saying slavery was right—that would "grant a hearing to pirates or to murderers," but not to opponents of slavery. Are we now to tolerate in a great political party's convention only those who say abortion is right?

To my own party, I would say simply: Why is my position on this issue—which is shared by numerous Democratic members of Congress, elected Democrats at all levels of government and countless Democratic voters—now so unacceptable that it must be unspoken among us? Do we not have the right to

argue and persuade, to attempt to move our country in the direction we believe it ought to go? Is this not the essence of democracy?

If allowed to speak, I would have asked the Democrats in Chicago to pause for a moment and consider their history. In its finest hours, the Democratic Party has represented the best in American society: a society of caring, healing, heroism, resolve, bold endeavor, brotherhood and sisterhood. Here was its calling, its mission, its heart and soul.

At the 1948 Philadelphia convention that nominated Harry S. Truman, Democrats supported a Minneapolis mayor named Hubert H. Humphrey when he put the civil rights plank in the party's platform. All hell broke loose, and Strom Thurmond walked out to form the Dixiecrat party. But we stood on principle, and the country was ennobled and enriched by the effort.

Then in 1968 at the Chicago convention, the Democrats imposed the gag rule and silenced dissent. The issue then was the Vietnam War. And Democrats have been trying to live down that convention ever since.

Haven't we learned that some issues are so overarching—going to the heart of our basic value system—that they ought to be freely debated in a free society? Issues like race and war and life. Of course, the economy, jobs and taxes are of urgent concern to everyone. But the need to protect the unborn child is even more urgent. For here we are dealing not just with livelihoods, but with lives themselves. Not just how comfortably we will live, but how comfortably we will live with our consciences.

Think about it. Why do all parties to the debate routinely call abortion a "social issue"? Because deep down we know that the fate of one life touches all. In a way, all the talk about "values" misses the point, because we're talking about a thing of infinite value. Human life cannot be measured; it is the measure itself.

We must reach out and help women with crisis pregnancies. Society has failed them. We owe the anguished women of America who face crisis pregnancies more—much more—than a trip to the abortion clinic. We owe them empathy and understanding and meaningful help and concern. We must make meaningful alternatives to abortion available to these women. Our goal should be to place 100,000 additional American children in adoptive homes in each of the next five years.

For a generation we have lived with abortion on demand. Starting 23 years ago with *Roe v. Wade*, this policy was sold to America as a kind of social cure. Instead it has left us wounded and divided. We were promised it would broaden the circle of humanity. We were told the whole matter was settled and would soon pass from our minds; 23 years later it tears at our souls.

The truth is that *Roe* has failed to deliver. Failed to lift women out of poverty, failed to curb domestic abuse and violence against women. Instead, the feminization of poverty has only grown worse, and domestic violence has spread like a pestilence. Women, along with their children, are now victims of the license to

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abort. The cruel irony is that abortion rights have underwritten the cynical and chauvinistic exploitation of women by predatory men, who so often abandon them. That is why, contrary to the abortion industry's spin doctors, most women in America oppose abortion on demand, while the most avid supporters of abortion are unmarried males between 18 and 35.

Democrats should shift their obsession from the so-called choice issue to place greater emphasis on causes like smashing the glass ceiling; bringing economic relief to working women victimized by declining family income, discriminatory pay policies and crushing, unfair taxes; declaring war on diseases like breast cancer, which so terrorize America's women; and providing health insurance for the millions of American children who do not have it today. Democrats must not let pro-choice rhetoric obscure or de-emphasize our commitment to meeting the real needs of America's women and children.

American history has had its dark moments, but only twice has mortal power, using the instrument of the law itself, sought to exclude an entire class of people from their most sacred human rights. The first was 139 years ago when the Supreme Court declared, in *Dred Scott*, that a human being was a piece of property, literally to be led off in chains as people of good conscience sat paralyzed. The second was Jan. 22, 1973, with *Roe v. Wade*, when an entire class of human beings was excluded from the protection of the law, their fate declared a private matter.

In each case, an entire class was dehumanized. Since when does America abandon the most defenseless, innocent and vulnerable members of the human family? How can we justify writing off the unborn child in a country that prides itself on leaving no one out and no one behind?

So, let the Democrats in Chicago go back to their roots. To Thomas Jefferson, who told us in the Declaration of Independence that all people are created equal, endowed by their Creator with certain unalienable rights, and that the first of these unalienable rights is life. What good is a 15% tax cut, or a plan for college tax credits, to a child who never had a chance to be born? For that faceless, nameless, powerless child, the American dream is a cruel illusion.

The Democrats in Chicago should be reminded again of Hubert Humphrey's vision of our party as the protector of those at the dawn of life, in the shadows of life, in the twilight of life. And then compare the hope and promise of that statement with the reality that America provides less protection for the unborn child than almost any country in the world.

Unalienable Rights

I would close by going full circle—from Jefferson's Declaration to the spell-binding "I have a dream" speech delivered at the Lincoln Memorial in 1963 by Martin Luther King Jr. For it was there that King, like Lincoln at Gettysburg, returned again to the words of the Declaration of Independence, to the promise that all men would be guaranteed the unalienable rights of "life, liberty and the

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pursuit of happiness.” King concluded with a plea for our country to bring all God’s children together in freedom.

The time has come for the Democratic Party to give all God’s children—born and unborn—a seat at the table. Because if you don’t have a seat at the table, you’re not in the family. This is a challenge worthy of a great party and a great nation.

APPENDIX F

[The following columns appeared in the same issue of the London Spectator (August 17, 1996), for which Mr. Johnson writes a regular column (he is of course the Paul Johnson, the internationally-known historian and prolific social critic); Mr. Glover writes the magazine's Media Studies column. Both are reprinted here with permission: © 1996, The Spectator (1828) Ltd. (London).]

It is not true that there are no good causes— ending abortion is one

Paul Johnson

Abortion is the most difficult and important issue facing advanced societies today. It is the most difficult because the arguments on both sides are immensely strong and at the heart of them is an unresolved emotional and moral dilemma: should we listen to the pleas of a desperate, distraught woman or the unarticulated cries for mercy of an unborn, living creature? It is important for two reasons. First, there is the sheer scale of the killing, from which we try to avert our gaze, and the communal heartlessness it represents. The modern abortion culture is a frontal assault on the sacredness of human life. It is no accident that the first country to adopt it was Stalin's Soviet Union, where 30 million adults were also done to death in horrific circumstances. Doctors in the West, operating under the laws legalising abortion, have now killed more living creatures than Hitler, Stalin and Mao Tse-Tung put together. One West Midlands abortionist, using a particularly brutal suction method, is said to have polished off more human creatures than did Eichmann.

This last tale may be folklore. No one knows. In Britain, abortion is the least explored major activity today. "Investigative reporters" are not allowed to touch it. Television, which gets its cameras into every other intimate secret, refuses to take them into the abortion clinics and the refuse bins and incinerators where the bodies of once living creatures are disposed of. Walls of euphemism surround the subject. Just as dispatching a Jew to a Nazi death-camp was officially termed "sending east," so today the house rules of some publishing houses do not allow authors to refer to an "unborn child"—the term fetus must be used. So we are ignorant of modern abortion and meant to be ignorant and perhaps want to be ignorant. But in our hearts we know, just as ordinary Germans knew in the early 1940s, that something horrible is going on amongst us, on a colossal scale.

The second reason why abortion is the most important issue facing us is that it is a test case for all the moral problems which will arise in the 21st century as the new scientific revolution enables us, for the first time, to manipulate life. If we do not put the unborn child into a protective envelope which is morally sound and legally workable, then it seems to me unlikely that we will solve any of the far more complex dilemmas which advancing medical technology will shortly thrust upon us. The life principle is too fundamental to be left to the

medical profession. What doctors in Nazi Germany and psychiatrists in Soviet Russia were prepared to do, as a matter of routine, makes us realise that doctors, as a profession, cannot necessarily be trusted to do right. When the story about the aborted twin broke last week, I was shaken by the comments of some of the doctors, who seemed astonished at the fuss and did not appear to grasp that a moral issue had arisen. The whole subject of medical ethics, and especially the philosophical principles which underlie them, is marginalised at universities. It is either not studied at all or tends to fall into the hands of lawyers and sociologists, who are as confused as the doctors about the deeper moral issues.

Yet abortion is essentially a moral issue, just as slavery was. Both revolve around the value we attach to human life. Entire civilizations lived with slavery for centuries but ultimately its inescapable immorality had to be recognised and the political consequences accepted, whatever the cost. It is no accident that abortion is now the biggest single issue in American politics and will remain so until it is dealt with. For the United States, which is at bottom a highly moral and idealistic society, went through the same experience with slavery in the 19th century. A powerful case for slavery could be, and was, made, and enforced by the huge special interests which had grown up around it. Time and again the subject bubbled up angrily and broke the political surface, and then subsided again as yet another compromise was thrown over it. It seemed in everyone's interest to avoid a showdown. But the issue was morally too important for that. It would not go away, and in the end it involved the United States in a war which killed a million people and destroyed a society and way of life for ever. The price America had to pay was enormous, but Americans decided it had to be paid. Today it is hard to find any American, even in the South, who would not agree that slavery had to be ended even at the cost of a civil war.

The Americans will eventually prohibit abortion just as they once prohibited slavery, and for the same reasons. Slavery was tolerable only when it was shrouded in ignorance, euphemism and deception. The more you knew about its realities, the more its ugly facts were uncovered, the higher the gorge rose. The decisive moment in America came when Harriet Beecher Stowe, in *Uncle Tom's Cabin*, brought the horrible essence of slavery home to millions of readers in an emotional form they found irresistible. They had to read her novel, and they did. After that, everyone knew. They could no longer plead ignorance and sooner or later they were bound to act. The case against abortions has yet to find its Harriet Beecher Stowe. But it will. Then the people will force politicians to move, whatever the lobbies say. I hope, for the sake of our national honour, that Britain acts before the United States, as we did with slavery. It is notable here that every time the truth about the nature of abortion breaks the surface, as it did in the case involving the killing of a twin, more and more people, including doctors themselves, ask questions about the morality of the whole evil business.

The first thing we need to do is to break the habit (I do not say the conspiracy) of silence in the media. We need to learn in print, and experience on

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our television screens, exactly what goes on in the abortion industry and what its “products” look like, in life as well as in death. We also need doctors, nurses and other people involved to confess frankly what they feel about their work and how they reconcile what they do with their consciences. None of this will happen unless individual men and women in the media show persistence and determination. Perhaps Channel 5, due to come on air in the new year, will enter where its seniors fear to tread. Perhaps the *Daily Mail*, the most pro-family national newspaper, will take the plunge and campaign for the end of legal abortion at will. What is sure is that, 40 years after the first night of *Look Back In Anger*, it is quite untrue to say that there are no good causes left.

Yes, the *News of the World* wants its freak show, but for once someone else confused the facts

Stephen Glover

Most newspapers fight shy of abortion. Like God, it divides readers, only much more bitterly. But occasionally an irresistible story comes along such as the recent destruction of frozen embryos. This gave a reporter called Caroline Phillips, who has recently had a baby at Queen Charlotte's Hospital in London, the idea of interviewing Phillip Bennett, professor of obstetrics and gynaecology at the same hospital, for the *Sunday Express*. Professor Bennett knows a thing or two about abortions, having performed some 3,000 of them over ten years.

Thus Miss Phillips, assisted by Greg Hadfield, got one of the stories of the year. By his own account, Professor Bennett was planning to end the life of one healthy twin *in utero* because its mother did not want two babies. (By the way, this story might have appeared in the London *Evening Standard* had not that newspaper's recently installed editor, Max Hastings, foolishly parted company with the enterprising Miss Phillips.) In fact, most of the interview was taken up with Professor Bennett's somewhat confused and contradictory ramblings about abortion. The stuff about the twins took up only the first third of the piece.

As we now all know, it emerged two days later that Professor Bennett had already aborted one twin, and so the efforts of anti-abortion campaigners to prevent the operation had been entirely futile. Queen Charlotte's has subsequently stated that the *Sunday Express* was aware that the thing had already been done. “It is true,” a hospital spokesman said, “that Caroline Phillips was told that the operation had been done. We are not accusing the *Sunday Express* of lying, but we do think there has been a misunderstanding here.” The suggestion that the newspaper had confused the facts has also been made by several pro-abortion journalists. Mary Riddell in the *New Statesman* wrote that “a careful reading of the ambiguous initial report in the *Sunday Express* always suggested that the termination was done and the file closed.”

I can't see this. The interview in the issue of 4 August led me to the opposite conclusion. Professor Bennett is quoted as saying that "killing one healthy twin sounds unethical. But my colleagues and I concluded this week that it would be better to terminate one pregnancy as soon as possible and leave one alive than to lose two babies." This could imply that the operation is yet to be performed. It is, I repeat, a direct quotation, and all parties accept that Professor Bennett had seen and approved the interview before publication. He could have changed the tenses in this passage, but he did not. He did make one or two other minor changes.

If anyone confused the issue, it is not Miss Phillips or the *Sunday Express*. Does it matter? The world believes that Sunday tabloid newspapers bend the odd thing or two, but hospitals and doctors are supposed to be above these practices. On this evidence they aren't. There cannot be any conceivable justification for such obfuscation. One is left with an impression of moral confusion which is made worse rather than dispelled by a close reading of the interview. Professor Bennett, who is described as a Christian, believes that "broadly speaking it is better not to interfere with life" yet he carries out an increasing number of late abortions at which other doctors balk. He believes that "a baby at 20 weeks plus can feel pain" but doesn't think anaesthetic should be administered to the foetus.

Miss Phillips certainly knows how to get her subjects to talk. "I dismember the foetus" Professor Bennett tells us at one point, "pull it apart limb by limb and remove it piece by piece. I don't find it pleasant but I'm of a sufficiently tough constitution to do it." Can a leading abortionist ever have been so candid in public about his grisly trade? It is as though Miss Phillips has shone a light more brightly than it has ever been shone before on practices which most of us would rather not think about. And now she has shone that light I am inclined to be less sympathetic to Professor Kypros Nicolaides, head of foetal medicine at King's College, London, who says that it is imperative that he and Mandy Allwood, who is expecting octuplets, be left alone to determine the fate of the eight foetuses without the media attempting to influence the outcome.

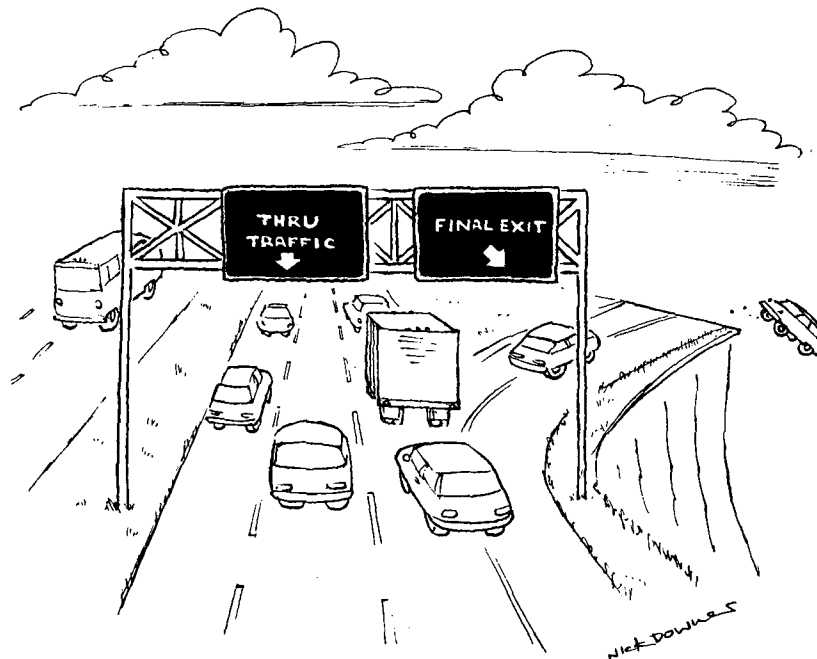
In particular he wants the *News of the World* to withdraw from its sponsorship of Miss Allwood who stands to receive a very large sum of money from the newspaper in the extremely unlikely event of all her babies surviving, but much less if only one or two of them do. According to some experts, even her own life may be at risk if she attempts to give birth to all eight babies. Much better abort five or six of them, and give the remaining babies a chance, and Miss Allwood the near certainty, of survival. Almost all sensible people appear to be of this persuasion. Even the *Daily Mail* has accused the *News of the World* of setting up a "freak show," and makes much of the allegedly unsuitable character of Miss Allwood's partner, Paul Hudson, a bankrupt who has two other children by another woman with whom he spends alternate nights.

Morally speaking, this is a wonderfully tangled tale. Professor Jack Scarisbrick, chairman of the anti-abortion group Life, says that nature should be allowed to

APPENDIX F

take its course. One can see his point, but of course to be pregnant with octuplets, none of whom may survive a natural birth, is the consequence of misapplied technology not the workings of nature. In these circumstances the pragmatic thing might be to set out to preserve as many foetuses as possible. On the other hand, one can appreciate the consistency of Dr. Scarisbrick's position, which I take to be the orthodox Roman Catholic one. In this view abortion is always wrong for whatever reason other than to save the life of the mother where that is jeopardised by an unborn baby. Once you exceptionally admit the moral validity of some abortions you are on the road to admitting the validity of many.

One would have to defend the *News of the World* on the grounds of consistency if it shared Dr. Scarisbrick's views. It does not. The newspaper does not believe that abortion is always wrong. It has latched on to Miss Allwood not out of any great moral conviction but because it wishes to have the exclusive rights to a story which may put on circulation. It does want a freak show. But what if the octuplets all die? The paper will be blamed for having put pressure on Miss Allwood, and its true motives will be discerned. Anti-abortionists may like to think that the *News of the World* is serving their ends, but its involvement could do their cause almost as much harm as Caroline Phillips and the *Sunday Express* have done to the pro-abortionists.



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