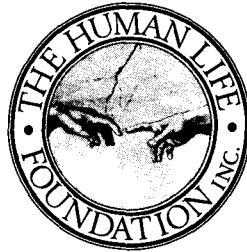


the HUMAN LIFE REVIEW



FALL 1991

Featured in this issue:

- Rita Marker on 'No-Sting' Death:
The Final Taboo
- Frederica Mathewes-Green on Unplanned Parenthood
- Mary Cunningham Agee on Practical Compassion
- Faith Abbott on Silence Is Death
- Maria McFadden on Pagan Queens:
The Power of Woman
- Stella Morabito on Abortion and the
Compromise of Fatherhood

Also in this issue:

Nat Hentoff • Deborah Kendrick • Ray Kerrison • Dr. George Flesh
Katherine Andes • *Crossfire* on Abortion • William F. Buckley Jr.

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. . . FROM THE PUBLISHER

I am looking at my previous (Summer) note to you, which began “As this issue goes to press, Judge Clarence Thomas is preparing for ‘confirmation hearings’ in the U.S. Senate”—we go to press again without knowing the outcome which must be a *first* for a quarterly journal! We *do* know that Judge Thomas’ ordeal was caused by the “feminist” *presumption* that he would vote to overturn *Roe v. Wade*, which all American women are supposed to support. As this—our most unusual issue to date—shows, that is hardly the case.

We are especially pleased that two of the articles herein deal with the groups that work hard to provide the only real “alternative” to abortion by helping a woman have—not kill—her own child. The Human Life Foundation, which publishes this review, has long been engaged in supporting such efforts, thanks in large part to the generosity of our own readers.

The first, “Unplanned Parenthood” by Frederica Mathewes-Green, is reprinted from *Policy Review*, an impressive quarterly published by The Heritage Foundation, which specializes in in-depth articles on political and social issues from an unabashedly conservative viewpoint. If that sounds like your kind of thing, write to *Policy Review*, 214 Massachusetts Ave. N.E., Washington, D.C. 20002 (subscription rate: \$18 per year).

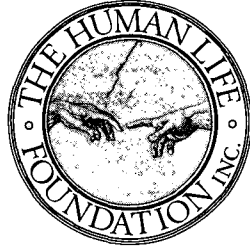
The second, “Practical Compassion” by Mary Cunningham Agee, was written for us: our Foundation has supported her Nurturing Network, and it seemed the obvious thing to do—given Mrs. Mathewes-Green’s praise—to ask Mrs. Agee herself to tell you more about the Network, which she has done with gusto, not failing to provide you with the Network’s phone number, in case you might want to join up yourself.

A sad footnote: in Mrs. Rita Marker’s lead article, you will read about both Derek Humphry and his former wife Ann. Since Mrs. Marker wrote, Mrs. Humphry was reported missing; a week later, on October 8, her body was found. As we write, the authorities have “declined to speculate” on the cause of her death, but Mr. Humphry is reported to believe that she killed herself.

This issue completes our 17th year of publication; we can’t bear to count them all up, but a rough calculation indicates that we have published some six million words (footnotes included) on what began as our “single issue” of abortion, but which has blossomed into a unique commentary on the society we live in, and the ills that plague it. Only incorrigible optimists could have imagined anything like it.

EDWARD A. CAPANO
PUBLISHER

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INTRODUCTION

PERHAPS WE SHOULD CALL this issue *The Ladies' Home Review*. Actually, we didn't plan it that way. But when we sat down to decide which pieces we would run this time (we've been suddenly blessed with roughly *twice* as many as we can fit in) it dawned on us that we had exactly enough articles by women to make this a, well, All-Gal issue: Why miss the opportunity for such politically-correct discrimination? We may never have another chance.

Then again, we may: it is obvious that more women are writing about our concerns, and not just on the "women's issue" of abortion. In our lead article, Mrs. Rita Marker gives you one of the best run-downs we've ever seen on the Death Industry (it might well be titled *What Every American Should Know about Euthanasia*). And it could hardly be more timely: as we write, Derek Humphry's *Final Exit* still tops the *New York Times* best-seller list for "How to" books (one reader dubbed it *The Suicide Cookbook*).

As Mrs. Marker reminds us, Malcolm Muggeridge said years ago that it would take only a few decades "to transform a war crime into an act of compassion"—St. Mugg's point was that Hitler gave euthanasia "a bad name" which delayed the "mercy-killing" programs he had in fact inherited from pre-Nazi German doctors. Nothing seems to be delaying their implementation now, as Mrs. Marker makes abundantly clear: we have "progressed" from the Judaeo-Christian "sanctity of life" ethic to the "new ethic" professed by such as Dr. Howard Caplan, a California doctor who calls euthanasia a "blessing" and wants "each hospital and nursing home to have a panel that would approve candidates for euthanasia" to ensure that "getting a heart-stopping injection was truly in the patient's best interests"—panel members would have to be "protected by law from liability claims"—executioners must have immunity, obviously, but Caplan worries that "there's going to have to be widespread public education" before they get it.

In due season, Caplan himself may become a "candidate" for his own brand of compassion. But we don't mean to single him out; as you will see, there are now an amazing number of enthusiastic "ethicists" out there promoting the legalization of what was once considered plain murder. Indeed, it is one thing to hold that the unborn are not "persons" with constitutional rights, but quite another to claim that *born* citizens can have their rights removed along with the feeding tubes. But perhaps our society will return to sanity, when for instance courts are asked to determine precisely whose best interest was served by hastening very-rich old Aunt Hazel's demise? With luck, we may live to see a sane society restored. But we're afraid Mrs. Marker won't make you very optimistic about that prospect.

Next we reprint another comprehensive piece, with the catchy title

“Unplanned Parenthood,” which might be titled What Planned Parenthood Doesn’t Tell You. Mrs. Frederica Mathewes-Green is, among other things, a “practicing” feminist who writes with great sympathy for her Sisters and chastises “pro-lifers” for attacking “abortion as a matter of convenience”—it is *not* convenient, she insists—neither is bearing a child. She argues that our society is not doing nearly enough for women who really do have “crisis pregnancies” and need help, not least from the *men* responsible, who nowadays have little trouble *escaping* from any responsibility whatever. The law can do much more too, for instance making sure that women *are* told all those things the “Choicers” don’t want mentioned (abortion may be legal, but it’s hardly *safe* in many an American *abortion*). And she strongly supports “parental-consent” laws: “Secret abortions are dangerous for teens, whether legal or illegal; making it easier to keep them secret does not help the young woman involved.”

We also appreciate the generous praise she gives to what we call the “baby-saving” industry: there are *thousands* of largely-volunteer groups working to give women the means to resist the “choice” of abortion. They rarely get media attention, but they are well-known to us: the Foundation which publishes this review has been doing its best to support these noble efforts for over 15 years, including one that Mathewes-Green singles out as a “creative variation” called The Nurturing Network, which specializes in helping not poor teens but rather young middle-class women who want to have their babies but also want to keep their professional lives decently intact.

We think you will find the entire article as fascinating as we did. It prompted us to do something we should have done long since—ask Mrs. Mary Cunningham Agee, who runs The Nurturing Network, to tell you more about it herself, which she was happy to do.

Mrs. Agee also picked just the right title: “Practical Compassion.” She not only tells you what she is doing, but also *why*: she too feels strongly that the “right” to abortion is a barren one which most women would not exercise if they could get the kind of practical help they need, e.g., a student who can transfer to another college for the “relevant” period—and then be assisted in resuming her chosen academic course—will be grateful for such help, as will her *child*, of course. It requires sophisticated professional and organizing talent to handle it all, but then Mrs. Agee is well known for having exactly those skills. Perhaps best of all, her Network provides “ordinary” people with the opportunity to help women in need: for instance, if you have “room at the inn” for someone who needs to be, well, *elsewhere* for a short while, give Mrs. Agee a call—she has thoughtfully provided her phone number. (Mrs. Mathewes-Green and her husband did, and were duly registered as a “host family” to provide temporary accommodations for pregnant women in need.)

We then shift abruptly back to our “regular” concerns: Faith Abbott returns with another razzle-dazzle survey of what’s really *happening* out there—the kind of thing you probably aren’t reading about yourself unless you too scour off-

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beat sources (we've dubbed her our "Resident Expert on the unusual"). She begins with a vivid report of a scandalous affair that began right in front of her (actually, just *behind* her): the homosexual storm troopers of ACT-UP managed to infiltrate the audience at a New York lecture by Cardinal Josef Ratzinger—his scholarly topic was Biblical Exegesis, but the homosexual "activists" were there to spew hatred at the Catholic Church he represents—shocking stuff indeed (*au courant* readers will remember that ACT-UP later desecrated St. Patrick's Cathedral, among other outrages). From there, Abbott rushes you through a long series of rarely-reported atrocities perpetrated by the Abortion Industry which, like AIDS, is a "politically-protected" plague: the ordinary rules don't apply, you can literally get away with murder.

Worst of all, it's not *news*: true, there have been quite a few abortion-clinic horror stories of late (TV's *60 Minutes* recently did a memorable exposé of a shocking case), but as Abbott reminds us, the Chicago *Sun-Times* ran an in-depth series way back in 1978—just five years after *Roe*—which documented widespread medical malpractice, fraud, fakery ("Vital signs were fabricated"), kickbacks, and pervasive, ugly greed. One clinic "counselor" who got paid per abortion "sold" is quoted: "We have to sell abortions. We have to use all the tactics we can because, just like any other business, we have competition."

By the way, the *Sun-Times* is by no means a "pro-life" paper: "Our purpose," it editorialized, "was not to re-examine the morality of abortion—we favor legalization—but to determine whether women were receiving the safe, competent care the Supreme Court had determined was their legal right. . . . We found that in a startling number of cases, they were not." The wonder is that anybody *expected* that "greedy back-alley abortionists" would become "compassionate health-care providers" just because their trade was legalized.

Then Maria McFadden asks "Have you heard of Camille Paglia?" Evidently a lot of people are hearing about her now. As we write, our morning paper reports she "has just made a deal for another book"—that's news, because her current book, *Sexual Personae*, has been *bad* news for some outraged readers (one reviewer calls Camille "the thorn in the side of contemporary feminism"). Here, Miss McFadden reviews the ideas that have made Paglia so controversial, and which "might be indicative of the confused state of feminism today." As you will see, Paglia indeed has some very strange ideas, for instance that there is a "terrible duality" in nature—there is no such thing as "sexual sameness"—and the driving force of Western civilization has been "man's fear of woman"! So it's not surprising that Paglia is unpalatable to so many American feminists: if she is right that only "weak women" deny their "indebtedness" to men, much of feminist ideology is just that—ideas over reality.

But as Maria explains, Paglia's "sweeping claims" are skewed by her "pagan" viewpoint: leaving God *out* is central to her thesis, and leads her into some strange affections, even for the Marquis de Sade—Paglia writes "I agree with Sade that we have the right to thwart nature's procreative compulsions through

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sodomy or abortion”—without God, all things are permissible. We have no doubt that you will prefer Maria’s own ideas, and you will find a lot of them in this unusual essay by our new “Resident Expert on weird feminism.”

In our final article, Stella Morabito expands the “all is permissible” theme. Given our present “socially-accepted view of abortion,” she asks “why shouldn’t the average male be detached from the meaning of pregnancy and abortion?” Good question: it is manifestly true that the triumph of “women’s rights” has greatly diminished the *duties* men used to believe were incumbent upon them because they were *expected* of them. Ideas have consequences: no Great Expectations, no great performances. The biggest losers, of course, are the progeny men still gladly father, but need not “parent,” to use the (awful) current neoverb. If a man who *wants* his child cannot prevent a woman from killing it, what right has *she* to demand anything of him?

You might say that the “truth” Camille Paglia has stumbled upon, in her confused fashion, is what everybody already knows: it is indeed “natural” for women to have babies, but *not* natural for men to be “responsible adults”—the business of a civilized society is to redeem that original sin of nature. But as Stella demonstrates, with all too many depressing facts and figures, we are rapidly putting ourselves *out* of that business.

Yes, it all sounds terribly pessimistic. But as Clare Boothe Luce loved to say, “The difference between optimists and pessimists is that pessimists have more experience.” Americans have a great deal of experience with what *doesn’t* work—this issue is chock full of it—redemption could begin any time now.

* * * * *

We conclude with our usual collection of relevant appendices which, sad to say, also reflect more pessimism than hope—but our gentlemen readers may take comfort, only *two* of the eight are by women. In *Appendix A*, Nat Hentoff details the incredible strides we have taken toward a “Eugenic Society”—it’s *cost-effective* to kill off those who can never attain the “quality of life” the rest of us deserve, and if that includes aborting a baby because it’s not the desired *boy*, well, “What the hell, coming up with the wrong sex can be interpreted as a genetic defect, right?” That’s just “choice.” He echoes Muggeridge: “The Nazis gave eugenics a bad name.” But not down in Maryland, where the legislature has declared that an “abnormality” can merit execution. This one is vintage Hentoff, nobody hits harder.

In *Appendix B*, Mrs. Deborah Kendrick continues Hentoff’s argument: “The notion of confirming quality before allowing a child to be born horrifies me,” she says. When, “being over 35” and pregnant, she was “reminded” by her obstetrician that a test for “disabilities” might be in order, she “reminded her that I never peek at presents early, and we never talked about testing again.” Mrs. Kendrick is blind; the baby she wouldn’t peek at turned out to be an

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early Christmas present (born on December 15).

Next you get a double dose from Ray Kerrison (*Appendix C, D*), our favorite local columnist, who provides the gory details of the case Faith Abbott mentions. As in Chicago, it's not *news* that lethal "clinics" are allowed to operate with impunity; as we say, abortion is a politically-protected trade.

In *Appendix E*, you get another no-news story: a California obstetrician, George Flesh, has "decided to stop doing abortions." He explains his decision in unusually impressive fashion, but what impresses us is, we've never heard of a doctor "converting" in the *other* direction, it seems to be a one-way street? But there we go getting optimistic again.

Appendix F is something original by our final female, Mrs. Katherine Andes, who actually works in one of those crisis-pregnancy centers you've already heard so much about. Like Dr. Flesh, she was "pro-choice for many years," but then she saw sonogram pictures of her own "fetus" bouncing about, looking perfectly formed even at twelve weeks, and "the wrongness of abortion came crashing down" on her, just like that. Now she wonders how *any* woman, even Faye Wattleton, can see what she saw and still defend abortion. It reminds us of a recent New York *Times* column by Anna Quindlen who, as her readers know, is obsessed with "choice" but occasionally writes about other horrors, for instance capital punishment, one form of killing she bitterly opposes. But when a California TV station brought suit for the right to televise an execution, Ms. Quindlen wrote "If we want it, we should be able to look at it. If we can't bear to look at it, maybe it's time to rethink our desires." Quite right.

In *Appendix G*, you get the transcript of a TV show that was well worth watching, one of our friend Pat Buchanan's *Crossfire* series. The topic was abortion, and one of the guests, Mr. Woody Jenkins, a Louisiana state legislator, put on what we thought was a most impressive performance. Much *good* television simply gets missed, or soon forgotten, so we're glad to put this one into our permanent record of the Abortion War. Indeed, we only wish we had the space to reprint more such.

Our final offering (*Appendix H*) comes from the redoubtable William F. Buckley Jr., that good man (and *nonpareil* protagonist), who writes about the now-famous case, *Abortion vs. Clarence Thomas*. As we write, Judge Thomas is still in the feminists' "sexual harrassment" Limbo—you will of course know his fate by the time you read this—but Buckley's column will remain a winner. Alas, friend Bill seems too pessimistic about what a post-*Roe* America might be like, but that provides us with the opportunity to side with the optimists, victory belongs to those who stay the course, and we *will*, will we not?

J.P. MCFADDEN
EDITOR

⁶⁶No-Sting⁹⁹ Death: The Final Taboo

Rita L. Marker

It tells you how, where and when to kill yourself or someone else. It breaks the last taboo. Follow my instructions for a perfect death, with no mess, no autopsy, no post-mortem. This is the final guide.¹

This statement, made by Derek Humphry in an interview about his best-selling “handbook of death,” *Final Exit*, cuts to the core of today’s growing euthanasia movement. It comes as no surprise to those who have watched the slow but inexorable extinction of the line between *killing* people and letting them die.

A mere twenty years have elapsed since a *California Medicine* editorial sounded the warning that a “new ethic” for medicine and society was evolving, one which could lead to “death selection and death control.”² This prediction is now coming true. The tentacles of this “new ethic” now embrace the most fragile and vulnerable members of society, choking out their lives in the name of “choice,” plus compassion and cost containment.

As Malcolm Muggeridge wrote in his essay “The Humane Holocaust,” it has taken but a few decades “to transform a war crime into an act of compassion.”³

The traditional proscription against euthanasia was no arbitrary taboo: It was the barricade which served to save us from barbarism. For centuries the line between healing and killing was set forth as the one over which the physician must not cross. Margaret Mead, commenting on the great importance of the Hippocratic Oath, described it as protection for *patients*. It marked the separation between healer and killer. Prior to the oath, the “doctor and the sorcerer tended to be the same person” who could kill a patient to remedy a lack of improvement or an error in treatment.⁴

Contrary to widespread belief, physicians are not required to take the Hippocratic Oath and, in recent years, many medical schools have dispensed with it (perhaps, in large part, because it also specifically prohibits abortion). Yet it remained the foundation for medical ethics—until now.

Rita Marker is Director of the International Anti-Euthanasia Task Force, lectures in political science and ethics at the University of Steubenville (Ohio), and is the mother of seven.

Emboldened by what they see as a tide of public sentiment in their favor, euthanasia proponents have become evangelists. They preach the gospel of death from the pulpits of courtrooms, sickrooms, classrooms, conference halls and television studios. Followers latch onto the written word as it is proclaimed in professional journals, editorial columns and advice books.

Symptomatic of this “new ethic” is a modernized version of the Hippocratic Oath that appeared in the *Journal of the American Medical Association*. Written by Dr. Louis Weinstein, a University of Arizona medical school professor, the “Oath of the Healer” states in part:

In the eyes of God and in the presence of my fellow students and teachers, I at this most solemn time in my life do freely take this Oath, whereby I shall pledge to myself and all others the manner in which I shall live the rest of my days . . .

I shall always have the highest respect for human life and remember that it is wrong to terminate life in certain circumstances, permissible in some, and an act of supreme love in others.⁵

Weinstein unveiled the new oath during a presentation to members of Alpha Omega Alpha. The honorary society’s members, who “thought it was wonderful,” make up the top five to ten percent of medical students. Asked about the “certain circumstances” under which he believed terminating life would be “an act of supreme love,” Weinstein cited the actions of one Dr. Timothy Quill. “I think that was an act of love,” he said, although it was “a very difficult thing to do.”⁶

Prescription for Acceptance

Quill, an internist who teaches at the University of Rochester’s School of Medicine and Dentistry in New York, assured his nomination for the 1991 “Dr. Death Award” by writing about his own performance in the role of “compassionate” physician. His account, published in the *New England Journal of Medicine* last March, was an apologia for assisted suicide and euthanasia.⁷ The sense of timing, selection of tone and use of right-to-die jargon were blended to achieve maximum impact.

“Diane” had been his patient for eight years. She was an extraordinary person who had overcome numerous medical and personal problems. Finally, when faced with the diagnosis of acute leukemia, she became convinced that she was going to die and that she “would suffer unspeakably in the process.” Quill affirmed her worst fears. “There was no way I could say any of this would not occur,” he wrote.⁸

As an acknowledged longtime advocate of the “right to die” and fearing the effects of an “ineffective suicide,” Quill referred her to the Hemlock Society.⁹ A week later Quill wrote the prescription for what he knew “was an essential ingredient in a Hemlock Society suicide.”¹⁰

The counterpart to being “politically correct” in academia is “ethically correct” posturing in medicine. In this realm, it has become acceptable, even laudable, to hasten a patient’s demise as long as one pays lip service to discomfort in the decision. Quill fulfilled this requirement: news reports described him as undergoing an “agonizing struggle” although he actually referred to an “uneasy feeling” about crossing the line between allowing death and causing death.¹¹ It was, however, the poetic—some might say turgid—description of his final meeting with Diane that won over commentators across the country. “In our tearful goodbye, we promised a reunion in the future at her favorite spot on the edge of Lake Geneva, with dragons swimming in the sunset,” he wrote.¹²

“I want this guy as my doctor,” George Annas, a professor in health law at the Boston University School of Medicine announced.¹³ And Dr. Timothy Johnson, medical editor of “Good Morning America,” emotionally exhorted viewers to read Quill’s piece which, he declared, was “one of the most beautiful and thoughtful articles” he’d ever read. Johnson went even further—he exclaimed that if Quill’s actions were considered legally wrong then the legal system should be changed.¹⁴ Also jumping on the bandwagon was Stuart Wesbury Jr., president of the American College of Healthcare Executives and a member of the American Society of Law and Medicine’s Advisory Board on Institutional Ethics. Wesbury called the article a boon to “society in general.” “I’m excited about this contribution,” he said. This was “the kind of case that needed to happen.”¹⁵

The *New England Journal of Medicine* not only published Quill’s piece but made it clear that he was speaking the publication’s line. “He did the correct, humane, compassionate, professional thing under the circumstances. I am convinced that the great majority of American physicians in Dr. Quill’s place would’ve done exactly what he did,” said Dr. Arnold S. Relman, the journal’s editor-in-chief.¹⁶ Relman further endorsed Quill’s actions when he told the *Medical Ethics Advisor* that he and his colleagues had been “deeply moved” by the story and had “considered ourselves fortunate” to print the “very poignant” story.¹⁷ He was quick to point out that Quill’s story differed

greatly from "It's Over, Debbie," a 1988 article that caused a furor when it was published in the *Journal of the American Medical Association*. In the anonymously published "Debbie" story, a tired resident physician administered a lethal injection to a cancer patient whom the resident did not know. Perhaps more important was that the resident had expressed no degree of agony or uneasiness about the decision to kill.¹⁸ Relman said that the big difference between the "Debbie" and "Diane" stories was the fact that there was no way to know if the "Debbie" incident ever happened, while Quill's article was signed and thus verified.¹⁹

Relman may have been mistaken. That Quill signed his story is not in question; however, discrepancies raise speculation that it, like many television movies, was a tale only loosely "based on fact." Was it a fictionalized account, masterfully orchestrated by a writer who sought to move the euthanasia debate forward? At one point law enforcement officials indicated that the entire story might have been fabricated. "Does Diane exist? We don't really know," said Monroe County District Attorney Howard R. Relin in mid-April.²⁰ However, on April 26, the body of 45-year-old Patricia Diane Trumbull, later confirmed to be "Diane," was discovered at Monroe County Community College.²¹

Subsequent investigation revealed that Quill had fabricated at least some of his claims. For example, he wrote that he had "called the medical examiner to inform him that a hospice patient had died." The medical examiner's office denied receiving any such call.²² He also stated that he had given acute leukemia, rather than suicide, as the cause of death to spare Diane the "bodily invasion" of the autopsy that would have followed a reported suicide. This claim of protecting his patient from postmortem bodily invasion was destroyed when it was disclosed that Diane's body had been stored since her death 11 months earlier for use as a teaching cadaver.²³

With the discovery of Diane's body, it was possible to go ahead with the case. But by then Quill had established himself as a "name" in the euthanasia movement—a champion of "patients' rights." In July a grand jury found "no basis for criminal charges"²⁴ and, on August 16, a three-member panel of New York State's Department of Health released the results of its review of the case. It found that "no charge of misconduct was warranted."²⁵

Dr. Timothy Quill has come to symbolize the death-doctor role model. Unlike the tawdry Jack Kevorkian who tested his "self-execution

machine” on a patient in the back of a rusty van,²⁶ Quill has exhibited “class.” Among his admirers is Dr. Ronald Cranford, a Minnesota neurologist known for his euthanasia activism. From the beginning of public discussion about Quill, Cranford described the case as one “people would have trouble criticizing.”²⁷

Cranford had not spoken so kindly of Jack Kevorkian. It was not *what* Kevorkian did so much as *how* he did it that annoyed the Minnesota neurologist. Kevorkian had eagerly sought a human guinea pig to test his machine. In addition, he had known Janet Adkins for less than 72 hours before inserting the intravenous line that carried a heart-stopping solution into her veins. Thus, he could not claim a “loving relationship” with his victim. “He handled it so badly that it’s hard to debate the pros and cons of active euthanasia,” Cranford told an ethics publication in January. “The only cases we know about in the U.S. are the ones that are handled poorly. We don’t know about the cases that are handled well behind the scenes—and there have got to be a fair amount of them.”²⁸

Two months later, when the Quill story broke, Cranford had his example of a case that was handled well. Here was a respected fellow professional who had, ostensibly, liked his patient. This set well with Cranford, who had previously said: “The only people for whom I would do active euthanasia would be those I love.”²⁹ But practice of the “new ethic” does not always demand that there be a loving relationship with the intended victim. Dehumanizing the person is, in some cases, sufficient.

“Shopping” for Death

On Dec. 29, 1990, Lawrence County Probate Court Judge Scott Sifferman issued a temporary restraining order barring Peter Busalacchi from moving his daughter Christine, 20, from the Missouri Rehabilitation Center to Minnesota for the purpose of removing her food and water.³⁰ Thus began what may be yet another landmark Missouri case, which is now before the Missouri Supreme Court. William Colby, who represented Nancy Cruzan’s family in the quest for her death, is one of Peter Busalacchi’s attorneys. In this case, a major focus of Colby’s argumentation is a warped interpretation of the “right to travel.”³¹ Ellen Goodman, in her widely-syndicated column, described the matter succinctly: “There is a father in Missouri who wants to take his daughter shopping. The trip he has in mind is a grim one.”³²

The “shopping” trip is intended to end in death for Christine Busalacchi.

Initial plans called for her to be taken from Missouri to Minnesota for “evaluation” by Drs. Ronald Cranford and Bruce Snyder. Then she was to be moved to a hospice run under the auspices of St. Mary’s and Fairview Riverside Hospitals in Minneapolis. Mr. Busalacchi had already asked a Missouri probate court for authorization to use funds from Christine’s estate to pay the \$116-per-day hospice charges while his daughter died of dehydration.³³ Cranford explained that Busalacchi had turned to Minnesota for assistance since that state does not require clear and convincing evidence of a patient’s wishes, and food and water can be withdrawn not only from patients in a persistent vegetative state (PVS) but also from individuals with other types of brain damage.³⁴

Reference to “other types of brain damage” opened the ethical trap door through which the non-PVS, but nevertheless severely impaired, could fall.

Degree of Impairment in Dispute

When Donald Lamkins, administrator of the Missouri Rehabilitation Center, reported that Christine waved to him upon command by her nurse, Cranford said any such movement was involuntary and that Christine had no capacity for conscious thoughts or deliberate actions.³⁵ “She’s got a shell of a body lying there with a brain stem,” he told one reporter.³⁶ His assessment, based on a perfunctory 1989 examination,³⁷ was at complete variance with that of neurologist Harvey Cantor, who examined Christine extensively on January 6.

Cantor, a clinical professor at St. Louis University medical school, found Christine to be coherent and responsive: “She smiled and laughed in an appropriate manner, she followed simple requests and she said the word ‘Hi’ upon request,” he said.³⁸ In addition, Dr. Cantor said Christine opened her mouth when he offered her a spoon of ice cream. “She showed, first, pleasure by tasting it, then discomfort from the cold.” She has a “thinking brain” and is learning to speak, he reported.³⁹ Cranford flatly dismissed these findings, stating, “There’s nothing going on inside Christine Busalacchi’s brain.”⁴⁰ He called her “perfectly normal” appearance a “cruel hoax that nature’s played on us” when “nothing’s going on in terms of thoughts or emotion.”⁴¹ An attempt was made to discredit Cantor’s objectivity, implying

a pro-life bias. The St. Louis *Post-Dispatch* reported: “Cantor’s name has appeared often over the past decade in an anti-abortion ad.”⁴²

In addition to Cantor and Lamkins, others told of Christine’s interaction with them. “On one occasion, she was, on command, able to identify two different colored objects within her range of vision.”⁴³ “Her appropriate smiling at my auditory remarks as well as her behavior with other people indicates to me she is aware of and can interact with her surroundings.”⁴⁴ “She processes mostly immediate information with delayed responses.”⁴⁵ Yet Cranford had only ridicule for these observers: “These people seem to have no shame,” he said. “They’re seeing what they want to see.”⁴⁶

On February 4, state officials gave reporters a chance to see what Christine Busalacchi could do when they released a videotape showing the young woman laughing at jokes, eating by mouth, responding to commands, and giving beaming smiles to visitors. The family and attorneys for Busalacchi were outraged. One relative described the tape as an “assault on our [the family’s] emotions.”⁴⁷ Busalacchi’s attorneys said they “believed that releasing the tape violated the physician-patient privilege”⁴⁸ as they scurried to find medical experts to discredit the videotaped evidence.

Neurologists Fred Plum and William Landau questioned the videotape’s relevance. Plum, head of neurology at Cornell University—who had *not* examined Christine—said “smiling and crying are not knowing responses” and thus are not evidence that a person is conscious.⁴⁹ Landau, of Washington University’s neurology department, said the tape could have been altered to make automatic behaviors of vegetative patients appear like human awareness.⁵⁰ The tape, and claims by state officials that Christine could eventually live in a group home, did nothing to change Peter Busalacchi’s determination to take her “shopping” for death—he said his resolve to move his daughter had strengthened.⁵¹

By mid-May Christine was taking most of her food by mouth. Even this did not touch the hearts of those determined to end her life. Dominican Father Kevin O’Rourke, for example, said her signs of consciousness were “just a kind of muscular reflex action.” Asked if feeding her with a spoon would be a moral responsibility, he replied, “What would be the sense, if she’s not going to recover?”⁵² An

arbitrarily determined “quality of life” coupled with the stamp of approval for death, conferred by clergy and ethicists, further threatens those who are most vulnerable.

Practioners of the “New Ethic”

Enter the “ethicist,” high priest of the new ethics. Generally the ethicist has a background in religion, philosophy, medicine, or law—but the right to “do ethics” requires no specific criteria.

While electricians and beauticians must qualify before plying their trade, ethicists (or bioethicists, as they are sometimes called) need only claim the title to be among the elite who spawn attitudes and policies that will affect generations. Bioethics, in the words of Richard John Neuhaus, has become the “permissions office of contemporary medical and biological science.”⁵³ It is a burgeoning field. The American Hospital Association indicated that, in 1987, between 80 and 90 percent of major medical centers had ethics consultants or committees.⁵⁴

The ethics-committee realm is ruled with a velvet glove. Any fundamental basis for determining right and wrong is out. Style is in. Politically correct terminology is the language of the day. Consensus determines the “shifting-sand criteria” for death.

An incident at Dartmouth’s Mary Hitchcock Memorial Hospital illustrates how consensus is swayed by the style, experience and biases of those who present cases to ethics committees. The hospital’s ethics panel heard a psychiatrist present the case of a terminally ill patient. At its next meeting, the committee reviewed a similar case, this time presented by an intern. In one instance the ethicists concluded that treatment should be stopped. In the other, they decided it should continue. Several days later, the committee chairman made a chance discovery: *both* presentations were about the same case. Without any intent to deceive, those who had made presentations had perceived the case in entirely different ways.⁵⁵

Abandonment of the absolute prohibition against intentionally ending patients’ lives has created a vacuum that has been filled with a new absolute, the infallibility of medical diagnosis. We now hear such dictums as “*never* any possibility of recovery,” “*never* will return to cognitive functioning,” “*never* will lead a meaningful life,” “*never* will interact with others” in court case after court case. Yet substantial error in clinical diagnosis is well documented. Errors, proven at autopsy, exist even with the latest in medical technology and diagnostic aids.⁵⁶ The label “permanent” or “persistent vegetative

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state" (PVS), once affixed, is indelible. If the PVS patient demonstrates abilities inconsistent with the diagnosis, they are ignored; anyone refuting a PVS diagnosis faces challenges to his or her professionalism, and the omni-present "ethics committee" provides support for the decision to end the "meaningless life."

Disabled and Disposable

A quiet obituary was to have been the first announcement of what had transpired last May 2 in a Hamilton County, Indiana, courtroom. Plans changed when a reporter found that Judge Jerry Barr had ordered that a mentally-retarded woman's parents could have her food and water removed.⁵⁷ "Sue Ann Lawrance is dying—with the loving help of her parents," was the lead sentence in the Indianapolis *Star* report. Death was expected at any time for the 42-year-old woman, who had been without food and water for 14 days. Her mother said: "There has been no quality to her living the past three years and nine months." Her sister had told the court: "Sue is breathing, but there is no life to her."⁵⁸

For her private starvation and dehydration, Lawrance had been moved to the hospice of St. Vincent's Hospital and Health Care Center, the largest Catholic hospital in Indiana. Quick intervention by an attorney for the Christian Fellowship with the Disabled resulted in a stay of the original order, and Lawrance began receiving food and water pending the outcome of further court proceedings. In early June, attorneys for the family petitioned the Indiana Supreme Court, requesting that the case be expedited.

As the story gained national attention, more information about Sue Ann Lawrance became available. She had suffered brain damage at age nine, and had been mentally disabled since that time. For the past 27 years she had lived away from her family home, first at a center for disabled people in Kentucky, later at a group home in Indianapolis.⁵⁹ In mid-1987 additional brain damage resulted from a fall at camp. She was described as having been PVS since entering an Indianapolis nursing home in July of that year.⁶⁰ Harry Schwartz, a former member of the New York *Times* editorial board, called her "comatose" and decried the use of public funds for her care.⁶¹ Sue Ann Lawrance, once labelled "vegetative" or "comatose," had been relegated by her parents, an archbishop and others to the heap

of disposable human beings.

Medical records, however, make it apparent that she, like Christine Busalacchi, had reportedly done things totally inconsistent with the PVS diagnosis. During the time that she was so labelled, she had walked with assistance a number of times over a period of three months. It was further charted that she “does better when more alert.”⁶² Nurses noted that she wiggled her toes and responded appropriately to other requests as well.⁶³ Yet the decision to end her life continued to receive support from the “ethics community.”

Calling it “scandalous” that a Catholic hospital had been the site of the near starvation, an Indianapolis physician asked: “Where does the Archbishop stand on this?”⁶⁴ Archbishop Edward T. O’Meara’s sentiments became evident several days later when, in an interview with Indianapolis’ ABC-TV affiliate, he said decisions in cases like that of Sue Ann Lawrance should be made on an individual basis “keeping in mind the quality of life.” He added that he was “deeply impressed” with the family and their “great sensitivity to ethical considerations” regarding their daughter.⁶⁵

Subsequent information provided additional insight into the archdiocesan position and the direction being taken by the hospital’s ethics committee. In published remarks, Father Joseph Rautenberg, chairman of the hospital’s ethics committee, said: “I do think the family is acting in what they think are [her] best interests. I would support their decision.”⁶⁶ The Archdiocesan Pro-Life Office refused to discuss the case, saying that any comment would have to come from the archdiocesan communications office.⁶⁷

According to Chuck Schisla of the Communications office, St. Vincent’s Hospital is “working within a series of medical and ethical guidelines that have been approved by the Archbishop.” He said the Archbishop regretted that the family has been subjected to “intense scrutiny” and was “comfortable with the decisions that have been made” by the family and the hospital. Asked if the Archbishop was also comfortable with the court’s decision to reinstitute Sue Ann Lawrance’s feeding, Schisla declined comment.⁶⁸

Dr. Joanne Lynn, a professor at George Washington University medical school, and Arthur Caplan, director of the Center for Bio-medical Ethics at the University of Minnesota, also agreed with the family. Dr. Ronald Cranford pointed to the case as an expansion of previous court cases. He said removing food and water from those

who had never been able to make medical decisions “is happening all over the country,” but that the Lawrance case is the first time the issue has been tested in the courts.⁶⁹

Sue Ann Lawrance died on July 16. The reported cause of death was pneumonia, causing some to question whether her close brush with starvation only weeks earlier had considerably weakened her ability to fight any illness. Her case, however, continues. According to her brother, Mark Lawrance, the family will pursue the case to resolve the issue of a family’s right to order the removal of food and water from a mentally retarded person. “Assuming we win, it could be a nice legacy from Sue,” he said.⁷⁰

Death Selection by Committee Decree

Marc L. Peterzell, an Atlanta attorney who has participated in ethics panels sponsored by the National Health Association, predicts that active euthanasia for the incompetent will take place in the not too distant future. Peterzell, whose practice is concentrated in the health care field, says “letting people die of thirst is the net result of ‘right-to-die’ laws.” He favors the more “affirmative approach” of a lethal injection, which he sees as a step toward coming to grips with economic pressure. “The economic curve meets the quality of life curve at a certain point and is overlaid with ethical and moral concerns.” Eventually, he says, “ethics committees will decide whether an incompetent patient should receive euthanasia.”⁷¹

Dr. Howard Caplan, who calls euthanasia a “blessing,” favors the committee approach. “Ten years of practice in geriatrics have convinced me that a proper death is a humane death,” the California physician wrote. “That’s either in your sleep or being *put* to sleep.” He suggested that, in the ideal situation, “legislatures should permit each hospital and each nursing home to have a panel that would approve candidates for euthanasia.” Deliberations by such a panel “would ensure that getting a heart-stopping injection was truly in the patient’s best interests.” Panel members “would be protected by law from liability claims.” “Before any of this can happen, though,” explained Caplan, “there’s going to have to be widespread public education.”⁷²

Massive public education—intended to implement new policies — takes place after attitudes are sufficiently changed and after the seeds of new policies have taken root. The roots, however, go largely unnoticed until it is precariously late. The first real indication of major change

can come by way of a few paragraphs buried in voluminous documents, or by means of actions taken at obscure—but important—meetings.

For example, let us look at a miniscule section of the Federal budget, passed in the Fall of 1990, and at a recent action taken by a small committee of the European Parliament.

Budget Control Through Death Control

When weary lawmakers passed the Omnibus Budget Reconciliation Act two hours after midnight on October 28, 1990, most of them did not realize they had also approved the “Patient Self-Determination Act.”⁷³ The PSDA, tacked on at the last minute, puts health programs across the country in the position of playing front man for the Society for the Right to Die (formerly known as the Euthanasia Society of America). Within days of the PSDA’s passage, the Society for the Right to Die sent a letter claiming victory to supporters across the country. It stated that the euthanasia group had worked with Congress to shape the PSDA, and would now work with governmental agencies to “make sure this new law is properly implemented.” Appropriately, the envelope bore a postage stamp with the drawing of an empty wheelchair.⁷⁴

Results of the PSDA’s passage will affect virtually every person in the country. Effective December 1, 1991, every hospital, health maintenance organization (HMO), nursing home and home health-care provider receiving *any* Medicare or Medicaid money must make information about advanced directives (primarily “living wills”) available to *every* patient. The timing for reading patients their medical Miranda warning is clearly spelled out in the law. It must take place when a patient is being admitted to the facility or program, the very time when patients are under the most stress and are highly unlikely to carefully consider what they’re signing.

Admissions clerks—trained to hand forms to incoming patients for signature but not trained to explain the medical and legal implications of such documents—will now be offering “living wills” to patients, and giving information about an individual’s rights under statutory and case law. As the law changes, these same clerks will be expected to provide the new information. For example, if “aid-in-dying” amendments to living-will laws pass in a state, health facilities will be compelled to offer every patient the “right to choose” the lethal injection. To comply with the new law, every patient’s medical record must contain documentation as to whether or not an advance directive

has been signed.

The PSDA, clearly acknowledged as a cost-cutting measure,⁷⁵ has teeth. Any health facility that does not comply with the new law will lose all Medicare and Medicaid funding. The law also requires the Department of Health and Human Services, other governmental entities, and all health facilities to conduct an education campaign “on issues concerning advance directives.”

Although specifics of the broader educational campaign have not yet been formulated, suggestions have been made. Dr. Thomas J. Scully, co-director of the bioethics program at the University of Nevada School of Medicine, declares such education should begin early, suggesting that “when every teenager takes a driver’s education course or obtains a driver’s license to drive on a federally funded highway” the applicant should receive information about advance directives. This public education “regarding the need for advance directives,” Scully said, “should continue each time a citizen renews his or her driver’s license or registers an automobile.”⁷⁶

Like the PSDA, which went largely unnoticed at the time of its passage, a policy with sweeping implications is now making its way up the bureaucratic ladder in Europe.

European Parliament to Consider Euthanasia Proposal

In late April, members of the European Parliament’s Committee on the Environment, Public Health and Consumer Protection passed a resolution approving a report that could pave the way to death on demand throughout Europe. The six-page report “on the care of the terminally ill” addressed the necessity of pain control and the rights of patients. However, much like an influential 1989 report published in the *New England Journal of Medicine*,⁷⁷ it did not stop at the need for humane care but went on to endorse euthanasia.

In its final form, the report’s euthanasia section, drafted by Alain Pompidou, a Gaullist Minister of the European Parliament (MEP), calls for a doctors’ panel to approve carrying out a demand for euthanasia “provided it does not involve any breach of respect for human life.”⁷⁸ Pompidou, a medical professor, is the son of former French President Georges Pompidou.

The report has been in the works since 1989, when a Dutch MEP’s motion for a resolution on “aid” to the terminally ill resulted in a decision to draw up a report. French MEP Leon Schwartzenberg was appointed the report’s “*rapporteur*.”⁷⁹ By European Parliament

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regulations, a *rappporteur* communicates "the committee verdict to the Parliament in plenary session."⁸⁰ In effect, he is the report's advocate, a role for which Schwartzberg, an oncologist who has long been active in euthanasia advocacy, is well suited.

At a 1984 international euthanasia conference he held more than 600 participants spellbound as he told of administering a lethal injection to a woman as her daughter sat by the bedside breastfeeding her infant. In hushed tones the debonair Frenchman declared this to be one of the most beautiful experiences of his medical career.⁸¹ His 1985 book, *Requiem pour la vie*, which chronicled his "agonizing search for his own values," described a quest that ultimately led him to make house calls to administer euthanasia. First he gave a lethal injection to a close personal friend. He subsequently expanded the practice to those with whom he'd had little contact.⁸²

If Schwartzberg is successful in persuading the European Parliament to adopt the report, the next step would be an attempt to elevate the resolution to "directive" status, to enshrine a "right to euthanasia" which each of the 12 EEC member countries would be compelled to accept. This would achieve a goal toward which euthanasia leaders have labored long and hard. With new guidelines in place, they predict physicians will fall into line.

According to Jean Davies, former president of England's Voluntary Euthanasia Society who now serves as president of the World Federation of Right to Die Societies, "Doctors will realize how much better of a position they will be in."⁸³ Davies and other British citizens have been trying to put euthanasia on the fast track for many years.

British Role in Death Drive

Among Britain's most strident euthanasia enthusiasts is Colin Brewer, a London psychiatrist who operates a private substance-abuse clinic while calling for decriminalization of illegal drugs.⁸⁴ Brewer currently serves on the Working Party of the Institute of Medical Ethics in England, which recently issued a report asking "professional bodies to say publicly that it is not unethical to withhold food and water if agreed by relatives" of severely brain-damaged patients.⁸⁵

An advocate of planned death for the incapacitated as well as for the terminally ill, Brewer contends that severely-disabled persons should be eligible for death if their condition will distress others. Euthanasia, he says, could effectively prevent a person from being remembered "as a slobbering wreck."⁸⁶ He is a realistic fellow, though,

who knows that most doctors aren't really keen on killing their patients. "There will never be a general consensus" in the medical profession, he told participants assembled at the Hemlock Society's 1985 conference. However, he said, coercion can work where consensus fails.

Citing the British experience with family planning, he said doctors who don't approve of contraception prescribe it anyway: "First we ask if they will provide contraception," he said, "and we won't pay them unless they do. It's amazing how quickly they change their minds." He said the same strategy will work with euthanasia.

"The first step is for like-minded doctors to band together. We're going to have to found special clinics where doctors can provide the service" because the choice of euthanasia must be readily available. "A complete hospice service should indeed offer a choice between terminal care and euthanasia or assisted suicide."⁸⁷ His own experience with an unsuccessful attempt to kill a patient by lethal injection⁸⁸ may have led to his pioneering a "do it yourself" method. His instructions, directing the suicide-prone to use barbiturates combined with a plastic bag, have become the Hemlock Society's death trademark. The method, which he acknowledges is unaesthetic, is but a stop gap measure until laws are changed: "We may have to settle for something which is less than perfect" until euthanasia is accepted, he explained in the instructions for death printed by Hemlock in 1988.⁸⁹ In the past year American use of the Brewer-Hemlock "less than perfect" method has received a great deal of attention.

Plastic Bags and Wedding Veils

In August, 1990, 69-year-old Virginia Lee Harper and her husband Bertram, both longtime members of the Hemlock Society, took a plane from their Sacramento home to Michigan where Mrs. Harper had an appointment with death.⁹⁰

In a small room at the Comfort Inn just outside of Detroit, Mrs. Harper swallowed a number of pills. Then, according to her husband, she placed a plastic bag over her head. Had she died by her own hand the story would no doubt have ended there. But she removed the bag, not once but several times. It was not until after she had fallen asleep that her husband pulled the bag over her head the final time, securing it with rubber bands.⁹¹

Because an autopsy showed that Mrs. Harper died of suffocation—and her husband admitted covering her head with the plastic bag—he was charged with murder. Throughout the trial, the defense claimed

that suffocating a spouse with a plastic bag was the loving thing to do. "The defense is simple—an act of love cannot be a crime," said defense attorney Hugh Davis.⁹² Harper's attorney even compared the plastic bag over her head to the veil Ginger Harper had worn on her wedding day.⁹³

A Michigan jury found Mr. Harper, who had worn the Hemlock pin bearing the insignia "Good Life, Good Death" throughout the trial, not guilty.⁹⁴ Ironically, on the same day in the same state, another man was sentenced to four years in prison for causing the death of a cat.⁹⁵

Renowned Psychologist Bruno Bettelheim also died of suffocation after taking pills and placing a plastic bag over his head. A long-time friend described him as having been exasperated by limitations resulting from a mild stroke two years earlier. The infirmities, said Dr. Jacquelyn Sanders of the University of Chicago, had been particularly difficult for the 86-year-old Bettelheim "who was used to being in control, in charge, intelligent and active."⁹⁶ Bettelheim had been a member of the Hemlock Society.⁹⁷ A similar suicide was that of widely acclaimed novelist Jerzy Kosinski, author of *The Painted Bird*. Kosinski's death in May was also accomplished with pills and a plastic bag.⁹⁸ It is not known how many similar cases have taken place. However, directions for death are continually being "refined" as illustrated in *Final Exit*, Hemlock's most recent publication.

On August 18, 1991, *Final Exit*, written by Derek Humphry and published by the Hemlock Society, hit the top of the New York *Times* best-seller list in the "Advice, How-to and Miscellaneous Category." Most commentators attributed the book's success to societal need for control over death. But Al Neuharth, founder of *USA Today*, advanced a different opinion. Calling the book a "poorly written although easy-to-read book," he said "Hype by the Hemlock Society made this book a modest best-seller" and purchases by Hemlock Society members could have accounted for the number of sales needed to reach best-seller status.⁹⁹ It was, in fact, a Hemlock member who provided the "hype."

Marketing Death

Mounting sales of *Final Exit* prove, without a doubt, that aggressive marketing pays off. The book's distributor is Carol Publishing, a firm that concentrates almost entirely on non-fiction of a sensational nature. It will carry only two fiction books this fall, one of which

is titled *The Second Greatest Story Ever Told*. The story “features Christ’s little sister reincarnated in the form of an American teenager.”¹⁰⁰

The company is owned by Steven Shragis, who is known for his obsession with marketing and publicity. Shragis, only 34, operates on the assumption that book sales depend on “making it easy for reporters to write about them.”¹⁰¹ But his dedication to *Final Exit*’s success goes beyond business concerns—it is a “personal crusade” of a Hemlock Society activist.¹⁰²

Although his company employs more publicists than editors, Shragis handled *Final Exit* himself. He sent personal letters. He met with reporters. He entertained at luncheons to generate interest. When rebuffed, he didn’t let up and, in mid-July, his efforts paid off. The *Wall Street Journal* ran a major story, and within days the book that had sold only some 1000 copies in its first three months became a best seller.¹⁰³ Riding *Final Exit*’s wave of publicity, Shragis is now distributing four other books previously published by Hemlock.¹⁰⁴ One is Humphry’s *Let Me Die Before I Wake*. First published in 1981, the book’s cover proclaims it “the bible of euthanasia.” It has case histories of individuals who have “helped” others die. Some cases are described as good examples, others as botched jobs, but the underlying theme is clear: killing is beneficial.

One case concludes with a woman’s reflections after smothering her mother:

Ever since then I have looked at people who before I might have feared, and I have this little statement I can make up in my head. “If I can kill my own mother, I can do anything . . .” That’s a great strength that has come to me through this.¹⁰⁵

Final Exit eschews the case history approach and gets right to the point. It gives step-by-step suicide instructions any depressed teenager can follow, and offers explicit directions for the person planning to kill someone else. In addition to a drug-dosage table (previously distributed by Hemlock in pamphlet form) giving exact types and amounts of drugs to take,¹⁰⁶ two pages are devoted to practicing for death, suggesting that potential suicides make a “trial run” with a plastic bag so they’ll be comfortable with the procedure when the time comes.¹⁰⁷

Even the “etiquette” of death is addressed with such advice as “if you are unfortunately obliged to end your life in a hospital or a motel, it is gracious to leave a note apologizing for the shock and inconvenience to the staff.” Leaving a generous tip for motel

staff is also recommended.¹⁰⁸

And the romantic aspect is not neglected: “Going together”—double suicide—is called “a tribute to the strength of a loving relationship.”¹⁰⁹ Humphry also provides a glimpse of the future: the problem of “terminal old age” can be handled when euthanasia is fully legalized.¹¹⁰ Changing the law to permit euthanasia has been Humphry’s goal for almost two decades.

Jean’s Way or Derek’s Way?

Derek Humphry, 61, the Hemlock Society’s executive director, is a self-educated man. A British citizen who left school at 15, he worked his way up from messenger boy of the Yorkshire *Post* to home-affairs correspondent at the *Sunday Times*. In 1978 he went to California and worked for a year at the Los Angeles *Times*. His claim to fame, however, is his role in the death of his first wife Jean, who had cancer.

As Humphry tells it today, he helped Jean take her own life. He is now adamant that her death was a “decision arrived at over nine months,” during which many discussions took place about her plans. He further states that “nobody else should decide for another.”¹¹¹ But this version is far different from earlier accounts.

In *Jean’s Way*, originally published in 1978, he wrote that he had promised Jean he would tell her when it was the right time to kill herself.¹¹² After that one conversation, he said, the subject was closed and “she and I never discussed the matter again.”¹¹³ Another nine months elapsed before her death.¹¹⁴ On the morning she died, Jean Humphry sat in bed nibbling toast, sipping tea and gazing at her roses through the window of the couple’s little country cottage. Finally, she turned to her husband and *asked*, “Is this the day?” *He told her* it was.¹¹⁵

After mixing drugs he’d obtained into a cup of coffee, he handed her the brew and watched her drink it. Then he sat by her bedside with two pillows nearby. “I had decided that with the first stirring of life I would smother her with them,” he wrote.¹¹⁶ A year later he remarried.

Ironically, Humphry’s second wife Ann also developed cancer. And, in the fall of 1989, following her surgery—just as she was scheduled to begin chemotherapy—Humphry abandoned her. In the ensuing months he threatened her and, according to papers filed in a lawsuit now pending against Humphry and the Hemlock Society,

he tried to force her into suicide.¹¹⁷

Ann Humphry has indicated that, based on her own experience, she now believes her husband's first wife may have been pressured to ease herself out of the way. "I will always find myself wondering what Jean would say if she could speak. I suspect it would be rather chilling," she says.¹¹⁸ Although she is the co-founder and former deputy director of Hemlock, Ann has said she is now convinced that Hemlock's efforts to legalize aid-in-dying are misguided. Laws giving doctors the right to kill terminally-ill patients who request it, she notes, could put "subtle but unmistakable pressure on someone to die—to simply get out of the way."¹¹⁹

A Priority Feminist Issue

Hemlock is, nevertheless, moving ahead to make aid-in-dying (the deceptively soothing term for what is currently called first-degree murder) a legally-accepted "medical service." Washington voters will decide in November whether their state will become the first place in the modern world to pass a law giving doctors the right to directly and intentionally kill their patients by lethal injection or deadly overdose.¹²⁰ Activity is also underway in California, where Americans Against Human Suffering, a political arm of Hemlock, will begin gathering signatures this fall to place aid-in-dying on California's 1992 ballot. Like-minded organizations are mobilizing for the campaign. Among those already "laying the groundwork for their strong support and involvement" is the California chapter of the National Organization for Women (NOW).¹²¹ At its April, 1990, state conference, NOW adopted a resolution calling for the right of women of any age to be "afforded a dignified dying, assisted by a caring physician."¹²² California NOW plans to lobby for "appropriate legislation" and will seek to enlist national recognition of euthanasia as a "priority feminist issue."¹²³

Conclusion

Euthanasia is not a priority issue for most people. Yet it is ominously close to becoming a part of the fabric of our society. If it is allowed to clench us more tightly in its grip it will not be solely the result of action by its supporters. Rather, it will be the tragic consequence of inaction on the part of those who, in their hearts, did not agree with killing in the name of compassion and "choice." It will stem from the desire to shake our heads, murmur our regrets, and then get on with day-to-day tasks, pretending that nothing is happening.

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But hiding under a veneer of normalcy will not preserve the decaying remnants of respect for human life. And someday, in the not so distant future, it may happen that our children's children will ask how it ever came to pass that, in the last half of the twentieth century, an entire nation lost its heart and its soul.

And the wind shall say: "Here were decent godless people
Their only monument the asphalt road
And a thousand lost golf balls."¹²⁴

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Unplanned Parenthood: Easing the Pain of Crisis Pregnancy

Frederica Mathewes-Green

THE VOLUBLE CASHIER wears a locket containing her toddler's picture; coming through her checkout line is brightly entertaining, like rejoining a show already in progress. You know that she works another job, that her landlord is a jerk, that she has a weakness for ice cream, that her little girl loves Big Bird. You suspect that her immigrant status may not be entirely in order. One day she is pale and subdued; another baby is on the way, and she loves babies, but how can she ever manage? With a stricken look she whispers, "But how could I have an abortion?" On your more recent visits she is changed, much less talkative, preoccupied, with a gray and sorrowful air. Then you realize that it's almost fall again. She never began to show.

As pro-lifers push for laws against abortion, women just like this are pushing back, one at a time, each with her own story. A college student fights morning nausea, remembering with loathing the creep who laughed at her when she told him she was pregnant. A young executive, eager to move up, studies the home pregnancy test with horror; how can she impress the boss with her maturity and responsibility when she's pregnant and unmarried? A med student, just about to slam into an exhausting residency, realizes that her body cannot do that and pregnancy at the same time. A grieving widow is comforted a little too thoroughly by her departed husband's best friend; how can she explain her swelling belly to her teen-aged daughter?

The time is past due for pro-lifers to cease speaking of abortion as a matter of convenience. Situations like these are not merely inconvenient, and no woman pops in for an abortion just because the clinic is handy. Even in a normal, much-desired pregnancy a woman must go through daunting physical changes, emotional stress, and a cataclysmic ending that she may well approach with fear. How heavy these burdens must be to the woman whose pregnancy was unplanned and unwanted.

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Yet those who believe that abortion is a good solution to these tragic situations are offering women only a consolation of sand. Abortion is not convenient, either, except for a society that doesn't want to be troubled by pregnant women's problems. At some level the woman choosing abortion knows that it is her own child who is dying; to achieve this bitter end she must pay several hundred dollars cash and endure the invasion of her body by a suction probe—an experience that can leave its own scars. Abortion may appear the least painful of several excruciating choices, but it makes women neither happy nor free.

There is tremendous sadness, loneliness, in the cry, "A woman's right to choose." No one wants an abortion as she wants an ice-cream cone or a Porsche. She wants an abortion as an animal, caught in a trap, wants to gnaw off its own leg. Abortion is a tragic attempt to escape a desperate situation by an act of violence and self-loss.

How might our society begin to help her find better alternatives? Merely putting a padlock on the clinic door is not the solution. The woman who has an abortion is alone and isolated as she makes this "deeply personal decision." To overcome the forces that drive her toward this tragedy we must explode the shell of her isolation, making her problems our problems, building concentric rings of support from the mother-child dyad outward to all society. Some of this work is already being done by pro-life agencies; some must entail changes in society at large. Such changes may cost us some comfort, some convenience, even some money. The alternative is to continue adding one more woman every nine seconds to the long and silent line, and one more tiny corpse to the pile already 25 million high.

Offering Genuine Choice

The irony of the "pro-choice" position is that it is so scarce of choices. Abortion is promoted as the only sensible, mature thing to do in an unexpected, unwanted pregnancy, and poor women are especially encouraged to eliminate babies that might burden the public purse.

So much attention has been focused on the "choice" of abortion that often overlooked are the large numbers of maternity homes, adoption agencies, and other services offering genuine alternatives. There are approximately 3,500 pro-life agencies in America offering crisis pregnancy services. About half of these are crisis pregnancy

centers, simple store-front operations where walk-in clients are offered shelter, medical care, counselling, maternity clothes, legal assistance, or other forms of aid. These centers see an average of 300 to 500 clients yearly (although some large agencies, such as the Northwest Center in Washington, D.C., serve thousands). There are no hard figures, but these centers aid an estimated 700,000 women a year.

Most centers may be charitably described as homey: furnished with hand-me-downs, decorated with posters, and staffed by volunteers, the atmosphere is neighborly rather than slick. When the costs of continuing a crisis pregnancy run so high, centers must make ambience a secondary concern.

These centers usually draw their support primarily from the local community, a simple neighbor-helping-neighbor response to pregnant women in need. While some are independent operations, there are also three large chains of centers, still dependent on local support. The largest, Birthright, was founded in 1968 and includes about 600 locations in America, with others abroad. Birthright centers take a gentle, low-pressure approach, eschew "scary pictures and films," and do not become involved in political issues.

The Christian Action Council does not avoid controversial tangles, and currently is promoting a boycott of donors to Planned Parenthood. It also sponsors over 400 crisis pregnancy centers. In addition to the usual sorts of aid, Christian Action Council centers stress equipping women with tools to improve their lives, and give them help with budget counselling and training in employment skills.

Most controversial is the Pearson chain of 200 centers. The Pearson approach includes allowing the impression that the center will perform or refer for abortion services, in the hopes of attracting abortion-minded women for pro-life counselling. While reluctant to engage in public criticism, non-Pearson centers generally disapprove of these tactics. The Christian Action Council training manual stresses that pleasing God is even more important than eliminating abortion, and that deceptive tactics do not please Him.

Middle-Class Women over 20

A creative variation on the crisis pregnancy center theme is the Nurturing Network, an agency organized by Mary Cunningham Agee when she noted that aborting women are less often poor teens than they are middle-class women over age 20. For these women, simple poverty was not the goad toward abortion; it was the conflict between

motherhood and life plans. The average crisis pregnancy center was not going to meet these women's needs with a Medicaid form and an application to a maternity home.

Agee has organized a national network to keep the client's life, and resumé, intact. If it is preferable for the client to leave her environment for the duration of her pregnancy, the Nurturing Network has 130 colleges that will transfer her within weeks and 650 homes across the country that will open their doors to her. If she would like to continue her career with the least disruption, there are 450 employers who will offer her a job. The Nurturing Network has no local centers; Agee runs this entire program by telephone out of a small office in Boise, Idaho, with a mostly volunteer staff and a correspondingly low overhead.

Some agencies offering crisis pregnancy services specialize in helping women after the pregnancy. Bethany Christian Services was founded in 1944 when two women began taking in homeless children; it now maintains 57 offices and a nationwide hotline that offer a number of services to pregnant women and to children, including adoption placements. Other organizations, like NOEL house in Fairfax, Virginia, offer housing to mother and child after the birth to help her get back on her feet.

Another category of crisis pregnancy services is the mushrooming number of groups that provide counselling for women who have had abortions and are beginning to feel the effects of grief. Names such as Women Exploited by Abortion, American Victims of Abortion, and Victims of Choice express some of the bitterness these women feel; the video produced by Open ARMS is titled: "One Dead, One Wounded." Women in these organizations point to a group of commonly shared symptoms (anger, depression, nightmares, substance abuse, suicidal thoughts) that is termed post-abortion syndrome. These symptoms may not emerge for a dozen years after the abortion; when they do, they may actually be a positive sign, an indication that the wall of denial is collapsing and that healing is about to begin.

The work of crisis pregnancy centers is a valiant attempt to help women in practical ways, and their growth—more volunteers, more centers, more donations—can only help women more. But no matter how extensive this work becomes, it will never be enough. These agencies intervene at a moment of crisis with emergency aid, but they cannot help change the situations that cause the crisis to arise.

To really help women, to make both abortion clinics and crisis pregnancy centers obsolete, will require changes in society as a whole.

Somehow the “private, personal” dilemma of unplanned pregnancy has become one that we as a society expect a woman to face alone. If she grieves or struggles, mourns an abortion, or battles to support herself and a hungry child, well, that was her choice, wasn’t it? She has become invisible to us. In order to help her we must begin to see her again, and to see her as one of our family: a woman, a mother, a sister in need.

Women’s Right to Know

The lonely rhetoric of choice is too accurate; a pregnant woman alone is set in an unfriendly landscape that requires her to make great sacrifices in order to have her child, and suggests that the wise and easy choice is abortion. So thorough is this isolation that even her own child appears to be an enemy, an evil alien who has invaded her body and seeks to destroy her life. As we as a society begin to break down this besieged isolation, the first step will be providing her with simple information about the availability of alternatives; the first human connection must be to her own child.

Informed-consent legislation has long been in the vanguard of pro-life activities, often bearing a title like “Women’s Right to Know Act.” The most vocal supporters of such legislation are often women who have had abortions and learned too late that what they aborted was not a “glob of tissue,” but a son or daughter with hands, eyes, a face, and a beating heart.

While even normal pregnancy may pose some health risks, defying that normal process has dangers of its own. Some of these women bear evidence of this with physical, as well as emotional, scars: the forced dilation of the cervix in abortion may have so weakened it that every future pregnancy is doomed to miscarry; the scraping of a suction tube inside the uterus may have caused scarring that leads to tubal pregnancy, or even sterility. A puncture, infection, or embolism-induced stroke may have brought these women to hysterectomy, colostomy, or life in a wheelchair.

An informed-consent package usually requires that women be given information about 1) the risks of abortion, 2) alternative support for continuing a crisis pregnancy, and 3) the development of the fetus. Abortion clinics do not always give thorough counselling; many women complain of encountering an assembly-line experience

in which cash is demanded up front, so-called counselling takes place in a group session in the span of a few minutes, and when they first meet the doctor their legs are already in stirrups.

Pro-lifers have for years approached women outside abortion clinics with information about the availability of abortion alternatives, and the development of the fetus. They might proffer brochures with photos like those in the celebrated *Life* magazine series, depicting the fetus at the earliest abortable age already baby-shaped, floating serenely with shoe-button eyes and her veiled red heart beating like mad.

This approach is often not effective, as the woman, panicked by the vision of her life collapsing around her, decidedly does not want to hear about the baby or anything else that would add to her guilt or ambivalence. A new approach in Chicago is having more impact by stressing the health risks of abortion. Practitioners of the "Chicago Method" find that it gets an abortion-bound woman's attention very quickly when they hand her a list of malpractice cases against the clinic.

It is the speedy efficiency of abortion that appeals so seductively to the first shock of an unplanned pregnancy. Informed-consent legislation can help slow down this flight, by exposing the real dangers of the abortion procedure and tarnishing its image as the perfect solution. Information about fetal development encourages a woman's natural loving bond with her own child, the instinctive urge to protect and defend. A directory of local support—medical, legal, housing, and other—can tip the scale for her to choose a courageous and difficult, but life-giving, path.

The Walking Checkbook

At this point a very small family, only mother and child, is begun. How best to support them? Those who would immediately leap to the resources of public assistance have skipped several interim steps. The most obvious next move is often the most neglected—involvement of the phantom figure who is the child's other parent.

It is perplexing that the father has become such a negligible figure, as if his entire role in human reproduction were exhausted at the end of its initial 15 minutes. The truth is that he fulfills a role in the lives of the mother and the child that nothing else can replace. The exhaustive efforts of a crisis pregnancy center are, in a sense, those of inventing an artificial husband, trying to meet the needs that in nature's design the child's father would supply. These efforts inevitably fall short.

Yet, activists on both sides of the abortion issue rarely expect the child's father to be a significant source of help in a crisis pregnancy. After 20 years of sexual revolution, social expectations of male responsibility have plummeted to almost zero. The presumption is that men just want to use women for sex and then walk away: the sole obligation they feel toward these women extends just as far as one-half the abortion fee.

To re-establish the child's father at the center of the mother's support system will require challenging this myth, and regaining the social expectations that men are not only obligated to help their mates, but desire to do so. Perhaps there is something about the "do it and run" mentality that men find ultimately hollow, disconnected, sad. Perhaps there is something about protecting and providing that is foundational to a man's self-esteem, even in the face of cultural counter-incentives.

This noble desire can be undermined, of course, and fear of failing as a provider can drive men to flee the scene entirely. When the public message is that men are unnecessary, that they can provide nothing that women can't get for themselves (with a little help from Uncle Sam, perhaps), that delicate mechanism of pride in fathering can be severely damaged. If our culture recognized fathering as a useful and challenging job that men were equipped to meet, we might see a reversal of the tragic figures concerning abandoned women and children in poverty.

Because expectations for the father's behavior in a crisis pregnancy are so low, he is reduced to a fragment of his role—that of the walking checkbook. The child-support system is now in disarray, as only half the mothers with a judicial child-support order are receiving full payment; a quarter receive nothing at all. If the mother never married the child's father, her chances of receiving support plummet still further. Garnishment of the father's wages fails if he is determined to avoid payment and changes jobs. Men are often reluctant to pay child support if the mother is denying him access to his children; while this raises fury among child-support advocates, the fact that the father-child connection is important to men is one more faint signal of the way men naturally view their own complete parenting role.

Ultimately, there is no substitute for a faithful man in a family. With his encouragement, many a woman will endure great hardships to give life to her child; without it, the best we can offer her may not be enough. The pain of knowing oneself an abandoned woman,

carrying the child of a man who has rejected her, outweighs nearly all else. While a rare woman may spurn her baby's father, in most cases his support is a crucial factor in sparing or ending the child's life. The woman in a crisis pregnancy, more than she wants money or aid, wants a loving man to make it not be a crisis. Whatever we do to encourage him in this role, we do to help her as well.

Crazed Parents

As the circle around the mother and child expands, we turn next to bringing in the woman's parents. To a frightened teen, the initial response to such a prospect may be panic. The adolescent years are marked by a disproportionate fear of parents finding out about failings; not only is there a fear of punishment, but also a fear of being revealed as still a fallible child, not quite as competent, independent, and adult as one's brave posturing implies.

Secret abortion feeds off these irrational fears. Those who promote its availability insist that the fears are accurate: the girl's parents won't understand, they will reject her, they will beat her. The lonely isolation of "choice" is repeated. The pregnant teen is led to believe that her only course is to give the abortionist all her scraped-together babysitting money and ache and bleed in loneliness, wishing she could ask for her mother's love. Readers may remember, as teens, being easy prey for such fears; we may be fortunate now, as parents, to know how boundless and powerful love for a child can be. Although a parent may be more or less stunned, worried, angered by the initial news, fierce love sweeps in and seeks to protect and guide the errant daughter through the difficult days ahead.

There may be some bad, crazed parents who batter their children, yet the law has never treated these evil parents as the norm. They may beat a child for a poor report card, but all parents are not, therefore, prevented from seeing report cards. A handful of bad parents have no right to revoke the intrinsic right—and duty—of parents to be involved in their children's lives. Without a law to guide them, reflexive fear is likely to push these teens down a lonely and dangerous path; but if they will come to their parents, even on trembling knees, they are likely to find a love more deep and broad than they had ever suspected before.

Those who oppose parental-notification laws argue that, regardless, some teens who fear a parent's anger will still have secret, dangerous, abortions. But this is exactly what is happening in *legal* abortion

clinics across the nation today. Secret abortions are dangerous for teens, whether legal or illegal; making it easier to keep them secret does not help the young women involved. The case of Becky Bell, trumpeted by abortion advocates as a symbol of teens who will choose illegal abortions and die rather than tell parents of their pregnancy, has been collapsing ever since copies of her autopsy began to circulate last summer. That document reveals evidence of a spontaneous miscarriage, but no signs of any induced abortion, either legal or illegal, no uterine infection, and no use of instruments. The autopsy reveals that the culprit in the tragic death of this lovely 16-year-old was a raging pneumonia of the variety that killed muppeteer Jim Henson.

Secret Terrors

Unfortunately, examples of teens who died on legal abortion tables are not hard to come by. A Manhattan jury found an abortionist and a nurse anesthetist negligent in the death of a 13-year-old Dawn Ravenell. Her parents did not know of her abortion plan until they were called to the hospital; she had already passed into the coma from which she would never recover. According to court testimony the abortionist did not weigh their daughter, check her age, explain the risks, or even speak to her before the legal abortion procedure.

Erica Kae Richardson of Cheltenham, California, was only 16 when she was allegedly left to bleed for four hours on a clinic table; she died soon after in a nearby emergency care center. Again, her mother did not know that she was going to have an abortion. In St. Louis, Sandra Kaiser, 14, jumped to her death after her legal abortion. Her mother did not know that she planned an abortion, but she did know something that the clinic couldn't discover: Sandra had already been hospitalized three times for psychiatric problems.

Worrisome as well is the case of 14-year-old Erin G., who suffered serious medical complications three days after a secret abortion. The girl was taken for a legal abortion by her teacher, who told the girl's mother that Erin was needed to babysit and would be home late. When Erin and her mother filed suit against school and clinic officials, all the defendants except the school superintendent settled before trial. The court threw out the case against the superintendent, saying that because California law permits a minor to have an abortion without her parents' knowledge that any third parties who assist the minor in an abortion are not violating the

law even if their actions are deceptive. This story could happen again in any of the 33 states where there are no enforced parental involvement laws.

Although the majority of state legislatures have passed laws requiring parental involvement in a minor's abortion decision, half of these states do not enforce them. Laws requiring parental consent are in force in Alabama, Indiana, Louisiana, Massachusetts, Michigan, Missouri, North Dakota, Rhode Island, South Carolina, and Wyoming. A less stringent requirement, that the parent merely be notified of the abortion, is in force in Arkansas, Idaho, Maine, Minnesota, Ohio, Utah, and West Virginia.

The Minnesota experience demonstrates that these laws can have unexpected good effects. During a four-year period when the law was in effect (prior to its being challenged in the courts, then finally upheld by the Supreme Court) the abortion rate for minors fell by 27 percent; the pregnancy rate *also* fell by 21 percent. When it is inevitable that the parents will find out about a pregnancy, many teens are motivated to make more responsible choices about sexual activity. According to the March 1991 *American Journal of Public Health*, some of the positive claims made for these laws are that they "promote responsibility (by encouraging teen-agers to 'think before they act'), foster parent-child communication," and "facilitate mature decision-making."

There is no doubt that the best thing for a pregnant minor is her parent's loving support. Nor is there much doubt that, given the nature of adolescence, she will not be eager to seek it. The law here can be a guide for vulnerable teen women, encouraging them to act responsibly both before and after pregnancy.

What Will I Tell the Boss?

Moving beyond the ties of blood and into the larger community, we next consider ways to bring in employers. For many women, pregnancy is a major blow to work life. Many a boss is reluctant to hire a pregnant woman ("She'll quit when the baby is born, and drive up health insurance costs as well"). Even for the woman who already has a job, pregnancy may threaten her position. A case several years ago in the Washington area illustrates a typical Catch-22: a counselor at a youth center for teen women became pregnant while unmarried, and was fired for being a bad example. If she had concealed

the pregnancy with an abortion her job would have been safe. Similarly, prison guards in New York revealed that they had been told to get abortions or lose their jobs.

Some of these problems are knotty and admit of no easy solution; it may well be that pregnancy would dangerously hamper the physical agility and strength that prison guard work requires. Unwed pregnancy in a youth leader may model an irresponsibility that is not helpful. Yet when women see no alternative, when bearing the child would mean that both of them would go hungry, abortion again appears the only "choice." If her employer must make a change, an attempt to assign alternative work for the duration of her pregnancy would be kinder than a pink slip.

The difficulties of combining a job and parenthood do not end when the pregnancy does. A flood of ideas to give working parents more time with their children have been touted by both Left and Right, including flexibility in choosing one's working hours, the opportunity for two employees to share a single job, the ability to commute by home computer, and a renewed interest in home entrepreneurship.

The woman who is not yet in the work force but still completing her education generally has more flexibility in completing an unplanned pregnancy. Public high schools have done much to make teen childbearing less onerous, with the unintended result of lowering the costs of sexual irresponsibility.

Sex and Birth Control

It may be useful here to turn for a moment from examining ways to support the woman in an unplanned pregnancy, and toward ways of preventing these undesired pregnancies altogether. The simple answer of providing more and better contraceptives is failing for reasons unknown; although condoms are available for less than the price of a pack of cigarettes in stores across the land, half of all women having abortions were not using any form of birth control at all during the entire month when they became pregnant; the half that were includes users of such non-methods as douching and withdrawal. In addition, women who have had abortions are thoroughly instructed at the clinic in contraceptive use, yet the abortion repeat rate is nearing half the annual total. It may be that the very availability of abortion makes contraception seem a less urgent concern: "I'll take a chance this one time; I can always have an abortion." Even for those who do use it, method failure is a constant shadow. If

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contraceptives properly used are 95-percent effective over a year, a sexually active woman using them faithfully over a ten-year period still stands a 43-percent chance of getting pregnant at least once. Her chances jump dramatically if they are used with less than exacting care.

Although the Roman Catholic Church holds a moral opposition to artificial birth control, neither that church nor any major pro-life group is seeking to legally ban contraceptives that in fact prevent conception. (Even though IUDs and some low-dose birth control pills can act instead as abortion-inducers, no one is presently attempting to have them restricted either.) But even among non-religious groups there is a pervasive skepticism about the effectiveness of the contraceptive solution for many of the reasons above. Some would also cite the dangers of tampering with a woman's body to the extent necessary to overcome the finely balanced ecology that sustains reproduction. Most would pinpoint the cause of unplanned pregnancy as, not messy or inadequate or too-expensive contraception, but sex itself.

Sex is still the leading cause of pregnancy. A curious, almost Victorian, circumlocution encourages us to deny this: we speak of the woman who "finds herself pregnant," as though she had just happened on the baby in a parking lot. In fact, pregnancy is almost always the result of consensual activity between two partners who are aware that pregnancy is a possible result. (Only 1 percent of all abortions are for rape and incest pregnancies, according to Planned Parenthood's Alan Guttmacher Institute.) To decrease the number of crisis pregnancies will ultimately require restoring sexual activity to the kind of respect such a potentially volatile experience deserves.

Many would assume that a goal of sexual restraint and fidelity is futile and naive; the past 20 years of sexual revolution is taken to be the bedrock experience of human sexuality for all time. But there is ample evidence that the sexual revolution has been harmful to women, as the rates of divorce, unwed childbearing, sexually transmitted disease, and abortion increase. A particularly poignant indicator is the proliferation of self-help books aimed at women suffering from one form or another of heartbreak. Women's sexuality is not a mechanical but a delicate and trust-based thing, which uncommitted sexual activity smashes; the same may be true of men. It is not only for the sake of the unborn child that sex should be sheltered by the marriage bond, but for the sake of the participants' own vulnerable hearts as well.

Transracial Adoption

Casting the net a bit wider, we can now bring in another circle of support for the pregnant woman, people who may paradoxically ever remain strangers. These are the potential adoptive parents of her child.

Although it is common knowledge that babies are in great demand, figures are hard to come by; the federal government ceased collecting adoption information in 1975. There are over 40 infertile couples for each child available, an unknown number of whom would like to adopt; we may add to that figure legions of singles, and couples with biological children who would also adopt a child. The scarcity of babies, and the expense and red tape of adoption, may discourage many from ever applying. There is no way to estimate how many homes there are for adoptive children, but it is certain that demand far exceeds the supply.

Healthy white babies get adopted quickly; minority babies take a little longer, but seldom more than a few months. It is more difficult to find enough homes for black children for several reasons. For some black families, making formal adoption plans with the assistance of an agency is simply not part of the cultural tradition, and for other families the fee is a barrier. Although black families adopt at about the same rate as white families, black children are overrepresented in the pool both as babies and as older children. The largest hurdle, however, is that many agencies are reluctant to place minority babies with white families, although these families may be eager to give such children a home. According to the National Association of Black Social Workers, "We view the placement of black children in white homes as a hostile act against our community." In accordance with this policy, a white Maryland family was told that it would not be considered for a child who had one black parent, but in the case of a child with one black grandparent they would be competitively considered with single black women.

A poignant side-effect of this policy is that young, pregnant black women are getting the message that "nobody wants your baby," which carries at least an undertone of "nobody wants you." Because of this placement double-bind—shortage of black adoptive families, and barriers to placement in white families—some adoption agencies are reluctant to deal with minority babies at all. Bethany Christian Services is active in this field, and has hired black social workers

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to recruit black adoptive families; they will place black children in white families if the birth mother agrees and the adoptive family's community will be supportive. Bethany receives seven to eight calls per day from black pregnant women seeking adoptive families for their children. Many of these women have been referred to Bethany by other agencies that did not want to get involved.

The barriers to transracial adoption may be more apparent than real. A 1977 study showed that three-quarters of black households surveyed felt a white home would be acceptable if no black home were available; only 7 percent were "most unfavorable" to that solution. The fears of seeing one's ethnic identity dissolving into the larger white pool are worthy of respect, but it seems unfair to work this out in the lives of babies who merely want homes.

But what of babies who are not healthy, and older children in foster care? Surprisingly, these comprise fully half of all adoptions each year. Janet Marchese runs the National Down Syndrome Adoption Exchange from her home; she has placed 1,850 of these children in families, and reports a current waiting list of 125 more families seeking to adopt. There are waiting lists also for spina bifida babies, even for terminally ill and AIDS babies.

The situation for foster children is not well understood; although there are approximately 285,000 children in foster care, only roughly 13 percent are legally free and available for adoption. Couples who wish to adopt from this pool face a rigorous progression of tests, home studies, and psychological surveys that may go on for years, perhaps culminating in rejection. For many, it is easier to adopt a child from overseas; these international adoptions have doubled since 1982. Adoption of black foster children is, of course, slowed by the same bias against allowing placement in white families. In addition, more-adoptable younger children may age years in the foster system without being released for adoption, as ambivalent birth parents and overburdened caseworkers who struggle to reconstitute the birth family sometimes see adoption as a sign of failure.

Mother Courage

The strongest message we can give to the pregnant woman in crisis, then, is that her baby is not unwanted, and that there are many loving homes for her child, no matter what his color or health. But she faces other conflicts, including pervasive and illogical bias against making an adoption plan. Her friends may say, "I would never do

that to my baby. I'd have an abortion first." There is a self-preserving impulse to be rid of the child quickly, before the intimate growth of nine months' time can weave bonds that are strong as steel.

We must not speak too lightly of the sacrifice of the birth mother. It is tempting to say that it will only cost her nine months of her life to give perhaps 90 years to the life of her child. This presumes that the mother's feelings are cut when the cord is severed, that she will not wonder throughout her life about her child, his health, his happiness, his own children.

Yet crisis pregnancy is bound to involve some sorrow, no matter what choice is made. There will be a poignant twist in the heart forever, no matter what course is followed in these anxious days. As we see soldiers return from the Persian Gulf to festivals and acclaim, we wish that there were some way to offer a bit of the same praise to the brave woman who sacrifices so much to give life to a child she may never see again. This is truly heroism.

Regarding the choice a single woman faces between raising her child or placing her for adoption, evidence is strong that the latter course will have the best results for both of them. Compared with a single mother, the birth mother who chooses adoption is more likely to finish school, to have a higher-paying job, and to eventually marry. She is less likely to become pregnant again out of wedlock. Good results for the child are comparatively strong: in terms of financial security, emotional health, school success and other achievements, children do far better in two-parent homes.

Most birth mothers who place their children for adoption do so out of love, because they believe it to be the best thing for their children. Ignoring the advice of our pain-avoidance culture, these courageous women find bittersweet satisfaction in knowing they have done the right thing by giving their children life and by placing them in sound families where they can enjoy the best prospects for a full and healthy life. But a birth mother's sense of loss can still be wrenching, especially in the first year after she parts from the child. We owe her our deep gratitude, respect, and support for the pain she bravely endures. Truly she gives life twice: once when she refuses an abortion, and again when she releases the child to be raised, and loved, in another family's home.

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Help from Taxpayers

Returning to our image of concentric rings of support, we come at last to the widest ring, that of the larger tax-paying community. We are already spending money to support the unwed mother, money that might be spent more effectively, especially in the areas of public health care and public assistance.

Those who work daily to help poor women continue their pregnancies are probably the best experts on how public support meets or fails these needs. Crisis pregnancy workers across the country generally say that there are good, effective programs to help these women, such as the Women, Infants, and Children (WIC) nutrition program and public prenatal and maternity care, but that these programs usually don't have enough money. A woman may have to wait weeks to see her doctor and then spend all day in a waiting room (perhaps wrestling with a restless toddler) before she sees the doctor for a few minutes. While all who work with needy pregnant women are grateful for the availability of programs that meet a desperate and constant need, there is division on the issue of funding. Some say that they would definitely appeal for more funding, and are willing to pay higher taxes to cover it. Others wish to place more funds in the service of clients, but think that these could be found by cutting red tape and controlling fraud.

A computerized network uniting all the helping services would be a tremendous step forward; one could type in a client's information and then be shown at once all the varied support for which she would be eligible. Similarly, "one-stop shopping" that offers a client all her programs in one place would be an inestimable help to the woman who presently may be discouraged from taking advantage of parenting or nutrition classes by the necessity of several bus transfers with a stroller under her arm. The cost of childbearing is another obstacle. When an abortion costs only \$250 but a birth is more than ten times that, a heavy thumb rests on the scale. One who has left welfare and Medicaid for a low-paying job without health benefits may well wonder if she was better off on the public tab when a heavy health expense comes home.

Some private volunteer health-care programs falter because doctors are reluctant to treat charity clients, who are far more likely to sue than paying clients. Some form of malpractice protection for good-faith health care may attract more Good Samaritans to this work.

Experiment in Wisconsin

As currently structured, public assistance frequently perpetuates and subsidizes the least beneficial family arrangements: single-parent households. Susan Olasky, co-founder of the Austin Crisis Pregnancy Center in Texas, suggests that we turn this around by counselling each woman with an eye to establishing her in a network of support. The best alternative, both for her and the child, would be a healthy marriage with the child's father. If that is not a reasonable goal, a good alternative might be encouraging her to live with her parents, if they can offer a stable home with a granddad to fill the child's need for a father. In some cases, the woman should be strongly urged to place her child for adoption.

The very last alternative, the one most likely to lead to poverty and child abuse, is establishing the mother and child in a new, isolated household. Olasky fears that when a pregnant woman seeking help is immediately offered public funds, it leapfrogs her over the better choices to this last and lonely one. To succeed, marriage and family relationships require irksome personal change and some loss of autonomy; the woman is offered the deceptive fantasy that she can forego such trials and sustain herself and her child on meager public resources. The child's father may feel that instinctual desire to provide for his new family, but cannot compete with a governmental sugar-daddy with unlimited funds; and why should she marry him and lose health and financial benefits? The fragmentation of the family continues one generation more.

A controversial plan is being considered in Wisconsin: Governor Tommy Thompson is proposing a Parental and Family Responsibility initiative that would cap AFDC benefits to unmarried women at the one-child level, no matter how many additional children she had. But teen couples who marry would receive increased benefits per child, and be allowed to earn up to \$14,500 without losing any of the children's benefits. Will we see more successful families encouraged to make their marriages work and earn their own way? Or will the abortion rate rise as the poorest abandoned women see support for their children cut off? Yet how long can we continue to subsidize the most counter-productive behavior? Those who work with poor women and face these perplexing problems every day tend to give Governor Thompson's plan a cautious, but hopeful, thumbs up.

Challenge for Pro-Lifers

The abortion battle has been fought for too long solely over the issue of legality, a Pushmi-Pullyu beast of an issue for the activist poles that is quickly exhausting the patience of the rest of the nation. Legal protection for the unborn is indeed a vital goal to pursue with tenacity; a civilized nation simply cannot approve violence as the solution for social problems. But we should take a note from the vast number of pro-life groups who focus less on legal change than on bringing hope to a desperate situation that is happening today.

What could we have said to the sad cashier, the student, the widow, or any other desperate woman trapped in an unwanted pregnancy? Perhaps practical aid from a local crisis pregnancy center would help ease the burdens; perhaps the Nurturing Network's knack for keeping a resumé intact would be the boost she needs.

As a larger society, there is more we can say to her. We can give her whatever we have to share, medical and legal help, food, shelter, clothing. We can encourage the baby's father to do right by her, and call out in him his best self, the self that wants to do so. We can help her turn to her own parents for help, trusting that their love for her is stronger than she ever had need to test. We can encourage her boss to work with her so that she can keep both her pregnancy and her job. We can help her with food and health care, even with our taxes.

And perhaps this is not enough; perhaps she will still feel that abortion is the choice she must make. We can still be there for her, as thousands of women who have had abortions fill pro-life organizations, turning their own grief into a resource for others who need someone who can listen, without blame or censure, and truly understand.

The lonely woman, racked by this difficult "personal decision," must be met by our willingness to help her if our assertions that we value life, or that we support her choices, are to have any meaning at all. There is much we cannot do, will never be able to do, to ease her pain. But there is no excuse for our not doing whatever we can.

Practical Compassion

Mary Cunningham Agee

In the summer, on Cape Cod, you can watch the tides throw starfish by the hundreds up on the beaches. Unless the next tide pulls them back into their home in the sea, the penetrating rays of the sun quickly immobilizes them. They are doomed by the heat and lack of moisture; they simply die there, unwanted by fishermen and, ironically it seems, by nature itself.

There is a story that a young woman watched this strange phenomenon and noticed a little boy, wearing only swimming trunks, frantically running along the beach picking up starfish and throwing them back to the safety of their home in the sea, never stopping, knowing that unless he acted quickly the starfish would die.

The young woman watched his efforts for a long time, shaking her head at the enormity of his task. She finally wandered down and asked the boy rather cynically: “Do you think what you’re doing is actually going to make a difference?”

The little boy looked up briefly, and then looked down at the starfish in his hands. He smiled and said: “It makes a difference to *this* one”—and he cast the starfish back into the sea.

Until seven years ago, I was that young woman. I was grieved by the massive body count of abortion on the shore that is America. I was shocked by the statistics and troubled by the casualness with which life was disregarded and discarded. I recalled words as old as the Mosaic Law which admonished “Choose Life” and the words of that Man from Nazareth, “Whatever you do for these, the least of mine, you do for Me.”

I was personally opposed to abortion, but I was also silent about my conviction. I was casual to the needs of women, for I had not walked in their sneakers nor their high heels.

Complacency is such a comfortable place. But then, one day, I became their sister.

The concept of The Nurturing Network did not come to me in

Mary Cunningham Agee is the founder and executive director of The Nurturing Network, which provides life-supporting help to women facing a “crisis” pregnancy.

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a dream, but in the nightmare of a miscarriage, when the pain of emptiness makes you want to shout that angry prayer, “Why me, God—why me!” But there is great if frightening truth in what Bishop Fulton Sheen said so often, “There could never have been an Easter Sunday without first a Good Friday.”

In meditating over this at length, I’d like to believe it was the Holy Spirit who whispered to my heart the wonderful possibility that *the life of many could be born out of the death of one*. If I could feel that much pain and loss over a child I had wanted, how must other women feel when they are coerced by circumstances or “interested parties” to surrender the life of their child to abortion? How deep must be their grief, how tormenting their thoughts of what might have been.

In my anguish, I was initiated into a sorority of loss—listening in the darkness for the cry of a child that I would never be able to hold. This was the beginning, my starting place for understanding how so many women feel when their child is aborted. This is how I began to empathize with their trauma, to share in the tragedy of their feeling that the only choice is abortion.

It was at this moment that I was transformed from the casual observer with a cynical question to that innocent little boy on the beach who believed he might make a difference.

It was over six years ago when The Nurturing Network was born. That was over 3,000 babies ago, 3,000 mothers ago—women who were unwed, facing a crisis pregnancy—women who believed they didn’t have a chance and the only so-called choice open to them was the open door of an abortion clinic.

I structured The Nurturing Network with the all-consuming hope that one day we would live in an environment that would not require our services. My prayer was that we would literally be put out of business by compassion and love.

- Love of a parent, so strong that it might withstand the onslaught of a thing called shame.
- Love of a mate or boyfriend, so binding in fidelity that it would not cut and run.
- Love by a community, which would not cast the first stone of judgment but rather transform that stone into the bread of support.

Is love too much to ask? Is there room for love to slip in between the pronouns me, myself, and I—even in a society with no moral absolutes, where nothing is considered wrong as long as you don’t

get caught? I can't answer that, just as a battlefield surgeon doesn't have time to evaluate the arguments for a just war.

There are hundreds of thousands of women out there who deserve a chance to make an informed, valid, and *real* choice without surrendering the possibilities of their own tomorrows—an education, a career, a meaningful relationship. Choice is a two-sided coin, not a one-dimensional dictate that deprives another of the chance for life.

In formulating The Nurturing Network, we set goals and standards that we hold to be sacrosanct:

- If a woman is cast out of her own home or abandoned, we will provide a loving family, a home where the insulation is compassion and the environment is pure, unadulterated, non-judgmental love.
- If shame drives a woman from her own community, we will re-locate her in a safe haven away from those who presume that they are “without sin.”

Contrary to the widespread stereotype of an impoverished, uneducated teen, our experience shows that the most likely candidate for an abortion last year was between 20 and 26 years old, white, middle-class, with at least a high-school diploma. These facts do not diminish the severity of the teen-age pregnancy problem; they simply focus attention to a large group of women who, until now, have been largely overlooked. There is, after all, an unspoken assumption that the college-educated or career-oriented middle-class woman knows how to avoid an unwanted pregnancy; that she is rarely if ever faced with one and, if so, she can take care of herself—a prescription for apathy if I have ever heard one.

Our experience reveals just the opposite. We see the woman who, without support, often feels she has “too much to lose” by continuing an unwanted pregnancy. She is the one whose college peers are most apt to say, “You should have been smarter than that. This isn't supposed to happen to someone like you.” She is the one whose boss is still apt to find a good excuse for terminating her employment and whose family is still apt to respond with shame and rejection.

This woman is your neighbor, your waitress, your colleague at work, and maybe even your own daughter, women you encounter every day. When a social issue becomes as controversial as abortion it is too easy to lose touch with the human faces behind the numbers. The rhetoric tends to overcome more noble human emotions like compassion, and vital energy is diverted from desperately-needed practical assistance.

In getting to know our clients, we've found that there are three basic explanations for why these women have become pregnant under such unfavorable circumstances.

First, the woman was engaged to, was living with, or at least had a long-term relationship with the father of the baby, who then abandoned her when she became pregnant. These women have no reason to believe that their men will not marry them or help shoulder the responsibility of a baby. They are faced with a dual crisis—an unplanned pregnancy and betrayal.

Second, the unplanned pregnancy was a result of a failed birth-control device. To put it bluntly, these women learn first-hand the painful reality that every birth-control device has a failure rate—except abstinence. Having a Ph.D. does not guarantee that these devices will be 100% effective. Again, these women represent our daughters, our friends, and those with whom we are closely associated.

Third, the pregnancy is a result of a “lapse of judgment.” These are women who are not promiscuous, but who make a one-time bad decision and are then faced with a regrettable consequence.

Each of the conditions or circumstances described suggest a woman who is more a victim than a culprit. She is a victim of broken promises, a misplaced trust, a flawed societal norm that cuts more heavily against a woman, a biological reality that leaves little room for maybes.

I have found that there are four sources of pressure directed toward a woman facing this most personal and vital crisis. The influences end up having a lot more to do with impossible trade-offs and Catch-22s imposed by those with vested interests than a liberating opportunity to express freedom of choice. To put it simply, the vast majority of women who submit themselves and their babies to abortion do so, not by “choice,” but because they feel they have no *other* choice.

These are four influences that weigh heavily in most abortion decisions:

- *The father of the baby.* More often than not, the frightened father will issue an ultimatum: “Either me or the baby.”
- *The family.* The embarrassed family, concerned about the social stigma and economic costs, will issue a different ultimatum: “Either your family or the baby.”
- *The peer group.* Well-intentioned friends tend to judge a single, pregnant woman and tell her “she should have been smarter than to let herself get pregnant.” Their subtle ultimatum: “Either your social standing or the baby.”
- Finally, the *employers.* It is disheartening to note that discrimination still takes place in the work-place toward a woman who is pregnant. A woman

MARY CUNNINGHAM AGEE

is told, “this will not enhance your credibility” and is frequently derailed from better-paying jobs and faster career tracks. This discrimination is also found at educational institutions where students may be asked to leave for fear they might represent a “bad example” to alumni and other students. Their ultimatum: “Either your career and education or the baby.”

None of these ultimatums have anything to do with “freedom of choice.” All have to do with unfair trade-offs.

This is why The Nurturing Network was created—to give women a real alternative, one which recognizes their unique values, needs and circumstances. Our purpose is not to remove an option, but to create one. It is not to spend time debating the merits of one alternative over another, but to make sure that no woman feels she has “no other choice.”

The irony of our Network’s efforts is that we are already starting to find a higher incidence of the adoption choice among the clients we serve than is often reported by programs addressing primarily the teen population. It is perhaps precisely because of our mothers’ promising futures that they may be more willing to consider the adoption alternative. After all, the cause of their crisis pregnancy is far more likely to be rooted in a failed relationship or birth-control device than in weak self-esteem. And so their assessment of what would be best for their child’s upbringing is often more pragmatic.

At a time when last year alone we learned of two million qualified couples who were unable to adopt, it seems unfortunate, to say the least, that we persist in failing these mothers, both biological and adoptive. Our clients have shown us, time and time again, *an unwanted pregnancy does not have to mean an unwanted baby*.

I believe there is an obvious correlation between how much support we are willing to give women with crisis pregnancies and how many infants will be available for the thousands of potential parents wishing to adopt. But unless we are willing to offer the emotional, social and financial support needed by women facing this kind of pregnancy, we cannot legitimately express either condemnation or surprise when we discover that they have chosen a less hopeful solution.

This is how we operate: we assist in every facet of a pregnant woman’s needs, from pregnancy testing to delivery of her baby and provision of information on parenting and adoption. We specifically offer the following:

- *Nurturing Homes* in all 50 states, where a woman is given more than just

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another place to stay. Each nurturing family is carefully selected through a detailed questionnaire and interviewing process. All nurturing families understand the challenges our clients face and are committed to providing the nurturing that is needed at this sensitive time.

- *Medical Assistance:* each client is offered competent medical care to protect her health and that of her unborn child. Among the members of our Network are literally hundreds of dedicated doctors and nurses throughout the country. Each is prepared to assist, often at a reduced rate, in planning a balanced program of nutrition, exercise and good health.
- *Counseling:* licensed nurses, social workers and professionals with specialized training are able to promote healing and self-esteem. Each counselor is prepared to provide valuable information on the resources available through our Network based upon a detailed evaluation of each mother's needs.
- *Financial Assistance:* clients are offered a coordinated plan for handling the many expenses associated with pregnancy. We are able to accomplish this through privately-donated funds and the extensive resources of our 8,500 volunteer members.
- *Educational Programs:* there is no need for a healthy pregnancy to limit a woman's educational opportunities. If a client wishes to protect the confidentiality of her pregnancy or is receiving undue pressure at her current academic institution, we can arrange for a temporary transfer to a college of comparable academic standing through our extensive network of participating schools and universities.
- *Career Programs* that enable each client to preserve her own future and that of her unborn child. Through an innovative program of mentorships at participating companies throughout the country, a working woman can take a temporary leave of absence and work for an employer who respects her accomplishments and supports her decision at this vulnerable time. If a woman chooses to relocate, our Network is also able to offer a nurturing home, medical care, counseling and any other supportive services she may need in a new area.

The Nurturing Network is that perfect square with four corners—family sheltering, total medical care, continued education, and job placement. It is surrounded by the Circle of Nurturing: counseling, caring, financial support when needed, and always, love.

The circle continues to grow, encompassing all 50 states and a dozen foreign countries as we reach to support another 3,000 women, children—indeed, *families*, by next Mother's Day.

The Nurturing Network six years ago was, you might say, my "Field of Dreams," with the recurring and haunting voice that said, "Build it . . . and they will come."

Indeed they did, and they continue to come. For it is no longer a dream but a reality to the women and children of this country. A reality that is only a toll-free phone call away: 1-800-TNN-4MOM.

MARY CUNNINGHAM AGEE

That is Life's 911 emergency number throughout America from posh suburbs to urban ghettos.

It is noble and devout to say: "Don't have an abortion my friend; we will pray for you." But there is a higher biblical command uttered almost 2,000 years ago when Christ said "Feed my lambs."

We have the opportunity and challenge to follow the Master of Galilee in loving as He loved. We, too, are invited to stand on that sandy beach, reaching out to save, not the starfish, but the stars; the stars of a new generation that will glisten with hope and bring to this world the light of new understanding and life.

Amidst that galaxy, perhaps there will be a few bright stars—a doctor to find a cure for the incurable, a scientist who will open up the secrets of the heavens, or perhaps even a spiritual leader who will explain heaven to us.

But maybe not. Maybe the little stars we save will be so ordinary they will just grow up to be good, decent people who love one another. That will be enough for me.

Then we can stand on that beach together and look up and smile like that little boy and know that, like him, we made a difference.



'If you rush it through in six days it will go lumpy.'

THE SPECTATOR 3 August 1991

Silence Is Death

Faith Abbott

THE FIRST TIME I HEARD “SILENCE IS DEATH!” I nearly jumped out of my seat. Literally. Because this slogan suddenly exploded from someone standing directly behind where I was sitting. I was not the only one who jumped: there were over 1,000 of us, seated and standing, in a Manhattan church auditorium listening to Cardinal Josef Ratzinger deliver a talk on Biblical Exegesis.

Hardly an explosive topic. *It* wasn't, but *he* was: the Cardinal, who is Prefect of the Vatican's Congregation for the Doctrine of the Faith, had angered the Gay and Lesbian Alliance by reasserting the Church's traditional teaching that homosexual acts are objectively evil.

On our approach to the building, my husband and I had been surprised by the huge number of police, apparently standing guard: How exciting, I thought, but what's going on? There were more officers inside the lobby, and also a lot of people handing out leaflets which had something to do with the Gay and Lesbian Alliance. They didn't have tickets; we did, and we were waved on into the auditorium.

So what had happened was that ACT-UP—AIDS Coalition to Unleash Power—had somehow managed to get into the auditorium and had clandestinely distributed themselves among the audience. At a signal from someone (I think the very guy standing behind me) they all stood up and began yelling. With hate-filled eyes they thrust up clenched fists and began screaming things like “Nazi!” “Fascist!” And in unison they chanted “Shame-shame-shame!” and “Silence Is Death!” I wondered what on earth *that* could mean.

By the time the last shouting demonstrator had been physically extracted by the cops, I had figured that “Silence Is Death” had to do with silence about the AIDS virus. But surely (this was in January, 1988) there was no silence about AIDS? I was told “Silence Is Death” meant the government wasn't doing enough to find a cure. What this had to do with Cardinal Ratzinger, who is German, I couldn't fathom: perhaps it was just that since the ACT-UPS were so furious with him, they used their entire arsenal of slogans?

For many days after that, “Silence is Death” echoed in my mind;

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it occurred to me that if you removed the words from a specific context and concentrated on their *meaning*, it was that silence about something was—or could lead to—death.

When on August 5th of this year I read Ray Kerrison's New York *Post* column about yet another maternal death at Eastern Women's Center in Manhattan, "Silence Is Death" became more than a slogan. (I had also read Nat Hentoff's exposés about abortion clinic cover-ups which were reprinted, from the *Village Voice*, in the Summer issue of this journal). There had been a death from a botched abortion at Eastern back in 1985: now here was another. Kerrison's column was headed "Abort patients' naivete leads to another death." Being "naive" about something means not knowing the facts, not being warned about risks. Silence on the part of those who should warn can mean death; and so it had.

I began to do some objective thinking about why anti-abortion people are the ones who care about the deaths from legal but botched abortions. If "right-to-lifers" believe that abortion is killing, why would they care about the standard of the slaughterhouses? Perhaps it's because they believe that the *woman* has a right-to-life. The *pro*-abortion people often charge the other side with not caring about the woman: the "anti-choicers" just want the babies born and they don't care what happens to them afterwards.

But why is it, I wondered, that the "choicers"—with their "Keep abortions safe and legal" banners and rhetoric, are so silent when there's a fatal mistake? Could it be because the abortion mentality devalues *all* human life, with no "life-of-the-mother" exception?

When that very disreputable abortion clinic in Maryland was exposed on *60 Minutes* last April, Barbara Radford—she's the executive director of the National Abortion Federation—said: "We had hoped it wouldn't get national publicity because of the political nature of all this."

Political nature?

When a young woman goes into an abortion clinic, it is unlikely that she is thinking: "How wonderful to have Freedom of Choice!" The political-nature-of-all-this is probably the last thing on her mind. Yet the minute she opts for abortion (*if* she is given an option: clinic "counselors" are rarely eager to present the alternatives) she becomes a *part* of politics. The 21-year-old-woman from Connecticut who died after a botched abortion at Eastern Women's Center in August was nameless and faceless: Ray Kerrison withheld her identity. So, to me, she was just (in Kerrison's words) "the latest casualty in

the most secret—and protected—occupation in the nation.” I have a twenty-one-year-old daughter. And I know some of her same-age friends, who also graduated from college last May. Our daughter is, officially, an “adult woman” but she is our child. (How many times have you been asked—no matter *your* age—“how many children do you have?” No one ever seems to ask “How many adults do you have?”)

So this young woman was someone’s *child*. She entered Eastern’s abortion mill (the second largest one in the city, and it does late-term abortions) on a Saturday morning—Saturdays are the clinic’s “biggest killing days.” Whether or not she was conscious about exercising her “freedom of choice,” she exited the clinic *unconscious*. She was then transported to Bellevue Hospital, and from there to the city morgue, because by Saturday night she was as dead as her baby.

Had she survived, she would have become a positive statistic in the politics of “pro-choice.” Since she did not survive her “safe and legal” abortion, she became posthumously political—as part of a cover-up. What is covered up is that abortion is not about “health-care”—it is about politics. If abortion were, as we are supposed to believe, about women’s health, there would be an effort to make clinics safe. But there isn’t any such effort, “because of the political nature of all of this.”

Women’s *health care vs. politics* is an issue that has created fissures in the “pro-choice” ranks. When the Supreme Court handed down the *Webster* decision—which effectively gave states power to restrict abortions—observers on both sides of the debate believed that clinics (such as the Reproductive Health Services in St. Louis—a “reputable” clinic) had been dealt a fatal blow: so says that clinic’s director, B. J. Isaacson-Jones. She did say (in an interview in the *St. Louis Riverfront Times*, Jan. 8) that abortion rights have been undermined by the decision; but little has changed in the daily practices of her clinic: “The biggest way we have changed is having to acknowledge that for right now, abortion is in the political arena, and we believe it belongs in the public-health arena.”

A young woman looking for an abortion “service” in the yellow pages will find comforting-sounding ads such as: All Women’s Health & Medical Services; Women’s Care; Eastside Gynecology (“Quality Care at Affordable Fees”); TLC Women’s Services; Women’s Medical Pavilion; and (Eastern’s ad) The Women’s Healthcare Specialists.

And of course Planned Parenthood (“How Can We Help You?”). Someone could write a whole article about the claims in these ads.

On a late August Sunday, in our neighborhood, my husband and I were approached by a young man who was handing out leaflets about himself and all the wonderful things he would do if elected to the City Council. Among these was: “Support the right of a woman to choose.”

There was a time when that would have seemed like an incomplete sentence. Now everyone knows what the missing part signifies.

In one of her Planned Parenthood mailings, Faye Wattleton wrote: “Please join us in our campaign to keep abortion safe and legal. Don’t wait until women are dying again.” Whenever you see “right to choose” you know that “safe and legal” will follow. On the dust jacket of the book *The Choices We Made*, a collection of “choice” stories told by celebrities such as Whoopi Goldberg and Polly Bergen and Rita Moreno and Margot Kidder (Superman’s girlfriend) and many more, we read:

The 1973 Supreme Court decision in *Roe v. Wade* was a landmark. By making abortion safe and legal for women across the nation, it seemed to guarantee an end to back-alley butchery and a system of inequities that restricted reproductive choice most severely for those of limited means. At last, for once and all, the right to choose was deemed a private matter to be determined by a woman and her doctor.

By now, mid-1991, we have heard the words “safe and legal” so often that they turn into an adjective—*sayfanlegal*. Another phrase so overused you expect to see it in quotes is “between a woman and her doctor.” Did Dawn Ravenell—who died in 1985 after a botched abortion—know her doctor? Her family lawyer said: “I’ll never forget, in cross-examining the doctor, I asked whether Dawn’s age attracted his attention and he said, ‘Oh no, I’ve done 13-year-olds before. When they’re 10, maybe I’ll notice.’ ”

Because of the most recent death, Eastern is being investigated not only by the medical examiner but by the state Department of Health, but we are not likely to read about any “findings”—at least not for about five years. It was, after all, five years before we knew anything about Dawn Ravenell’s death—because that’s how long it took before her parents were awarded \$1.2 million—believed to be the largest “negligence” judgment in state history. In the intervening years, Eastern went merrily along, which it will probably continue to do; the naive young women lining up for their safe-and-legal

abortions at this *licensed* clinic will not know (unless they have read Kerrison's columns) that in a two-year span, from December 1986 to December 1988—the Health Department slapped Eastern with fines exceeding \$92,000 for such as lack of medical direction and supervision (the medical “supervisor” was there only two hours a week); inappropriate use of nurses (they were making “doctor-decisions”); failure to document patient problems; releasing anesthetized patients without escorts; not screening patients for anemia, cervical cancer, and so on. A 17-year-old girl's cervix was torn and her uterus was perforated; the doctors (or nurses) in charge had decided that she was twelve weeks pregnant—she was 20 weeks along.

¶ I was thinking that Eastern should also have been cited for “failure to warn” but maybe that wasn't a sue-able offense. Wrong: “Failure to warn” *has* been cited in a recent lawsuit: on August 25th, a Santa Ana, California jury awarded \$2 million to a 10-year-old girl who was left partly paralyzed and blind in one eye; she was attacked by a mountain lion in a wilderness park, five (does this sound familiar?) years ago. The jurors said that Orange County officials had *failed to warn* the girl's family of the danger posed by cougars roaming that park.

When even one person dies because of a poison-injected pill, the public is warned immediately. Remember the first Tylenol case? Very soon, a lot of drugstore shelves were empty. Whenever there is “tampering,” manufacturers don't waste time—the product is recalled and steps are taken to ensure that it is safe as well as legal. Rather than a nationwide cover-up, there's a nationwide *alert*. A mother finds bits of glass in a jar of babyfood: certain grocery store shelves are suddenly empty. There is no *great* risk, but what mother would want to take a chance? For a while *apples* were suspect, because of the pesticide Alar (which is now banned by EPA). The public expects to be warned about things that are dangerous to your, or to your baby's, or even to your pet's health. (Associated Press story, September 4: “Lawn chemical cited in pet dogs' cancer.”) There is no conspiracy of silence about *these* risks. But, writes Kerrison, “Neither governments nor feminist organizations count, write or talk about the number of women who die or are physically mutilated or psychologically damaged in abortion.” You will not see, in an abortion clinic, any warnings—even in fine print—about abortion being dangerous to your health.

Here in Manhattan, traffic above and below ground is back to normal after the worst subway disaster in 63 years. On August 28, a 10-car train was carrying about 500 people; 215 were injured, but there were only five *fatalities*—not such a bad track record, if you'll pardon the pun. The midnight motorman, whose fault it was (he was allegedly drunk and asleep at the controls) was first charged with manslaughter. He is now indicted on five *murder* counts. The Manhattan District Attorney explained that the charge of murder (displaying depraved indifference to human life) is made “when the defendant conducts himself in a wanton manner with such a lack of moral sense and so little regard for the lives of others that his actions are as blameworthy as those of an individual who intentionally causes the death of another.”

An individual who “intentionally causes the death of another”—isn't this the job-description of an abortionist? Well, but of course that is *legal* killing: it's what he is paid to do. But if there were five *unintended* deaths in one day at one abortion clinic, you might read about it in the papers. On the other hand, maybe you wouldn't. It might be considered news not fit to print, at least not for five years. During which time many more lives might have crashed.

Silence is death. The silence of the subway motorman's co-workers, who knew he had an alcohol problem, and the silence of the conductor, who *knew* something was wrong but did not stop the train, led to the deaths of five late-shift workers who thought they were on a safe-and-legal subway. Their deaths were not entirely in vain: subways will be safer. The New York *Times* headlined just two days after the accident: “For Transit Union, a Change of Heart on Drug Testing.” It is unlikely that more deaths from botched abortions will affect any changes.

The woman going into labor has every reason to believe that she will survive childbirth. The woman going into an abortion clinic has no such assurance. It has always been considered noble for a mother to give her life for her child: self-sacrifice is part of motherhood, sometimes even literally, and at the *beginning*. Now everything seems reversed: it is politically correct for a mother to sacrifice her child so that *she* can go on with her life.

Back when it was not uncommon for a mother to die in childbirth, the surviving child may have had psychological problems but as he matured he often became ever more determined to make something of his life (“your mother would be proud of you”). We've all read

books—true stories and fiction—with characters whose mothers died giving them birth. We will never read in any book: “My mother died giving me an abortion.”

The mother who died in childbirth became hallowed in her child’s mind. No matter what her *past* might have been, she did one Good Thing, and for this she is eulogized. The mother who sacrifices her child’s life for her own and loses hers as well is not eulogized: she is pathologized.

There have been movies in which both the mother and her child die. We weep over the tragedy, but (in movies, anyway) something good and enriching usually comes from the double loss. When this happens in an abortion clinic, no good will come of it, because of the conspiracy of silence. And because of the silence, more will die.

Some of the worst words in our language are: “They died in vain.”

But there *is* this: the 21-year-old woman from Connecticut did manage, by her death, to do something the anti-abortion protesters rarely manage to do: she caused the clinic to be closed down for one whole day.

It is amazing what you can find bunched together under the large umbrella of Freedom of Speech. Sidewalk vendors, for example. In New York City, many who set up their tables and display their wares along Fifth Avenue and heavily-trafficked side streets are unlicensed, and the cops can send them scooting. But not if they are selling *books*. Licensed or not, if they are selling print they are protected by the First Amendment. Presumably it also protects abortion clinics. A “local spokesman” for one of the Wichita clinics said, during the August protests by Operation Rescue, that “It’s a matter of freedom of speech.” (I’m not sure exactly what she means, but that’s what she claims.) On the other hand, Kate Michelman, president of the National Abortion Rights Action League says that the rescuers at that clinic are guilty of tyranny and terrorism and are trying to impose their views on others. So freedom of speech does not apply to *them*.

Tyranny and terrorism imply *violence*. The violence inflicted on the unborn *third-trimester* babies in that clinic is okay, because of freedom-of-speech? The babies can’t even talk. Kate Michelman can.

There was a time when Commandments were something you kept or broke. Now it seems that the Fifth Commandment—Thou shalt not kill—has been wiped out by the First Amendment—which apparently includes Thou shalt not interfere with a woman’s “choice” (even

if it may be the last choice she will ever make). Thou shalt have no clinic regulations. Thou shalt not prevent Freedom of Expression. Under the *Fifth* Amendment, you have the right to remain silent, even if silence leads to death.

So in this wilderness of paradoxes, you have the right to speak and you have the right to keep silent even if silence means death: somehow this is Freedom of Expression. It is all rather Orwellian. In the abortion business, you don't sin against Commandments: you exercise your options under Amendments.

It has often been observed that doctors don't like to rat on their colleagues. They are a loyal bunch, these medical practitioners. No matter what he might *think* when tending a patient who was nearly undone by a previous doctor, and no matter what he might even *say* to the patient, he is unlikely to urge a malpractice suit even where there are obvious grounds. He is far more likely to make excuses for the first doctor—"My colleague right or wrong."

That reputable abortion clinics are loathe to "blow the whistle" on *unreputable* clinics isn't loyalty or camaraderie so much as *politics*. As Miami *Herald* journalist Debbie Sontag (who is "strongly pro-choice") told Nat Hentoff, "they fear the adverse publicity will reflect badly on all [abortion clinics] at a politically inopportune time." As Ray Kerrison says: "It's amazing how abortion advocates avert their gaze when things go wrong." But *of course* bad publicity hurts the pro-choice cause, so if "things go wrong" there is silence, and if that silence leads to more deaths, well—it's all for the Cause.

Dawn Ravenell and the young woman from Connecticut had not planned to die for a Cause. That was not a part of their choice.

There *are* some in the pro-abortion movement who are not comfortable with the cover-up policy: they wonder why it *wouldn't* be politically expedient to ensure that all clinics guaranteed *safe*-and-legal abortions? But it's their *leaders* who call the shots. When two years ago Debbie Sontag wrote her Miami *Herald* story about a series of botched abortions, one of the clinics she mentioned (where there had been a horrible maternal death) was "visited" by Operation Rescue: 138 demonstrators were arrested for blocking the clinic entrance. This was a major media event, and pro-choice activists believed it demanded a counter-demonstration. They felt they should be there "on behalf of the issue" and not the individual *clinic*, but "it made them queasy." One abortion activist said: "We're committed to protecting access to abortion care, but to go and defend that

place . . .” They went anyway. One full-time Florida abortion activist said: “In my gut, I am completely against what goes on [at Dadeland Family Planning Center]. . . . But I staunchly oppose anything that would correct this situation in law.” Sontag writes: “Regulation has been a political battle since the day abortion was legalized. The lines are clearly drawn: the anti-abortion people want them, and the pro-choice people don’t. . . . Regulations, pro-choice people say, are harassment, government interference in a private matter. In practice, they would not protect women but rather make it more difficult for them to obtain an abortion—which is their right.”

Nat Hentoff asks: “And if, without regulations, some women are placed in great danger? Well, say those pro-choicers, only a very few die. What’s the acceptable number?”

Of course there aren’t *many* deaths, considering the volume. (I guess you could call abortion a “growth industry,” which is somewhat paradoxical, since its product is death.) Eastern Women’s Center has had only two (known) maternal deaths in all its years of operation: impressive, considering that it does an estimated 15,000 abortions a year. But one doubts that this is much consolation to the families of Dawn Ravenell and the Connecticut woman.

During the uncover-up about Dadeland clinic, a state official was quoted as saying that veterinary clinics in Florida were under more stringent regulations than abortion centers. And here is a headline from the *New York Post* (Aug. 26): STABLES EYED IN DEATH OF 2 HORSES. One of the horses that take people on rides through Central Park had died on the way back to its stable; the second horse was “euthanized” when it became sick. There was no way to cover up *this* story, since the dead horse was in plain view of children going to the Central Park Zoo that morning—the sanitation department was late in collecting the carcass. (The only cover-up was the tarpaulin over the dead horse.) It was determined that the horse had a virus that caused crippling leg cramps, but it was first thought that *both* horses had been “colicky” and this would indicate bad feed. The Animal Rights activists got busy immediately, claiming that the horses had been mistreated or mismanaged, and demanding full disclosure. The ASPCA and the city’s Bureau of Animal Affairs were swift to examine the stables’ records, talk with the owner, check the feed and conditions. All was found to be in order, but the Animal Rights people are not satisfied. There have been letters: “Don’t tell me the horse that died in Central Park wasn’t mistreated.

Pulling a huge, people-filled cart during a summer as hot and humid as this one can't help but put a strain on the animal." And "I read with disbelief the *Post* article . . . concerning the ASPCA's verdict on the carriage-horse stables. Anyone who has ever observed these animals on a daily basis, as I have, could only wonder about the credentials of the veterinarian who so lightly dismissed their housing as excellent." The head of the Carriage Horse Action Committee says her group is working on a new bill that will improve stable conditions.

There don't seem to be any groups against regulating horse stables.

In writing about the death of the Connecticut woman, Ray Kerrison noted that this latest death "hardly caused a ripple in New York City. Most media outlets ignored it." The New York *Daily News* had a brief mention in the back of the paper, above the obituary notices. It has now been over six weeks since Kerrison's exposé appeared: I have not seen one single letter in the *Post* or *Daily News*. (Which doesn't mean that letters weren't *written*—they just haven't been *published*.) When some months ago a stray dog somehow got onto the subway tracks and was run over, the *Post* front-paged it, and other papers had stories, too. And from the *many* letters, and follow-up stories, it seemed that all of New York was outraged by the callousness of the subway motorman. A few weeks later yet another bewildered dog was seen on the tracks. The train stopped and the dog was rescued. Just think: silence about the first canine fatality might have led to another dog's death.

Kerrison wrote: "All the familiar organizations and their backers—Planned Parenthood, NOW, NARAL, Faye Wattleton, Molly Yard, Gloria Steinem, Joanne Woodward, Polly Bergen et al—are available for media interviews, conventions, marches and parades to advance the cause, but when women die in abortion they are nowhere in sight."

In all the horror stories about the bad old days when abortion was illegal, there was almost always a greedy abortionist. Countless scared working girls and college co-eds had to scrounge up a lot of money and fork it over—in cash—before going under the knife of a potential butcher. When abortion became legal, and the death doctors could come out of the closet and make a legal profit, they found that the abortion industry was extremely lucrative. What was to prevent a greedy illegal abortionist from becoming a greedy *legal* abortionist? When Kerrison wrote in the *Post* (April 28) about that *60 Minutes* show, he said it was a "shot in the arm" for the pro-life movement and "It's the first time to my knowledge that a major

TV network has spotlighted the ugly, callous, money-driven underside of the abortion industry.”

When Kerrison went to the city morgue to find out why that young woman from Connecticut had died after her abortion, he was told that all they knew *so far* was that she had died from cardiac arrest—which is of course what we *all* die of. Whatever the *official* cause of her death, there is a suspicion that (*unofficially*) she was a victim of greed.

Here is an example of greed: an abortionist at the Central Health Center for Women (in Springfield, Missouri) managed to do 35 to 40 abortions a day, at \$300 each. How could he do so many? Why, because he used excessive doses of an anesthetic called lidocaine. A former nurse testified that two or three patients each day would go into convulsions because of the high dosage. One young woman didn't only convulse, she died. Her parents were awarded \$330,000 in “actual damages” and \$25 million in “aggravated damages.” This *did* come to light, in the *Springfield News-Ledger*, which also mentioned that the doctor was still doing abortions two days a week.

And here is what one *ex*-abortionist says: “You find out that you can make a lot of money doing abortions. I worked nine to five. I was never bothered at night. I never had to go out on weekends. And I made more money than my obstetrician brethren. . . . In my practice, we were averaging between \$250 and \$500 per abortion—and it was *cash*. It's the one time as a doctor you can say, ‘Either pay me up front or I'm not going to take care of you.’ Abortion is totally elective. Either you have the money or you don't. And they get it.”

After Carol Everett of Dallas (now an anti-abortion spokeswoman) had an abortion, she wanted to be involved in the abortion industry, so she worked in four clinics and ended up running *five*. She writes (in *New Dimensions* magazine, October 1990): “I've seen doctors walk out after three hours' work and split \$4,500 between them. . . . Of the four clinics I've worked in, none of them ever showed that they collected the doctors' money; they collect it separately, and do not show it on any of the records in those clinics. That way, the doctors are independent contractors, and the clinic doesn't have to be concerned with their malpractice insurance, and doesn't have to report their income to the IRS.”

Another *ex*-clinic worker says “It wasn't unusual at all for me

to take \$10,000 to \$25,000 a day to the bank—in cash.” And yet another: “When you’re dealing in cash, unless you’re honest you can just not have a record for that patient, not make an entry on your ledger. I know some people who were paid under the counter. They would get half of their salary in cash, and they never had to pay taxes on that. Why the IRS doesn’t go after these guys, I don’t understand.”

According to the Alan Guttmacher Institute (1990) the average fee for an abortion was \$231 at 8 weeks; \$247 at 12 weeks; \$400 at 16 and \$697 at 20 weeks’ gestation.

ACT-UP was in the news again on Labor Day, when 1,500 gay activists descended upon President Bush’s Kennebunkport retreat in Maine to protest his AIDS policy; the message was that Bush was guilty of “murderous negligence.” In the newspaper photos of the demonstration, there weren’t any “Silence Is Death” banners or T-shirts, and this surprised me, until I thought: perhaps this slogan isn’t so popular now, because this message could be misconstrued. “Silence Is Death” just might remind people of the young Florida woman whose AIDS-infected dentist’s silence is leading to her death. The sad case of Kimberly Bergalis was unable to be covered up by the media, because Kimberly herself refused to be silent. She sent out warnings. She doesn’t want her death to be in vain. This case (and another one in New York, but no deaths from that deceased dentist *yet*) caused such an uproar that the “experts” got busy assuring us (with many statistics) that we have nothing to fear. “You will not get AIDS from doctors,” headlined our former Surgeon General Everett Koop on August 30, speaking out against mandatory AIDS testing of doctors and health-care workers: “Let me assure the American public that their chances of getting [the virus] from a health-care worker are essentially nil.” *Essentially*. Tell that to Kimberly Bergalis, who should be in the prime of her life but is at the end of it; tell that to the four others whose future may be nil because of that same dentist’s murderous silence.

It has been said that AIDS is the first-ever politically-protected disease. (Just the other night Kimberly Bergalis’ *father* was on TV, saying that AIDS is “a political disease.”) And it has been said that abortion is “politically-protected killing.” It could also be said that deaths from legal abortions are politically-protected secrets, and that abortion practitioners are politically-protected physicians.

There is so much *politics* in all this health-care business.

“We shouldn’t speak in whispers and we shouldn’t be cowed. If we are advocates of women, we have to protect women.” Thus spoke Barbara Radford, in a 1989 interview with the *Miami Herald’s* Debbie Sontag. Radford, remember, is the head of the National Abortion Federation—who said, on *60 Minutes*, that they’d hoped the awful Maryland clinic wouldn’t get national publicity because of “the political nature of all of this.” She also said: “We want to make sure that women have choices when it comes to abortion services. And if you regulate it too strictly, you then deny women the access to service.” (Nat Hentoff, who quoted that, adds: “Even if the service leads right to the grave.”) When Sontag was asked what reactions there had been—from Florida pro-choicers—to her stories, she said she was “viciously attacked.”

Another pro-choice woman who has taken a stand on clinic regulations is Mary Boergers, a Maryland state senator. Her position has caused her pro-choice colleagues to treat her “as if she’s the enemy.” She says: “If we really care about all the women of this state there has to be some regulation.” And “When we say what we’re trying to do is guarantee safe abortions and eliminate back-alley unsafe abortions, and yet you can demonstrate that there’s a woman who died, and another woman who’s paralyzed, then not only that argument, but all arguments from the pro-choice community become suspect.” She supported a bill to regulate Maryland abortion clinics: it failed again this year—it was *not* supported by pro-abortion organizations.

In fact, the Maryland legislature recently gave implicit protection not to *women* but to *doctors*:

The physician is not liable for civil damages or subject to a criminal penalty for a decision to perform an abortion . . . made in good faith and in the physician’s best medical judgment in accordance with accepted standards of medical practice.

A Maryland nurse says that it is, in effect, “an exemption from liability for just about any harm done during an abortion.” The doctor I mentioned earlier—the ex-abortionist who found that “along the way, you find out that you can make a lot of money”—added “And I didn’t have to face the liability. That’s a big factor, a huge perk. I almost never, ever had to worry about her lawyer bothering me.”

Debbie Sontag had written, in 1989, that “Embarrassed and sometimes ashamed, many women will tolerate a low standard of care without complaint. Unless severely injured, most are reluctant to file lawsuits.”

(Thus many of those who survive, in spite of much interior butchering, become part of the silence, too.)

Nat Hentoff has observed that national abortion-rights leaders don't seem to realize that politically, their causes would be strengthened if they were seen to be deeply concerned with the safety of women. "Conversely," he says, "as more Americans come to realize that these pro-abortion-rights leaders prefer to play politics with women's lives by downplaying the need for stronger regulation, the pro-lifers will gain."

Ray Kerrison, who has noted that "Abortion activists actually fight against clinic regulation," quotes the attorney for the woman who was paralyzed and brain-damaged in that Maryland clinic (the one featured on *60 Minutes*): "In Maryland, you have to be licensed to open a junkyard, but you don't have to be licensed to open an abortion clinic." Kerrison says: "That's why the pro-life movement will ultimately prevail. When the American public finally grasps the full horror of the abortion racket, its end will be swift."

Its end may be hastened even *before* the American public grasps the full horror of the abortion racket: Barbara Radford admitted to Sontag that when anti-abortionists put pressures on clinics, they diminish the number of doctors willing to perform abortions, because "they think it's not worth the hassle." There is indeed a growing "alarm" about the dearth of death doctors. The September issue of *Glamour* magazine ran a long article titled "Where are the Doctors who will do Abortions?" (*Glamour's* editors simply assume that the majority of their readers are pro-choice.)

To me, the killing of 1.6 million future citizens yearly is a national disgrace. But Dr. David A. Grimes, a professor at the University of Southern California medical school, says it is "a national disgrace" that so few hospitals perform abortions—doctors aren't living up to "medical ethics." He is very disappointed: "Everyone expected a big production of abortion services in U.S. hospitals [after *Roe*] but it did not materialize." The response of public hospitals was "tantamount to default" and this, he says, led to the evolution of the entire clinic system. Dr. Grimes believes it is the *moral* obligation of doctors to "service women" by doing abortions; those who learned how to do them as part of their medical training are now elderly; abortion techniques are no longer taught in medical schools, and this, he says, is a tragedy. "Those of us who remember seeing dozens of very sick women in emergency rooms after illegal or self-induced

abortions are getting older, and no young providers are out there to replace us.”

Dr. Herbert C. Hodes of Kansas believes abortion belongs in the category of “health-care” but he understands politics, too, and says: “That’s how the anti’s are going to win. . . . They are going to win by attrition, because fewer and fewer doctors will perform abortions.” Barbara Radford chimes in: “There is nothing more critical. . . . If you don’t have people to provide the service then political and legal victories become moot. It is already a serious problem in rural areas, and if we don’t take dramatic steps now to turn it around . . . women will not be able to find well-trained physicians to perform abortions in urban areas.” (Radford’s NAF member practitioners and clinics perform over half of the nation’s abortions each year.) She sees an approaching crisis in Washington, D.C., where there is only one hospital to which she can refer women who need a “complicated, second-trimester” abortion. The chairman of obstetrics at the Washington Hospital Center runs the outpatient clinic, and will soon retire; there is “no one who is going to pick up that program when he leaves. After he’s gone, I don’t know where we will send people.”

The *Glamour* article doesn’t mention bad clinics, nor anything about doctors who won’t do abortions because they think killing babies is *wrong*. It *does* praise Dr. Hodes, who “like 84 percent of his fellow specialists polled by the American College of Obstetricians and Gynecologists” believes that women should have the abortion “option” but “unlike the vast majority of ob/gyns in this country, he acts on that belief by performing abortions himself.” Yes, he would love to have partners in his practice but “of the dozens of doctors I’ve talked to . . . not a single one has given it a second thought once he or she learns I perform abortions in my office. . . . Doctors say they are pro-choice, but they would rather refer their patients to someone else than get involved. . . . It’s easier for them just not to do it.” He does understand why his colleagues don’t want to get involved, though: after all, *he* had to worry about being picketed and verbally abused.

Hodes, who is a board-certified ob/gyn (and who also delivers babies and “tends to the general reproductive health of his patients”), now has a very expensive alarm system and a security patrol—after seventeen years of “committing himself and his practice to this choice” he’s got “a very thick skin.” The highest price he’s had to pay for his “convictions” is the strain on his family, but his “moral support”

comes from family, office staff, and grateful patients. “But do I get support from other physicians? Not a bit. Not even from those who are pro-choice.”

Shame on them.

Glamour also quotes a woman doctor, Amy Cousins, who runs clinics in upstate New York and northern Pennsylvania. She thinks the “profession” should have spoken up from the beginning, when pressure was first put on doctors and hospitals—“*It’s a matter of medical care.*” [Emphasis mine.]

Glamour leaves readers with a challenge from (*again*) Barbara Radford:

Change will only happen when pro-choice women start grilling their own ob/gyns, asking them very directly, “Do you perform abortions, and if not, do you know a trustworthy doctor in this community who does?” Those are tough questions, particularly for young women who don’t know what it’s like to lose the right to abortion. But if pro-choice women don’t make doctors aware of how strongly we feel about this issue, the anti-abortion minority will continue to have a disproportionate impact.

“Why do doctors do abortions?” asks Dr. Anthony Levatino, who *had* done them in his Albany, New York office for eight years. He told *New Dimensions* that (back then) if you were “pro-choice” or even “morally neutral” and you happened to be a gynecologist, it was up to you to take the instruments in hand and actively perform abortions: it was part of your training. He heard from other ob/gyns that “Well, I’m not really pro-abortion. I’m *pro-woman.*” Says Levatino: “The women’s groups in this country have done a very good job of selling that bill of goods to the population, that somehow destroying a life is being pro-woman.”

There is one un-named doctor the “choicers” should be *proud* of for living up to his “ethical convictions.” The *Riverfront Times* describes him as the medical director of Reproductive Health Services in St. Louis. When he was a medical student, he saw “a beautiful 27-year-old” die from a self-induced abortion; he promised himself that if he could ever prevent that from happening again, he would. (Perhaps he should come to New York and shape up Eastern Women’s Center?) At one time he *did* have qualms about doing abortions—especially when he asked his adolescent daughter if she knew what an abortion was, and she replied “killing babies.” But nevertheless he has “no doubt whatsoever that what I’m doing is not only right but also good medical care. What I do is very necessary.”

He also opposes parental notification in *any* form: “It’s a tactic by the anti-abortion side to make abortion less available. It’s not designed to protect minors or help parents.” (Tell that to Dawn Ravenell’s parents.) But give him credit: he does believe that there should be some “limits” on abortion, and draws the line “when the fetus has a greater than 50 percent chance of surviving outside the womb” (*any* chance isn’t good enough, he’s the judge *and* jury).

In *New York Woman*’s June/July 1988 article about Eastern Women’s Center (“The Clinic”) Eastern’s director reminisced:

Once, in a nurse’s training session, our director of counseling asked: if there were a continuum from one to nine months and you were the final arbiter who could decide when abortion should be legal and not legal, where would you draw the line? And not a single one picked twenty-four weeks. Most put it at the first trimester. I was astounded by that.

When asked where *she* would put the cutoff, she “instantly” answers: “I have clearly aligned myself with the woman, not the fetus . . . I was the only person in the room who placed the limit at nine months.” (I wonder if she is still the director of that clinic, and if so how she feels about the deaths of *women* there?).

One of the two “nurse-practitioners” featured in that *New York Woman* article said she never thought about where she would draw the line: “She frowns, wrinkling her forehead. ‘The law where it is suits me. I try not to feel too much and to separate myself from the living/death issues.’ ”

The Chicago *Sun-Times* ran a series (“The Abortion Profiteers”) in 1978—just five years after *Roe*. Its investigative reporters, aided by a “civic watchdog” group, uncovered cover-ups in four city abortion clinics. (By that time, one out of every eleven women of reproductive age—five million nation-wide, 200,000 in Illinois—had already had a “safe and legal” abortion.) “Our purpose,” said the *Sun-Times*, “was not to re-examine the morality of abortion—we favor legalization—but to determine whether women were receiving the safe, competent care the Supreme Court had determined was their legal right. . . . We found that in a startling number of cases, they were not.” (Silence is death: previous silence about these clinics had led to at least twelve deaths.)

The *Sun-Times* found out interesting things about *counseling* which—under state law—was required by clinics, yet some “make a mockery of their mandate.” One offered *no* counseling; others “counseled” groups of ten or more in three minutes or less. One of the undercover

investigators worked in a clinic, and was ordered by her supervisor to stop counseling a distraught patient and get back to the reception desk because “We don’t have time for counseling. . . . We’re much too busy.” When staff members *did* have time to talk to patients, they were *under orders* not to say anything to scare the women away: “Don’t tell them it hurts. Don’t answer too many questions because the patient gets too nervous, and the next thing you know they’ll be out the door.” Said one of the counselors (who got paid for each “sold abortion”): “We have to sell abortions. We have to use all of the tactics we can because, just like any other business, we have competition.”

In that 1990 issue of *New Dimensions*, Carol Everett (remember, she had run five abortion clinics) tells how the women were counselled:

Those kids, when they find out that they are pregnant, may not want an abortion; they may want information, but when they call that number, which is paid for by abortion money, what kind of information do you think they’re going to get? Remember, they sell abortions—they don’t sell keeping the baby, or giving the baby up for adoption, or delivering that baby. They only sell abortions.

What no counselor would *ever* tell a client was (and is) that her own life is at risk. It may be that a lot of women are alive today, and are *mothers*, because the *Sun-Times* chose not to be silent. Here are just a *few* of its 1978 findings:

- Lab technicians had so many pregnancy tests to perform that they couldn’t wait the two minutes it takes to obtain results. At one clinic, the undercover investigator said there was total chaos when doctors discovered they’d performed at least two abortions on women *who were not pregnant*. They blamed their “mistakes” on the lab technician, who attributed *his* errors to the crush of patients and “one helluva hangover.”
- Vital signs were fabricated. Before *any* surgical procedure, the patient’s vital signs should be measured, to help the doctor decide if the patient can tolerate the abortion (or any other operation). On abortion assembly lines, the workers invented the vital signs because it took too much time to measure breathing rates, heart-beat, blood temperature, and so on. Another investigator, during her first days as a “nurse’s aide,” asked: “Do I take pulse and respiration?” “No,” she was told: “that’s not necessary. Just put whatever you feel like [on the chart] but keep it in the normal range.” Besides faking vital signs, employees charted

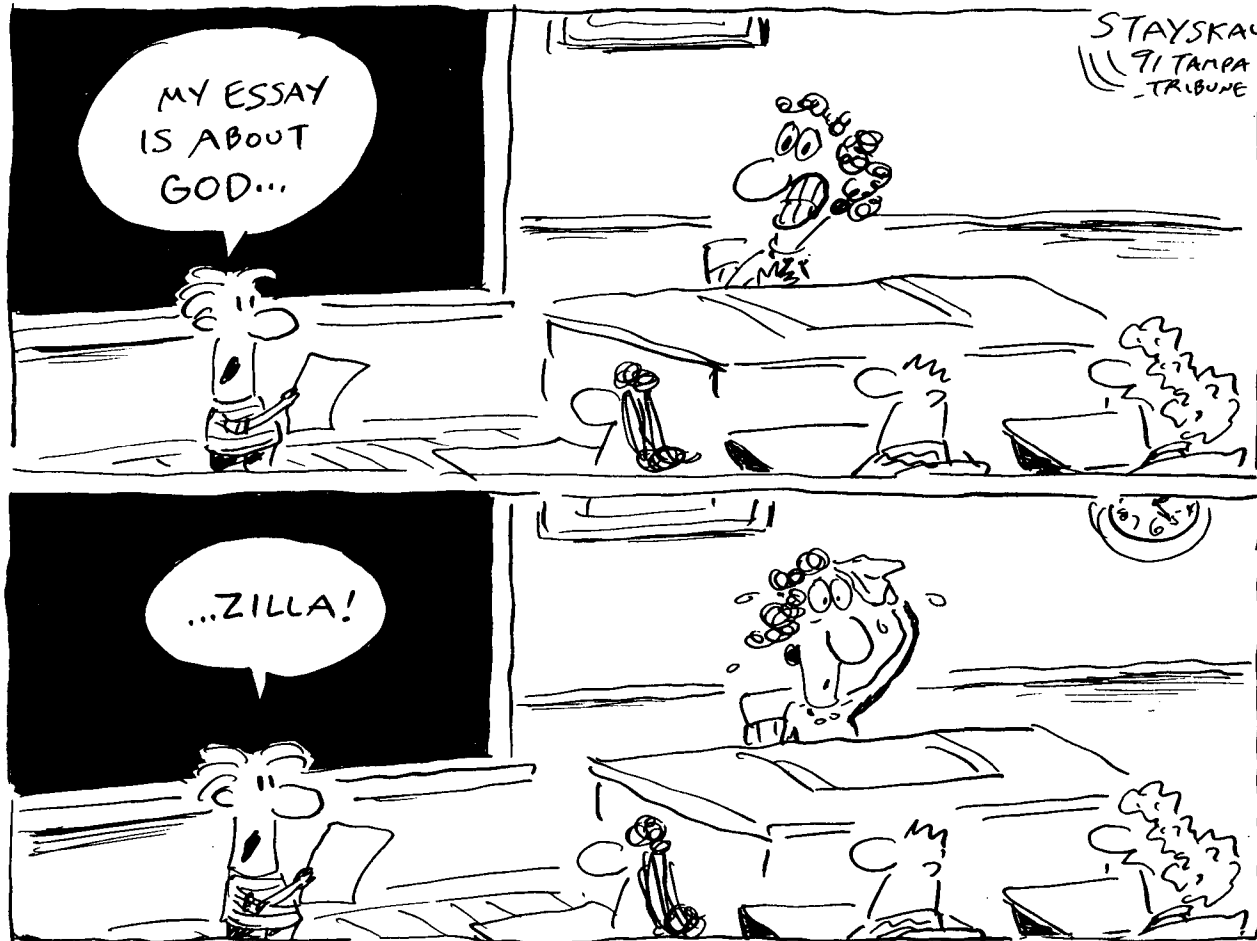
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meaningless descriptions of patients' "progress." And post-abortion forms, required by the state (instances of infection, hemorrhaging, perforation or other complications), were at some clinics filled out *before the abortions even took place*.

- Clinics falsely promised only "board-certified obstetrician-gynecologists," but some "doctors" were merely mechanics on the abortion assembly line. They were moonlighting residents, general practitioners with little if *any* training in ob/gyn. Some were unlicensed, and rarely told patients their names: "To many, patients are not people. They are profits."
- Along with dangerous medical practices, reporters also found illegal *fiscal* practices: a doctor banned from the Medicaid program still collected for welfare abortions; one clinic used illegal kickbacks to "buy" public-aid patients from doctors and referral services; Medicaid was billed more for services to welfare recipients than cash customers paid for the same services; an abortion referral agent encouraged women to commit Medicaid fraud and coached them how not to get caught. And there were other "kickbacks." A state attorney said: "If the clinic has to come up with [kickbacks] for each patient . . . they have to cut back somewhere else to cover the costs. Frequently, it means cutting care."

So you might call the pro-abortion *Sun-Times* a pioneer in the "silence is death" field; it certainly devoted a lot of time, effort, and *space* to its exposé of how "dangerous, inept and illegal" Chicago clinics were—it even reprinted the whole series in a Special Reprint that crammed 48 full tabloid pages.

Someone in that *Glamour* article said abortion "is really a political issue . . . a women's issue, an ultimate women's issue." Webster's says that "ultimate" comes from the Latin for "last, final." For Dawn Ravenell, and the young woman from Connecticut, and God knows how many others, the "choice" to have an abortion was indeed the "ultimate issue." They will never again have to make a choice about anything.



Editorial cartoon by Wayne Stayskal (Tampa Tribune, 1991; reprinted with permission).

Pagan Queens: The Power of Woman

Maria McFadden

HAVE YOU HEARD OF CAMILLE PAGLIA? She is the author of the controversial book *Sexual Personae*, which has infuriated feminists and anti-feminists alike. She calls Madonna a “real” feminist, and Michel Foucault, the well-known French sociologist, a “ninny.” Paglia, an associate professor of humanities at Philadelphia’s University of the Arts, has become a *cause célèbre*; she has been on the cover of *New York* magazine and featured in *Harper’s*, the latter in a debate with New York University’s Neil Postman on pop culture. She has “made it” onto the *New York Times* Op-Ed page. Her book, now out in paperback, has been widely reviewed and nominated for a National Book Critics Circle award.

All this attention has been caused by a book which not only insists that there is no such thing as sexual sameness but claims that there is a “terrible duality” in nature; a book which points to man’s fear of woman as the driving force behind Western civilization and asserts that it is this fear which gives man the ability both to create what a woman cannot and the impulse to hate and destroy what he cannot control—“there is no female Mozart because there is no female Jack the Ripper.”

Sexual Personae: Art and Decadence from Nefertiti to Emily Dickinson is at times brilliant and insightful, at times ridiculous, and often quite disturbing, certainly for a reader with any religious belief. The book runs almost 700 pages, and it is devoted to uncovering the “real” impulses of sex and violence that have been the driving force behind Western art and literature (a sequel is expected on pop culture and paganism). I bring it to the *Human Life Review* reader not to discuss it as a work of literary criticism, however, but because the stir it has created might be indicative of the confused state of feminism today.

The book’s first sentence is: “In the beginning was nature.” This is our first clue that Paglia, despite her Italian name and Catholic upbringing, tends toward paganism. (In this way, anti-feminist though she may be, she is quite fashionable). Nature, which was there, she

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says, before humans formed ideas about God, “remains the supreme moral problem.” Unlike the Judaeo-Christian tradition of man’s dominion over nature, Paglia says that “human beings are not nature’s favorites” but “merely one of a multitude of species.” The beauty and peace that man has seen in nature is just wishful thinking on man’s part: nature is in essence a “barbarous sea” and society itself an artificial construction which is a “defense against nature’s power.” Man’s plans and lives can suddenly be ruined through nature — lightning, an earthquake, a hurricane, etc. Thus, man is at heart terrified of nature, and so he has invented a benevolent God as a survival mechanism.

Paglia says that “sex is a subset to nature,” and that “sex is the natural in man.” Thus sex too is a dark power. And here we come to the crux of the issues between the sexes: the female gender is more closely tied to nature than the male. Women have cycles, like the moon; they give birth, they are tied to the earth through their biology in a way men are not. Because of all this man has always feared woman. To get away from her, man has created civilization and man has been successful at it precisely because he is less weighed down by the natural. “From the beginning of time, woman has seemed an uncanny being. Man honored but feared her. She was the black maw that had spat him forth and would devour him anew. Men, bonding together, invented culture as a defense against female nature.”

Not only has this fear of woman allowed men success, but Paglia finds that this dialectic of the sexes actually renders women *unable* to be like men, which is why she has angered feminists who think women can do anything men can, given the chance. As she says in the *New York* article:

The feminists are stuck on the idea that we are being victimized . . . In fact, male energy has been used by women for everything. Women are repressing, women are blocking, the nature of their indebtedness to men. I feel very free as a modern woman, but I began to understand, to my horror, that my freedom was purchased at the price of male labor. Men have created the world that allows me to be free and allows me to write this book. I think strong women can admit the strength of men. It’s only the weak women who deny it.

It is not hard to see why Camille has infuriated feminists. But she is no champion of traditional ideas. She believes that it is reality that women can’t escape nature like men, but she bemoans the fact. Paglia categorizes male and female using Greek-god imagery: Apollo

for male, the god of beauty, art, poetry, discipline; and Dionysus, the god of wine, recklessness, and orgiastic behavior, for female. For Paglia, the “Apollonian” creations of men are clean, light-filled, linear, and beautiful—yet woman is unfortunately tied to the dark, swampy and confused world of “Dionysian” nature, emotional confusion, passionate loves and angers. Again unlike “traditional” anti-feminism, which I might define as women who believe men and women are different, and see marriage and child-rearing as jobs women are ideally suited for and can flourish in, Paglia finds woman’s ties to nature a curse.

And she has, dare I say, a decidedly *un*-feminine view of pregnancy. “The female is a chthonian machine, indifferent to the spirit who inhabits it. Organically, it has one mission, pregnancy, which we may spend a lifetime staving off.” (“Chthonian” is Paglia’s favorite adjective, meaning dark, primitive and mysterious, a word from Greek mythology designating things of the underworld and its gods and spirits.) She would seem to agree here with feminists who think the essence of feminism is being sprung from their biology. She is also quite pro-abortion: “Every pregnant woman has a body and a self taken over by a chthonian force beyond her control. . . . For a fetus is a benign tumor, a vampire who steals in order to live. The so-called miracle of birth is nature getting her own way. . . .”

Because nature and what is natural is at its base far from benevolent, Paglia believes that “mothers can be fatal to their sons,” that the *femme fatale* is a real natural archetype of woman. Men naturally fear their mother and fear every woman because of their mother. Feminism is wrong in trying to dismiss the *femme fatale* as a “career woman *manquée*, her energies neurotically diverted into the boudoir.” As a matter of fact, the peace-loving women in the matriarchal, goddess-worshipping societies of ancient times, in whom many feminists of all types seem fervently to believe, are part of a pleasant myth, a myth which even the staid New York *Times* seems to have accepted without question. The *Times* Mother’s Day editorial, entitled “The Ultimate Mother,” described a goddess-worship ceremony in the Adirondacks, and editorialized that while these practices may appear a bit “flaky,” the goddess worship “proceeds from values of nurturing, peace, and harmony with nature.”

Not so, says Paglia: first of all, “Not a shred of evidence supports the existence of matriarchy anywhere in the world at any time”

(matriarchy meaning political rule by women, not matrilineage). Secondly, goddess worshipping, which did exist, was always mired in the dark turbulence and moral barbarism of nature. "The moral ambivalence of the great mother goddesses has been conveniently forgotten by those American feminists who have resurrected them. . . . We cannot grasp nature's bare blade without shedding our own blood. The femaleness of fertility religions is always double-edged. . . . The sanitized pacifist goddess promoted by feminism is wishful thinking."

In Paglia's view, women are naturally powerful and dangerous, through no choice of their own. Pregnancy is part of this dangerous force. And, as Paglia would in a sense like women to be more like men, and get away, if they only could, from nasty nature, she writes: "I agree with Sade that we have the right to thwart nature's procreative compulsions through sodomy or abortion. Male homosexuality may be the most valorous of attempts to evade the *femme fatale* and to defeat nature." Paglia's strange and sometimes gross glorification of the Marquis de Sade would make another whole essay—it illustrates her belief that literature has always reflected the truth that the history of human nature has been played out against a backdrop of all of our natural sado-masochistic feelings and tendencies, and that art and literature allow us to tolerate the "horrors, rapes and mutilations that we would not tolerate in society."

But what she is saying to feminists here is: yes, men and women *are* very different, and as a matter of fact woman has been much more dangerous and powerful than man will admit, but it is precisely this that has allowed men to create. So if modern women are smart, they will try to get away from their woman-ness and join the man's world, realizing all along that the murky swamp will always be trying to pull them down and they will never be as free as a man is to breathe in the sunny air of the Apollonian. Though even men can only get away from nature partially—in the end, we must recognize our "enslavement by chthonian nature," and "accept our pain, change what we can, and laugh at the rest."

Though much of what Paglia says is provocative, her sweeping claims are unsettling, to say the least. Abortion and male homosexuality hardly seem to be answers most of us would prefer to the tension between the sexes. Paglia does make some good points: nature *can* be a dark and powerful force, and women *are* different from men. And yes, there are some primal fears inherent in the male animal

of that mystery, woman, from whom he is born and to whom he is drawn. But it seems that, in order to try and make a splash in academia, Paglia takes some obvious truths and swells them to claim they make up *the* truth, the whole story, which has always been reflected in art and literature but never admitted to by philosophers, theologians, or scientists.

However, for those of us who believe in God and an ordered universe, though it is true that we may not fully understand or be able to control nature and sex, it is also true that we see in man's *and* woman's accomplishments in logic, law, art and music a reflection of an Order that is *supernatural*. As Plato imagined it, we see shadows in a cave of the pure forms that exist. Thus man, or woman, would not have been able to "create" logic—man has been able to grasp shades of it because order and reason exist.

The interesting point has already been made, by feminists such as Nell Noddings in her book *Women and Evil*, that thinking in absolutes, clear reasoning, and logic, are the male domain—that women's minds work differently. Women are purportedly better at relational thinking, at understanding ambiguity and mystery. And it is true that, biologically, women's brains are different from men's (men have a clear physical separation between right- and left-sphere brain functions, women do not).

It is not at all clear to my woman's brain why both "feminists" like Noddings and "anti-feminists" like Paglia conclude from these observations that the more male way of thinking is an illusion, and the female way of thinking is reality. Paglia is saying that man invented absolutes, invented God, etc., but women, whether they are aware of it or not, are closer to the truth that there *is* no God, and the only absolute is that unruly nature is ultimately in control. Noddings claims that God does exist, not the "male" God of absolutes and pure goodness, but a "female" God who is evolving, ambiguous, "herself" still struggling with evil. It seems like the illogical equation is this: it is a fact that men and women are different, but since it seems that female-thought has been ignored or repressed, it must be true, and male thought, which has dominated our civilization, must be false.

The more we think about these claims and ideas in regard to feminism, the more unsure we seem to become about what feminism means. Today's feminism is very confused. First we had women who wanted

to do what men did, and did not want biological differences to make a difference. Women came to believe that they had been oppressed by men, and their reaction was refusal to be tied to their reproductive biologies. Feminism's insistence on this "right" is evidenced in what is still its biggest issue: abortion rights. Through controlling their biology, feminists today are still trying to be like men, or in some cases going as far as insisting that androgyny is the solution. There are radical feminists who see an ideal society as gender-blind: marriages may be performed and families started, through artificial means, by homosexual couples or by single parents of either sex. There should be no gender-specific roles.

Yet "feminist" women are now buying into the myth reflected in the *Times* Mother's Day editorial—that there once was a matriarchal culture which worshipped goddesses, where everything was peaceful and harmonious. Men and women *are* different, and women are much *better*. So who wants to be like a man? We still have a career woman in a business suit, making it in a man's world, as an ideal, but if she is politically correct she will also be knowledgeable about matriarchal societies, goddess worship—and of course she will be environmentally aware and appreciate nature. She recognizes the power of her fertility, and she will assert her fertility when and with whom she wants to. However, because fertility and procreation are a part of nature, and many goddesses are worshipped for their fertility—no one says that matriarchal societies were run by manly, infertile woman—we have some contradictions. If women are better because they are more natural and can have children, then how can having children be the worst thing for a woman, the thing that oppresses her?

The feminism that arose in the 60s, the *Ms.* feminism, basically got women to say: we can be just like men, and we should be. Logically, to be just like a man meant to repress natural biological functions. This has now been achieved in a much broader way than was ever desired: for example, the sexual revolution and use of birth control combined with putting off marriage (and the use of abortion as a means to control those pregnancies that might require earlier than planned-for marriage or a break in job performance) has resulted, it seems, in a massive outbreak of infertility, something that is breaking many women's hearts (because eventually, many women do want children, and the glamour of being just like a man in the career world is wearing off.) Infertility is certainly not always or even

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mostly the result of these factors, but venereal diseases and repeat abortions do affect fertility, and the instances of these conditions have multiplied along with feminism.

Many “modern” women have adopted another way to get away from their biology: eating disorders, which have been running rampant among modern women. Dieting to look like a man (or a boy really), and illnesses like anorexia nervosa and bulimia in which a woman fasts to the point that menstruation stops, is another way of rejecting natural biology.

I recently saw a movie called *Eating: A Very Serious Comedy About Women & Food*. It made me wonder how much the confusion over feminism had to do with women’s relationships to food. There is the view that women throughout history have starved themselves because, being oppressed by men, they had no control over their lives, but they *could* control what and how much they ate. In the world represented by this film, women are trying to look attractive by dieting and exercising to the point where there is no extra fat on their bodies—and sometimes they can do this to a point that menstruation stops completely—effectively rendering them temporarily infertile. They become sort of androgynous. Yet fat in women is natural, and it is precisely a little fat that makes it possible for a woman to conceive and nurture a child in her womb. A woman in the movie talked of having an abortion as a teenager—against her own wishes, but her parents insisted. After the abortion, she was always afraid that she was pregnant if she felt a little fat, so she stopped eating, then lost so much weight her period stopped—but then she thought she was pregnant again. She then became bulimic, and by the time of the movie was not successful at her relationships with food or men.

The movie was full of women telling their (real) horror stories: overeating because of an abusive father; under-eating to appear attractive and sexually correct; overeating to escape from sexual pressures. I know there are a lot of complex reasons why women become obsessed with all this, but I must say that running into a plump housewife concerned about her children’s PTA meeting would have been a welcome relief after two hours of watching confused, angst-ridden and very hungry females talking about food (the movie took place at a birthday party with about 40 women, where a piece of cake

was passed around from hand to hand and finally only eaten by one bulimic who hid away in the bathroom with it).

Modern woman *is* struggling with her biology. And along comes Paglia who says, though we may want to, there is no getting away from it. Paglia thinks Madonna is a “real” feminist because she understands the power of her biology, meaning here sex and eroticism, and she uses this knowledge to get what she wants. Madonna is not of course tied down by her fertility. Out in California there are women, writes Kay Ebeling in her article “Eco-Feminists and Pagan Politics” (in our Summer, 1991 issue) who are worshipping woman precisely *because* of her biology, her fertility, and even claiming that she has more of a natural right to be protector of the environment than man (eco-feminists vs. “eco-warriors”). This seems to be exactly the opposite of the 60s, bra-burning *Ms.* type feminist—as a matter of fact, though traditional marriage is not a necessary part of the scheme, the eco-feminists claim that women are on earth to commune with nature, be nice to each other, and bear children. I would say that part of feminism has led women full circle, right back to being *barefoot and pregnant*, only this time by their own “choice” and not a man’s.

Perhaps the next step will be to realize that sexual differences are necessary and good, that a world where only women were in power could be just as oppressive as the opposite, because what makes life, love and society work is precisely the tension between the sexes, who in truth need and complement each other. It might be wondered why God (if one believes in Him, of course, which Paglia doesn’t) would, in His infinite wisdom, create two sexes if He wanted men and women to become so much alike that androgyny was the ideal. Or why He based the continuance of the species on sexual intercourse between the sexes, if He didn’t want procreation to link man and woman together. Perhaps Paglia’s weird thinking will at least remind us that one of life’s never-ending struggles is between male and female, and that our relations with each other and with nature are fraught with mystery and danger. Unlike Paglia, we may also be able to find some joy, peace, satisfaction—even our own acceptance of God’s will—in that struggle.

Abortion and the Compromise of Fatherhood

Stella Morabito

In a 1989 interview with *Penthouse* magazine, baseball star George Brett said he paid for the abortions of two of his sex partners. He then summed up the meaning of those abortions for himself: "I know I'm fertile. I've got the checkbook to prove it. But getting a couple of girls pregnant probably gave me a sense that there's no sweat. I can have kids anytime I want. . . . I've had the security of knowing I'm a proven performer."¹

Those are interesting words from a self-proclaimed role model for children.² While some pro-choice men may disapprove of Brett's attitude or his choice of words, his crude openness should require them to come to terms with his view. Why shouldn't a man feel freer to prove his "performance" with women when abortion provides him with greater freedom to do so? Why shouldn't a man accept at face value a socially-accepted view of abortion as merely a quick and safe procedure with no proven adverse effects on women? Why shouldn't a man take sex lightly, and assume that his sex partner feels the same as he? Why *shouldn't* a man pressure a pregnant partner who is opposed to or ambivalent about having an abortion, when his future plans depend upon that abortion?

In short, why shouldn't the average male be detached from the meaning of pregnancy and abortion?

Unrestricted abortion facilitates male emotional detachment from women, pregnancy, and child-rearing. This detachment is a basic element of natural, or unsocialized, male sexual behavior. However, when it is freely applied in a human society, it becomes an inherent part of irresponsible male sexual behavior. And when detachment is encouraged, as it is by unrestricted abortion, such behavior is exercised more widely. Social acceptance of this state of affairs aids in breaking down a tenuous, socially-conditioned link between male sexuality and a fatherhood that nurtures children.

Men are already physically removed from pregnancy. Unrestricted abortion gives them greater freedom to remain emotionally and socially removed as well. It serves as a catalyst for irresponsible male sexual

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behavior in two ways. First, by allowing disregard for pregnancy as a possible consequence of sex, it discourages any consideration of commitment to a woman and a prospective child. Second, when an unintended pregnancy occurs, it allows the detached male to see abortion or desertion as his only acceptable alternatives. He may feel as free to suggest (or apply pressure for) abortion as he felt to suggest (or apply pressure for) having sex. Unrestricted abortion also validates male detachment by providing the illusion of a parallel female detachment. But such illusions are difficult for women to sustain. Obviously, abortion cannot serve to detach women from pregnancy as long as they can become pregnant.

Proponents of unrestricted abortion tout it as the only means of achieving unrestrained sexual (“reproductive”) freedom, yet they generally reject the obvious link between unrestricted abortion and unrestrained (irresponsible) sexual behavior in men. This contradiction is accentuated by their general recognition of two biological constants: the sexual vulnerability of the female and the physical/emotional detachment of the male from pregnancy. Feminist demands for abortion are fueled in no small part by anger over exploitative sexual behavior in men. Yet they cannot acknowledge the vicious cycle perpetuated by unrestricted abortion—that it *encourages* sexual exploitation of women.

The story should be as obvious as it is ancient; when sexual freedom is not balanced by accountability for pregnancy, men will feel freer than women to abuse that freedom. The central question is this: In a civilized society, to what extent should anybody, but *particularly men*, be encouraged to indulge in non-committal sexual freedom if such freedom results in the proliferation of children abandoned by their fathers before and after birth?

I. The Natural Detachment of Men

Any meaningful social commitment to the well-being of children must preclude tolerance for irresponsible sexual behavior and detachment in men. A detached male views the fertility of his partner either as a biological quirk that can be corrected through abortion, or merely as proof of virility which involves no responsibility.

After years of in-depth study of sex roles in several societies, Margaret Mead concluded “human fatherhood is a social invention.” She argued persuasively that a man’s desire to share with his mate in providing for his children must be socially instilled and is of the utmost importance to the preservation of a functioning society:

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Every known human society rests firmly on the learned nurturing behavior of men. This nurturing behavior, this fending for females and children instead of leaving them to fend for themselves, as the primates do, may take different forms . . . But the core remains. Man, the heir of tradition, provides for women and children. We have no indication that man the animal, man unpatterned by social learning, would do anything of the sort . . .

Men have to learn to want to provide for others and this behavior, being learned, is fragile and can disappear rather easily under social conditions that no longer teach it effectively [emphasis mine].³

It seems impossible to reject Mead's conclusions when we consider today's appalling rate of children abandoned by their fathers. In the past twenty years (i.e., since the big push for abortion on demand that culminated in the *Roe v. Wade* decision) the number of single mothers raising children has doubled. Nearly half of those children live in poverty.⁴ The fact that child support must be tirelessly enforced by the courts clearly indicates that many men do not feel socially compelled to contribute to the well-being of their children. The runaway delinquency rate (often quoted as over 50 percent) confirms that social conditions are not "effectively teaching" men to care about their families. On the effects of deserting fathers, Mead wrote:

A more extreme form of a society in which men continue to work to feed children, but the relationship to the children's mother has grown faint indeed, can be found in modern industrialized societies where large numbers of children live in broken homes, supported by taxes levied on the males and working females of higher income brackets, so that [they] become the providing fathers of thousands of children who are public charges. Here again we see how tenuous the urge of the male to provide for his own children is, for it can so easily be destroyed by different social arrangements.⁵

On the other hand, Mead observed that women are providers by nature:

Women may be said to be mothers unless they are taught to deny their child-bearing qualities. Society must distort their sense of themselves, pervert their inherent growth-patterns, perpetrate a series of learning-outrages upon them, before they will cease to want to provide, at least for a few years, for the child they have already nourished for nine months within the safe circle of their own bodies.⁶

Female abortion advocates clearly recognize this bond between mother and unborn child. Otherwise they would not reject the "adoption option" so strenuously. The point of abortion is not only to avoid the physical rigors of pregnancy and childbirth, but to try to prevent this inevitable mother-child bond which is perceived as so disruptive to the lives of modern women.

Social acceptance of unrestricted abortion can easily encourage

a man's detachment toward his own children by reinforcing his lack of personal commitment toward a woman with whom he may conceive a child. A man's feelings about providing for his child are often linked to his level of attachment to the child's mother. A simple sentimental message on a husband's Mother's Day card to his wife conveys this connection clearly: "The most important thing a man can do for his children is to love their mother." This should be glaringly obvious, but it is a lost truth.

We readily accept the fact that children who result from non-committal sexual unions are far more likely to be abandoned by their fathers than children whose parents are committed to one another. Many abortion proponents actually use this as an argument in favor of aborting "unwanted" children. This attitude would seem to confirm the message that the welfare of a child very often depends upon the father's commitment to the child's mother. Yet unrestricted abortion serves to drown out this message by encouraging non-committal sex which widens the gap between unsocialized male sexuality and fatherhood.

This connection between a man's commitment to his child and to the mother can also be seen on another level: men who are emotionally attached to their partners are more likely to have misgivings about abortions. And when they are not committed to the women, they are more likely to be nonchalant.

Several recently-published testimonials of men whose partners had abortions substantiate this. One man, "Geoffrey," summed up his ability to go either way, depending on his feelings for the woman: "This woman I love is going to carry a scar deep inside for who knows how long. A sense of relief or satisfaction doesn't even apply to me. If I'd gotten some girl I'd just met at the beach pregnant, I guess I'd be relieved."⁷ (Somehow "the girl at the beach" doesn't carry a scar. At least not a scar that would concern Geoffrey.) And this from another man who felt some ambivalence about his girlfriend's abortion: "If we just enjoyed each other in bed, the abortion would not be a problem."⁸ Then there is "David," who wanted the baby but "respected" his girlfriend's decision: "Things are pretty screwed up when the way you show a woman you love her is agreeing to abort a fetus rather than wanting to have a baby."⁹ One "Andrew" was upset with the "crude, callous jokes some of the other guys were making in the waiting room . . . One guy was singing 'I left my fetus in San Francisco.'"¹⁰ And this from "Herb" whose partner's abortion was the result of his extramarital affair: "I could have wound

up with what I didn't want. I was just lucky she didn't want the child at the time."¹¹

III. The First Seduction: Abortion and the Male Sexual Perspective

Unrestricted abortion has always served "Herb" and the "Playboy credo" well. It expedites "Entertainment for Men." The Playboy Foundation enthusiastically joined ranks with feminists in the push for unrestricted abortion. Its motive was no mystery. Sexual equality through abortion was simply a code-word for non-committal sexual activity for men. Playboy even published a popular paperback "abortion handbook" for use by both men and women.¹² The message in Playboy's seduction of feminists was typical of any seduction: you women deserve the good life too. This new sexual freedom also allowed men to reject charges of irresponsible sexual behavior on the grounds that promiscuity is an equal right.¹³

Planned Parenthood understands this perspective very well. Its "campaign to keep abortion safe and legal" has appealed openly to such "pro-choice" men. Its message, thinly veiled in lip service to women's rights, is loud and clear: you have something to lose too, buddy, if your sex partner can't get an abortion.

One Planned Parenthood advertisement features a half-page photograph of a man who could fulfill the Playboy self-image: fortyish, attractive, athletic, a professional out for his lunchtime jog. He stares, nonplussed, into the camera. The big bold caption reads: **WHAT EVERY MAN SHOULD KNOW ABOUT ABORTION.** The ad starts with an astonishing acknowledgement of male detachment and lack of concern for unintended pregnancy: "It's easy for men to have an opinion about abortion. We can always pretend it's not our problem." Then this tidbit about women who have abortions: "They face a *decision* about abortion. And that's harder and lonelier. They have to live with the consequences." Yet the goal is not to cause such men to brood over their lonely aborted sex partners. The message serves as a reminder that, as men, they've got the best part of the abortion bargain. And if they want to keep it that way, they had better put their money where their you-know-what is. Otherwise, the ad implies, far more of it could be going for child support: "No woman ever made herself pregnant. Men are responsible too." The ad finally gets to the point: "So the public controversy over keeping abortion safe and legal concerns your freedom as well. To marry when and if you want. To decide with your partner to have children

when you want them. If you want them.”

The ad leaves no doubt that Planned Parenthood recognizes the inherent selfishness of such men by first taking note of their detachment and then appealing to their own self-interest. But wait, there’s more! It also gives the “pro-choice” male reader an opportunity to redeem himself by rescuing women from the villainous pro-life man. It warns that the pro-life man is probably “hoping to buy your silence until it’s too late” and thinks “you’re too selfish to care.” In other words, the male reader can prove he is not selfish by protecting his own interests and sending in a check. It is a fascinating piece of manipulative psychology.¹⁴

Demographer Judith Blake predicted in 1971 that upper-class white men—the “Establishment”—rather than grass-roots activists would be primarily responsible for abolishing abortion laws.¹⁵ She observed that such men were the strongest proponents of unrestricted abortion because they “desired a limited commitment to reproduction” and were “psychologically prepared to take a morally relaxed view of sexual behavior.”¹⁶ She also offered the following:

We may surmise that upper-class men have much to gain and very little to lose by an easing of legal restrictions against abortion. . . . their sexual freedom has been curtailed, both within marriage and outside it, by restrictions on . . . pregnancy termination since as a class they are especially vulnerable to being held financially and socially responsible for accidental pregnancies. . . . And when one takes into account the fact that birth control “reforms” . . . cost men virtually nothing, their positive attitude toward legalizing abortion becomes even more plausible. After all it is women who must undergo abortions, not men.¹⁷

Such a man can manipulate the availability of “safe and legal abortion” in two ways. First, in seducing a potential sex partner, he can automatically dismiss her fear of pregnancy as a factor in declining a sexual relationship. Second, if she becomes pregnant and is ambivalent about abortion, he is also free to begin another process of seduction with her, to convince her to abort.

Today the term “seduction” in the plain sexual sense has an antiquated ring to it. It is camouflaged in the assumption that seduction has nothing to do with sex between “consenting adults.” But the central fact of any seduction is extracted consent. And few would disagree that the deliberate manipulation of another human being for the purpose of extracting consent to engage in sexual intercourse is irresponsible behavior. The bulk of a seducer’s work is done for him by the sexual messages which pervade our commercial society: promises of self-fulfillment, self-expression, self-knowledge, self-

interest, and “you deserve it.” And he can offer a guarantee in the form of his reassurances about legal abortion.

The seducer need not be malicious. If abortion frees a woman to behave as a man sexually, a man may assume in good conscience that she would share his feelings of detachment from pregnancy. However, fertility and pregnancy stand squarely in the way of female detachment. Many women recognize this only after the fact. A college classmate of mine summed up her abortion with tearful passion: “It really makes you hate men.” In other words, she lost her sense of detachment and he kept his. He remained blissfully ignorant of the pain and grief. But she felt a shock of betrayal when she found out she was pregnant. Or, rather, when she found out she was female. This does not happen to detached men.

If you ask such a man to evaluate this woman’s statement about men, he will probably be puzzled at first. “Why did she say that? What did she mean? After all it was *her* abortion, *her* decision.” And that, of course, is the point.

Some men will simply dismiss her statement as a typical response by someone who feels guilty and wishes to assign blame. “We all do things that we regret in this life,” they will say. Or, “She’s copping out because she feels guilty.” Yes, she is feeling guilty. But the question is: *Is he?* Not very likely. He does not share her feelings because guilt is simply not a function of detachment. Men need a frame of reference to understand the meaning of pregnancy and abortion. Testimonials abound of men who confess complete emotional detachment from the effects of abortion until the reality hits home. For example, witness the experience of “Scott”:

The nurse had me come in to answer several questions. . . . [she] had left the result of the abortion, an eight-week-old fetus in a bottle on the desk beside her. It burned a hole in my brain . . . I’d had no frame of reference, no way to feel as involved as I felt that day. . . . I felt I had killed something.¹⁸

Without some acquired knowledge about the true meaning of abortion, a detached male is free to behave as irresponsibly as his gonads dictate and to believe that his sex partner enjoys that same freedom.

However, more and more women are recognizing that they possess no such freedom through abortion. The escalating membership of Women Exploited By Abortion (WEBA) indicates the growing recognition among many women that unrestricted abortion offers them little more than empty promises.¹⁹

III. The Second Seduction: Extracting Consent for Abortion

When a man realizes that his pregnant sex partner is not as detached as he, he has the problem of her potential willingness to have his baby and hold him responsible for paternity. Yet, when the pregnant woman chooses to consult with the father, as is usually the case, she is obviously taking his preference into account. So if a man sees the possibility of paternity as a threat to his future plans or his sexual freedom, he is not likely to give up control at that point. Too much is at stake to tell a pregnant partner to "do whatever you want." The man is faced with turning a woman's ambivalence or opposition to an abortion into consent.

There is no shortage of accounts of men who feel cheated and at a loss when their sex partners decide against having an abortion. Popular film is rife with such portrayals. In "Fatal Attraction," the philandering husband is shocked when his discarded sex partner refuses his friendly little offer to "pay for it," because she has no intention of doing "it." In the movie "Parenthood," a happily-married man exhibits detachment by suggesting abortion to his pregnant wife. In another film, based upon the Joan Didion novel *Play It as It Lays*, a husband simply forces his wife to have an abortion.

But real-life examples of women pressured by men to have abortions are also widespread. A primary sponsor of Maryland's 1991 pro-abortion legislation provided a candid answer to the question of men pressuring women into having abortions. When I asked if he thought it happens frequently, he responded, "We hope not as frequently as it probably does."²⁰ In fact, a male abortion counselor for Planned Parenthood has documented that such pressure is commonplace:

The men who seek abortion counseling are usually motivated by one of the following reasons: a need for information or education; a need for venting feelings; or *a need to attempt to persuade their partner to have an abortion.* [emphasis mine]²¹

Celebrity men seem to have a knack for insisting on abortions for their partners. Washington Redskins owner Jack Kent Cooke divorced his wife when she refused to have an abortion. Since they had an "agreement" to abort any pregnancies, he fought hard to keep his support for that daughter (whom he refuses to meet) to an absolute minimum.²² Johnny Carson's son lied about having AIDS in order to "scare" his girlfriend into having an abortion.²³ One particularly heartbreaking example is Gary Cooper's treatment of

Patricia Neal's pregnancy. In her autobiography, Neal tells of her initial happiness with the pregnancy and how that happiness fell apart: "Then one evening Gary called. 'There's a doctor in downtown Los Angeles,' he said. 'I suppose we have to, Pat. Our appointment is tomorrow afternoon.'" She regretted that abortion more than anything else in her life.²⁴

One fascinating statistic regarding men who pressure women into abortions is buried in an appendix of a pro-choice book entitled *Men and Abortion: Lessons, Losses, and Love*, which is based upon a voluntary survey of a thousand men who accompanied their partners to abortion clinics. When asked "Who favored this abortion?" four percent stated that *they only*, and not their partners, wanted the abortion.²⁵ The sensitivity of such a question suggests that four percent is probably a very low figure, even among men who would volunteer to answer it. Yet if we were to accept it as valid and apply it to national abortion statistics, we would have to conclude that *at least* 70,000 women annually are actually coerced into abortions by their male partners. One can only wonder how much higher the figure would be if a random sampling were possible, particularly when we consider a survey of WEBA members which found that 53 percent felt "forced" by others into having an abortion.²⁶

Perhaps we can get a somewhat representative sampling of male attitudes toward extracting pro-abortion consent by looking at some of the articles about men and abortion which are found in general publications. One such article in *Esquire* consisted entirely of selected and lengthy quotes from twelve men interviewed about their abortion experiences. Half openly acknowledged that they applied some sort of pressure or would have if the abortion idea was resisted. One man "begged" his girlfriend to have an abortion. When she finally decided to leave the decision to him, he reported: "'Hey, let's do it,' I said. At that time I was looking out for number one."²⁷ Another man said, "She wasn't sure, but I kind of convinced her."²⁸

One actually interpreted for us what might be involved in the process of seducing a woman into an abortion:

Some self-deception and some unwitting deception of the other person goes on. . . . Maybe I sort of knew that my support was what she needed to make the decision not to have a child. . . .²⁹

Others indicated that if their children were born, they would have

deserted them: "I hate to admit it, but I probably would have voted with my feet. Faced up to my responsibilities with my backside: 'I'm out of here.'"³⁰

When men are unsuccessful in their demand for abortion, they often feel cheated, because they had no parallel choice to make about accepting the responsibilities that come with paternity. Some interesting legal developments have addressed this inherent "inequality" of *Roe*. These include abortion-by-contract and the pursuit of legal waivers of child support.

A Louisville judge recently ruled in favor of a woman whose partner sued her for breach of contract when she refused to abort their child. The man had paid her \$20,500 to have an abortion. His lawyer argued that since abortion is legal, the contract did not violate any law. Her lawyers contended that such a contract would infringe upon her freedom of choice. But they needed to say more because abortion *is* a legal choice and the very purpose of any contract is to restrict certain choices of the parties. So they argued that such a precedent would mean that judges would be *routinely* called upon to force women to have abortions.³¹

The next logical step for such a man, if he cannot easily desert, is to pursue a waiver of child support obligations on the grounds that he had no control over his paternity. Several Men's Rights organizations have been advocating this argument in recent years. According to one proponent of this path: "to saddle a man with at least eighteen years of expensive, exhausting child support liability on the basis of a haphazard vicissitude of life seems to shock the conscience and be arbitrary, capricious and unreasonable, where childbirth results from the mother's free choice."³²

In one such child-support case, former New York City policeman Frank Serpico was defended by Karen DeCrow, the former president of the National Organization for Women, who has argued that "autonomous women making independent decisions about their lives should not expect men to finance their choice."³³ Said DeCrow: "Just as the Supreme Court has said that women have the right to choose whether or not to be parents, men should also have that right. . . . It's the only logical feminist position to take."³⁴

Despite the fact that the courts have generally rejected such arguments, these cases provide a startling confirmation of the *power* of male detachment. Such conflicts of interest undoubtedly cause many pregnant women to have abortions and many fathers to abandon their children.

And many women are beginning to accept the logic that free access to abortion means they have a personal obligation to take *full* responsibility for a child if the man is unwilling to share it.

There is the painful recollection of one mother: "Of my decision to have the baby, once she was conceived, he said 'It is your decision.' I could say no less to him in return: The degree of his involvement in her life would be his decision. He chose not to be involved—not at all." She regretfully accepted his decision and chose not even to pursue child support.³⁵

IV. The New Meaning (lessness) of Responsibility

Abortion advocates routinely accept the fact that men are more emotionally detached from pregnancy than women. They understand that abortion is much more difficult for women than for men. Yet they very often reject the corollary that male detachment facilitates irresponsible male sexual behavior. Behind this denial is a limited and superficial understanding of sexual responsibility. It involves maintaining a sense of common courtesy, returning phone calls perhaps, using condoms, and paying one's own way. Since abortion proponents do not view accountability for pregnancy as an inherent part of sexual responsibility, they must deny any possibility of irresponsible sexual behavior among mutually-consenting and emotionally-detached individuals who are courteous to one another. In fact, some of their arguments clearly imply that no sexual relationship should ever under any circumstances *require* any real or long-term sacrifice of personal autonomy. Hence, any man who uses a condom or pays his half of abortion expenses is behaving responsibly as long as the woman ultimately gives her consent. Their emotions and personal situations are their own separate business.

Pro-choice women seem to be more willing than pro-choice men to concede the connection. For example, the director of counseling at a Manhattan abortion clinic has stated: "The availability of birth control and abortion has made men much less responsible."³⁶ And many pro-choice women easily acknowledge the predominance of male emotional detachment and the difficulty women have in attaining the same level of detachment. For example Kate Michelman, president of National Abortion Rights Action League:

Men want sex, require sex . . . Women are less needful of actual sexual intercourse. Women are more needful of intimacy and closeness, while men drive right in there, you know. They want *sex*. I don't know how men and

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women ever get together you know. We're very different. But the ultimate impact really falls on women.³⁷

Male abortion proponents deal with the connection between abortion and male irresponsibility in various ways. They rationalize it away, try hard to deny it, or implicitly accept it. Perhaps the most interesting illustration of rationalization can be uncovered in a recent book by pro-choice constitutional scholar Laurence Tribe. In *Abortion: The Clash of Absolutes*, Tribe's rationale could be summed up as follows: men might behave selfishly, but that is a freedom to which women are also entitled. He appears to offer little more than an indirect apology for the *Playboy*/feminist view of sex, since male accountability never really enters into it. Ironically, he provides an argument for abortion by using the example of Kate Michelman's husband who ran off with another woman when Michelman was pregnant. But Tribe does not see the behavior of Michelman's husband as the cause of the problem. For Tribe, the problem really lies in the fact that Michelman did not enjoy the same freedom of behavior. Tribe appears to make the case that complete personal autonomy is the ultimate goal of our legal system. In his cursory and oblique discussion of paternity (in fact, the only reason he raises the issue is to promote abortion), he states:

It is suspiciously easy to say that women should and must make an enormous sacrifice whenever their sexual activity results in pregnancy, even though men need not. But even when a man *might* logically be called upon to make a roughly similar sacrifice, after his child is born, our laws do not ever compel him to do so. [emphasis Tribe's]³⁸

Instead of lamenting this situation, Tribe seems to suggest we should all throw in the towel and accept his view of child support laws as completely unenforceable and not even worth pursuing. When Tribe addresses the issue of irresponsible male behavior (again, obliquely), he offers only a short-sighted and unjust vision of human rights:

While we might not impose selfless and virtuous behavior on a man—because it would be futile, perhaps, but more likely because it would demean his capacity for individual choice and independence—some may find it less of a contradiction to impose such virtue on a woman because of the traditional view of her nature. But to impose virtue on *any* person demeans that person's individual worth. It is no more acceptable when that individual is a woman than a man. [emphasis Tribe's]³⁹

How can social adherence to some standards of virtue demean an individual or a society? The issue is not about our freedom to

pursue selfish individualism. Rather, it is about laws that hold us accountable when such pursuits harm others and impair the functioning of society. But in the world according to Tribe, one's freedom to exercise self-defined personal autonomy must include a waiver of personal responsibility. So instead of shifting some of the burden of responsibility to men, we must shift unrestrained personal freedom to women. And if accountability is equivalent to an imposition of virtue that demeans a person's individual self worth, as Tribe asserts, then we must view any effort to promote discipline in personal behavior, sexual or otherwise, as demeaning and worthy only of being declared unconstitutional.

While Tribe uses legalistic sophistry to justify his astounding acceptance of desertion, other politically-motivated male pro-choice activists simply deny any connection between the greater sexual freedoms afforded men by unrestricted abortion and the abuse of those freedoms. They may hide behind a mask of gender neutrality and consistently claim (despite numerous studies to the contrary) that women behave just as irresponsibly as men.⁴⁰ Nevertheless, they will also recognize a higher level of detachment in men than in women.

The gap in their logic is obvious. And their reasoning can get extremely circuitous. For example, I interviewed a male pro-choice lobbyist who flatly rejected any connection between unrestricted abortion and irresponsible sexual behavior in men (or women).⁴¹ Yet, when I asked him about a general male detachment from pregnancy, he cautiously agreed that "it's easier for men to walk away from a pregnancy. . . ." However, rather than regarding male detachment as a catalyst for male support of unrestricted abortion, he associated it with an unwillingness to support abortion: ". . . that [detachment] doesn't mean that men can't or shouldn't be supportive of the pro-choice movement." But he immediately contradicted this view after noting that all of the major polls on abortion show that more men than women are supportive of abortion. When I asked him why he thought this was so, he said: "Maybe because it doesn't have as profound an impact on their lives. Maybe there's not as much of a struggle in that decision-making."

Another pro-choice male, Men's Rights advocate Warren Farrell, implicitly acknowledges that abortion breaks down the connection between sex and commitment. He clearly recognizes that the connection benefits women more directly than men, and gripes about any obstacle

that might come between a man and his hormonal signals, particularly negative social attitudes toward noncommittal sex, which he identifies simply as “sex”:

The more negative our attitude toward sex, the more men have to pay to “earn” it. And that maintains our unconscious investment in keeping our attitude toward sex negative with the unintended result of making our attitude toward men negative.⁴²

Of course what Farrell is really whining about is a negative social attitude toward *detached* men.

Other male abortion proponents are anxious to deny any connection between male callousness and abortion. One of the more belabored attempts to portray pro-choice men as “sensitive and caring” is the above-mentioned book *Men and Abortion*. It served as therapy for primary-author Arthur Shostak, who states in his introduction that the book grew out of his own abortion experience. He tries to validate abortion as a positive experience which is simply a “drama” or “challenge” of life. He admits it is a “death experience” and even quotes psychologists who warn that “men who are not helped to mourn over an abortion are learning how to be even less involved as nurturant parents in the future.”⁴³ He also laments the low turnout of men at clinics and explores ways of encouraging men to be more supportive. But the book offers a narrow definition of male responsibility: provide money, transportation and moral support. He never really addresses a possible motive for providing such support—that it may be expedient for the man when the woman is ambivalent about the abortion and he is not.

Several of Shostak’s survey findings betray his efforts to convince us that men who accompany women to clinics are not detached from the meaning of pregnancy: 51 percent immediately recommended abortion upon learning of the pregnancy; 89 percent favored the abortion; 4 percent favored the abortion over the woman’s objections; 25 percent were repeaters; 48 percent felt that a man should not be required to pay child support if the woman did not have an abortion; and 52 percent indicated that their relationships with the women dissolved after the abortion.⁴⁴

Perhaps the best barometer of the effect of unrestricted abortion on male sexual behavior would be one survey question addressed at random to women who were getting abortions: Did your partner object to the abortion and eagerly promise to share in the support

of your child? No doubt the nays would have it. *Men and Abortion* never seriously entertains the notion of a man being more supportive of the choice to bear a child than the choice to abort. Rather, men who object to their partner's abortions are generally cast stereotypically as "anti-choice," excessively religious, under-educated, or as having "macho" image problems. But men who object to their partners' decisions to give birth are treated with sympathy and understanding. One male abortion counselor who contributed to the book vents his anger that men can still be "victims" of pregnancy, even though, thanks to unrestricted abortion, they are less often "villains."⁴⁵

V. Damage Assessment

Everyone knows (though not everyone admits) that unrestricted abortion fosters an irresponsible male attitude towards sexual freedom by reducing the sense of accountability for any mothers and children who may result from the exercise of that freedom. Such disregard is an inherent part of the *Playboy* attitude toward sex. Planned Parenthood implicitly recognizes and accepts this attitude in its appeals to pro-choice men. Male pro-choice activists seem to be least able to come to terms with the connection between ready abortion and exploitative male behavior. Women acknowledge it more readily, although it is at odds with the feminist position on abortion.

When unrestrained sexual freedom is encouraged, we pay a price that goes beyond the degradation of women. The deluge of aborted children is the most obvious cost. This is beyond debate. Since *Roe*, there have been some 27 million abortions in this country. Even abortion proponents pay lip service to the idea that this number is disturbing. When they challenge critics who link those numbers to irresponsible behavior, the best they can do is characterize the decision as "agonizing" for the *woman*. They do not claim to celebrate the act of abortion because they know that somehow it produces personal and social damage. In fact, a recent Planned Parenthood advertisement concedes the offensiveness of abortion by proclaiming that our goal "should be to make abortion less necessary."⁴⁶

The proliferation of abortion coincides with yet another disturbing trend: the proliferation of living children abandoned by their fathers. The federal government has been fighting a losing battle against delinquent fathers, especially in the past twenty years. Despite substantial legislation, such as the Family Support Act of 1988,⁴⁷ the statistics are not encouraging for children. Delinquency is rampant. The Final

Report of the National Commission on Children (NCC) states:

More than a third of all non-custodial fathers ignore the obligation to support their children, and many others pay only a fraction of what they owe. Only one single parent in four receives the full amount of court-ordered child support . . . This is not because most fathers cannot pay. . . . But they do not feel a sense of responsibility for their children. . . .⁴⁸

The ability of fathers to pay is reflected in recent studies on the effects of divorce which find that the standard of living after divorce improves substantially for men, but deteriorates substantially for women.⁴⁹

As noted, the number of single-parent families—over 90 percent of which are headed by women—has more than doubled in the past twenty years.⁵⁰ Single motherhood spells disaster for the welfare of children. The NCC report states that “the period from 1974 to the present marks the first time in the nation’s history that children have been the poorest group in society.”⁵¹ Some 43 percent of mother-only families are living in poverty, compared with seven percent of two-parent families. But the poverty of two-parent families fluctuates with the changing economy, while “poverty among mother-only families is persistent.”⁵² The report states there is “ample evidence that children are worse off in 1990 than they were in 1970” in terms of parent-child relationships, health, learning disabilities, school achievement, high-risk social behavior (including “premature sexual activity”) and emotional well-being.⁵³

After reviewing the report, Columnist Charles Krauthammer posed the begged question: “How does government sitting in Washington solve a problem that is at root caused by delinquent fathers?”⁵⁴

Of course policy-makers will never solve the problem if they do nothing to change the moral framework into which abandoned children are born. Margaret Mead had it right: “*Men have to be taught to want to provide for others.*”

Unrestricted abortion undermines this most vital of society’s lessons.

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5. Mead, p. 191.
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7. Arthur B. Shostak and Gary McLouth, *Men and Abortion: Lessons, Losses, and Love*, (New York: Praeger, 1984), p. 270.
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9. Eric Goodman, "Men and Abortion," *Glamour*, July 1989, p. 179.
10. Shostak, op. cit, p. 234.
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22. "Jack's Little Girl," *The Washingtonian*, Aug. 1989, p. 112.
23. "Carson's Son Claims AIDS to Make Girlfriend Abort Baby: Judge Nixes Test," *Jet*, Aug. 3, 1987, pp. 13-14.
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44. Appendix G (Questionnaire Results) in Shostak, pp. 313-321.
45. Stephen McAllister, as quoted in Shostak, p. 155.
46. This advertisement for Planned Parenthood can be found in the *Washington Post*, July 3, 1991, p. A16.
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'Don't look so glum. Lots of these attachments ripen into a lasting agreeable partnership.'

THE SPECTATOR 17 August 1991

APPENDIX A

[*The following column first appeared in the Village Voice (June 4, 1991) and is reprinted here with the author's permission.*]

Creating a Master Race

Nat Hentoff

As we [the Committee To Defend Reproductive Freedom Rights] sat on folding chairs in the Women's Building, I talked about the history of the eugenics movement, especially in terms of disabled people, and how it had reached its terrible fulfillment in Nazi Germany—first in the forcible sterilization of disabled people and then in genocide, which began not in the concentration camps but in the hospitals and mental institutions in Germany.

—Anne Finger, “A Lot to Learn,” *Disability Rag*, March/April 1990

The Germans did not have the benefit of our prenatal genetic screening—which is rapidly becoming even more sophisticated. If they had been able to search out genetic defects in the fetus, think of the money and the man-hours they would have saved by simply aborting what the gentle German animal behaviorist Konrad Lorenz used to call “deleterious mutations.”

The Nazis gave eugenics a bad name. But there are still a lot of people in this country who would like to purify the stock. Some are racists; others are concerned with costs. It costs money, they say, to care for certain people born with certain genetic defects, and since their “quality of life” isn’t going to be so hot anyway, why not give the tax-payers a break and kill the defective in the womb.

Moreover, it’s getting harder to legally discriminate against the disabled once they’re here—particularly as a result of last year’s Americans with Disabilities Act. So genetic screening makes all the more sense. Kill them before they start moving amongst us.

Then there are those people, and they are legion, who are not concerned with any of these social questions, but simply want a perfect baby.

So, quiet as the name is kept, eugenics is becoming as American as ballpark hot dogs.

Indeed, for the first time, so far as I can find out, an official approval of eugenics has been written into a state law.

It is not illegal to be tested—through amniocentesis and other ways of screening—in order to find out if the fetus has a genetic defect. If it has, you can destroy it through abortion. But to enact a law that specifically endorses the killing of the fetus if he or she has *any genetic defect whatsoever*—no matter how slight—is a great step ahead toward creating near-perfect beings. What some used to call a master race.

The state is Maryland, whose legislature on February 18 passed an abortion

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bill. Generally, the press described it as a “moderate” statute. It assured the women of Maryland that if the Supreme Court ever overturns *Roe v. Wade*, the very same protections will continue to exist under Maryland law.

As a consolation prize to the pro-lifers, the law has a parental consent clause, but it’s a fake. The decision whether to inform the parents of an “unmarried minor” is left to—guess who?—the doctor about to perform the abortion. If he or she believes the minor is “mature and capable of informed consent” or if the doctor believes that telling the parents would not be in the minor’s best interest, the parents will not hear a word.

Then comes the endorsement of eugenics. In the state of Maryland, a fetus may now be aborted “at any time during the woman’s pregnancy” if THE FETUS IS AFFECTED BY GENETIC DEFECT OR SERIOUS DEFORMITY OR ABNORMALITY. That means, of course, a *viable* fetus can be done away with.

You will note that with regard to “deformity or abnormality,” there’s a qualifier. Those conditions have to be “serious,” whatever that may mean, if the fetus is to be destroyed. But there is no qualifier to “genetic defect.” As one legal expert in this field told me, “if ‘myopia’ is discovered, you could—by the language of this section—abort a nearsighted fetus in the seventh month, or later.” It’s hardly likely to happen, but it would be legal if it did.

And if you find out there is a defect that goes with sickle cell anemia, cystic fibrosis, or many more conditions that can now be detected, then throw the fetus back into the sea.

In time, nearly all genes will be mapped, and there will be a perfect race.

I found out that in the Maryland general assembly (the lower house) one delegate, Donald Elliot, had offered an amendment which would have inserted “serious” before “genetic defect.” There was little floor debate, and the amendment was defeated 75 to 55.

Elliot told me that a fellow delegate, a pro-choicer, had leaned toward him during the debate and said softly, “That’s a good amendment.”

“Then you’ll vote for it?” Elliot asked.

“No, I have no choice,” said the pro-choicer. “The senate leader says that if this bill comes back with any amendments, he’ll stick it in a drawer.”

And that’s how eugenics came gamboling into Maryland.

There was another amendment:

“A person may not intentionally perform or attempt to perform an abortion with knowledge that the pregnant woman is seeking the abortion solely because the sex of the unborn child is not the gender desired by the pregnant woman.” That went down 74 to 58.

What the hell, coming up with the wrong sex can be interpreted as a genetic defect, right? And guess which gender is more often killed off this way? Females. Some choice.

Anyway, the legal director of the Illinois American Civil Liberties Union has

told me that a woman can have an abortion for any reason she wants, including gender selection. Hair color too? Why not? It's the right to choose.

As for the killing of viable fetuses because they have one of dozens of discernible genetic defects, it should be remembered that before *Roe v. Wade*, a post-viability abortion was known as infanticide.

I'd read about the Maryland abortion law, but none of the papers mentioned its salute to the legal return of open-ended eugenics.

But in March, I got a letter from Richard Stith, a law professor at Valparaiso University in Indiana. He enclosed the cheery new statute, and noted:

"Those opposed to people with disabilities just won more in Maryland than ever before in any state or nation of the modern world. An unborn child *able to survive on his or her own* can be killed simply for having some minor 'defect.'

"The law . . . unmasks the ableists, reveals their elitist arrogance toward anyone less than perfect. It finally makes clear the nature of the ideology that has been pushing for 'autonomy' rights to withhold food and water from 'defective' newborns and unconscious adults."

Richard Stith fears that the "genetic defect" law will spread throughout the country. If it were to come before the New York State legislature, it would surely pass the assembly—shepherded, I expect, by Richard Gottfried. The Senate would probably kill it, but you can't be too sure. After all, the New York Senate finally approved the health proxy act, which is a kissing cousin to euthanasia. Elsewhere in the country, Maryland's doorway to large-scale eugenics should do quite well in some states.

The one surprise I've had in reaction to the Maryland bill has been the silence, so far as I know, of the disability rights organizations. For a long time, in conversations with disability activists and at meetings of their organizations, I've heard apprehensive talk that just such a bill might someday come into being.

Well, here *it* is, and where are *they*? It is true that disability rights groups are ambivalent about abortion and anything connected with it. Some of the members are pro-choice; others have no firm opinion but do not want to be identified with so controversial a movement. They figure they have enough problems of their own without the bad press that pro-lifers get. And when disability rights people lobby legislators, they also don't want their priorities blurred with those of pro-lifers.

Some of the key disability groups, however, have been willing to oppose euthanasia (as in the Nancy Cruzan case) and to support the rights of Baby Does—severely handicapped infants whose parents want to let them slide into eternity. The disabled know that as it becomes easier for society to get rid of expensively imperfect people, they themselves may eventually not be safe from lethal mercy.

One disability rights activist is aware of the connection between the return of eugenics and certain dimensions of abortion advocacy. Anne Finger is pro-choice, a feminist, a writer (currently teaching creative writing at Wayne State

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University), and is herself disabled.

In the *Disability Rag* (March/April 1990), she tells of having joined an abortion rights group and of offering to speak at a meeting about disability and reproductive rights:

“When I started talking about how the reproductive rights movement was sometimes guilty of exploiting fears about disability when it argued for abortion because of fetal defect, things got really strained. I expected lip service, condescension, liberalism—but certainly not hostility.”

Also at the same meeting was a Harvard biology professor, Ruth Hubbard, since retired. She was not hostile to Anne Finger: “My problems with prenatal screening stem mostly from my concern about how it’s creating eugenic thinking.

“We act as if we can look at a gene and say, ‘Ah-ha, this gene causes this . . . disability,’ when in fact the interactions between the gene and the environment are enormously complex. It moves our focus from the environmental causes of disabilities—which are terrifying and increasing daily—to individual genetic ones.”

The pro-choice forces, however, are so intent on removing all obstacles to abortion—for instance, Congressman Don Edwards’s draconian Freedom of Choice Act of 1991, supported mindlessly and mercilessly by the ACLU—that eugenics is no specter to them.

But Anne Finger remembers the stunning initial triumph of eugenics as it killed the disabled in the hospitals and mental institutions of Germany—before the Nazis came for the Jews and the homosexuals and the Poles and the Russians and the gypsies.

Anne Finger is still pro-choice; but unlike most people in the movement (very much including the ACLU) she also knows what certain choices can lead to.

APPENDIX B

[The following column appeared in the Cincinnati Enquirer on June 9, 1991, and is reprinted here with the author's permission.]

Less Than 'Perfect' Babies Deserve a Chance at Life

Deborah Kendrick

The first time I really thought about abortion was when one of my best friends in college confided that she was going to get one.

"No," I begged. "Don't do that; just have the baby and give it to me."

My offer didn't influence my friend's decision. It did, however, help crystalize my own attitudes on the subject. On some instinctive level, I knew that society's approval of abortion and negative attitudes toward disabilities were linked.

Friends tagged me paranoid, but the whole thing held a certain personal foreboding. If we can dispose of a life because it is inconvenient or requires too much care, then we are just one step from scrapping other lives as well.

How long would it be before disability disqualified a person from "full credit" status in the scheme of life?

In recent years, I've repeated my plea ("just have the baby and give it to me") when friends expressed the need to guarantee, through amniocentesis, that their babies are flawless.

The notion of confirming quality before allowing a child to be born horrifies me.

Add the physical and emotional risks accompanying prenatal testing, and people might question which group is being the most devalued: pregnant women, unborn babies or people with disabilities.

Amniocentesis tests for almost 100 problems. Alongside that fact is the news that one amniocentesis of every 200 leads to miscarriage.

When I was pregnant with my now 2-year-old daughter, my obstetrician knew I wasn't expecting a promise of perfection from her. She reminded me that, being over 35, my chances of having a baby with Down's Syndrome or other disabilities were significantly increased.

I reminded her that I never peek at presents early, and we never talked about testing again.

But her partner told me about AFP (alpha-fetoprotein) testing, and I wavered enough to take the flier home and consider it.

I didn't have the test.

AFP is a simple and painless affair; blood is drawn from the mother's arm and analyzed for the presence of protein produced by the fetus. A high reading can mean the baby has a neural-tube disorder, such as spina bifida. A low level can mean the baby has Down's Syndrome.

For every 100 women who are told their levels are high on the initial screening, only one or two are carrying babies with neural-tube defects. (The

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test's ability to predict Down's Syndrome is even lower.)

How many healthy babies are "terminated" because of such inaccurate tests, and how many women are unnecessarily traumatized? And what does all of this frenetic testing say for our tolerance of human beings who come in different packages?

Helen Klein Ross, an author and mother who had an erroneous AFP reading, wrote of her experience in the summer 1990 issue of *Mothering* magazine: "I debated the morality of extinguishing a life simply because it might not be as fulfilling as my own . . ."

And that, it seems to me, is what this whole business of verifying the perfection of our unborn children is all about.

How can anyone predict how fulfilling another's life will be? What if the prenatal test that now exists to identify the gene that resulted in my blindness had been available to my mother? Would I have been given the chance to be born, have my own children, write these questions?

Blindness is a frightening thing to those who have never experienced it—as are spina bifida, Down's Syndrome, muscular dystrophy and myriad other disabilities.

No one *asks* for an unhealthy or disabled child. Certainly, no one plans disability for their children any more than older and/or healthy people choose to acquire disabling conditions.

To say that such a child or person should not have a life at all, however, shrills a terrifying message about our attitudes toward people with disabilities—indeed, toward life itself.

Millions of people with disabilities have very fulfilling lives. Millions more deserve the opportunity.

APPENDIX C

[The following column appeared in the *New York Post* on August 5, 1991 and is reprinted here with the author's permission.]

Abort Patients' Naivete Leads to Another Death

Ray Kerrison

A 21-year-old Connecticut woman died at Bellevue Hospital Saturday, a few hours after undergoing an abortion at the Eastern Women's Center on East 30th Street.

Doctors worked on her for five hours trying desperately to save her life, but lost the battle soon after 4 p.m.

The woman, whose identity I'm withholding, is the latest casualty in the most secret—and protected—occupation in the nation. Neither governments nor feminist organizations count, write or talk about the number of women who die or are physically mutilated or psychologically damaged in abortion.

But this is the second time this year I have written about an abortion death at Eastern, the second-largest mill in the city. It does an estimated 10,000 to 15,000 abortions a year at prices ranging from \$275 up to \$975, depending on the length of the woman's pregnancy.

In January, *Post* columnist Charles Carillo and I wrote of the death of a 13-year-old girl after a botched abortion at Eastern. A jury subsequently awarded the child's parents \$1.2 million in damages after testimony showed that she choked on her vomit, which led to a massive heart attack.

In the latest case at the weekend, a spokesman for Bellevue said the woman was admitted around 10 a.m. Saturday suffering from cardiac arrest. Resuscitation and respiratory measures were undertaken without success. The woman died at 4:45 p.m.

The spokesman added: "The case has been referred to the medical examiner and any further evaluation would have to come from that office after examination."

No one at the abortion center was available yesterday for comment. It was closed for the day.

The first sign that something had gone radically wrong in an abortion procedure became apparent Saturday morning to a pro-life group on the sidewalk outside the clinic.

"Two ambulances, a wagon and a police car suddenly pulled up to the clinic," said Ray Mylott, a Wall Street attorney who spends his Saturday mornings praying and counseling.

"About 20 minutes later, a woman was brought out on a stretcher with an oxygen mask strapped to her face. They were massaging her heart. Then they all drove off."

Shortly after 11 o'clock, a Catholic priest, Father William Shelley, from

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Midtown's St. Agnes Church, joined the group for prayer. He usually arrives late because he works a soup kitchen in the mornings. He went straight to Bellevue to do what he could to help the stricken woman.

"She was in the intensive-care unit with two doctors and a nurse working on her," said Father Shelley. "I don't know whether she was conscious or not, but I told her I was a Catholic priest and I was praying for her.

"I anointed her on the forehead. It took 10 to 15 seconds, then I went down to the lobby and said the prayers for the dying."

A few hours later, the woman was dead.

The abortion clinic didn't miss a beat. It went right on cranking out the numbers. As Mylott says, "Saturday is always the biggest killing day."

That's why the Police Department assigns a policewoman to the clinic's sidewalk on Saturday mornings. In addition to Mylott's group, a counter-group of women from WHAM also works the sidewalks escorting women into the clinic.

Mylott said that after Saturday's crisis, eight women changed their minds and left Eastern and the nearby Park Med clinic without having their planned abortions. Turn-aways are usually referred to pregnancy crisis centers for free prenatal care. Also available are three hospitals to provide free births and funds for various emergencies.

Mylott has spent three years on the sidewalks. "We don't engage in civil disobedience or break the law," he said. "Some woman go in for their abortions laughing, others weeping. Most don't have the slightest idea what awaits them. They buy the lie that it's a quick five-minute procedure—easy, safe and legal. A few take our literature into the clinic, read it—and walk right out."

Why do so many young women have abortions? "Mostly because they have no emotional support," said Mylott. "Their men run out on them. We are living in an age of complete male irresponsibility. It's wham, bam and they're gone."

Tragically, the young woman from Connecticut did not live to tell her story.

APPENDIX D

[The following column appeared in the New York Post on August 7, 1991 and is reprinted here with the author's permission.]

Women Also Die From Legal Abortions

Ray Kerrison

The city medical examiner's office on First Avenue, sandwiched between Bellevue Hospital and NYU Medical Center, is not the kind of place you'd choose to spend the Happy Hour.

It is literally a house of death. Every day, 25 to 30 bodies are taken there for autopsies or examinations by a team of forensic pathologists to determine cause of death. Accident victims, homicide victims and suicides all end up in this building.

Seven days a week, between 9 a.m. and 5 p.m., streams of anguished people climb the front steps and pass through the glass doors on the saddest mission in this life: to identify loved ones.

"No matter how many years you work here, you never get used to it," said Ellen Borakove, the office spokeswoman. "Not even the pathologists. When the victims are children, it breaks your heart."

It used to be that relatives or friends would have to go down into the morgue itself and make a positive identification from the body. No more. Since Dr. Charles Hirsch became the chief examiner 2½ years ago, identification is made from photographs. "Much less traumatic, especially in homicide cases," said Ellen.

At the weekend, a 21-year-old woman from Connecticut was suddenly and tragically thrust into this system. After undergoing an abortion at the Eastern Women's Center on East 30th Street on Saturday morning, she was stricken with as yet unexplained complications and rushed to Bellevue. She died there a few hours later.

"When anyone dies without explanation, especially anyone as young as 21, they are automatically referred to the medical examiner's office," said Ellen. So the Connecticut woman's body was transferred next door. A relative, notified by police, came to identify her. An autopsy was performed and her body was released to relatives Monday.

What happened? "Our tests will not be completed for seven to 10 days," said Ellen. "Since we do not issue preliminary findings, we will have to wait for all the lab tests to be sure. It's been said the woman died of cardiac arrest, but everyone dies of cardiac arrest. That just means the heart stops beating. An autopsy is to find the underlying cause."

This woman's death hardly caused a ripple in New York City. Most media outlets ignored it. One consigned it to the back of the paper, above the obituary notices. "If she had died in an illegal abortion in a state where abortion is

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not legal, the media would have gone crazy with it,” said Chris Slattery, who runs a pregnancy crisis center. “Because she died in a legal abortion, no one bothers. They don’t really care about women.”

It is amazing how abortion advocates avert their gaze when things go wrong. All the familiar organizations and their backers—Planned Parenthood, NOW, NARAL, Faye Wattleton, Molly Yard, Gloria Steinem, Joanne Woodward, Polly Bergen et al—are available for media interviews, conventions, marches and parades to advance the cause, but when women die in abortion they are nowhere in sight.

This is the second known abortion death to come from Eastern. A 13-year-old child died in 1985, three weeks after an abortion undertaken without parental knowledge, much less consent. So this latest death is being investigated not only by the medical examiner but by the state Department of Health and the clinic itself.

Let me tell you something about this Eastern Women’s Center, the second biggest abortion mill in the city. In a two-year span, between December 1986 and September 1988, the Health Department slapped it with fines exceeding \$92,000 for a whole bunch of violations.

It was cited for a “lack of medical direction and supervision.” The medical supervisor spent only two hours a week on the premises, on Fridays. How would you like a school guidance counsellor sending your daughter—unknown to you—to Eastern for an abortion?

Eastern was cited for its inappropriate use of nurses. That means nurses were making doctor decisions. It was cited for failing to “adequately document patient problems and needs,” for releasing anesthetised patients without escorts, for failing to perform appropriate lab tests to screen for anemia, cervical cancer etc.

It tore a 17-year-old girl’s cervix and perforated her uterus after deciding she was 12 weeks pregnant, when she was really 20 weeks pregnant. The list goes on and on. And this is a *licensed* abortion clinic. Most abortion outfits in New York are not licensed by the state, so they are not subject to inspections of any kind.

These are the places where Cuomo and Dinkins and Messinger and Holtzman and Abrams and dozens of politicians say your little daughter may have an abortion without your consent.

This, in New York, is called leadership.

APPENDIX E

[The following column appeared in the Los Angeles Times on September 12, 1991, and is reprinted here with the author's permission.]

Why I No Longer Do Abortions

George Flesh

Last Yom Kippur, I decided to stop doing abortions.

My first abortions, as an intern and resident, caused me no emotional distress. I felt that I was helping a patient solve a serious problem. The fetus was no more than unwanted tissue. Although doing second-trimester abortions sometimes disturbed me, my qualms were easily overcome by ideas of women's rights and free choice. Among most people I respected, the practice of abortion might as well have been part of the Bill of Rights.

My discontent began after many hundreds of abortions.

I decided to do no more second-trimester abortions when I started my private practice. Extracting a fetus, piece by piece, was bad for my sleep. But as a gynecologic consultant at a university health center, I saw many early abortion referrals, since unwanted pregnancy is, by far, the most common surgical problem in young women. I felt great sympathy for these women, often abandoned by boyfriends or afraid to tell them about their pregnancy. I took good care of these patients. Their gratitude gave me much satisfaction.

But, insidiously, the satisfaction diminished. Depression clouded my office day when I had an abortion scheduled. My pulse raced after giving the local anesthetic. Although I still felt sorry for the 20-year-old college junior, I felt increasing anger toward the married couples who requested abortions because a law-firm partnership was imminent, or a house remodeling was incomplete, or even because summer travel tickets were paid for.

Anxiety attacks, complete with nausea, palpitations and dizziness, began to strike me in some social situations. In public, I felt that I was on trial, or perhaps should have been. I no longer was proud to be a physician. Arriving home from work to the gleeful embrace of my kids, I felt undeserving that God had blessed me with their smiling faces. The morning shaving ritual became an ordeal, as I stared at the sad face in the mirror and wondered how all those awards and diplomas had produced an angel of death.

Why did I change?

Early in my practice, a married couple came to me and requested an abortion. Because the patient's cervix was rigid, I was unable to dilate it to perform the procedure. I asked her to return in a week, when the cervix would be softer.

The couple returned and told me that they had changed their minds and wanted to "keep the baby." I delivered the baby seven months later.

Years later, I played with little Jeffrey in the pool at the tennis club where his parents and I were members. He was happy and beautiful. I was horrified

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to think that only a technical obstacle had prevented me from terminating Jeffrey's potential life.

The connection between a 6-week-old human embryo and a laughing child stopped being an abstraction for me. While hugging my sons each morning, I began to think of the vacuum aspirator I would use two hours later. This was an emotional tension I could not tolerate.

Nor could I live with the conflict between Jewish law and my medical practice. Judaism has become the lens through which I see the world. The *Mitzvot*—God's commandments—guided my behavior. But as a religious Jew, my desire to fulfill Torah was absurd as long as I performed elective abortions—a clear transgression.

My ritual observances—from *Shabbat kiddash* to *lulav* and *etrog* on *Sukkot*—seemed hollow and hypocritical. I yearned to sing prayers passionately. I could not draw closer to God. Wrapping myself in *tallit* and *tefillin* meant nothing. The contradiction was too great. My spiritual aspirations were shattering. My intellectual integrity was disintegrating. I had to stop doing abortions.

Perhaps you might expect to hear me speaking at the next anti-abortion rally. You will not. There are some abortions I would do even now—pregnancies that threaten the mother's life, pregnancies resulting from rape or incest, pregnancies involving extreme birth defects.

Second, I am unable to impose my personal beliefs on a woman who feels her pregnancy will ruin her life. My conscience would not tolerate the terrible complications that illegal abortions would inevitably produce.

Finally, I do not believe that all immoral actions must be illegal. Perhaps in my ideal society of chastity until marriage, of poverty eradicated, of universal respect for human life, abortion would be illegal. Alas, the Messiah (whether it be for a first or second time) has not arrived.

But I am revolted when I see how casually some couples choose an abortion—for the convenience of having a baby in June instead of February, for example. I do not believe that a civilized society should encourage this.

The reality of "choice" has profound moral and spiritual costs. The idea of "moral and spiritual costs" may seem irrelevant or chimerical to some. It is as hard as rock to me. As for elective second-trimester abortions, I believe that they should be illegal. I understand that for some women this would be a terrible burden. Some would bear deeply unwanted pregnancies, others would have illegal abortions; those who could afford it would go out of the country.

But I believe that tearing a developed fetus apart, limb by limb, simply at the mother's request is an act of depravity that society should not permit. We cannot afford such a devaluation of human life, nor the desensitization of medical personnel that it requires. This is not based on what the fetus might feel, but on what we should feel in watching an exquisite, partly formed human being being dismembered, whether one believes that man is created in God's

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image or not. I wish everybody could witness a second-trimester abortion before developing an opinion about it.

Since I stopped doing abortions, my life has blossomed. I love my practice. Years of struggle and guilt have ended. A certain calm and inner peace have returned. I feel closer to God. Our third child, Hanna, was born, bringing my wife and me immeasurable joy. She is named after my two grandmothers, one who survived Auschwitz and the other who was murdered there.

Yom Kippur is approaching again. Last week I went to a *sofer* to check my *tefillin*. I had to buy new ones. My old *tefillin* were not kosher.

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[Katherine Andes, a Roman Catholic, works in a Protestant-run Crisis Pregnancy Center in California, and writes for their newsletter Life Net. Mrs. Andes sent us the following, asking our "opinion," which is that we think our readers would also enjoy reading her story. (The names of her friends have been changed.)—Ed.]

Why Are Some Good Smart Nice People Pro-Choice?

Katherine Andes

Faye Wattleton is such a pretty woman. Her features are soft and feminine. This is no department store beauty. Her charm is natural, serene, and seems to come from within. When she deftly turns an argument to the point she wants to discuss, it is done effortlessly and with grace. This is a woman I would want to have as my mother . . . if she wouldn't kill me.

My friend Linda is the model of motherhood. She's an at-home mom, keeps an immaculate house and wears dresses—always. Somehow she has managed to civilize two rambunctious boys without spanking. She is a nurse, a Christian, kind-hearted and always there when you need her. Yet she is pro-choice. Once when we were discussing the topic, she said to me, "What would you do if a couple had a headless baby in utero?" I was so astonished that I muttered something lame like, "Well, how often does that happen?"

My neighbor Susan is fun. She's always ready to troop her girls over to my big front lawn for a spontaneous neighborhood party. She always tells jokes and if it weren't for Susan, I wouldn't know that dumb blond jokes are in. She, too, stays home with her three girls and seems always up to speed with social issues, especially if they involve family. She is relatively conservative. Staunchly pro-choice, she says that lack of reproductive control has kept women down and burdened through the centuries.

These and others like them are good, smart, nice women. They weep, cry and bleed just like all of us. Pro-choicers care just as much for their children and worry about them as we do. I am certain that my pro-choice friends pray for their kids. In pondering this irony, I think about myself. After all, I, too, was pro-choice for many years. I was good (so I thought). I was smart (so I thought). Of course, I was nice. I was also a liberal. Weaned on the 60's, when the abortion issue came up I simply looked to what the Left said and I went along.

And then of course, there was also that picture: The room was bare and ugly. The woman was nude. She was on the floor, face down in a fetal position, her long dark hair covering her face. Her bed was a small pool of blood.

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I saw this photo in a piece of literature thrust into my hand on the campus of UCLA in 1970. The shape of the woman's body was so similar to mine. Her long dark hair (also like mine) hid what must have been an anguished face. The image seared itself into my memory instantly making me a legal abortion supporter. Just like that. The picture was to stay with me many years, shutting out any possible argument.

Pictures have shaped my life. As a four year old our family was the first on the block with a television. I also stared endlessly at *Life* and *Look* while under the dryer in my mother's beauty shop.

One picture I still see vividly: The little girl was dark-skinned. Her clothes were tattered and her belly bloated from starvation. Her big eyes seemed to be looking only at me. It felt as if she had reached out of that picture and grabbed me, pleading, begging me to help her. How could I? I was only an eight year old little girl getting her hair done. So, the following Sunday, I put an extra dime in the collection. It hardly seemed enough.

Years later pictures in *Time* caught my eye: Beautiful boys and girls were running, crying, screaming. Their bodies were covered with burns. These were the victims of napalm. What could I do? Some of my friends marched in endless protests and prepared for the coming revolution. I passed out pamphlets door-to-door for Eugene McCarthy. I went on strike and didn't go to classes for a day. They were feeble gestures.

Pictures came in the mail recently. Pictures of a recently aborted child in Houston. These I will never see in *Life* or *Time*: Gloved, sterile hands hold the lifeless form of seven months gestated "Baby David." He is headless. It looks as if he had been attacked by a wild animal. His head and an arm were ripped from his body leaving raw, jagged tissue instead. Another picture shows his severed head and another his little severed arm.

I forced myself to look hard at these pictures. His body looked just the same as my own babies when they were born. Oh God, his knees looked like my son's! I wanted to throw these pictures away. Burn them. Hide them from my children. I wanted to scream, "No, this cannot be. Not in our beautiful nation. Not in God's holy creation!"

When someone like me sees pictures like these they become pro-life. I doubt that my mom-friends have seen such photos. Faye Wattleton has seen the pictures. So has Kate Michelman and Ellie Smeal. So have countless others. What is their excuse?

I helped a friend get an abortion once. I drove her to her appointment and passed the time pleasantly in the waiting room reading magazines, looking at pictures, while in another room nearby a doctor snuffed the life from her womb. On the drive home she was a little upset. The doctor had told her it was a "perfectly formed little boy."

My friend said, "He didn't have to tell me that."

I said nothing but inside I thought, "Well, what did you expect?" Years

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later when she confessed that her abortion experience had been difficult, I didn't understand. Either abortion was okay or not. If it's okay why feel guilty?

Today my attitude is the same. If abortion is okay why are pro-choicers so afraid of pictures? Why won't they show the limbless fetuses, the crushed skulls on television? Or in magazines? Television competes to show victims shot, raped and mangled, children bloated and starving, whole families gassed, riots, police beatings and one station in California is suing to show an execution. Why won't they show a simple, safe and legal second or third trimester abortion and its bloody results? Surely, they have seen the pictures: that's their business.

I think the pro-life movement should kick, holler and scream until ABC shows one, single solitary picture of a "baby David." National pro-life spokesmen should refuse to give a statement to networks or appear on talk panels unless one photo of a bin of dead babies is shown. Nor should they give statements to the press until newspapers run pictures of the same. Columnists could also bring pressure for the papers to at least run photos of a normally developed fetus with abortion stories. We don't want or need the press to be on our side. We must demand that they tell the truth.

In the same vein, in my work as a volunteer for a crisis pregnancy center (I edit a newsletter) I am sometimes consulted about different matters. Like whether or not to show the film *Pro Life Doctors Speak Out on Abortion* (which graphically shows bins of dead babies) to the local Kiwanis. The president of the organization, a conservative and a Christian, doesn't want to get "too political." My reaction at first is sympathetic. I am nice. I don't want to offend anyone. My second reaction is, who are we trying to protect? If a person in the audience is on the fence about abortion we want to get him off the fence and onto our side. If he is pro-choice then why the hell should it bother him if there is a bin of dead babies? If the person is already pro-life, he knows.

So how did this writer turn from being a good, smart and nice pro-choice type? For one who professes to love and respect the importance of words it's humiliating to confess that it was pictures, again, that made the crucial difference. Pictures of starving children and innocent victims made me care for those less fortunate than myself. One picture made me pro-choice. If only I had seen the right pictures in the first place.

Sixteen years after viewing the sad picture of the dead aborted woman, I found myself flat on my back gazing at sonogram pictures of the twelve-week gestated child in my womb. It was alive! Here was a real baby who already had every finger and every toe. She jumped, bounced and never ever stopped. How she loved to somersault. The technician told me they weren't all so lively and I immediately took on the air of a proud mom. As I lay that hour on the table, just me and the tech, the wrongness of

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abortion came crashing down around me. Just like that.

Driving home, from the sonogram appointment, on the Los Angeles freeway, memories of past confiding sessions with troubled pregnant friends haunted me. "How far along are you?" I would ask.

"Ten weeks, I think," came the reply.

"Well, you still have two weeks to decide," I assured her.

The friend I had driven to her abortion appointment had also been twelve weeks along. Her baby was just the same age as the one I was then carrying.

I wondered if her baby boy had enjoyed somersaulting.

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[What follows is the transcript of the June 20, 1991, broadcast of Crossfire, the regular CNN television network "talk show" hosted by Columnist Patrick Buchanan and Michael Kinsley, a senior editor of The New Republic magazine. It is reprinted here with permission (© 1991 by Cable News Network, Inc.).]

It's the Law in Louisiana

ANNOUNCER: From Washington, Crossfire. On the left, Mike Kinsley. On the right, Pat Buchanan. Tonight, It's the Law. In the crossfire, Kate Michelman, Executive Director of the National Abortion Rights Action League. And in Baton Rouge, Democratic State Representative Woody Jenkins.

PAT BUCHANAN: Good evening and welcome to Crossfire. Louisiana has just written the toughest anti-abortion law in the United States. Its terms: one, abortion is legal only in cases of rape and incest or if the mother's life is threatened. Two, the rape has to be reported in five days to the doctor and in seven days to the police. Three, any doctor caught doing an illegal abortion faces ten years in prison and a \$100,000 fine. To enact the law, the Louisiana legislature had to override the veto of an angry Governor Buddy Roemer.

GOVERNOR BUDDY ROEMER, (R) LOUISIANA: It's not a good bill. It's going to be expensive to litigate, impossible to implement, totally unfair to women who've been brutalized and raped. It in fact dishonors women.

BUCHANAN: While the law does not take effect until September, a federal judge has already agreed to hear an ACLU suit to overturn it as a violation of the 1973 *Roe v. Wade* decision of the U.S. Supreme Court. Are we now headed for the clash in the Supreme Court that right-to-lifers have been seeking for 18 years? Michael?

MIKE KINSLEY: Mr. Jenkins, I understand you think this abortion law is too soft on abortion and you're trying to make it even tougher. Why don't you tell us about that?

REPRESENTATIVE WOODY JENKINS, Louisiana State Representative: Well, what we really want to do is protect all the babies and this bill omits and fails to protect some children, hundreds, perhaps thousands of children when someone says that they've been raped or say that they're a victim of incest.

KINSLEY: So, what you're saying is—you want to eliminate this exception for rape and incest even if a woman has been raped, even if her father has raped her or incest, whatever, she cannot have an abortion?

REP. JENKINS: Or whether they just say that as Jane Roe did in *Roe v. Wade* where she lied about the—

KINSLEY: Well, whether they say or whether—

REP. JENKINS: That's right because—

KINSLEY: Yours would apply whether she said it truthfully or whether she said it untruthfully, right?

REP. JENKINS: We know that from the moment of conception this is a human

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being, a real person and in our state with our civil law heritage since the early 1800's we've protected as legal persons all unborn children and so to say that some of these children can be killed without due process of law is a gross violation of their rights. If these are truly human beings, every one of them is deserving of protection and we know that they are.

KINSLEY: What is the chance that your amendment will succeed and replace this law?

REP. JENKINS: Well, I think ultimately it will. Certainly we've had large majorities for both houses voting for a no exceptions bill. The problem was we were able to override in the house for that position, the governor's veto, but not in the senate last year. So that's how this bill came along.

KINSLEY: A lot of people on your side, on the right to life side of this debate, are complaining that you're ruining things for them by—you're going to screw everything up. The Supreme Court which might, they hope, overturn *Roe* or at least limit it based on the law that's already been passed will balk at yours which will strike a lot of people as even more unreasonable.

REP. JENKINS: Well, we don't think so. Professor Charles Rice, for example, of the Notre Dame Law School came down and testified that if we would take out the exceptions we would certainly have a much stronger case before the Supreme Court because the first thing you have to do in any law is be consistent and be logical, and it's not logical to say that these are human beings but that it's all right to kill some of them based on what someone says.

BUCHANAN: Woody, let me pick up right there. Before we get to the politics of this, Kate, it seems to me as a legal matter he's exactly right. The decision of the right-to-lifers there is consistent, even if the child is conceived through rape or incest. If you believe it is a human being, then it's no less of a human being simply because the manner of conception. Isn't that—I mean, in terms of a consistent right-to-life position—much more consistent and legal?

KATE MICHELMAN, National Abortion Rights Action League: I guess that's what the anti-choice movement and Mr. Jenkins has decided, that it's consistent; but I want to talk about what this bill is about, Pat. You introduced it as the most restrictive law in the nation which in fact is true, but that's a very intellectual way of describing what this law is. Let's talk about what this law does. It assaults the dignity of women. It strips them of their rights. It is a savage, cruel, punitive law that will literally take women back to the dark ages. It robs women of their—of something that is key to the quality of their lives and it will go to the Supreme Court.

BUCHANAN: Kate, you and I grew up I would guess probably about the same time, the 1950's. The law that—

KINSLEY: What a rude thing to say.

MS. MICHELMAN: He's making assumptions that I—

BUCHANAN: I think it's an assumption but it was the 1950's in America, the dark ages. Come on. Was not our society in a lot better shape than it is today

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and you had laws, restrictions on abortion identical to what Woody Jenkins is proposing now.

MS. MICHELMAN: No, the answer, Pat, is no, that the society was not in better shape. Women were dying—

BUCHANAN: Was it the dark ages?

MS. MICHELMAN: Look, if you—it was the dark ages. If you and I can agree that abortion is not something we all—we want women to experience, I don't want women to have to face an unintended crisis pregnancy and have to struggle to make this difficult decision. The way to address that question is to stress sex education, family planning, birth control, not to take away a woman's right to choose.

BUCHANAN: Kate, you're not addressing the issue. The reason that it is a crisis and painful decision is because we all know we're dealing with two people, two lives, not one.

MS. MICHELMAN: Because it is a difficult decision whenever one has to make such a monumental decision.

BUCHANAN: Why is it monumental?

MS. MICHELMAN: It is—it's obviously a difficult decision.

BUCHANAN: Why is it monumental?

MS. MICHELMAN: To terminate a pregnancy is a big decision.

BUCHANAN: Why?

MS. MICHELMAN: But the decision whether or not—

BUCHANAN: Why is it a big decision?

MS. MICHELMAN: Because it is a big decision obviously—

REP. JENKINS: Because it's a human being, because this is a person, that's why.

MS. MICHELMAN: Well, whether it's a human being or not, a fully developed human being I think is a matter of religious persuasion. I mean, the question of when life begins is a question that has been debated throughout centuries.

REP. JENKINS: Well, Pat, that's just not true. You know, we didn't know as much when *Roe v. Wade* came down as we know now. In fact, just in the last few years there have been so many scientific advances. Dr. Jerome LeJeune of the University of Paris, probably the world's leading geneticist, has shed so much light on this. He testified here. You know, from the moment of conception this is a new human being and that first cell—

KINSLEY: Well, let me ask—

REP. JENKINS: —what consists there is more than five times more information as in the *Encyclopedia Britannica*. At that very moment, it's a little boy or a little girl.

KINSLEY: Well, let me ask you on that very point then. You were talking—you were claiming that your law has the advantages of logic and consistency. Is it—if abortion is morally the same as murder, if the fetus is a human being just like any other human being with the same rights, why does your law not punish the woman who procures the abortion? If a woman goes out and hires

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a gunman to kill her son, that is surely not something for which she would go unpunished. If you're going to be morally consistent here, why are you letting women off the hook? Isn't that hypocritical?

REP. JENKINS: Well, first of all, I didn't support the bill that passed because of the exceptions to the right to life. The strong pro-lifers did not support this particular bill. It was a compromise bill that some others supported. The bill that we passed last year, the Human Life Act, was silent on that issue.

KINSLEY: Well, why don't you address it now?

REP. JENKINS: Well, our particular perspective in Louisiana is historically legally that the courts have always held that the woman is a victim of the abortion and so for that reason she has not been prosecuted.

KINSLEY: But, Mr. Jenkins, that is propaganda.

REP. JENKINS: The prosecutor has to actually make that decision.

KINSLEY: You're here—your entire case rests on the moral purity, the moral simplicity of your position, the fetus is a human just like any other human being, just like the *Encyclopedia Britannica* or whatever, that it has the same moral rights and the same moral being as any other human being. I'm saying to you, how can you then let women off the hook?

MS. MICHELMAN: I'll tell you why he is—

KINSLEY: Just a minute.

REP. JENKINS: What I'm saying is that our law in Louisiana that we passed, the Human Life Act, not the bill currently under consideration but the one we passed last year and that passed the house earlier this session, was silent on that topic. It did not say that women can abort themselves. The only thing we know is the jurisprudence in Louisiana is that women cannot be prosecuted and they're not prosecuted and they were prosecuted.

KINSLEY: Well, I'm going to ask you one more time. Why aren't you out campaigning to amend this law? You're campaigning to amend it—

REP. JENKINS: Well, I thought I'd let you do that, Michael, why don't you lead the fight?

KINSLEY: Why don't you—because I'm against this law, I don't think it should be a crime at all. You're here claiming to be morally pure. Why don't you say, we want to amend this law so the woman who procures this murder should also go to jail, because you don't have the courage of your convictions, that's why.

REP. JENKINS: May I answer?

KINSLEY: Yes.

REP. JENKINS: One of the folks like you who favors abortion offered such an amendment on the house floor to the bill and it got two votes, his and one other. All the rest of us voted against it.

KINSLEY: That doesn't sound like an answer to me.

REP. JENKINS: You see, what we're trying to do is close down the abortion mills, stop the mass slaughter of these babies that's going on because this is a human

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being. This is a living person. It's not a question of women's rights. Women don't have a right to kill their babies before they're born or after they're born any more than men have that right.

MS. MICHELMAN: Mr. Jenkins, you know what you have just voted to do in Louisiana? You have voted to install a state policy of forced pregnancy and child bearing. That is a policy that forces women against their will to carry a pregnancy to term and to undergo child birth which by the way can be life threatening. Now, that is—

REP. JENKINS: In fact, a lot of you say that it's more threatening—

KINSLEY: All right. I've got to cut off both of you—

REP. JENKINS: —to have a child—

KINSLEY: I'm getting instructions from the boss.

MS. MICHELMAN: Yeah, but—

KINSLEY: We'll let both of you reply, especially Kate who hasn't gotten her fair share, in just a moment.

MS. MICHELMAN: That's right, I haven't.

[Commercial break]

KINSLEY: Welcome back. We're talking about the biggest threat yet to abortion rights, a new Louisiana law that bans abortion in all cases except rape, incest and when the life of the woman is at stake. It's surely headed for the Supreme Court but Crossfire has gotten there first. Our guests: Kate Michelman, Executive Director of the National Abortion Rights Action League. And Representative Woody Jenkins, a member of the Louisiana legislature who wants to make this law even more restrictive and have exceptions only to save the woman's life. Now, Kate Michelman, we did cut you off, so go ahead.

MS. MICHELMAN: Well, what I was saying before I was cut off was that this law in Louisiana is the most Draconian law that's been passed since the *Webster* decision and it basically has a—it institutes a policy in the state of Louisiana that forces women against their will into pregnancy and child bearing—child birth which can be life-threatening.

REP. JENKINS: We don't force anyone to become pregnant in Louisiana. That's just not true.

MS. MICHELMAN: Well, you're forcing women to undergo childbirth and pregnancy and childbirth against their will. If women had—

REP. JENKINS: Well, they made a decision but they made it earlier than that.

MS. MICHELMAN: They made a decision; are they the only ones that made a decision so we're—the law is then a punishment of women for getting pregnant, is that right?

KINSLEY: Mr. Jenkins, they certainly didn't make a decision if they were raped.

REP. JENKINS: That's true.

KINSLEY: And your law would not allow them to have an abortion even if they were raped.

REP. JENKINS: That's true, but you know what? The little baby didn't make a

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decision either and that baby has some rights, too. The baby doesn't have a right to choose any of these things.

MS. MICHELMAN: Don't you believe that children should be brought into this world willingly and with commitment from the parents? Do you really believe, Mr. Jenkins, do you really believe that forcing women into pregnancy and child birth against their will is really a humane thing to do? Of course not. What your policy reflects is a hostility and a lack of respect for women. It will force women into the back alleys. It will not stop abortions. It will just stop safe abortions and again as I said to Mr. Buchanan—

REP. JENKINS: Oh, that's rhetoric.

MS. MICHELMAN: That's not rhetoric, that is real.

REP. JENKINS: You know what we're really talking about—

MS. MICHELMAN: If you don't like abortions, Mr. Jenkins—

REP. JENKINS: Let me tell you what we're really talking about.

MS. MICHELMAN: Let me finish. If you don't like abortion, why don't you join us in supporting sex education in the schools and family planning and birth control, contraceptive research which is a preventive measure which would reduce the need for abortion, not robbing women of their right to decide once a pregnancy has occurred.

REP. JENKINS: Well, what we're talking about is this, these little babies, this little child would be about four and a half months in development. This is a child with a head, a brain, eyes, a heart that beats, a nervous system, a blood supply of its own. The heart has been beating from 21 days, the brain waves from 40 days. These babies can be killed with impunity throughout our nation.

KINSLEY: Mr. Jenkins—

REP. JENKINS: And we have to bring the holocaust to an end.

KINSLEY: Mr. Jenkins, do you eat meat?

REP. JENKINS: Can you tell whether this child was conceived in rape or not?

KINSLEY: Do you eat meat, do you eat cows?

REP. JENKINS: Well, sometimes I might eat a hamburger, maybe a hot dog.

KINSLEY: All right. Well, now a cow has circulation—

REP. JENKINS: Do you?

KINSLEY: Yes, I do. A cow has circulation, has a head, has a brain, has clearly more of a sense of itself, more of an ability to suffer pain, more of an ability to sense the tragedy if you were—if you have it than a two or three month fetus. Isn't that the question?

REP. JENKINS: Well, let me explain it the way Dr. Jerome LeJeune did it, this great—world's greatest geneticist from Paris.

KINSLEY: How about answering my question?

REP. JENKINS: I'll answer it this way. He said that the essential characteristic of human beings is the message that flows through the DNA from generation to generation. That message spells out what this human being will be to a great extent, whether it's—the child will be male or female, whether he or she will

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be muscular, musical, all the different traits and talents are in the DNA. Now, if the message is a human message then this is a human being. If the message is a cow message, it's a cow, it's not a human being. We don't have to worry about protecting it with the rights.

KINSLEY: That's metaphysical.

REP. JENKINS: No, that's science. That's pure science.

BUCHANAN: Michael, are you saying that slaughtering chickens for a meal is on a more serious moral plane than taking the life of an unborn child at four months?

KINSLEY: I don't know about four months. I would say, yes. You cannot—

REP. JENKINS: But that's what the law is, Pat, right now.

KINSLEY: You cannot draw a hard and fast line. These are very difficult decisions. You can't say this is a human life, it's different from other life. Why do we protect human life? We protect it because human beings are self-aware, because they suffer pain—

REP. JENKINS: The law says just what you said, Pat, because an eagle, for example—

KINSLEY: These reasons—

REP. JENKINS: Let me tell you about an eagle egg and the protection that it has—

MS. MICHELMAN: Let's not talk about eagle eggs. Come on. Let's talk about protecting—

REP. JENKINS: Under federal law right now if you destroy an eagle egg you go to jail for five years. If you kill an unborn child, you make about \$250 in the typical abortion clinic.

MS. MICHELMAN: Look, you know—

REP. JENKINS: We do protect unborn eagles more than we protect unborn children in this country.

MS. MICHELMAN: You know, life is a long—a very long continuum and scientists, by the way, do not all agree about when life begins, religions don't all agree about when life begins.

BUCHANAN: When do you think it begins?

MS. MICHELMAN: It is—it doesn't matter when I think it begins.

BUCHANAN: Well, it does if you're going to kill it.

MS. MICHELMAN: No, it—that is the point. Each individual must examine her religious and moral and ethical conscience and—

BUCHANAN: Well, suppose their religious and moral and ethical conscience says they can get a deformed born baby and drown in a bathtub? Suppose that's what their moral—

MS. MICHELMAN: You're insulting women to think that women would do that, Pat. Women aren't going to give birth and drown a baby.

BUCHANAN: I mean, women are killing unborn children.

MS. MICHELMAN: Let's not insult women.

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BUCHANAN: They're killing unborn children right now at seven months and you're saying they will never do it at ten.

MS. MICHELMAN: First of all, women are not killing unborn children at seven months. Women have abortions; when they decide they need one, they act early. The only reason women might have an abortion after the first trimester is because they have some barrier or they are under some compelling health reason. By the way, this law in Louisiana would not even allow a woman whose health could be endangered by some disease to have an abortion. It would force doctors to have to risk their professions by going to jail, by performing an abortion on a woman whose health is in danger.

BUCHANAN: All right. When we come back, we're going to ask Woody Jenkins about the law and about the idea that women whose health is threatened will not be allowed to have an abortion. What does he think about that?

[Commercial break]

BUCHANAN: Welcome back. Woody, we've got to give you the two minute warning till game time, also to you, Kate.

MS. MICHELMAN: OK.

BUCHANAN: Woody, tell us about the provisions of the Louisiana law about not having abortions even when the health of the mother is in jeopardy.

REP. JENKINS: Well, whether we're talking mental health or physical health, the bill provides that in case of a threat to the life of the mother, then in that case there could be an abortion. In other words, you're going to lose both and so to save at least one, you try to save one, but if it's just a vague kind of threat, it's not covered. What we're trying to do here, Pat, is we recognize that in the world today there is a battle going on between the forces of good and evil and we want to try to stop one of the great evils in the world and that is the killing of unborn babies.

KINSLEY: OK. We've got to give Kate the last word here. Kate, abortion, one of the messages that our side of this debate is trying to get across is that abortion is not a question that lends itself to simple-minded moral absolutes. That being the case, why wouldn't it be a good thing if this was no longer a matter for courts to rule absolutely and it was a matter for the democratic process to struggle with and reach a decision that the majority could feel comfortable with?

MS. MICHELMAN: Very important question, Michael. The reason is that this is a fundamental right. This is not about—it's not about laws governing speed limits; in Louisiana you can have a 55-mile, in New Jersey you can have a 65-mile. This is about a fundamental right that is key to the quality of life of women all across this country and you can't leave it to the capriciousness of state legislatures like Louisiana, for heaven's sakes, who are totally hostile to the dignity of women, or any state. It is a fundamental right to choose and if we want in this country to really address the abortion question, we should do it through policies that really stress sex education, prevention through birth control.

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KINSLEY: OK, OK. Thanks very much, Kate Michelman.

REP. JENKINS: It is a fundamental right—

KINSLEY: Woody, I'm sorry—

REP. JENKINS: The fundamental right is that these babies can live.

KINSLEY: I've got to cut you off. You've both had your say, I think. Thanks very much to both of you, and Pat and I will be back in a moment.

[Commercial break]

BUCHANAN: Michael, why is this desire to protect innocent, unborn human life in your view, quote, "a simple-minded moral absolute"?

KINSLEY: Because it is not a simple question when human life begins. Obviously a fetus is life. Is it human life? Is it the kind of human life that we protect for the reasons we protect human life, there are laws against murder? That's a very complicated question. I do not think a two-month-old fetus has the same—has greater moral claims than an animal which can think and breathe and feel, therefore—you may think something different. It is a complicated moral question, not a simple one and that's why it should not be—

BUCHANAN: You mean to say that—all right. At what point does the unborn child acquire more rights than a chicken?

KINSLEY: Well, certainly at birth, possibly some time before birth, not in the first trimester.

BUCHANAN: How about when its heart starts beating and the brain starts working?

KINSLEY: A cow's brain and heart are beating. You eat meat all the time. You're going to go have dinner right now.

BUCHANAN: You don't understand the moral distinction—

KINSLEY: It is a difficult moral question which each woman should get to decide for herself.

BUCHANAN: It's an easy moral question.

KINSLEY: Well, it's easy for you, I'm glad to hear it.

BUCHANAN: Well, it's difficult for you because it's a moral dilemma inside, my friend.

KINSLEY: From the left, I'm Mike Kinsley. Good night for Crossfire.

BUCHANAN: From the right, Pat Buchanan. Join us tomorrow night for another edition of Crossfire.

APPENDIX H

[The following syndicated column was issued July 5, 1991, and is reprinted here with permission. (©Universal Press Syndicate).]

How To Reason on Clarence Thomas

William F. Buckley Jr.

How do they live with themselves?

They (the abortion-firsters) screamed and yelled in Dallas, charging that the 1984 Republican platform imposes a “litmus test” on potential appointments to the federal courts. The Reagan people insisted that to ask whether a judge intends to explore the intention of the people who wrote the laws on which the Supreme Court is passing judgment is not a litmus test.

It transpired that in 1987, Clarence Thomas gave a speech before the Heritage Foundation on the subject, “Why Black Americans Should Look to Conservative Policies.” (OK so far? Or should an African-American who believes in conservative policies be denied access to the courts for cause?) In that speech, he singled out for praise Abraham Lincoln. Because, said Thomas, Lincoln attempted to animate his politics with a transcendent notion of right and wrong; of political ethics.

It was for this reason, said Thomas, that he could speak so eloquently on the subject of the Dred Scott decision, which reduced human beings—blacks—to chattel.

The practice of doing this is hardly dead, Thomas went on. Martin Luther King Jr. was always applying ethical visions to the law, and so had Heritage Foundation trustee Lewis Lehrman. “Lehrman’s recent essay in the *American Spectator* on the Declaration of Independence and the meaning of the right to life is a splendid example of applying natural law,” said Thomas.

What had Lewis Lehrman written? “Are we, against all reason and American history, to suppose that the right to life as set forth in the American Constitution may be lawfully eviscerated and amended by the Supreme Court?”

The answer to that question is obviously yes, the court, having disclosed a “right to privacy,” acknowledging derivatively the mother’s right to subordinate to her inclination any right of the fetus.

Now Lehrman was raised in the Jewish faith, and is now a Catholic. But Judaism, as Don Feder writes in the current issue of *National Review*, “is the foundation for Christian opposition to feticide.” There are differences among orthodox Jewish scholars in respect to feticide, but they are only differences on the question whether it is “a grave offense” (e.g., Lord Emmanuel Jakobovits, outgoing chief rabbi of the United Kingdom) or murder (e.g., Rabbi Hirsch Ginsberg, executive director of the Union of Orthodox Rabbis).

The notion that the view of the fetus as taught by Judaism and Catholicism is so bizarre as to disqualify anyone who shares that view from effective service

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in the court is quite simply an act of judicial manipulation.

Sen. Howard Metzenbaum, D-Ohio, advises us that he intends “to press him [Judge Thomas] very hard on his views on the whole subject of choice.” We detect here the implicit approach of the abortion-firsters. It is that the Supreme Court, in 1973, midwived a brand-new right. And that anyone who does not share the vision of the Blackmun majority in *Roe v. Wade* isn’t qualified to serve on the court.

In taking this position, the Choicers are acting as true dogmatists: In a strange way, they are sharing the vision praised by Thomas in his speech to the Heritage Foundation, but taking it in their own direction. They are saying, in effect, that the transcendent right to abort ought not to be subject to democratic discussion—or to judicial refinement.

If *Roe v. Wade* were to be overturned tomorrow, we are invited to believe that the United States would perish from coat-hanger mutilations, intellectual mortification and overpopulation. But all that the repeal of *Roe* would mean is that abortion policy is once again a subject for every state to decide for itself.

In 1973, 49 states maintained pretty rigorous anti-abortion laws, but no one predicts that, with *Roe* reversed, the status quo ante would prevail. The great fear of the abortionists is that if the question were turned back to the state legislators, many would not be attracted to uphold the newfound right of the mother, by whim, to kill the child.

The American people, the polls tell us, are 20 percent doggedly in favor of choice, 20 percent doggedly in favor of life, with 60 percent in favor of abortion, but tending to think of it as a drastic act, to be undertaken only after considerable meditation. How would that translate into law? Probably 40 states would be permissive, perhaps 10 restrictive. As a practical matter, future Ms. Roes would be able to take a bus from their restrictive state to a permissive state, get their abortion and be back for a weekend tryst.

The gestating opposition to Thomas is telling us that nobody who believes in the natural law is qualified to serve on the Supreme Court—unless he understands that natural law to license abortion on demand.

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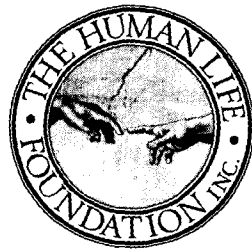
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