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◆ EUTHANASIA & ASSISTED SUICIDE IN AUSTRALIA ◆

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A CULTURE CHANGE IN NURSING HOMES

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Matthew Hennessey on Adam Cohen's Imbeciles

Appendices: Richard Doerflinger • Secular Pro-life • John J. Miller • Ifeoma Anunkor

. . . Where *are* voters when it comes to abortion this campaign season? As with immigration, terrorism, and the economy, abortion remains a *seemingly* intractable political problem. It is a testament to the pro-life movement that, unlike in Europe for example, abortion could attain this powerful status. But can there be a political solution to what is a profound cultural divide? Nicholas Frankovich, a new contributor we welcome here, thinks politicians can indeed be effective. In “The Republican Party Cools Its Ambivalent Romance with the Pro-Life Movement” (page 31), Frankovich, an editor at *National Review*, argues that the ban on partial-birth abortion “remains the strongest rebuttal to the common but mistaken assumption that federal lawmakers and the president, though they can cheerlead and make symbolic gestures, have little opportunity to achieve substantive pro-life objectives.”

The years-long Republican effort to enact a partial-birth-abortion ban humanized the unborn child and opened the public’s eyes to moral and physical grotesqueries taking place in local abortion clinics. Today, argue Kristan Hawkins and Lauren Enriquez, it’s important for the pro-life movement to focus its communications on women’s agency (“Pro-woman Messaging: The Strategy to Win the Mushy Middle,” page 17). “Humility,” writes Kathryn Jean Lopez in “Radical Mercy and Conversion,” (page 5), “could be the winning strategy.” Everyone, she says, should be regarded as a potential candidate for conversion to the pro-life cause. Donald DeMarco, too, reminds us that people with diametrically opposed moral and political views—e.g., Antonin Scalia and Ruth Bader Ginsburg—can be the best of friends (“The Odd Couple and the Unrejectability of Belief,” page 63).

Barack Obama, on the other hand, is anything but humble—or friendly—as he goes about ignoring or dismantling inconvenient legislation, proving how much substantive *damage* a determined politician can do. Our thanks to Public Discourse for permission to reprint Richard Doerflinger’s eye-opening report on the executive branch’s evisceration of the Weldon Amendment (“A Pledge Betrayed: The Obama Administration Nullifies Conscience Rights,” page 83). Thanks, too, to *National Review*, where John J. Miller’s “The CRISPR Conundrum” (page 90) first appeared.

Conscience rights are threatened in Canada, reports Wesley J. Smith, where advocates want to require all doctors to participate in euthanasia and physician-assisted suicide (“Canada Swallows the Hemlock,” page 43). “In less than two years,” Smith writes, “Canada went from a nation in which assisted suicide was a federal crime to a nation enacting one of the most radical euthanasia legalization regimes in the world.” Sounding more optimistic, Paul Russell—another new contributor and founder of the Australian anti-euthanasia group HOPE—figures the “‘euthanasia roadshow’ has moved off to Tasmania and Victoria” because “the South Australian Parliament is far more conservative on such issues . . . than it has been in decades” (page 81). Timely reminders that elections can have life and death consequences.

ANNE CONLON
MANAGING EDITOR



the HUMAN LIFE REVIEW

Summer 2016

Vol. XLII, No. 3

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Published by THE HUMAN LIFE FOUNDATION, Inc. Editorial Office, 353 Lexington Avenue, Suite 802, New York, N.Y. 10016. Phone: (212) 685-5210. The editors will consider all manuscripts submitted, but assume no responsibility for unsolicited material. Editorial and subscription inquiries, and requests for reprint permission should be sent directly to our editorial office. Subscription price: \$40 per year; Canada and other foreign countries: \$50 (U.S. currency). ISSN 0097-9783.

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INTRODUCTION

“Imagine for a moment that instead of first looking for someone to blame for our current circumstances (or any circumstances), we asked for forgiveness.” So begins Kathryn J. Lopez’s “Radical Mercy and Conversion,” which focuses on former Texas Planned Parenthood director Abby Johnson’s pro-life ministry for abortion workers, *And Then There Were None*. Lopez continues:

Think about this in a political context. What if, instead of insisting that one side is always right, a candidate asked forgiveness for the times when his side was wrong—or at the very least, didn’t help matters. Could such a radical upending of behavior be healing?

I suspect we may *not* experience anything like this in politics between now and November, but we truly are a world in need of healing. The summer of 2016, which as I write is barely a month old, has already been a summer of anguish here and abroad: so many lives lost from terrorism and exploding violence, and so many more reeling from their losses. In the U.S., social media is populated with angry debates about whose lives we should insist “matter.”

On June 27, the Supreme Court ruled that neither unborn children nor their mothers’ lives really matter when up against Big Abortion. In *Whole Women’s Health v. Hellerstedt*, the Court struck down Texas restrictions on abortion clinics. Lopez shares Abby Johnson’s undeterred reaction: “Even with the turning back of the clock by the Court,” Johnson “remained hopeful.” She “had just wrapped up the first conference for pro-life women she had organized” (see *Appendix D*) and has a “network of women reinvigorated,” who came together to “proclaim that being truly pro-woman means embracing life . . . not destroying it.” Also giving Johnson hope: In the last three years, over 200 abortion-clinic workers have come to *And Then There Were None* for hope, healing, and conversion. Lopez reminds us that many in the pro-life movement have been converted, that “conscience and conversion are not beyond the reach of anyone,” and that “remaining in ideological colonies, as Pope Francis has put it, is insufficient for anyone who wants to win hearts and minds to build a culture of life.”

An example of venturing out from ideological colonies might be the stated admiration of both *New York Times* critic Jeannette Catsoulis and our senior editor William Murchison for a television series that powerfully affirms a culture of life. In “*Call the Midwife: A Must Watch*,” Murchison writes: “Life is the gift of God. The nuns and nurses of *Call the Midwife* affirm the value of life: which affirmation they share, quietly, understatedly, with an audience of millions.” This BBC program is “life-affirming in a way virtually unknown elsewhere in 21st-century entertainment.” *Midwife* is “based on the memoirs of a nurse in an Anglican establishment in London’s grimy, grungy” and often “catastrophically poor” East End during the 1950’s, where childbirth and rearing were fraught with challenges and tragedies

(including the use and effects of thalidomide). Catsoulis, Murchison reports, praises the series for “its generosity of spirit and unwillingness to condemn.”

Compassionate attention to the plight of *both* babies and women, our next authors urge, *should* be the message of the pro-life movement. It is the “Strategy to Win the Mushy-Middle,” argue Students for Life of America President Kristan Hawkins and her co-author Lauren Enriquez. For decades, they write, the pro-life movement, by being (rightly) an advocate for the unborn, “often, by extension, downplayed the betrayal of women—abortion’s other victim.” And in this we have played right into the hands of the abortion lobby, with its “pink, pro-woman messaging.” The pro-life movement’s “massive network of outreach and support for pregnant women testifies to a deeply pro-woman agenda,” but the “baby-focused rhetoric foundered against the widely-embraced doctrine of the sexual revolution that children were an obstacle to women’s success.” The way to “agitate apathetic Americans” is to stress the “betrayal of women”; the WomenBetrayed campaign of Students for Life was launched after the first videos were released by the Center for Medical Progress, and its momentum shows that America is “ripe to finally take on Planned Parenthood as a traitor to women and women’s rights.”

“Pro-life Americans,” writes newcomer to our pages Nicholas Frankovich, “have long worried that the Republican Party would abandon their cause.” Frankovich (who wrote before the recent Republican convention) contributes a fascinating and timely article about the Republican Party and its “ambivalent romance” with the pro-life movement, providing the crucial history and background for recent developments, as well as a clear-eyed look at Republican nominee Donald Trump and his engagement with the abortion issue. Frankovich makes an observation similar to Hawkins and Enriquez: The pro-life movement, by focusing intently on the rights of unborn children, lost ground to the “estimable rhetorical resources of the contemporaneous feminist movement.”

Turning now to Canada: Wesley Smith reports on the tragedy of its recent and rapid embrace of euthanasia. Canada’s Supreme Court legalized euthanasia in February 2015, and, as Smith writes, gave the government one year and four months to “craft laws consistent with the ruling.” What has evolved is “shocking in its enthusiastic embrace of medicalized killing.” The report’s recommendations “would transform Canada’s healthcare system into the most radically pro-euthanasia in the world.” Can it happen here? Not . . . yet, concludes Smith, but we must be vigilant. For an account of how Australia is faring in the battle to keep legal assisted suicide and euthanasia at bay, turn to page 77, where contributor John Grondelski interviews Paul Russell, founder and director of HOPE, an organization which works against such legalization. The news, as you will read, is a contrast to Canada’s “swallowing the hemlock” as Smith puts it. And in much better news about the end of life, following Smith is senior editor Mary Meehan’s uplifting article on positive improvements in U.S. nursing homes. She writes about a “deep ‘culture change’ in attitudes and practices” in programs for the frail elderly—most notably for those

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with dementia—that can greatly enhance and extend lives. In our final article, Donald DeMarco provides his signature escape from the usual in a thoughtful reflection on “odd couples” in life—notably here Mortimer Adler and Harry Blackmun—and how the “compatibility of the incompatible underscores the fact that we human beings have more in common with each other than not.” DeMarco encourages what emerges as a common theme this issue: the “cross-fertilization of ideas and beliefs—who knows what good might evolve?”

In our Booknotes section, senior editor Ellen Wilson Fielding reviews *When Breath Becomes Air*, the “poignant and in many ways elegant autobiography” of young Dr. Paul Kalanithi, a neurosurgeon who died of terminal cancer last year at the age of 36. Next, Matthew Hennessey reviews Adam Cohen’s *Imbeciles: The Supreme Court, American Eugenics, and the Sterilization of Carrie Buck*, which, Hennessey writes, is a “new history of progressivism’s darkest moment.” That moment was the Supreme Court’s 1927 ruling in *Buck v. Bell* (8-1) that allowed Carrie Buck, an 18-year-old mother and rape victim, to be sterilized against her will, and opened the door to a program of eugenic sterilization that devastated “tens of thousands of American men and women.”

* * * * *

Richard Doerflinger, a stalwart defender of life, recently retired as associate director of the Secretariat of Pro-life Activities at the U.S. Conference of Catholic Bishops, where he had worked for 36 years. In *Appendix A*, reprinted from *Public Discourse*, he explains how the Obama Administration made worthless its pledge to protect conscience rights (“Who needs three branches of government when the legislative, executive, and judicial functions can all be performed for you by this administration?”). He also mentions the upholding of the Hyde Amendment by the Supreme Court in 1980. That amendment will be 40 years old on September 30, and to mark that event Secular Pro-life, as you can read in *Appendix B*, is sponsoring a #HelloHyde campaign, which, ingeniously, will feature photographs of some of the estimated over *one million lives* saved by the Hyde Amendment since it was adopted in 1976. In *Appendix C*, *National Review*’s John J. Miller writes about a fascinating and frightening new development in the scientific world, CRISPR (see page 90 for what that means), and how some researchers are attempting to harness the power of this new discovery for good and not evil. We end this issue as we began, with Abby Johnson. Our McFadden Fellow, Ifeoma Anunkor, traveled to Dallas in June to take part in Johnson’s Pro-Life Women’s Conference; she writes it is the start of a collective and cohesive national women’s movement. May we hope that women will indeed reclaim feminism for life.

MARIA MCFADDEN MAFFUCCI
EDITOR

Radical Mercy and Conversion

Kathryn Jean Lopez

Imagine for a moment that instead of first looking for someone to blame for our current circumstances (or any circumstances), we asked for forgiveness. Think about this in a political context. What if, instead of insisting that one side is always right, a candidate asked forgiveness for the times when his side was wrong—or, at the very least, didn't help matters. Could such a radical upending of behavior be healing?

Asking forgiveness doesn't mean caving. It means having enough confidence in the truth to be humble—to acknowledge that we aren't always the best vessels. Certainly we are imperfect ones.

Consider the abortion debate. As with so much else, it is much more than a debate. It's life and death. It runs deep and affects families and relationships in ways that we don't always acknowledge—cultural pressures and expectations and activist loyalties and party politics often dictate otherwise. And, face it, even when politicians vote right, their rhetoric isn't always helpful. Even when they say the right things, love doesn't always conquer all—certainly not on the campaign trail.

This past June's decision by the Supreme Court knocking down Texas restrictions on abortion clinics was a study in contrasts for me. Even with the turning back of the clock by the Court—to borrow a phrase—Abby Johnson, former Texas Planned Parenthood director turned pro-life activist, remained hopeful. She was hopeful because of decisions she has made about hope and mercy of late.

And not just mercy but *radical mercy*. It particularly struck me that I heard her talking about this earlier in the year, at the same time that Pope Francis published a book-length interview entitled *The Name of God Is Mercy*. In the book, Pope Francis says that “The fragility of our era is this, too: we don't believe that there is a chance for redemption; for a hand to raise you up; for an embrace to save you, forgive you, pick you up, flood you with infinite, patient, indulgent love; to put you back on your feet. We need mercy.”

Abby Johnson strives to be a hand to raise people out of the culture of death. For Johnson, leading with mercy means caring not just for mother and

Kathryn Jean Lopez is senior fellow at the National Review Institute, editor-at-large of *National Review Online*, and co-author of *How to Defend the Faith without Raising Your Voice*. She's @KathrynLopez on Twitter.

child but also for those who are providing the abortion. She doesn't just give pro-life speeches—she's established a ministry, *And Then There Were None*, that helps people inside the abortion industry to get out. People who work at abortion clinics should not be written off as monsters. They are people whose hearts can change. They are people who, as Abby Johnson once did, may truly believe that they are helping people. And when they start connecting the dots and looking for a way out, they could use the help of friends who have been where they are.

Speak of monsters in the abortion context and Philadelphia abortionist Kermit Gosnell comes readily to mind. When the first post-incarceration interview with him was released in 2013, it was clear that it was not enough for us to call him a monster without also indicting ourselves: our laws and our culture, our indifference. He told *Philadelphia* magazine writer Kevin Volk: “Access to legalized abortion is a requirement for the educational and fiscal futures of women, and—by extension—the well-being of all the people in their circle of family, friends, neighborhood and society. Access to legalized abortion is necessary in a world where we do not take proper care of all the children we have.” That's consistent with our current legal regime. At the time, a Fox News Channel panel discussed the implications of the trial and conviction. Surely, it has to be a wakeup call, some said. But Kirsten Powers, herself a pro-life convert, was skeptical, though she would like to have believed otherwise. Regrettably, she was right.

One of Johnson's most memorable testimonies appears in her book *Unplanned*, her memoir of how she came to leave her job at Planned Parenthood. A religious sister—a “nun”—was outside the Texas Planned Parenthood clinic Johnson once ran. In about 100-degree weather, she wore “a heavy, dark brown habit that swept to the ground.”

Johnson recounts the scene:

“Oh my word!” I heard a coworker gasp. She was standing by one of the front windows facing the fence.

“What is it?” I asked her.

“A nun. There is a nun in full habit standing in the driveway.”

...

“Her face looks so sweet,” said one of our clinic workers. “But anguished.”

The first day Johnson and her staff saw her, they “gawked” through the clinic window. “Her head and hair were completely covered so that only her face showed, a face lifted toward heaven, eyes closed, clearly praying.” After a “client” left the clinic, clearly having gone through with an abortion, Sister

Marie Bernadette “fell to her knees and wept with such grief . . . that I couldn’t help but think to myself, she feels something far deeper than I ever will . . . this grief at knowing that client had an abortion,” Johnson writes. The sister would be back, every week, on the days the clinic performed abortions. And, Johnson writes, “We could continue to see that she was deeply and personally grieved by abortions.”

The workers would “gawk,” obviously affected by the fact that someone cared enough about what was going on in that building to weep about it.

As Johnson remembers: “I tried to shake it off but couldn’t get past the fact that a nun was grieving over what was happening inside my clinic.” Johnson asked herself, “How many other people cry outside my workplace because of the work I am doing?”

“The truth was, the sister’s simple, prayerful presence bothered most of us, Catholic, ex-Catholic, Protestant, and unchurched alike,” Johnson writes, “as she somehow represented our consciences.”

We live at a time when government mandates and controversies have put conscience and conscience rights in the news. While people still may not be entirely sure what’s at stake, Johnson presents a visual that might help illustrate the ground where conversion can happen. It’s the ground where a culture of life can be nourished. Conscience and conversion are not beyond the reach of anyone, although conversion requires hard work and a long-term investment and presence. That is why Johnson started *And Then There Were None*. It’s a reminder that remaining in ideological colonies, as Pope Francis has put it, is insufficient for anyone who wants to win hearts and minds to build a culture of life, a civilization of love—to make those phrases more than mere words.

Johnson’s story of the weeping sister—and her ministry—provides good visuals for viewing in practical terms some of what Pope Francis has been talking about since becoming pope—and with particular emphasis in this year he has dedicated to Mercy. He has urged people, in line with the biblical Beatitudes, to show mercy and to weep with those who weep. He has also repeatedly preached the need to go out to the peripheries, beyond what’s comfortable. In the midst of the grave realities we face, a genuine expression of remorse and outreach to those within an industry that doubles down on misery could go a long way to making things better.

That sister’s weeping drew Johnson deeper into a sensitivity and awareness of humanity. Her own. That of the women in her clinic. The unspoken humanity of the unborn who died there—and the suffering of all whom the deaths touched with often-silent pain.

As Johnson has encountered, it’s not always a comfortable place for

pro-lifers—reaching out to all the human members of the abortion industry. But it's a necessary one.

And so, when Kermit Gosnell was in the news, jailed for the murder of three infants born alive and for the manslaughter of Karnamaya Mongar in his Philadelphia abortion clinic, dubbed a “house of horrors,” Johnson wrote letters to the clinic co-workers who were also in the news. After two of them were released from prison, “I got a phone call from both of them. Two of them are now a part of our ministry. That is the radical mercy,” Johnson explains. “It is not just about saving babies in this movement. It is so much bigger than that. I think sometimes we get so focused on that. In reality, to me, that is a small thing. It is so much bigger.” A convert to Catholicism, Johnson adds: “we want to save babies, but . . . it's a lot bigger than that. It's about saving families, it is about saving that woman, it's about saving the eternal souls of these people. That is what this should be about every day when we wake up. It should be about mercy, at the forefront, all the time. I hope that that is the message that we are always putting out with our ministry every day.”

At an event hosted by the National Review Institute earlier this year, Johnson explained:

We've had over 200 workers come to us in the last three years. And that's what gives me hope—knowing that for the past 42 years abortion clinic workers have had nowhere to go, and now they do. We are proactively reaching into these clinics and getting them out, we are not just waiting for them to come to us. It's been amazing. We thought if we had ten workers leave every year, that would be amazing success for us. So to have over 200 in three years is beyond anything we could have imagined . . . My hope is being on the phone with a clinic worker the last time they walk out of their abortion clinic, to hear their voice and hear them weeping because they are so overcome with joy. That's where my hope is. To know that conversion is possible, even for the person who has the biggest callus on their heart. That's where my hope lies.

Johnson warns against dehumanizing people who work in the abortion industry. They are not a “different group of people . . . a different kind of human.” Clinic workers, she explains, “are usually parents, they usually have kids. That's usually why they get into the industry because it's good money, it has good benefits.” She adds:

Most people who get involved in the abortion industry don't get involved because they are like raging pro-choicers who want to protect women's rights. They get into it very innocently because they responded to an ad in the paper, on Craigslist, or on Google, for a medical assistant, and it said, “On the job training.”

Some of the clinic workers in the abortion industry in America may even go to church with you, Johnson notes. In her Texas facility, she had at least two colleagues who went to Mass on Sundays. They had a client who was a

pastor's daughter. A job applicant to the clinic used his pastor as a reference on his application. She worries that the pro-life movement can be tempted to fall into its own version of dehumanization: While the pro-choice movement dehumanizes the unborn, the pro-life movement must beware of dehumanizing the clinic worker. "They are just regular people," she says. "They are just sinners like us."

Talking about sinners, Johnson also recalls speaking at a pastors summit and being asked how often a sermon should address the issue of abortion. She offered another visual, replying, "Well, I don't know, Father. But all I can tell you is I remember girls laying on the abortion clinic table, with a pressure cuff on one arm, and a rosary in the other hand. You tell me how often you need to be talking about it."

She adds, "I don't know if you can talk about it too much. As Catholics, we have a beautiful opportunity every Mass in the prayers of the faithful to bring up an end to abortion and the protection of all human life from conception to natural death. Even if it is not a homily every day, you still have an opportunity during every Mass to pray."

The day of the Supreme Court decision in the Texas case, Johnson had just wrapped up the first conference for pro-life women she had organized. So while the Court struck a blow to human rights (and despite the standard rhetoric, to women's health), she remained hopeful, having a new network of women reinvigorated. "We came together to proclaim that being truly pro-woman means embracing life . . . not destroying it."

She said: "I believe this will be the antidote to the dangerous narrative being promoted by Planned Parenthood . . . now is the time for us to unify and strategize in order to put out a message of truth."

One of the highlights of the conference, she told me, was a panel of birth mothers who shared their experiences with adoption. She recounted:

In the pro-life movement, we need more education on adoption . . . how to talk about adoption, how to present adoption as an option and the realities of adoption. These women were able to so beautifully and candidly share their experiences in a way that resonated with every woman in attendance. I think another highlight was the introduction and discussion with a former Planned Parenthood nurse who was able to shut her former clinic down after she quit. It's always good to hear from those who have been inside the clinics and learn the true motives of the abortion industry.

Moving on to the Supreme Court decision, she said:

We will continue to fight as hard as ever with increased resolve to make abortion unthinkable in our state. It's not over. We are not defeated. However, women's health took a nosedive at the hands of the Supreme Court. The Supreme Court will now be

responsible for the dangerous conditions that are now allowed to exist inside our current abortion clinics. It will be their responsibility when women's bodies are contaminated with infection because of unsterilized instruments. It will be their responsibility when women bleed to death because facilities do not have adequate space to allow paramedics and other emergency personnel into their clinics. We will continue to fight until every woman and child is safe from the horrors inside the abortion industry.

Never content to preach to the choir, Johnson added:

I encourage those celebrating this decision to really look at what this is doing to women's healthcare. Women have been treated as second-class citizens when it comes to the basic standards of healthcare for far too long. It is time for ALL women to demand better treatment and better regulations. We deserve much better than what the Supreme Court has given us today. We won't stop until that is exactly what we have received. I'm not sure how any woman would celebrate sub-par healthcare for our own medical procedures. It is truly bizarre and shows how blinded you can become. . . .

This ruling only confirms what we already know to be true. While pro-life legislation is important, our focus cannot simply stop there. Our goal cannot be to simply make abortion illegal . . . it must be to make abortion unthinkable. Now is the time for us to step up our support of the organizations that are providing practical assistance to those in need.

She plans to make her conference annual—and the works of mercy daily. At a time of political upheaval, there is opportunity in the possibilities of new alignments and coalitions. Meanwhile, day by day, being open to another's concerns and the possibility of conversion may take time and effort, but can make all the difference. It doesn't involve placards and talking points so much as mercy and love. Humility could be the winning strategy, even on the great human-rights issue of our time.

Call the Midwife: A Must Watch

William Murchison

Gasp! I nearly agreed with the *New York Times*. Then I pulled back to see what was going on.

Umm-hmm. The *Times*, in the person of the TV critic Jeannette Catsoulis, was liking and saluting the magnificent BBC series *Call the Midwife* for essentially irrelevant—if not, shall we say, misguided reasons. Which is to say, for the program’s, ah, feminism.

As it happens, *Call the Midwife* is by far my favorite TV program, for reasons I will clarify in a moment. It is of Must Watch quality, in a way that soapy, sudsy *Downton Abbey* never could be—for me at least, passionate Anglophile as I am. (I steered myself off the “Abbey” road after the third season, feeling by then I had been manipulated more times than was really necessary. Did anyone other than me catch the producers, in the first season, shamelessly ripping off *Mrs. Miniver*?)

So here’s what the *Times* said about this series based on the memoirs of a nurse in an Anglican establishment in London’s grimy, grungy East End during the 1950s, and carrying over by BBC edict into the early ’60s. There was no such thing as legal abortion in those days. There were other issues, to be sure. It was a rough and tumble, and sometimes catastrophically poor, part of the civilized world: hammered hard during the Blitz and working still to come back.

Rich, poor, or in between, so far as any particular neighborhood goes, issues of one kind and another forever swirl around the cosmic, and very daily, task of populating the world. Ms. Catsoulis in a single breath referred to “incest, chemical castration, syphilis, and sex slavery,” not to mention “prostitution and the contraceptive pill.” She lauded the series, written by the very able Heidi Thomas, author of the excellent *Cranford* series a few years back, for its “generosity of spirit and unwillingness to condemn.” Then she speculated that *Call the Midwife*, though hugely popular in Britain, had never attained the luster of *Downton Abbey* on account of “gender bias, both in the show’s make-up and its appeal.”

Aha. Whenever I hear the phrase “gender bias,” I reach for my airbag. I know what’s coming. Surely enough, *Midwife* “has feminism hot-wired into

William Murchison writes from Dallas for Creators Syndicate and is a senior editor of the *Human Life Review*. He is currently working on *Moral Disarmament*, a book examining the consequences of our moral disagreements. *The Cost of Liberty*, his biography of John Dickinson, an influential but neglected Founding Father of the United States, was published in 2013 by ISI Books.

its DNA [authorial quibble: How do you “hot-wire” anything into a nucleic acid?], simultaneously flaunting its soapy credentials and pushing insistently against their assumptions and restrictions.”

Nor was Ms. Catsoulis’s the only hearty backpat the series received last spring from the East Coast journalistic community. In a television column for *The New Yorker*, Emily Nussbaum praised the show for—as her sub-headline put it—“sneaky radicalism”: for waving “a flag of provocation” (her story’s words this time) against a background of tender, socially conscious, occasionally gooey humanism, an opiate combination that has made it a secret addiction for many women of my acquaintance.”

Hold it right there, sister—just for women? The old feminist spin-ola, I would call that assertion.

Okay. Let’s get going on this thing. What have Ms. Nussbaum, Ms. Catsoulis and I in common when it comes to appreciation of *Call the Midwife*? Do we hold the same self-evident truths concerning, well, feminism and *Roe v. Wade*? Not exactly. What, then?

Let me speak first of my own stalwart appreciation for a show that is more than just a program in these culturally dried-up times, when “car karaoke”—I learned this during the Tony Awards—has become a popular obsession.

Call the Midwife’s 1950s-early ’60s setting is fine and good, in that the characters lack tattoos and other evidences of corruption by the let-it-all-hang-out culture of slightly later years. Paul and John and Ringo and George were either in knickers or just out of them. The culture of the ’50s is at the same time much more than a culture of skirts on women. There remained then certain evidences of that cultural consolidation that Yuval Levin (*The Fractured Republic*, 2016) noted as pertaining to America and generally, I shouldn’t wonder, to the rest of the West. Families were intact. No frontal assault had yet been launched against the concept of authority. That was still to come. Economies were, at a minimum, providing easy access to the job market and a measure of prosperity.

And people went to church. I highlight the point in the context of appreciating *Call the Midwife*.

People. Went. To. Church.

Churches were factors in their lives. This brings up the context in which Jennifer Worth wrote the memoir on which the series is based.

Born Jennifer Lee, in 1932, Mrs. Worth (as she would become) went to live among an Anglican community of nuns, the Community of St. John the Divine. The idea of Anglican nuns may strike some non-Anglicans as a bit off-center—a “Huh?” moment. There *are* Anglican nuns. I went to

kindergarten and first grade under the tutelage of some in Texas. The revival of women's orders in Anglicanism was one result of the larger Anglo-Catholic revival which commenced in the 1830s in the Church of England under the inspiration of, inter alia, John Henry Newman. Service and self-denial are the conspicuous virtues of these Anglican nuns, such as cling to their vocation in our secularized times. Jennifer Worth did not take vows but considered herself, and acted as, a serious Anglican Christian. She depicted her midwifely duties, her care of the unborn and the newly born, taking place in the shadow of the Cross—the place the series depicts as Nonnatus House; the convent of the fictional St. Raymond Nonnatus. (The name is worth noting: *non natus*—not born, in Latin.)

The nuns and the nurses they employ are steadily on call: ready to provide pre- and post-natal care, and, centrally, to deliver babies at whatever confounding moment the little ones choose to stick their heads out into the world. These services they provide out of love and duty—duty to God, duty to the families He has chosen in His quiet, subtle way to plant and enlarge.

There's nothing in the least preachy about Ms. Thomas' scripts for *Call the Midwife*: no Bible-beating, no miracles, no sly attempts at relevance in the pagan age. Certainly such activities wouldn't accord with the BBC's current and general indifference toward the Christianity its founders professed. The sisters—who include the wonderful actresses Jenny Agutter and Pam Ferris—are profoundly human, with quirks and eccentricities, yet endowed with an ethic of giving in order to receive, nor caring in the end for rewards other than those that come with the joy of faithful service. These ladies work harder than hard. They lack possessions of the sort so meaningful to the “real” housewives of Dallas. Heidi Thomas doesn't point and say, “Oh, look.” The viewer looks in admiration—doubtless out of surprise in our religiously and morally distracted time to find true service depicted with sympathy.

Religion is the first point out of sync and synchronicity with the second decade of the 21st century. The second point overlaps the first. From the cultural overlook our times provide, we see, or accommodate without remark, an oddity on the face of the '50s. The characters in *Call the Midwife* value unborn life; they work for it, weep over it. It all goes with valuing Life itself: with caring that life should succeed when challenged, however aggressively.

Call the Midwife is life-affirming in a way virtually unknown elsewhere in 21st-century entertainment. I could be wrong, in that I watch virtually zilch television and attend only a handful of new movies; e.g., Whit Stillman's *Love and Friendship*. So if I'm wrong, correct me. I think, nevertheless, you don't feel radiating from the tube on other occasions and in other places the level of warmth toward life that radiates from *Call the Midwife*.

These mothers want their babies to live and grow up. These midwives and nuns want to further that desire: not just in behalf of perfectly formed babies burbling with health and joy, but also babies less than perfectly formed. Season Five, now on view on PBS (at least on my station in Dallas) introduces the topic of thalidomide, the horror drug meant to ease maternal nausea which, somehow, so interfered with the mystery-of-life creation that from the womb, again and again, there issued babies without arms, without legs. Thalidomide, never legal in the United States, was banned but not before it had inflicted suffering of the acutest sort—because who could have foretold the menaces that lay ahead?—on children and parents alike. It is good to see these things on *Call the Midwife*; good to be reminded, with the perspective of years, that life of every sort has its own beauty and meaning, irrespective of society's judgments.

And how would we know such? Through the mediation of the religious witness that is always just in the background of *Call the Midwife*—if only in the folds of a nun's habit or in a murmured prayer for God's blessing and protection.

Life is the gift of God. The nuns and nurses of *Call the Midwife* affirm the value of life: which affirmation they share, quietly, understatedly, with an audience of millions. It is some gift to us: all the more surprising in its context, public television. *Call the Midwife* cannot have been planned by the strictly non-religious BBC as reinforcing material for the religious comeback that many, not unreasonably, believe could take hold in the West in our times: the reverse swing of the pendulum seen as currently driving faith into a corner. A subversive thought runs through the mind: It is barely possible—given the widespread enthusiasm for *Call the Midwife*—that a grain of the old-time respect for life, and for the Author of Life, awaits watering in a barren land. The best we can say, probably, is: Wouldn't it be nice?

Meanwhile the encomia directed at *Call the Midwife* from the cultural left—the *New York Times* and so on—present related possibilities. Life has many sides, its pathway many turnings. It's hard stuff. Jeannette Catsoulis of the *Times* refers to “the mercy killing of a child suffering the appalling side effects” of thalidomide. I haven't at this moment seen this one. And don't want to, really. But I will—as I can only believe the show's millions of fans, regardless of political disposition, have taken in already the cry of a new baby, hauled into the world by a midwife—held, cuddled, rejoiced over as a small, vulnerable contribution to the renewal of life, which is after all the entire project of pregnancy and birth.

Ms. Catsoulis, as I have noted already, celebrates the program's “generosity of spirit.” I find this right. I find it also appropriate, given that generosity of

spirit is a virtue practiced less and less in an era where conflict prevails more often than reconciliation.

The scenes of birth—I'm not talking about happy birth or sorrowful birth, just birth—mark the program in many minds: scenes of vast realism, with shouts of joy and pain alike. The wonder of birth—splendidly shown forth in show after show—is the unitive perspective; the place for seeing and understanding the complexities attendant on the introduction of life into the world. Yes! It's the human story, the one that humans of all political colorations understand! Shall not humans reach out to each other—as do the nuns and midwives of Nonnatus House—in affirmation rather than detraction of life?

Call the Midwife, in my admiring estimation, shows us how that might be done: namely, through vicarious participation in the terrors, the joys, the needs, the satisfactions that go with childbirth.

I do not see the show as “feminist.” I see “feminism” as just another “ism” of our disordered time—a slogan, an action agenda, causing us to forget how we got here in the first place, inspiring us to go after one another like Punch and Judy: you bum, you beast! Christians, when it comes to human life questions, affirm their respect for and obedience to the Author of Life. Their more secularly minded sisters and brothers see a smaller piece of the action—that which consists in respectful treatment of the Author's less respected creations. Such a vision may not be whole; it is not to be despised—not while love, as distinguished from mere sentimentality, animates it.

A matter of another color entirely is the project of extinguishing the life of an unborn child, in line with the “feminist” conviction that a woman's body belongs to her and no other. I wonder sometimes, watching *Call the Midwife*, how long that viewpoint, foreign to instincts certainly planted by God, will continue to sway policy and discourse. The women I see on *Call the Midwife*, bearing new life or ministering to it, are under no delusion that what they hold in their arms is an implausible concoction of cells and tissues. Rather, it seems to them, one and all, a great treasure—awesome, in the strict sense of that overwrought descriptive; a thing “I” could never have brought forth alone. And yet together—see! Man and wife; God and woman; mother and nurse. The picture is too amiable, and, especially, too nail-hard, too gritty, too *real*, to turn from. It lingers in the mind; it gets in the bones. It could yet get deep in the heart of a culture resistant to the historic enticements of the heart.

I do not argue that *Call the Midwife*, whatever its quality, brings Us Poor Divided Folk together in some sumptuous, syrupy manner, chanting, “We are the World.”

I say it invites people of many different convictions to examine those

convictions in a brighter, more accommodating light than politics normally affords. That politics—press conferences, lawsuits, legislators, presidents, super PACs, the whole mess—has become our modern mode of interchange speaks unpleasantly of us; politics, with its unsympathetic view of the differently minded, and its tendency to shut down human feelings lest they short-circuit the will to power.

All of this, possibly, makes *Call the Midwife* seem more cosmological than down-to-earth; a television show about decent people confronting, sometimes joyfully, sometimes in tears, the mixed realities of our common life. That is in fact what it does. It is why I watch.



Pro-woman Messaging:

The Strategy to Win the Mushy Middle

Kristan Hawkins and Lauren Enriquez

For more than four decades, pro-lifers have been characterized as advocates *for the unborn*. Our messaging has been baby-focused, and understandably so: Preborn children are the fatalities of the greatest human rights atrocity in history. But in the process of fighting for the child's right to life, we have often, by extension, downplayed the betrayal of the woman—abortion's other victim. And along the way, members of America's mushy middle—those ripe for the picking by ideologues on either side of the abortion debate—have witnessed the pro-life movement engage in a seeming willingness to sacrifice women in exchange for their babies.

Indeed, roughly half of America self-identifies as pro-choice even though only a very small minority favor abortion for any reason through all nine months of pregnancy (as federal law, in keeping with the *Roe v. Wade* and *Doe v. Bolton* Supreme Court cases of 1973, permits).¹ Pro-lifers, touting heavily baby-focused messaging, have at times made themselves a pariah compared to the pink, pro-woman messaging touted by the abortion industry.

Big Abortion has been a willing beneficiary of our failure to include women as much in our rhetoric as we do in our activism. They have rushed to capitalize on the despair of tens of millions of pregnant American women who have somehow been made to feel, by the unwitting collusion of the pro- and anti-life messages, that the abortion industry had a better product for *them*. It's time to reclaim American opinion by embracing pro-woman rhetoric. Woman-focused messaging is the pro-life movement's winning strategy for engaging mushy-middle Americans in the culture war for life, and for helping women to reject the false promises of the abortion industry.

Myriad factors influenced how the dueling rallying cries evolved, with pro-lifers speaking for babies and abortion pushers speaking for women. To say that pro-lifers do not care about women would be a gross inaccuracy. Likewise, we do not value the life of a child *over* that of his mother. In fact, our fight for the equal rights of all humans puts pro-life advocates in the line of the early Suffragists and feminist foremothers, who roundly rejected the notion that abortion is a boon to women.² But sadly, while our actions within

Kristan Hawkins is the President and Executive Director of Students for Life of America and a recipient of the Human Life Foundation's 2014 Great Defender of Life Award.

Lauren Enriquez is a freelance writer, ghostwriter, and communications consultant who helps pro-life organizations gain visibility in the media.

the pro-life movement—namely our massive network of outreach and support for pregnant women—testify to a deeply pro-woman agenda, our rhetoric has failed to keep pace with that reality.

From the early days of the abortion debate, our baby-focused rhetoric foundered against the widely-embraced doctrine of the sexual revolution, that children were an obstacle to women's success. This weakness in our messaging would persist into succeeding generations. The rift between women and their offspring created by the sexual revolution's marriage to the women's movement cannot be understated.

As sex strayed from the confines of marriage and assumed the status of recreational activity, women faced the challenge of suppressing their fertility. Contraceptives were widely available, but were not without significant failure rates. The uptick in uncommitted sex and flawed contraceptives coalesced to create a strong demand for elective abortion. Thus, abortion was branded a necessity to the modern, sexually "liberated" woman, and was anointed by the misguided architects of the revolution as the ultimate guarantor of sexual freedom.³

In 1992, Frederica Mathewes-Green delineated the predicament created by the sexual revolution in a piece entitled, *Abortion: Women's Rights and Wrongs*. She wrote:

Re-emerging feminism was concerned chiefly with opening doors for women to professional and public life, and later embraced advocacy of sexual freedom as well. Yet participation in public life is significantly complicated by responsibility for children, while uncommitted sexual activity is the most effective way of producing unwanted pregnancies. This dilemma—simultaneous pursuit of behaviors that cause children and that are hampered by children—inevitably finds its resolution on an abortion table.⁴

Not that abortion was liberating; it was merely the necessary antidote when the new feminism failed—that is, when the quest for male sameness exacted its pregnancy paradox. As Mathewes-Green would famously write, women didn't want abortion like they wanted a "Porsche or an ice cream cone." No; they sought abortion as "an animal caught in a trap, trying to gnaw off its own leg[.]"⁵

Bolstered by the demand for sex with no strings, the abortion movement was born into advantageous circumstances. Post-*Roe*, all that was needed for a lucrative abortion empire was winning rhetoric. And creating the abortion marketing soundbites that reverberated through the generations of clinic clientele was almost *too* easy. Big Abortion fed on the attitude that children were a problem—a problem *they* could solve by evacuating inhabited wombs.

In her book, *Subverted: How I Helped the Sexual Revolution Hijack the Women's Movement*, former *Cosmo* writer Sue Ellen Browder explains that

real propaganda—the kind employed by architects of the sexual revolution and abortion movement—is insidious. “As a form of withheld truth,” Browder explains, “propaganda can be 90 percent true. It’s the deceptive 10 percent that gets you.”⁶ In the case of the abortion movement, that 10 percent untruth is that only *one* life can remain intact at the end of an unplanned pregnancy. Whether that pregnancy ends on the abortion table or in the delivery room, a woman must choose between her life and her child’s.

Abortion businesses, like any profit-driven enterprise, were keen to market their product in a way that would yield the highest margins. Knowing abortions would plummet if their client base—women unwillingly pregnant—was confronted with the unborn victim’s humanity, they and their pro-abortion allies de-emphasized the preborn child and focused completely on the woman. Enter the bizarre replacement terms for “baby,” or even “fetus”: “the pregnancy,” “products of conception,” and “contents of the uterus.”

Early on, de-emphasizing the child was easy. Mainstream America did not yet associate children *in utero* with lifelike ultrasound photos, 3D printed models, and the awe-inspiring images of fetal surgeries that today abound. Thus, the pro-life movement’s early focus on the preborn child was necessary due to the genuine dearth of knowledge about his humanity.

Before those early ultrasounds, the layperson was susceptible to the rampant lie of the abortion industry that the unborn child was just a “clump of cells” or “blob of tissue.” After all, unless she had undergone the harrowing experience of a miscarriage or stillbirth, a woman might not possess the anecdotal and experiential evidence to refute this scientifically perverse rhetoric. Thus, many post-abortive women in the early decades of *Roe* lamented that they really *did not know* that what they were told by abortionists about their unborn child’s humanity—or lack thereof—was untrue.⁷

Making matters worse, the all-male panel of Supreme Court Justices that released the majority opinion in *Roe v. Wade*, in support of elective abortion-on-demand, came to the deeply troubling and fallacious conclusion that the question of *when* life began was irrelevant to their decision. They wrote:

Texas urges that, apart from the Fourteenth Amendment, life begins at conception and is present throughout pregnancy, and that, therefore, the State has a compelling interest in protecting that life from and after conception. We need not resolve the difficult question of when life begins. When those trained in the respective disciplines of medicine, philosophy, and theology are unable to arrive at any consensus, the judiciary, at this point in the development of man’s knowledge, is not in a position to speculate as to the answer.⁸

And thus did the abortion community assume the reputation of being *the* side concerned with the woman’s rights, health, and prerogatives. The nascent

pro-life movement was forced to expend many years presenting the evidence of embryological sciences, which taught that the preborn child was alive and decidedly human from the moment of fertilization. They had to combat the Court's notion that some consensus of multiple disciplines, and not science alone, was necessary to prove that preborn children are as human and as alive as anyone else.

Trained as doctors, abortionists were never susceptible to the lies they told about the preborn child's humanity. In fact, both their comprehensive scientific training and their interaction with the preborn child in his last moments of life during a surgical abortion render abortionists more cognizant of the preborn's humanity than perhaps anyone else on the planet. Although selling abortion requires abortionists to obscure the child's humanity, some abortionists have publicly admitted that they know they are killing a human being when they commit an abortion.

In 2009, Texas abortionist Curtis Boyd candidly told a news crew, "Am I killing? Yes, I am. I know that."⁹ Likewise, abortionist Neville Sender unapologetically admitted, "We know it's killing, but the state permits killing under certain circumstances."¹⁰ Former abortionist Joseph Randall, after abandoning his profession, recalled the power of ultrasound technology to shift sentiment. When the ultrasound was introduced at his clinic, Randall began to see high employee turnover. His abortion workers now fully comprehended the vivacious child whose life they were ending in abortion. Randall also admitted that his practice betrayed women for the sake of profit, recalling that women were never permitted to look at their children on the screen during a pre-abortion ultrasound, "because we knew even if they heard the heart beat that many times they wouldn't have the abortion, and you wouldn't want that. No money in that."¹¹

The battle to educate the masses about the unborn child's humanity and, by extension, the horror of abortion, was difficult. For years after *Roe*, the proof was tucked away in obscure medical textbooks. The technology that would open a window into the mysterious life in the womb would for some years not be generally available.

But science and technology did ultimately thwart the abortion industry's best efforts to obscure the child's humanity, and America now knows what—or rather, *who*—is at stake in an abortion choice. Ultrasound images are everywhere in our culture, plastering social media feeds and framed as cherished mementos. Even the grainy images produced by the earliest ultrasounds decades ago revealed a decidedly human form. So why does abortion persist?

Largely because, in the wake of the successful pro-life, pro-science

campaign to shed light on the humanity of the unborn child, the abortion industry has reinforced its claim to sole rights to woman-focused rhetoric. Only now, they have to shout louder to drown out the claims of the unborn.

But the abortion industry's coffers are plush with millions of marketing dollars to maintain the illusion that they hold a monopoly on defending women.¹² The expansive maternal assistance network created by pro-lifers, living proof that we do not "only care about the baby," remains stuck in PR obscurity. After four decades of grafting maternal support programs into the communities where they're most needed, today, nonprofit women's centers (and federally qualified health centers) wildly outnumber abortion facilities, providing women who are confronting unplanned pregnancies with medical care, financial assistance, education, and moral support.¹³ But Planned Parenthood pink still owns the mainstream media.

Indeed, the time for aligning our pro-life rhetoric with our pro-woman modus operandi—to put *our* mouth where *their* money is—is long overdue.

First, we must acknowledge that the pro-life movement has always stood for women—from the moment a woman finds herself unexpectedly pregnant, to the moment when she finds herself in need of post-abortion healing, pro-lifers offer an infrastructure of support. Maternal assistance facilities and programs empower women to reject abortion. And when the damage has already been done, the pro-life movement can connect women who have been betrayed by abortion with ministries that offer hope and healing. While the abortion industry empties women's wallets and ravages their wombs in the name of choice, the pro-life movement stands ready to help her put her life back together in the wake of that destructive choice.

Countless women have testified to the exploitation they experienced inside America's abortion industry. But we need to reach these women *before* Big Abortion does. And to that end, maternal assistance programs are not enough. We cannot wait until women are already exploring the options of life and death after an unplanned pregnancy has begun. We must adopt the comprehensive pro-woman rhetoric that places the pro-life movement on an even playing field with the abortion industry. And the abortion industry is currently reaching women *much earlier* than we are.

Planned Parenthood employs superb customer acquisition tactics, first entering girls' lives during the formative school years by pushing licentious sex education propaganda into as many school health classes as possible. As girls grow older and look for contraceptives and STI testing, Planned Parenthood's name has already been branded into their minds as a sexual health resource.¹⁴ When those contraceptives, in turn, fail (in fact, Planned

Parenthood has been exposed for peddling some of the lowest-quality contraceptives on the market¹⁵), Planned Parenthood is the safety net to which their long-established customers will naturally return for abortion. Therefore, pro-lifers must preempt the pervasive influence of Big Abortion in women's lives by reclaiming woman-focused messaging.

The abortion industry also recognizes that woman-focused messaging relies on pro-woman sentiment in society at large, and the pro-life movement must attend to this angle as well. For example, in order to shield liberal abortion laws from pro-life protections, abortion advocates often appeal to the emotions of the mushy middle with harrowing testimonials from women who chose abortion because they believed it to be the best choice in impossibly difficult circumstances. They disseminate stories of women who endured difficult prenatal diagnoses—anything from a cleft palate to an absence of vital organs—hailing the woman's abortion choice as courageous and heartbreaking.

Departing from the standard rhetoric about a woman's right to end an "unwanted pregnancy" (in which abortion appears to be a glorious exercise of self-determination), the abortion industry uses these rare scenarios to underscore how difficult a woman's decision to abort was; these children were *wanted*. Always viewed through the lens of the mother's feelings towards the child, these stories strike emotional chords in the reader. The message is that, because the mother wanted the child and did not set out to undergo an abortion, these abortions are tragedies.

In a 2015 *Yahoo! Parenting* story, for example, Sophie Horan, in her early 40s, describes her elation at learning that she was expecting after her extensive struggles to achieve pregnancy had failed.

Eight weeks on, we were still so blissfully happy that we hadn't yet discussed having a CVS or amnio. We were too busy poring over the four sonograms of our little baby. In just over two months, we'd watched him or her morph from a bean-shaped embryo into a little human being with a face and arms and legs—fingers and toes, too.¹⁶

Until she found out that the baby had Down syndrome, Sophie (a pseudonym) wanted her child. After recounting the baby's *in utero* diagnosis, Sophie's story becomes macabre. The *what-ifs* and worst-case scenarios dominate her thinking, and the reader is not told of anyone who attempted to assuage Sophie's fears or point her toward the myriad resources available to help atypical children and their parents thrive.

The baby, Sophie reasoned, would be better off terminated than facing an uncertain future possibly accompanied by suffering for the child and for herself. "Only . . . after I'd gotten to know my baby as well as I possibly could," she says, "did I feel I was ready to make the hardest decision of my

life—terminate the pregnancy. And I would make it as a mother who wanted to do the best for her child.”

Sophie believed two lies spawned by abortion propagandists. First, that a child’s right to life is contingent on his mother’s choice, and not his own humanity¹⁷; second, that in certain circumstances—such as this late-term scenario when the child’s humanity is too self-evident to be denied—a child can somehow benefit from being killed. These lies have one thing in common: They speak to the mother’s emotions.

Stories like Sophie’s are peddled to bolster opposition to pro-life laws that protect the unborn and their mothers from the abortion industry. Their insidious thesis is that women are too fragile to face and overcome the obstacles associated with pregnancy. Exploiting late-term abortion stories is a cunning tactic; mushy-middle sympathizers can easily be moved by the situation of a woman who *wanted* her child but chose to “spare” him or her suffering or difficulty by terminating his or her life. But while the emphasis is craftily placed on these rare late-term cases, the flawed logic colors the public’s view of abortion all the way back to conception by instilling the notion that elective abortion on-demand is *pro-woman*.

To win the battle for women and life with our messaging, pro-lifers must harness the same kind of language, appealing to the mother’s compassion for her child and her innate strength as a woman, and accompanying her through challenging circumstances with life-affirming resources that acknowledge both her dignity and her child’s. Reducing women to helpless creatures in need of an abortionist savior, as the abortion industry does, is the height of misogyny.

Furthermore, the efficacy of appealing solely to the emotions to sway opinion on an issue has been established by other movements. Crusaders for same-sex marriage, for example, followed a carefully-crafted blueprint in their quest for social acceptance and legal acknowledgement. Engaging mass media to normalize the lifestyle was key. When same-sex couples enjoying an ostensibly normal family life with children became a hallmark of TV plotlines and media reports, dissenting voices favoring traditional marriage were quashed.¹⁸

The gay community found success in uniting with singular focus to normalize their lifestyle in the eyes of the public, and they harnessed the mass media to ensure that the public were watching. Following this blueprint yielded success in 2015 with the Supreme Court’s decision to create a right to gay marriage in response to *Obergefell v. Hodges*.¹⁹ For those lacking strong convictions about same-sex marriage, the Supreme Court decision

proved a turning point, producing a tidal wave of solidarity and applause (26 million Americans, for example, used Facebook’s rainbow profile picture filter to show solidarity with the gay community in the wake of the SCOTUS decision).²⁰

Similarly, the Civil Rights Movement received renewed impetus when Mamie Till—the mother of a black teen brutally murdered for purportedly flirting with a white woman—demanded an open-casket funeral so that the world could “see what they did to [her] baby.”²¹ Emmett Till’s mutilated face was viewed by thousands at his funeral, and countless more as photographs circulated around the country. The year was 1955.

Seeing the violence provoked by hatred and racism, America mourned with Mamie; she solidified dedication to the Civil Rights Movement through an emotional appeal. Emmett was not just the collateral damage of a broken racial system in America; he was someone’s beloved son, grandson, nephew, and cousin.

However, giving a human face to social justice issues was not enough to get these movements to the finish line. The winning strategists of successful movements also *identify a villain*—a force perceived to stand in the way of justice. For example, the same-sex marriage movement singled out the Catholic Church as their villain, as did the radical Women’s Lib movement. For the Civil Rights Movement, Dr. Martin Luther King, Jr., identified hatred as the antithesis of racial justice: “For I have seen too much hate,” he said, recounting the many instances where he had witnessed hatred fueling racism in the South. “And I say to myself that hate is too great a burden to bear. I have decided to love.”²²

For pro-lifers, the enemy is glaringly obvious. The abortion industry, which has lied to women and damaged their lives, is our mortal opponent. By underscoring the misogyny, sadism, and greed of the abortion industry, we shatter the lies that hold it together. There is a legion of evidence backing the claim that the abortion industry is anti-woman; we need only bring it to light.

In so doing, we channel the angst frequently exhibited by those in the mushy middle who want to avoid the abortion debate. “It’s too controversial,” say ambivalent parties, afraid to engage on abortion, “Abortion decisions are up to the woman.” Mushy-middle onlookers have been groomed by abortion culture to believe that they infringe on a woman’s autonomy if they identify as pro-life—even if, privately, that’s what they are. In clearly identifying the abortion industry—*not* women who undergo abortions—as the villain, the pro-life movement shifts the burden of contention and liberates ambivalent parties to stand in favor of life.

Pro-lifers must also blast the outdated stereotype that we are militant

extremists. In urging the Civil Rights Movement to overcome hatred with love, Dr. King spoke to the timeless principle of compassion. His followers repudiated the hatred that fueled both White Supremacists and Black Panthers, instead taking the path of compassion for all. Only in loving the women vulnerable to and betrayed by abortion can we hope to achieve success from our woman-centric messaging. And we first extend compassion by exposing the misogyny that drives the abortion industry.

In 2014, a group of New Jersey newscasters were recorded as they viewed harrowing footage of abortion.²³ The footage graphically depicted what abortion looks like and what it does to a human child. When asked what they thought about displaying the images in public, the crew was divided. Some believed that the footage was inappropriate for public audiences, and some were ambivalent or appeared shell-shocked by the images.

However, a female anchor said that she was in favor of showing the footage in public because she had friends who had undergone abortions only to learn *afterward* of the callous brutality of the abortion industry. These women regretted their abortion decisions; they simply had not comprehended the magnitude of the corruption into which they were entering when they walked through the abortion mill's doors. They wished someone had told them sooner.

In line with that wish, pro-lifers have set out to show the nation how Planned Parenthood and its ilk betray women. And we are seeing quantifiable success in terms of a shift in public opinion.

The Center for Medical Progress's (CMP) undercover videos exposing Planned Parenthood's illicit trafficking in baby body parts shattered media complicity with abortion propagandists and shook legislators and activists alike into action. The videos also impacted public opinion on Planned Parenthood by revealing just how far the abortion industry will go to exploit women and their bodies for money.²⁴

The videos document the long-established network of fetal body parts trafficking from Planned Parenthood abortion mills across the country to bioresearch organizations. These companies manipulate loophole-ridden federal laws that ostensibly forbid the sale of aborted babies. They seduce greedy abortion businesses with lavish payouts for specific orders of body parts and "intact fetal cadavers." Top officials and abortionists within Planned Parenthood are caught on-video admitting that they manipulate abortion procedures, prioritizing the procurement of body parts over the patient's safety and wellbeing.

A whistle-blower who worked for StemExpress, a bio-research company that paid Planned Parenthood handsomely for requested body parts, appeared in the videos. She recounted instances when her coworkers would take body

parts from the aborted children of women who had not consented to “donating” (Planned Parenthood’s misleading language) their remains to research. The women, she said, would never know that their children’s remains had been exploited as saleable items. StemExpress is unlikely to ever acknowledge or apologize for this behavior.

The WomenBetrayed campaign of Students for Life of America followed on the heels of these first video releases by the Center for Medical Progress. Repelled by the profit-driven machinations of Planned Parenthood, thousands of Americans at more than 80 WomenBetrayed rallies across the nation²⁵ sent a clear message to the media and their legislators: America has had enough of Planned Parenthood’s façade. Through WomenBetrayed, we saw that America, and the pro-life movement as a whole, were ripe to finally take on Planned Parenthood as a traitor to women and women’s rights. And the momentum has not died down.

Pro-lifers are not the only group dismayed by just how misogynistic the abortion industry has proven to be. In fact, according to focus groups and polls conducted during the height of the CMP video controversy, even Americans who identified as Planned Parenthood supporters and said they once defended the organization as a boon to women’s health have found themselves “betrayed and disgusted” by the CMP’s damning revelations.

Kellyanne Conway, President of the Polling Company, Inc./WomanTrend first conducted focus groups in Denver, Colorado.²⁶ The groups gathered in September 2015, after only a handful of CMP videos had been released. Conway showed participants a short trailer aggregating key points from various videos, and an 11-minute clip of Planned Parenthood abortionist Savita Ginde discussing criteria for saleable baby body parts from the children she and her staff aborted.²⁷

Conway’s focus groups comprised individuals who did not identify as strongly pro-life or pro-abortion—i.e., the “mushy middle.” She found that, across the board, participants were disgusted by Planned Parenthood after watching the videos; in fact, those who had identified at the outset as being favorable toward Planned Parenthood reported a sense of betrayal by the organization. Interestingly, Conway also found that the majority of those who identified as “moderately pro-life,” and “moderately pro-choice,” respectively, had nearly identical views: They opposed abortion in almost all cases (with exceptions being rape and incest, and life of the mother).

After viewing the videos, all participants in Conway’s focus groups stated that the Planned Parenthood employees caught on camera should lose their jobs. Some were also skeptical that Planned Parenthood’s counseling of

pregnant women could be “unbiased” when the organization was poised to profit if women agreed to “donate” their children’s bodies to research. Others suspected that this profiteering motivated the abortion company to pressure ambivalent women to abort. Conway told the *Washington Times* that the videos were “like a magical elixir that shifts the burden of proof onto Planned Parenthood,” saying that the shift depended on more Americans viewing the videos.²⁸

The reasons why mushy-middle Americans take issue with Planned Parenthood after seeing the CMP videos cannot be overstated. Note that Conway’s focus group participants did not cite brutality towards the unborn—a primary motivator for Americans who already identified as strongly pro-life—as the factor behind their shift in opinion. Rather, Planned Parenthood’s *betrayal of women* is what agitates apathetic Americans into a more distinctly pro-life stance. Going forward, pro-life activists should bear in mind that the pro-life movement is responsible not only for protecting preborn children from violent death, but also for protecting American women from being targeted by the abortion industry and callously used to generate profit.

Three months after the Denver focus groups, Conway’s company conducted a nationwide survey of more than one thousand American adults.²⁹ Of those, 28 percent had seen some of the videos, and 20 percent of those who had *not* seen the videos said they were curious and wanted to view them. The survey informed participants that Planned Parenthood is “the nation’s largest abortion provider, receives a half billion dollars from the government each year, spends millions of dollars in partisan political activities and was recently exposed on video as bartering the cost of baby body parts and fetal tissue.” After hearing these points, 54 percent of participants reported being “strongly negative” toward Planned Parenthood.

The survey also found strong tri-partisan agreement among self-identified Republicans, Democrats, and Independents that investigations into Planned Parenthood should be continued, and that the group’s lavish tax funding should be adjusted (i.e., reduced, frozen, or eliminated completely). Before the release of the CMP videos, national sentiment towards Planned Parenthood was colored by ignorance. However, exposing Planned Parenthood’s internal modus operandi to public scrutiny had an immediate and negative effect on the abortion behemoth’s public image.

Again, Conway’s research underscored the fact that Planned Parenthood’s abuse of taxpayer funding and uncontrolled pursuit of profits, even at the risk of possible harm to their clients, aroused negative sentiment among mainstream Americans. Thus, the campaign to expose Planned Parenthood’s betrayal of women has proven to be successful in shifting America’s mushy

middle toward a pro-life view. We need only forge ahead.

The pro-life movement has long been a voice of empowerment for women. Women who come into contact with pro-life organizations, maternal assistance programs, and pregnancy resource centers are emboldened and encouraged by the message of hope they offer. *Women Betrayed* relies not only on amplifying this message of empowerment, but on casting the abortion industry as the anti-woman entity that it is. In revealing the rampant profit motives, disingenuous marketing tactics, medical incompetence, and outright misogyny of America's abortion cartel, we galvanize Americans to reject the industry for the sake of women.

In adopting stronger pro-woman messaging, the abortion movement does not abandon the preborn victims of abortion. Woman-focused rhetoric has the potential to prevent more abortions than baby-focused messaging can, because babies will not be aborted if their mothers and society at large know that the abortion industry betrays women.

Woman-focused messaging, in fact, incorporates the preborn child into the woman's thinking about abortion. When women understand that the abortion industry has betrayed their best interests in search of "profit, no matter what," they also understand that the preborn child is not the enemy; the abortion industry is.

This brand of messaging abandons the "baby vs. mother" thought process that underpins old arguments for and against abortion. Frederica Mathewes-Green recounts meeting a post-abortive woman who was abandoned by the proponents of so-called choice: "Everyone around me was saying they would 'be there for me' if I had the abortion," the woman recalled, "but no one said they'd 'be there for me' if I had the baby."³⁰ This woman's experience is paradigmatic of the dilemma facing American women experiencing unintended pregnancy: Too often, abortion is presented as the only viable choice. Pro-lifers must fill the support void by empowering women to choose parenting or adoption.

Often, a pro-life voice is the *only* voice in a pregnant woman's life drawing the baby into her realm of thinking and offering the support she needs to make the choice that affirms her own dignity and her child's. In 2013, a young mom named Jessica shared with Students for Life of America how crucial this bond with a pro-life advocate can be during an unplanned pregnancy.³¹ A senior in college, Jessica had recently undergone an abortion when she unexpectedly became pregnant again. She regretted her prior abortion, but felt underprepared to choose life.

Jessica had become involved with the Students for Life group on her college campus after her abortion because she wanted to help other women avoid this heartbreaking experience; yet, the pressure to undergo a second abortion

overwhelmed her. Enter fellow Students for Life member Meghan, who was determined to stand by Jessica throughout the ordeal. “The most important thing to do and be for that person,” Meghan said, “is a friend.” Meghan knew that no one else in Jessica’s life was empowering her to choose life. “I felt like I needed to be so close to her because there’s so many voices that were telling her otherwise.”

Jessica shared that, without Meghan’s support, she would have chosen abortion. But the pair weathered the difficulties of unplanned pregnancy together, and the reality of what they had fought for emerged in the delivery room when Stefan was born. Meghan recalls being overwhelmed by finally meeting Jessica’s baby face-to-face at his birth. “She was his voice,” said Jessica. “She fought for his life.”

Pro-woman messaging is the future of the pro-life movement and the rhetoric of the new pro-life generation. Pro-life Americans are burning with zeal to abolish abortion. The time has come to redirect our attention, since woman-focused, pro-life rhetoric can reach further into hearts and minds than the older rhetoric of the pro-life movement. With mounting evidence of the many ways that abortion betrays women, scientific and technological advancements testifying to the humanity of the preborn child, and young people more pro-life than any generation since *Roe*, we have the wind in our sails. The challenge before us is to embrace the winning strategy of pro-woman rhetoric, and use it to shatter the monopoly that the abortion industry has maintained on the media and American women for the last five decades.

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The Republican Party Cools Its Ambivalent Romance with the Pro-life Movement

Nicholas Frankovich

Pro-life Americans have long worried that the Republican Party would abandon their cause. Republican presidential nominees have expressed varying degrees of support and communicated mixed messages. Consider:

- Gerald Ford, the first president to belong to a Republican Party that in its platform had staked out a pro-life position, departed slightly from it while in office, saying that he favored a constitutional amendment—in the 1970s, talk of constitutional amendments was in the air—that would return the question to the states. After leaving office, he said plainly that he was “pro-choice.”

- As governor of California in the 1960s, Ronald Reagan supported the legalization of abortion, but in the Oval Office he used the bully pulpit to promote the pro-life vision more forcefully than any president before or since. His contribution to this journal in 1983 reinforced the impression that his change of mind was sincere, although his wife, Nancy, like Betty Ford before her, quietly indicated her disagreement with the party line.

- First Lady Barbara Bush said in 1992 that the party should drop its anti-abortion plank. As the mother of presidential candidate George W. Bush in 2000, she repeated that opinion, in what was shaping up to be a Republican tradition: Were women in the life of the presidential nominee of the formally pro-life party now expected to follow an unspoken rule and telegraph to social liberals the suggestion that no one should take literally his avowals of loyalty to the pro-life cause?

- Ann Romney would have been the first unambiguously pro-life first lady, but her husband’s record on abortion was conflicted. Running for office in Massachusetts, Mitt Romney was “unequivocal,” he said, in his support for “a woman’s right to choose.” Then he declared himself pro-life in July 2005, about midway through his term as governor—nineteen months before he announced that he was running for president. He attributed his conversion to an epiphany he had during a meeting with an expert in embryonic-stem-cell research. Those willing to give Romney

Nicholas Frankovich is an editor at *National Review* and a contributor to its website, where he writes on politics, religion, and baseball.

the benefit of the doubt could reason that the pro-choice position he adopted in deep-blue Massachusetts was a concession to political prudence and that his entry onto the Republican Party's national stage gave him more freedom to own that, on abortion, his conscience aligned with the teaching of his Mormon faith.

And so on. Ambivalence has marked the GOP's pro-life position from the beginning.

Ann Stone—at the time, she was married to Roger Stone, who has advised Donald Trump's 2016 campaign for president and remains his confidant, but more about Trump in a minute—founded Republicans for Choice in 1989. Pete Wilson, California's polished and pragmatic Republican governor, looked like he might be the answer to Stone's dream for a while in 1996, until throat surgery derailed his campaign, literally muting his voice. In the run-up to the 2008 GOP primaries, polls had Rudy Giuliani the front-runner. His reputation for competence and tough-mindedness on issues relating to crime and national security appeared to lead a plurality of Republicans to forgive his liberal views on social issues, including abortion, but his plan to sit back in early contests so he could work to win big in the Florida primary later in the season didn't work, and he withdrew from the race in January. Meanwhile, national surveys had begun to indicate a slight but significant movement away from public support for abortion rights, and the effort to ease the Republican Party toward a position from which Americans were now taking a step back lost much of its promise.

Suburban, educated, upper-middle-class, heirs to the Rockefeller Republicans of an earlier era: The subset of Republicans who met that description were, observers on all sides of the abortion issue tended to assume, the natural base from which the party could move to soften or even reverse its alliance with the pro-life movement. In 2016, the party's pro-life message has indeed faded—overtaken by events, however, more than by scheming in-group gentry or pro-choice ideologues.

In a turn unforeseen only a year ago, the candidacy of Donald Trump, who as of this writing is the party's presumptive presidential nominee, comes this close to representing the view of moderate Republicans who for generations maintained that the party should either take no position on abortion or affirm a woman's right to abortion but tastefully, in few words, unlike the Democrats who tout "reproductive freedom." Pollsters find that Trump's supporters are more likely to be pro-choice than is the average Republican; the Institute for the Study of Citizens and Politics reports that, in 2007, American adults who these nine years later support Trump were nearly as pro-choice as the adults

who are Hillary Clinton supporters in 2016. More likely than other Republican primary voters to be pro-choice and also to be working-class, Trump supporters turn upside down old stereotypes of pro-choice Americans as upscale and of their pro-life counterparts as “poor, uneducated and easy to command,” as a reporter for the *Washington Post* in 1993 famously characterized the Christian right.

Evangelicals who seldom attend church have lower incomes and are less likely to have a college degree than are their co-religionists who attend church regularly; Trump enjoys strong support from Evangelicals generally but from the less-churched among them especially. “Evangelicals who attend church less frequently are also less socially conservative,” Geoffrey C. Layman, a political scientist at Notre Dame, writes in the *Washington Post*. “They are less likely to favor religious exemptions to the federal requirement that employers cover prescription birth control in their health-insurance plans. They also are less enthusiastic about allowing business owners to refuse on religious grounds to provide services for same-sex weddings. Trump’s lack of commitment to social conservatism may not bother these less-observant evangelicals very much.”

Trumpp’s support for abortion rights in the 1990s is on record; he hinted that he thought that even partial-birth abortion should be legal. The ban on it is an exceptional Republican achievement, a model of the good that could be done by a major political party more consistently committed to the pro-life cause than the GOP has been on the whole. It remains the strongest rebuttal to the common but mistaken assumption that federal lawmakers and the president, though they can cheerlead and make symbolic gestures, have little opportunity to achieve substantive pro-life objectives. Legislation to outlaw a gruesome medical procedure that was hardly defensible—Senator Daniel Patrick Moynihan (D., N.Y.), a reliable vote (though never a spokesman) for abortion rights, called it “close to infanticide” and voted yes to ban it—originated in 1995 with House Republicans, who, taking advantage of their new majority, got the bill out of committee and onto the floor for a vote. The Senate fell just shy of overriding the veto by the Democratic president, Bill Clinton. The bill’s successor, the Partial Birth Abortion Ban Act of 2003, was signed into law by a Republican president, George W. Bush. Years of debate over the ban shifted public attention to late-term abortion, the ground on which anti-abortion arguments are most easily advanced; as I note above, it was around this time that polls began to show an increase in support for the pro-life brand.

In 2000, Trump said that he now opposed partial-birth abortion, and in the

2016 campaign he has claimed the label “pro-life,” although on PBS in June 2015 he implied that abortion should be legal in the earliest stages of pregnancy. On CBS in April 2016, he indicated that he would oppose any effort to change existing federal abortion law, which grants to states the power to permit—and most do—abortion up to the moment of birth.

Promising that he would appoint pro-life judges and Supreme Court justices, he produced a list of strong candidates he said he would consider, but he wouldn’t commit to it. Pro-life Republicans already disenchanted by the subterfuge that had marked his campaign up to that point were not encouraged. (At the outset of his campaign, for example, he said he would fund it himself but has only lent it his cash, and then in amounts far too small to sustain a major-party presidential run. He has not released his tax returns, defying longstanding precedent for presidential nominees of the two major parties. And his boast of having made a million-dollar contribution to veterans groups was found to be false; he rushed to send that amount to one charity only after the *Washington Post* called him on the lie.)

Trump’s statements on abortion do not lend themselves to neat analysis. On this issue as on others, he often contradicts himself when attempting to enunciate policy positions. He seldom if ever raises the subject on the campaign trail. His answers to questions about his views on abortion suggest that he has not thought about abortion deeply or in terms that most Americans who drink from the mainstream of the pro-life movement find agreeable. In August 2015, explaining that he had “evolved” on the issue, he spoke of “friends of mine years ago” who were contemplating abortion but in the end decided against it, and the child grew up to be “a total superstar.” The implication was that the child’s moral worth was a function of some material success he had achieved. The remark had the effect of undermining the great mass of pro-life sentiment rooted in concern for unborn children who are diagnosed with Down syndrome or other medical conditions for which they are routinely aborted.

The Republicans’ fall from grace in the view of many clear-eyed pro-life Americans has been slow and languid—and gentle, for that matter, because the ground that the the party held on the abortion issue was never that high. The capitulation has gone largely unremarked—a shrug, a muddle of platitudes conveying cool indifference to an issue that earlier generations had either considered too hot to handle or fought over with fiery passion. The low point of the party’s cave-in up to this point (it’s a work in progress) came during Trump’s interview with Chris Matthews on MSNBC in late March 2016, about a week before the Wisconsin primary. Cornered by the tenacious host, Trump stumbled and blurted out an opinion that betrayed a

shocking disregard for, or (what is more likely) unfamiliarity with, the consensus of the pro-life community. He said that women who had abortions should receive “some form of punishment.” When pressed for specifics (“Ten cents?” Matthews asked. “Ten years? What?”), Trump dodged. He tried but failed to redirect the conversation by noting that the Catholic Church was pro-life and that Matthews was Catholic. Along the way, Trump added that he was pro-life “with exceptions” but didn’t say what they were. Asked whether the man who had fathered the child whom a woman aborted bore any responsibility, he hemmed and hawed before landing on “I would say no.”

Over the next few days, he and his campaign tried to walk back parts of the extended blunder but introduced additional layers of ambiguity. After a point, neither his fans nor his critics could muster much enthusiasm for the task of forcing the accumulating word stew into some grand unified theory of the culture of life. The woolliness and incoherence of the message was the message itself: confirmation that the candidate did not deem the issue important enough to study or think through. Granted, he approached many issues with similar insouciance, but in the name of some of them—immigration, trade deficits—he at least banged the drum loudly. In the case of abortion, he played the pipe tentatively and tunelessly and then only at the behest of his media masters.

Rush Limbaugh speculated that Trump, in some respects a sheltered man, who probably never rubbed elbows much with social conservatives, was under the impression that they believed that punishment for women who had abortions was appropriate and just. Isn’t that what, in the socially liberal circles of Manhattan where Trump felt at home, he must have heard about the anti-choice crowd and their war on women?

An alternative explanation: With his gotcha question, Matthews in effect made the common pro-choice argument that failure to stipulate punishment for women who had abortions implies that those who would ban the practice must believe that it is a less serious wrong than taking the life of a person this side of the womb, and Trump, improvising on the studio set, may have rapidly calculated that the logic of the pro-life position demanded an affirmation of some form of retributive justice. That line of thought leads to a nest of legal and philosophical knots that few candidates running for public office would attempt to unravel, and I will not attempt to do so here. Suffice it to note that, before *Roe v. Wade*, punishment for violating state laws against abortion was typically reserved for the abortion provider. The woman who had the abortion was exempt. Logical or illogical, it was the legal custom. No significant

attempt to overturn it has ever been mounted within the pro-life movement.

Many pro-life advocates committed to feminist principles speak eloquently about women who would rather bring their children to birth but are coerced or pressured—by parents, boyfriends, college administrators—to abort. Such talk often comes across as an attempt to soothe and seduce fence-sitters. Trump throughout his campaign has scored points with his base by violating feminized, politically correct cultural taboos, and he played to that strength when, apparently improvising on the question of abortion and punishment, he ran roughshod over a cherished piety of pro-life feminism.

He is now the face of the Republican Party and consequently of its profile as nominally pro-life but vacillating and, to be honest, a little blasé about the abortion issue, which not so long ago was the site of the most heated battles in the culture war. How did the party arrive at this state of ennui? Let's review some history.

In August 1976, forty-one months after the U.S. Supreme Court issued its decision in *Roe v. Wade*, the Republican National Convention adopted a platform that featured something new: an abortion plank. The authors of that document hovered for several sentences over the “difficult” and “controversial” nature of “the question of abortion.” They acknowledged their fellow Republicans who supported abortion rights. Only after the payment of such courtesies—or the show of such handwringing, depending on your point of view—did the reader learn that the party was now officially planting its flag on the side opposite that from which the Democrats were cautiously beginning to stake their claim in those early stages of what we still sometimes call “the abortion wars.”

The Democratic Party platform, published five weeks earlier, included one terse reference to abortion: A perfunctory bow to “the religious and ethical nature of the concerns which many Americans have on the subject of abortion” was followed by the statement that “it is undesirable to attempt to amend the U.S. Constitution to overturn the Supreme Court decision in this area.” The Republicans’ abortion language was slightly ampler, but the dual structure of their statement mirrored that of the Democrats: Engage in diplomatic hand-waving at the moral seriousness of the controversy, to mollify those whose views you’re about to contradict, and then state the party’s position, for or against, “a constitutional amendment to restore protection,” as the Republicans phrased it, “of the right to life for unborn children.”

The improbability that such a measure would ever pass thirty-eight state legislatures (or state ratifying conventions) after gaining approval by two-thirds of both houses of Congress (or by a convention of states, but let's skip the weeds) rendered the Republican Party's position impractical and therefore

anodyne. It was a noble gesture, pleasing no doubt to anti-abortion idealists, but realists neither inside nor outside the party had much reason to worry that the GOP was capable of achieving such a quixotic goal. It was notional, merely symbolic.

Or was it? Its more earnest proponents could point to, and take heart from, the sudden momentum behind the proposed Equal Rights Amendment, which the Republicans had been advocating in party platforms since 1940. In 1976, they reaffirmed their support for the ERA, in two paragraphs immediately preceding their treatment of abortion, both issues joined under the heading “Women.”

And therein lay a strategic error, at least for the purpose of describing abortion in language that would make opposition to the practice intelligible and compelling to minds open enough to consider the case for the pro-life cause. “The question of abortion” stems from the conflict between the rights of two human beings conjoined in the most intimate physical relationship that is possible. One of them is a woman. The other isn’t. To designate abortion a women’s issue was to accept the frame favored by the pro-choice movement, as it was beginning to call itself. Ostensibly feminist, abortion-rights rhetoric at its most aggressive was rooted more fundamentally in radical individualism. Engaging the issue on such terms, the Republicans implicitly dignified the simplistic premise underpinning the prevailing concept of abortion rights: that it was a matter of persons, a pregnant woman and her doctor, acting on an object—the fetus, the embryo, the product of conception, call it anything you will except “the unborn child.”

Intellectually honest proponents of abortion rights did not deny the biological reality of the rapidly developing, genetically unique organism in the womb, but the path from their plain view of medical fact to their strained conclusion, that the state should not intervene to protect any of us during our life between conception and birth, entailed a disturbing assumption: that personhood admits of gradations—that, at any given moment, the moral worth of some human beings is less than that of others. Rationalizations for that view only tended to expose its advocates as opportunists, who proceeded not from some high-minded principle but from a practical outcome, a right to abort, that they hoped to achieve. Clearly they reverse-engineered their moral reasoning.

Less philosophically rigorous but more politically feasible, as it turned out, was the move to circumvent that messy, exhausting debate by subtly dehumanizing those who might be aborted and then pitting them against the dignity of those who were capable of doing the aborting. Alan Guttmacher

of Planned Parenthood is often quoted as remarking in the early 1960s that proposals to legalize abortion “would be voted down by the body politic” if they rested on arguments that the “fertilized egg” was not “sacred.” He thought that “we can change the abortion statutes inch by inch and foot by foot, but not a mile at a time.” Pitching to state and federal lawmakers, the abortion-rights movement would be effective to the degree that it emphasized pragmatism and avoided grand pronouncements on personhood.

In the background, meanwhile, for public consumption, activists asserted that respect for the unborn child amounted to disrespect for the woman who bore him, implying that esteem was a limited commodity and that, to give her our maximum empathy, we had to circumscribe our species loyalty to exclude her “fetus.” Many Americans found such language jarring, but it persisted, and the public’s resistance to it gradually waned. Time lent it respectability and elevated it to the status of doctrine, which was pressed into service for the growing consensus in favor of “a woman’s right to choose.”

Change practice incrementally and theory, the body of justifications for the practice, will catch up with it eventually, as every Marxist knows. Today, the abortion regime established by *Roe* appears to be an enduring fixture of the country’s legal and social landscape. The abortion-rights movement has weathered decades of public ambivalence and tough organized opposition from the churches, the National Right to Life Committee, its local affiliates, and countless smaller groups.

The pro-life movement, meanwhile, which commentators in the early days of the abortion wars often blithely dismissed as the death rattle of a traditional culture withering in the shadows of an ascendant culture ushered in by the sexual revolution, has not only hung on. It has matured. To the survey data indicating that today about half of American adults would call themselves “pro-life,” one could add anecdotal evidence that opposition to the pro-life movement has softened among pro-choice advocates and activists, suggesting that they have concluded that abortion rights are relatively secure but also that glib ridicule of the conflicting moral sensibility of those who oppose them is no longer as well received as it was when the pro-choice cause, around the early 1990s, was at the height of its intellectual and social fashion.

But while the intellectual climate may be more amenable to the pro-life cause than at any other time in the past forty years, abortion rights have never been more deeply entrenched in the law of the land and its political culture. To the mind of a twenty-first-century pro-choice Democrat, the political caution that Guttmacher advised half a century ago is a measure of how far the abortion-rights movement has come. Under the heading

“Protecting a Woman’s Right to Choose,” the Democratic Party in its 2012 platform declared its support for abortion rights forthrightly, without any diplomatic recognition of well-intentioned adversaries. The reticence evident in the party’s 1976 platform had given way to boldness.

Since the early days of the debate, in the 1960s, abortion-rights advocates have stressed individualism and autonomy, intending to invoke a spirit of liberation. They correctly anticipated counterarguments for the rights of unborn children. For the most part, anti-abortion thinkers did not try to introduce new concepts into the national debate. Rather, they reacted to sallies from the other side, which rode the wave of the sexual revolution and drew on the estimable rhetorical resources of the contemporaneous feminist movement. “Rights talk” ruled. Speaking the patois of the age, anti-abortion advocates kept hammering away at the idea that, if all persons are of equal moral worth (“created equal”), the right to life of the least among us outweighs, under ordinary circumstances, lesser rights of the mightier or more mature. The iron logic tended to impress only those who already thought that abortion was an injustice.

That tidy case against abortion was headed toward a political dead end when lo! Like a spirited horse defying its rider’s direction and heading instead for some place dictated by its own inner compass, anti-abortion rhetoric somehow took on a life of its own, inclining gracefully toward surprising vistas. For the few who fought past the bumper stickers and thought through the ramifications of the conflicting arguments on all sides, an insight began to dawn. Abortion rights meant more than just the victory of a woman’s right to choose and more than just the defeat of her unborn child’s right to life.

Forget about rights for a moment and note the surrender not only to personal “tragic necessity,” as emphatically “moderate” pro-choice commentators were apt to call it, but to societal malaise. Abortion legalized and made socially acceptable was the fruit of a tree rooted in widespread acceptance of a decline in family formation. Resigned to a loss or shrinkage of their “little platoons,” as Edmund Burke called them, the warm, often informal institutions—family, neighbors, local churches, membership associations, etc.—that grow up organically around shared geography or interests, many Americans now found themselves (to borrow from the sociologist Robert Putnam) “bowling alone.” To value abortion as a “right” was to reject relationality itself.

It is difficult to break old habits of thought. The GOP’s deemphasis of its affiliation with the pro-life cause has some precedent, as does its outright flirtation with pro-choice language at the top of the ticket, but now the

movement behind it consists not of elites but of working-class whites. Their economic decline is bound up with a decline in their social capital; recall that the very word *economy* derives from the Greek word for “household.” Trump suggests that the tariffs he would impose would lead to higher wages and less unemployment, but, because politics is downstream of culture, he can do little to address the “socio” half of the socioeconomic impoverishment suffered by his base, the white underclass. The nationalism that his campaign represents appeals to their concerns to preserve a distinctive American culture and guard against the cultural, social, and economic threats posed by immigration. More fundamentally, though, it speaks to the common desire to identity with a group, or, simply, to belong—to a big, less personal platoon if littler, more intimate ones are not available.

Charles Murray in *Coming Apart: The State of White America, 1960–2010* (2012) describes the social universe of working-class whites in the twenty-first century in grim detail. Bonds to family and church are weaker among them than those enjoyed both by their grandparents and by their middle-class contemporaries. Working-class whites are less likely to marry or attend church regularly and are more likely to raise their children alone, without a spouse. Trump supporters who, like their candidate, show little enthusiasm for social conservatism may reason that if first they seek prosperity, those other things—social capital, including an intact family—will be added unto them. The sadder possibility is that the importance of the social capital that they lack hardly even registers with them because they have known only its deprivation, which they fail to recognize as such and just assume is part of the natural order.

In legal and political theory, the right of the pregnant woman to divorce, as it were, her unborn child was reinforced by an insistence on the sanctity of her privacy, which was magnified to the point that the appeals of family, friends, and community were effectively shut out, leaving her cold and stranded. Norma McCorvey, the Jane Roe of *Roe v. Wade*, “won the right that had been understood from its earliest appearance in the American legal system as ‘the right to be let alone,’” Mary Ann Glendon observed in *Rights Talk: The Impoverishment of Political Discourse* (1991). “And let alone she was.”

In *Abortion and Divorce in Western Law* (1987), Glendon had built a quiet, devastating case against the social atomization that liberalized abortion laws both reflected and promoted: “The voice that we hear in the Supreme Court’s abortion narrative—presenting us with the image of the pregnant woman as autonomous, separate, and distinct from the father of the unborn child (and from her parents if she is a minor), and insulated from the larger society

which is not permitted even to try to dissuade her or to ask her to wait to get counseling, information, or assistance—is . . . distinctively American . . . in its lonely individualism and libertarianism.”

In hindsight, “The American Family” stands out as the section that would have been a better thematic fit for a more confidently articulated pro-life statement in the Republican Party’s platform forty years ago, although the authors did tuck in the suggestion that their anti-abortion position was one of “many elements” related to “our concern for family values.” In the 2012 platform, some 400 words, under the heading “The Sanctity and Dignity of Human Life,” were dedicated to abortion and, in passing, to the related issues of euthanasia, assisted suicide, and embryonic-stem-cell research. Gone from there too, as in the Democrats’ 2012 platform, were the experiments in “reasonable people can disagree” rhetoric. Each party had clarified its position and ironed out the hesitation that marked its first forays into this emotional debate. Pro-life Democrats and pro-choice Republicans continued to exist, but the expectation that their views on abortion would find formal expression at the highest reaches of their respective parties had all but disappeared. Now, however, Trump has recommended that the GOP’s abortion plank be softened to include exceptions for rape, incest, and the life of the mother, while the Democrats have given no indication that they are prepared to write into their platform any corresponding concessions, such as an acceptance of a ban on late-term abortions. Coupled with Trump’s suggestion last year that abortion should be legal in the early stages of pregnancy, an exceptions clause, which is politically prudent though hard to justify logically, could pave the way for the introduction of significant concessions to pro-choice thought in the Republican platform in 2020, if not 2016. It’s the incrementalism that Alan Guttmacher advised all those years ago.

Sincerely pro-life Republicans may have largely succeeded in detaching their discussion of abortion from the superficially feminist context in which the pro-choice movement still fights to confine it, but they remain tied to the rights talk that underlies the other side’s understanding of abortion and feminism alike. They continue to propound principles in language that, while most readers of the *Human Life Review* may find it cogent, is ill suited to the job of communicating to the broader public the full range of ideas and sentiments that make the pro-life movement compelling. The idea that human beings, born and unborn, are of equal moral worth is still intelligible enough. Not so much the sentiment of “family values,” as they were once called. What makes them attractive doesn’t necessarily register with adults for whom family life and a secure, warm place in a thick social fabric are vanishing ideals.

Can Republicans adapt their pro-life message to a population living in

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such diminished circumstances? The question is whether they care enough to try. Republicans who prefer that their party's long romance with the pro-life cause just peter out may be watching their wish come to pass. The pro-life movement should not delude itself.



“Do you know from which filling the government is controlling your mind?”

Canada Swallows the Hemlock

Wesley J. Smith

Over the past four decades, the Western World has been debating legalizing euthanasia. Despite the efforts of its proponents, over many years almost all efforts at legalization failed both politically and in the courts. In the most notable of these failures, in 1997, the Supreme Court of the United States refused to enact an assisted suicide *Roe v. Wade*, ruling unanimously that the U.S. Constitution does not include a right to assisted suicide.¹

But euthanasia proponents are zealous in support of their cause. Lose one year, and the very next, they will come back again, and then again, and again. Over time, this unremitting advocacy barrage—supported by the media and popular entertainment outlets—has, like ocean waves eroding a shoreline, eaten away at societal resistance to the suicide agenda. Oregon became the first jurisdiction to formally legalize assisted suicide for those diagnosed with a terminal illness in 1994, narrowly passing a voter initiative known as Measure 16.² (The law went into effect in 1997.)

Across the Atlantic, the Netherlands, which had permitted a decriminalized approach since the 1970s, formally legalized voluntary euthanasia in 2002, as did Belgium. In both nations, euthanasia is available to people with disabilities, certain elderly people, including those with dementia, and the chronically and mentally ill.³ Luxemburg also permits it, and Switzerland has long allowed assisted suicide, leading to the phenomenon of “suicide tourism.” In the Western Hemisphere, Colombia’s Supreme Court created a right to euthanasia years ago, but the policy has yet to be implemented. Meanwhile, in the years following passage of Measure 16, three additional U.S. states—Washington, Vermont, and California—enacted statutes allowing assisted suicide for the terminally ill. (In addition, a muddled Montana Supreme Court ruling declared that while there is no state constitutional right to assisted suicide, the act is not against the state’s public policy.⁴ The exact meaning of that ruling is contested among legal analysts.)

During these decades, Canada has also been embroiled in the euthanasia/assisted suicide debate. Indeed, back in 1993, the Supreme Court of Canada ruled 5-4 against the claim of a terminally ill amyotrophic lateral sclerosis patient named Sue Rodriguez that the Canadian Charter guaranteed a right

Wesley J. Smith is a senior fellow at the Discovery Institute’s Center on Human Exceptionalism and a consultant to the Patients Rights Council. His updated and revised *Culture of Death: The Age of “Do Harm” Medicine* has just been published by Encounter Books.

to assisted suicide.⁵ And for years thereafter, attempts at legalization in Canada met the same kind of failures that occurred repeatedly in the United States and throughout most of the Western World.

Euthanasia Comes to Canada

Then, with astonishing rapidity, Canada's resistance to the culture of death collapsed. In less than two years, Canada went from a nation in which assisted suicide was a federal crime to a nation enacting one of the most radical euthanasia legalization regimes in the world.

Quebec: The Canadian embrace of euthanasia was launched in Quebec, probably Canada's most politically liberal province. In 2014, its parliament enacted "Bill 52," which created a legal right to "receive end of life care"—a term redefined from the usual medical meaning of hospice and palliative services to explicitly include the administration of a lethal injection, defined under the euphemistic term "medical aid in dying":

For the purposes of this act . . . "medical aid in dying" means care consisting in the administration by a physician of medications or substances to an end-of-life patient, at the patient's request, in order to relieve their suffering by hastening death.⁶

To qualify for euthanasia Quebec law requires:

Only a patient who meets all of the following criteria may obtain medical aid in dying: (1) be an insured person within the meaning of the Health Insurance Act (chapter A-29); (2) be of full age and capable of giving consent to care; (3) be at the end of life; (4) suffer from a serious and incurable illness; (5) be in an advanced state of irreversible decline in capability; and (6) experience constant and unbearable physical or psychological suffering which cannot be relieved in a manner the patient deems tolerable.⁷

Although assisted suicide was not included in the definition, there was a method to this seeming anomaly. Federal law controlled the crime of assisted suicide. But similar to U.S. states, the provinces each regulate the practice of medicine within their borders. By requiring direct action by a doctor to end life, the province sought to redefine mercy killing into just another medical procedure, thereby allowing the provincial definition to control rather than that found in the federal criminal statute.

Within months of Quebec's statute, the Canadian Supreme Court ended the debate about whether euthanasia should be legal and shifted it to the consideration of the conditions under which a doctor could intentionally end a patient's life by lethal intervention.

The Supreme Court Conjures a Charter Right to Euthanasia: On February 6, 2015, the Canadian Supreme Court ended democratic deliberation over the issue by unanimously conjuring a broad constitutional right to "termination of life" for anyone with an "irremediable medical condition"

who wants to die.⁸ The Court did not merely legalize euthanasia, but ruled that for those with a “grievous illness or disability,” it is a protected Charter right. From the decision:

Insofar as they prohibit physician-assisted dying for competent adults who seek such assistance as a result of a grievous and irremediable medical condition that causes enduring and intolerable suffering, ss. 241 (b) and 14 of the *Criminal Code* deprive these adults of their right to life, liberty and security of the person under s. 7 of the *Charter*.

The right to life is engaged where the law or state action imposes death or an increased risk of death on a person, either directly or indirectly. Here, the prohibition deprives some individuals of life, as it has the effect of forcing some individuals to take their own lives prematurely, for fear that they would be incapable of doing so when they reached the point where suffering was intolerable.

The rights to liberty and security of the person, which deal with concerns about autonomy and quality of life, are also engaged. An individual’s response to a grievous and irremediable medical condition is a matter critical to their dignity and autonomy. The prohibition denies people in this situation the right to make decisions concerning their bodily integrity and medical care and thus trenches on their liberty. And by leaving them to endure intolerable suffering, it impinges on their security of the person.

The prohibition on physician-assisted dying infringes the right to life, liberty and security of the person in a manner that is not in accordance with the principles of fundamental justice.⁹

The scope of the judicial fiat was intentionally *not* limited to the terminally ill. To the contrary, the Court took the radical leap of allowing euthanasia for virtually anyone with a serious medically diagnosed condition. From the ruling (my emphasis):

[Criminal laws against assisted suicide] unjustifiably infringe s. 7 of the *Charter* and are of no force or effect to the extent that they prohibit physician-assisted death for a competent adult person who (1) clearly consents to the termination of life and (2) *has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition.*¹⁰

The ruling was even broader than those words suggest. For example, a treatable condition can qualify as “irremediable” *if the patient chooses not to pursue available medical remedies.*

“Irremediable”, it should be added, does not require the patient to undertake treatments that are not acceptable to the individual.¹¹

In other words, an “irremediable” condition that permits life-termination *may actually be wholly remediable*, except that the patient would rather die than receive care.

Imagine the hypothetical Sally, who has diabetes (or HIV, heart disease,

neuropathy, early-stage cancer, you name it) that can be fully controlled by medication. She decides she wants to die (for whatever reason) and claims that available treatments are “not acceptable” to her. Her treatable illness is suddenly transformed into an irremediable condition. Or consider the case of Harley, who becomes clinically depressed and chronically suicidal after his business fails. His suicidal depression could readily be considered a diagnosable “grievous illness, disease, or disability,” and under this definition, if he refuses psychiatric treatment, he could qualify to receive doctor-administered death.

But there’s more: The Supreme Court not only invalidated the federal law prohibiting assisted suicide for those with an irremediable medical condition, it also invalidated the law that states, “No person is entitled to consent to have death inflicted upon him, and such consent does not affect the criminal responsibility of any person by whom death may be inflicted on the person by whom consent is given.”¹² That provision was held to be unconstitutional when applied in the medical circumstances described above. Hence *the court created a right in the Canadian Charter of Rights and Freedoms to Dutch-style active lethal injection euthanasia*.

Twenty-two years previously, the Supreme Court of Canada had ruled that there was no Charter right to assisted suicide. Now, with the flip of a judicial switch, there is a right to active euthanasia. It doesn’t matter that the Canadian Charter of Rights and Freedoms didn’t change during that time. It only matters that the opinion of the judges did.

The Political Reaction

Those who (like me) hoped the Canadian people and medical establishment would push back against the decision were flabbergasted at how easily the country swallowed the hemlock. Rather than people protesting judicial overreach or advocating that the Parliament temporarily void or hold the ruling in abeyance (as permitted under the Charter¹³) so that an extended national debate could take place, polls showed that most Canadians didn’t have a problem with such a culture-changing policy being imposed by unelected judges. Soon, the political leadership and medical associations enthusiastically jumped in to create the legal and ethical criteria to govern doctor-administered death.

The Supreme Court gave the government one year—later extended by four months—to craft laws consistent with the ruling. After a pause until the Liberals won a majority of the House of Commons, Prime Minister Justin Trudeau’s government hastened to legalize euthanasia by statute.

Government commissions were empaneled, and medical associations

weighed in. The Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying Final Report epitomized the general approach.¹⁴ The report is shocking in its enthusiastic embrace of medicalized killing. Under the auspices of the Ontario Minister of Health and Long-Term Care and the province's Attorney General, the "experts" issued 43 recommendations, which, if accepted, would transform Canada's healthcare system into the most radically pro-euthanasia in the world.

Here are just a few of the recommendations, followed by a brief description of why they are important:

- **“All provinces and territories should ensure access to physician-assisted dying, including both physician-administered and self-administered physician-assisted dying.”**¹⁵ Assisted-suicide advocates often claim that the requirement of self-administration is a crucial safeguard to protect the weak against non-voluntary death. In actuality, coercion can easily occur behind closed doors. Moreover, since studies in the Netherlands have shown that lethal injection has far fewer side effects—such as convulsions and extended coma—than swallowed prescribed overdoses, the application of hastened death will tend to be homicidal.

- **“The provision of physician-assisted dying [should also be permitted] by a regulated health care professional (registered nurse or, if applicable, physician assistant) acting under the direction of a physician, or a nurse practitioner.”**¹⁶ Nurses always get the dirty jobs. Allowing nurses to do the actual killing of patients not only normalizes euthanasia—giving it the appearance of just another routine medical “treatment”—but also isolates doctors from personally participating in killing, making the death prescription that much easier to dispense.

- **“We do not recommend a prescribed waiting/reflection period.”**¹⁷ People legally qualified for euthanasia who want to die *now* will be able to do so without a required waiting period during which some find a renewed desire to live. (The committee further recommends that euthanasia be available “any time” after receiving a death-qualifying diagnosis. This is particularly reckless, since the initial shock of a serious diagnosis can cause temporary thoughts of suicide.)

- **“Access to physician-assisted dying should not be impeded by the imposition of arbitrary age limits . . . eligibility for physician-assisted dying is to be based on competence rather than age.”**¹⁸ This opens the door to child euthanasia—meaning that boys and girls who

cannot legally consent to being tattooed could be able lawfully to order themselves killed.

While it is true that all of these recommendations did not ultimately become part of the Canadian law, they illustrate the true agendas of the international euthanasia movement—and where Canadian euthanasia is likely to go in the coming years.

Bill C-14: On May 30, 2016, Canada’s House of Commons passed legislation that legalized euthanasia and assisted suicide—euphemistically described as “medical assistance in dying”—throughout the country. The bill was controversial not because it legalized medicalized killing, but because it appeared to be a bit more restrictive than the wide-open paradigm established by the Supreme Court.¹⁹

Specifically, C-14 contains a clause implying that a terminal illness is required before someone can receive euthanasia (my emphasis):

(2) A person has a grievous and irremediable medical condition only if they meet all of the following criteria:

- (a) they have a serious and incurable illness, disease or disability;
- (b) they are in an advanced state of irreversible decline in capability;
- (c) that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
- (d) their *natural death has become reasonably foreseeable*, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.²⁰

In reality, although these criteria appear somewhat more restrictive than those dictated by the Supreme Court, C-14’s protections are mostly a mirage. First, *the question of suffering remains completely subjective and left solely in the discretion of the patient* who wants to die. Moreover, the term “reasonably foreseeable” would clearly allow patients not actually in a presently terminal *condition*—of the kind that qualifies a patient for hospice care, for example—to receive euthanasia under the law. Consider a hypothetical cancer patient unlikely to be cured in the long term, but who, with treatment, could reasonably be expected to live for several years in a somewhat debilitated condition. A doctor could easily interpret such a situation as an advanced state of irreversible decline and view the patient’s ultimate death as certainly “reasonably foreseeable,” but not yet in a “terminal” stage. The same could be said of other ultimately fatal conditions, such as the HIV patient suffering from continuing infections or the diabetic who requires amputations.

Beyond that modest hedge, with the enactment of C-14, Canada adopted one of the world's most radical euthanasia laws. For example, all other countries and U.S. states restrict the application of assisted suicide or euthanasia to physicians. But in Canada, that deadly task could be performed by non-MD certified physician's assistants:

Medical assistance in dying means

(a) the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or

(b) the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.²¹

Moreover, it would appear to *permit ward and home healthcare nurses to do the actual killing, and to permit people completely untrained in medicine, such as family members, friends, or even strangers to participate in making the legally qualified patient dead.*

Exemption for Person Aiding Practitioner:

No person is a party to culpable homicide if they do anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying in accordance with section 241.2.²²

This means that a doctor can prescribe lethal drugs and anyone can help the patient ingest them. Since such actions would take place behind closed doors, no one would be the wiser if the patient had not actually decided for himself or herself that the time had come to die.

The Senate Balks: Like the United States, Canada has a bicameral legislature. Thus, before euthanasia could be formally legalized by statute, C-14 had to pass the Canadian Senate. But the Senate balked. It wasn't that C-14 was too loose in allowing euthanasia. It wasn't that non-doctors would be allowed to kill legally qualified patients. Rather, *the majority of the Senate believed that the "foreseeable" death clause was too restrictive* and not fully in keeping with the Supreme Court's ruling; the Senate therefore removed the "foreseeable" clause from its version of the legislation. In the end, however, the Senate accepted the bill as enacted by the House of Commons. The law went into effect on June 17, 2016.²³

A Launching Pad, Not a Ceiling

The passage into law of C-14 is not likely to be the ceiling of legalized euthanasia in Canada, but rather a launching pad to an even more radical euthanasia regime. Indeed, Prime Minister Trudeau described C-14 as a "first step."²⁴

As soon as the law went into effect, political agitation began to expand the

killing license to include suffering people whose deaths do not meet the “reasonably foreseeable” standard.²⁵

Even more to the point, it is likely that the “foreseeable death” standard will not survive a constitutional challenge. Indeed, even before the law was officially passed, a court in Alberta ruled it unconstitutional. From the decision:

As Canada fairly conceded, the language of the declaration itself is broad and rights based. Nowhere in the descriptive language is the right to physician assisted death expressly limited only to those who are terminally ill or near the end of life. Canada accepts that a dictionary definition of “grievous and irremediable” medical condition could include conditions that are not life-threatening or terminal.²⁶

There is also the question of whether the mentally ill will qualify to be killed. Considering the wording of the Supreme Court’s ruling, assuming decisional capacity, I don’t see how such conditions—which can be excruciating for a far longer time than terminal or serious physical maladies—can be logically excluded. Indeed, Belgium and the Netherlands permit doctors to euthanize the mentally ill.²⁷ Another issue now under debate in Canada is whether people should be able to instruct that they be euthanized should they lose decisional capacity due to dementia or other such conditions, as is also permitted in the Netherlands and Belgium.

Then, there is the question of whether doctors and other medical personnel with religious or conscience objections to euthanasia can refuse to participate when a legally qualified patient asks to be killed. The Supreme Court refused to rule on the question, but strongly implied that qualified patients would have to be guaranteed access to hastened death in some fashion (my emphasis):

In our view, nothing in the declaration of invalidity which we propose to issue would compel physicians to provide assistance in dying. The declaration simply renders the criminal prohibition invalid. What follows is in the hands of the physicians’ colleges, Parliament, and the provincial legislatures.

However, we note—as did Beetz J. in addressing the topic of physician participation in abortion in *Morgentaler*—that a physician’s decision to participate in assisted dying is a matter of conscience and, in some cases, of religious belief (pp. 95-96). In making this observation, we do not wish to pre-empt the legislative and regulatory response to this judgment. Rather, we underline that the *Charter rights of patients and physicians will need to be reconciled*.²⁸

While it doesn’t appear that doctors will be compelled to participate in euthanasia in the initial federal legislation, the long-term prospects for maintaining such conscience rights are questionable. Many of those supporting euthanasia *want* all doctors to be required to participate in euthanasia—either by doing the deed personally or being required to refer a patient to a physician the original doctor knows will be willing to administer

the lethal drugs. Here's how the federal advisory panel put it:

RECOMMENDATION 10 That the Government of Canada work with the provinces and territories and their medical regulatory bodies to establish a process that respects a health care practitioner's freedom of conscience while at the same time respecting the needs of a patient who seeks medical assistance in dying. At a minimum, the objecting practitioner must provide an effective referral for the patient.²⁹

Gobbledygook: Requiring “effective referral” would materially *violate*—not respect—a “practitioner’s freedom of conscience” through forced complicity in euthanasia, thereby trampling his faith under the boot of the state.

Meanwhile, provincial medical colleges (associations) were similarly unsympathetic to religious exemptions from participating in euthanasia. Ontario’s College of Physicians and Surgeons issued an ethics opinion stating that euthanasia-dissenting physicians have a “duty” to refer legally qualified patients to a doctor willing to kill (redefined as “provide care”)—even if the person asking to die is not a current patient (my emphasis):

Physicians must provide information about all clinical options that may be available or appropriate to meet patients’ clinical needs or concerns. Physicians must not withhold information about the existence of any procedure or treatment because it conflicts with their conscience or religious beliefs.

Where physicians are unwilling to provide certain elements of care for reasons of conscience or religion, an effective referral to another health-care provider must be provided to the patient. *An effective referral means a referral made in good faith, to a non-objecting, available, and accessible physician, other health-care professional, or agency . . .*

The College expects physicians to *proactively maintain an effective referral plan* for the frequently requested services they are unwilling to provide.³⁰

In other words, all Ontario physicians are ethically obliged to be complicit in the euthanasia killings of legally qualified patients by—at minimum—procuring the death doctor if religiously or conscientiously opposed to euthanasia. Whether doctors who refuse to so participate would face professional discipline remains to be seen.

All of this would seem to fly in the face of Canada’s 1982 Charter of Rights and Freedoms, which states, “Everyone has the fundamental freedom of conscience and religion.”³¹ Illustrating the utter lack of regard that secularized Canada now has for religious liberty, the Canadian Civil Liberties Association—that country’s counterpart to the ACLU—applauded the parliamentary committee’s call to stomp upon religious conscience as a “promising step forward.”³²

Doctors aren’t the only ones threatened with religious persecution under Canada’s looming euthanasia regime. As stated above, provincial and federal

commissions have both recommended that nurses, physician's assistants, and other such licensed medical practitioners be allowed to do the actual euthanizing under the direction of a doctor.

This is particularly worrying from a medical conscience perspective, because it leaves no wiggle room to say no. For example, objecting doctors might be able to defend their refusals by claiming that the euthanasia requester is not legally qualified. Nurses, however, would not even have that slim hope, since they would merely be delegated the dirty task of carrying out the homicide. This leaves nurses with religious objections to euthanasia with the stark choice of administering the lethal dose when directed by a doctor, or being insubordinate and facing job termination. The same conundrum would no doubt apply to religiously dissenting pharmacists when ordered to concoct a deadly brew.

Even Catholic and other religious nursing homes and hospices may soon be required by law to permit euthanasia on their premises, for the federal commission recommended that federal and provincial governments "ensure that all publicly funded health care institutions provide medical assistance in dying." That is a very broad category. Canada has a single-payer, socialized healthcare financing system that permits little private-pay medical care outside of nursing homes. Not only that, but as Alex Schadenberg, director of the Canada-based Euthanasia Prevention Coalition, told me, "religiously-affiliated institutions [in Canada] have become the primary care facilities for elderly persons, those requiring psychiatric care, and dying persons. They are now being told that as a condition of providing those services they will be required to permit doctors to kill these very patients by lethal injection. If they refuse, they will find themselves in a showdown with the government."³³

Can Euthanasia Also Be Judicially Imposed in the USA?

Any question about the desires of American assisted suicide advocates were put to rest when the head of the nation's most prominent advocacy organization, Compassion and Choices (once known as the Hemlock Society) applauded the ruling in a press release, stating:

We applaud and thank the Canadian Supreme Court for placing the patient at the center of fundamental end-of-life decisions. The eloquence of this ruling will inspire everyone who believes in individual freedom at life's end. We in the U.S. agree that denying people the ability to determine their own medical treatments and the degree of suffering they endure curtails liberty.³⁴

Realizing they had let the cat out of the bag about its true agenda, the organization later scrubbed the page from its website, and its director, Barbara Coombs-Lee, made all the proper noises about wanting to restrict assisted

suicide to the terminally ill.

The real question is: What are the prospects of the United States Supreme Court similarly imposing nationwide euthanasia legalization as happened in Canada? In my view, the chances are not high—in the short term. Euthanasia advocates blundered in 1997 by seeking an assisted suicide *Roe v. Wade* before the issue was ripe culturally, culminating in the two 9-0 decisions denying a constitutional right to doctor-facilitated death referenced at the beginning of this article. Overturning a unanimous ruling is far more difficult than overturning a 5-4 decision, as in Canada.

But that should not make us sanguine. I expect assisted suicide advocates to pursue a jurisprudential strategy intended to give the Supreme Court a pretext for eventually revisiting the issue: Obtain rulings by several state supreme courts creating state constitutional rights to “aid in dying”—as of this writing cases are pending in New York and one is on appeal in New Mexico—while working to legalize assisted suicide through democratic means throughout the country. If sufficient states legalize assisted suicide to the point that a critical mass appears to have formed—say, half the states—new cases will be filed arguing that the changed social and legal circumstances justify a second Supreme Court review. Indeed, that is precisely the advocacy approach that succeeded in Canada.

The good news is that there is an effective means of preventing such an apocalypse: working diligently to keep that kind of critical mass from being reached. If assisted suicide can be bottled up in a few states, it is unlikely the Supreme Court will decide to “end the debate.”

The great Canadian pundit Andrew Coyne once lamented his countrymen’s widespread support for Robert Latimer, who murdered his 12-year-old daughter Terri because she had cerebral palsy, writing, “A society that believes in nothing can offer no argument even against death. A culture that has lost its faith in life cannot comprehend why it should be endured.”³⁵ In the end, “what will happen here” depends entirely on whether most Americans—in contrast to our Canadian cousins—retain their faith in the intrinsic importance and ultimate value of each and every human life without regard to illness, disability, age, or perceived quality of life.

NOTES

1. *Washington v. Glucksburg*, 521 USS 702 (1997), *Vacco v. Quill*, 521 U.S. 793 (1997).
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From Strength to Strength:

Culture Change in Nursing Homes

Mary Meehan

Despite current worries about U.S. economic and social problems, there is at least one area for true rejoicing. Many nursing homes in the United States are far better than they used to be, and some are truly great. There is promise of many more great ones to come.

In recent decades, there were efforts to improve nursing homes through government regulation at the state and federal levels. While they prevented or ended some neglect and abuse, they did not deal with several major problems: over-regimentation of residents and staff, lack of respect for residents' own abilities and desires, and residents' loss of the joys of life. There was a need for visionary and energetic leaders, ones who understood what was wrong and would devise bold and workable solutions.

Fortunately, such leaders arose. People such as LaVrene Norton, Dr. William H. (Bill) Thomas, and others rethought the whole idea of traditional nursing homes and challenged nearly every part of them. They rejected the hospital model of long corridors, nursing stations, public-address systems, and what Dr. Thomas called a "paramilitary command structure."¹ They developed radical and positive alternatives: the Eden homes, the household model, and the Green Houses. These alternatives often include changes in the physical structure of nursing homes. Equally important, though, is the idea of deep "culture change" in attitudes and practices.

Nine years ago, I visited three Eden homes and was quite impressed by them. (See "Back to Eden?" in *Human Life Review*, Spring 2007.) The plants and flowers inside, the gardens outside, the peace and quiet, the cats and dogs and birds who cheered the residents, a children's daycare center in one home, a quilting group in another—all of this made the Eden homes *real* homes for the residents.

The Household Model

Recently I made a return visit to the Levindale Hebrew Geriatric Center in Baltimore. The Eden philosophy still guides this home, though the older part of its building retains hospital-like features. On my recent visit, I focused on

Mary Meehan, a freelance writer living in Maryland, is a senior editor of the *Human Life Review*. She can be reached at her website: www.meehanreports.com.

the “household model” in a newer wing of the Levindale building. New construction offered the chance to get away from hospital layout. As staff member Michelle Mills said, “It is nice when your structure supports the philosophy.”² The new wing has large windows, lots of light, and striking views of a central courtyard. There is also a lovely patio just outside the main entrance.

There are two households per floor in the new wing. Each household has rooms for 14 residents, and the rooms surround a common space that includes a large kitchen, dining area, and living-room area. (There are no long corridors or nursing stations!) Each resident has a private room and a bathroom with shower. (No carting of residents down a long corridor to a shower room!) There is no fixed time for breakfast; residents arise when they wish, and each can have a breakfast made to order by staff. But the residents do have lunch and dinner together.

A staff member noted that each household has a different personality and that one has residents who are “more observant” in the Jewish faith. Levindale has its own synagogue; but a fair number of its residents are of other faiths, and a room is available for their services. Christian Bible study is also available.

I visited in the late morning, when most residents apparently were in their rooms or participating in one of the many Levindale activities. Recent events have included Boomers Club meetings, Yiddish Club meetings, Cowboy Joe visits, ping-pong, a birthday ice-cream social, cognitive games, and afternoon movies.³ There are occasional trips into the Baltimore community for ballgames, shopping, lunch, and museum visits. Residents also look forward to visits from children who attend the childcare center on campus. The center’s playground is an attraction for residents’ *families* as well, since children can play outside while their parents visit inside.

There is another Levindale tradition that most nursing homes don’t have: a daily happy hour where a resident can enjoy a glass of wine or beer, or a soda, and snacks. (Non-alcoholic wine and beer are available for those whose medicines preclude alcohol.) There is music, too. A resident, “Mrs. K,” was so attached to her own piano that she brought it along when she moved to Levindale. “I go to my piano every day and prepare a program for the happy hour,” she said. “Classical, jazz, anything. Hum it, and I can play it on the spot.”⁴

There is, in fact, so much to like about Levindale that Michelle Mills joked about how staff members might live there in their old age. “We all have our rooms picked out,” she said. “We’ll have our own little Levindale alumni” group.⁵

Green Houses

Dr. Bill Thomas, who pioneered the Eden homes with his wife Judith Meyers-Thomas, later had the idea of starting from scratch by building smaller homes with a maximum of twelve residents in each. He named them Green Houses, apparently with the idea that they would promote human growth, as old-fashioned greenhouses promote plant growth. These usually are single-story, ranch-style homes; thus residents don't have to worry about elevators. That's a great advantage when so many use wheelchairs. With help from several foundations, especially the Robert Wood Johnson Foundation, Thomas and others established the initial Green Houses—first in Tupelo, Miss., and then around the country. By June 2016, there were 204 Green Houses open and operating and about 60 more under development.⁶

I visited a Green House at the Lebanon Valley Brethren Home in Palmyra, Pa., near the state capital of Harrisburg. The Lebanon Valley home, a ministry of the Church of the Brethren, is a large retirement community. It offers independent living in cottages and apartments, assisted living, and nursing care. In addition to an older-style nursing section, it now has four Green Houses. Each has no more than ten residents. Every resident has a private room and bathroom, with a ceiling track for a lift from room to bathroom. (This helps prevent the back injuries that plague so many staff in traditional nursing homes.) As in the household model, the residents' rooms surround a large, open space that includes kitchen, dining, and living-room area. There is also a sunny patio. When I visited, several residents were sitting in the common area. One was awake but quiet, while the others were dozing off—possibly dreaming about lunch.

Jeff Shireman, President of Lebanon Valley Brethren Home, told me that finding construction money and building the houses are the hardest parts of the Green House effort. He added that “once the houses are up and running, they tend to operate well in terms of staying very highly-occupied And they operate at the same or less per day, in terms of cost, than a traditional nursing home.” This is partly because there is less staff turnover (something also found in Eden homes). Another cost-saver, Mr. Shireman said, is that “you don't have the miles of corridor space and common spaces to air-condition and heat and maintain and clean.”

In addition, there is less need for staff who specialize in dietary, housekeeping, or maintenance tasks. A Green House has two key workers who do the cooking, cleaning, and personal care of residents. Shireman remarked that the staff come to know the residents well “and can instantly tell when something is going wrong medically,” because they notice “changes

in residents' behavior—or vital signs or what have you.”

Lebanon Valley's Green Houses don't have the activities schedules—bingo, bean-bag toss, 1950s music, and so on—that traditional nursing homes have. There is still activity, Shireman said, but it may be “as simple as the staff people reading the newspaper to residents out on the patio during the nice weather when they're having breakfast” there. He said there are some parties and entertainment, but added that “it's more like the normal flow of events in your daily life.” Some residents enjoy games, and some “like to just sit in their rooms and read books or watch TV.” In good weather, he said, “a lot of them are out on the patio,” enjoying the flowers and butterflies there.

Using buses equipped with wheelchair lifts, staff sometimes take residents off-site for special entertainment. Occasionally, an old-fashioned, musical ice-cream truck visits the neighborhood. Residents “can go out and get a cone or a sundae or whatever they like. And that's a big thrill.”

The Eden homes are noted for their many pets, and some residents become quite attached to them. “We're open to them,” Shireman said, but added that “none of our Green Houses have elected to have pets” thus far. He suggested that the smaller size of Green Houses means that residents are satisfied with human companionship and don't feel a need for pet companions.⁷

Other Homes Around the Country

Several years ago, *Proto Magazine*, published by Massachusetts General Hospital, described a woman whose mother—at age 92, with dementia and a broken hip—clearly needed nursing care. The daughter toured some nursing homes “that lived up to her worst expectations—drab, highly regimented mini-hospitals with dim corridors and unhappy residents.” But when she visited the Leonard Florence Center for Living, Chelsea, Mass., “her first surprise was the aroma of baking cookies, not antiseptics. The lobby, known as Main Street, houses a bakery-café, a deli, and a spa-salon, and there's an outdoor garden for residents . . .” The Leonard Florence Center is a Green House, but one in a multi-story building.⁸ This concession to urban living (and urban space limits) makes it similar to the “neighborhood model” at Baltimore's Levindale.

Proto Magazine also described the work of a large for-profit chain, Signature HealthCARE, which by 2013 had adopted the Eden approach in a third of its homes. “At a Signature nursing home in north Florida, for example, residents run a country store, tend a large outdoor vegetable garden and greenhouse, and help at a local soup kitchen. At a Tennessee location, there are plants and aquariums throughout the facility, and many residents have caged birds in their rooms; in other homes, some people bring their own cats

and dogs or interact with pets cared for by staff members.”⁹

The current Signature website notes an unusual requirement for its leaders. Each must qualify as a nursing aide by earning a Certified Nursing Assistant (CNA) license. “We as leaders should know what it’s like,” the website notes, “and we do.”¹⁰ This is truly radical culture change—and one that must encourage the regular CNAs.

Catholic Charities of Baltimore runs a Green House that, like the Leonard Florence Center in Chelsea, Mass., is in a multi-story building that’s divided into neighborhoods. A non-profit ecumenical group called GEDCO built the Baltimore home. A 2013 report by National Public Radio emphasized its flexibility. While many of its residents were having lunch together when NPR visited, resident Charles Taylor wasn’t quite ready to eat. But as Mr. Taylor explained: “Anytime I get ready, just press the button, and they’ll bring me a raisin-bread sandwich. That’s my favorite.”¹¹

The *Denver Post* reported that it took a great deal of time and trouble to launch six Green House homes in Loveland, Colo. “These institutions aren’t easy to change,” project leader Sam Betters told the *Post*, which reported years of effort in the face of “stultifying state health regulations.” When Betters joined residents for dinner on the day they moved in, he told them: “I hope you enjoy tonight’s dinner. It took four years to make.” And when one of the new residents realized she could have any breakfast that she wanted the next morning, Betters later said, “The expression on her face made it worth those four years of banging our heads on the wall.”¹²

Better Approaches to Dementia

The quiet, peaceful nature of the culture-change homes is a special bonus for residents who have dementia. The homes can also lead to less reliance on powerful drugs to control behavior. Dr. G. Allen Power, who worked in an Eden Home in New York, has written a valuable book on *Dementia Beyond Drugs*. An internist and geriatrician, he believes there has been far too much reliance on anti-psychotic drugs in nursing homes. Those drugs, he says, sometimes lead to “movement disorders and gait imbalance.” He notes that all antipsychotics “produce a fair amount of sedation” and that this can cause “inadequate food and fluid intake, falls and fractures, incontinence, infections, and bedsores.”¹³ That is a scary list for people who are old and frail.

Dr. Power offers information that can be quite helpful to other doctors, to nurses and nursing assistants, and to family members. He shows how an alert medical person or caregiver can interact with agitated patients in a helpful way, calming them, but also finding the source of their trouble. One example: Bertha, a little lady with Alzheimer’s disease, became terrified that her son

“was being attacked by vicious snakes.” Instead of suggesting antipsychotic medication, her primary nurse, Missy, “took Bertha to a quiet place . . . and spent some time calming her and explaining that everyone was safe. She brought a telephone over and they called Junior [Bertha’s son], who reassured his mother that he was not in any danger. Then Missy got Bertha a snack and sat and engaged with her until she was sure the anxiety had passed.”¹⁴ Power also stresses that older people need far more light than youngsters do. In poor light, he notes, “shadows and poorly defined figures can produce misperceptions that look like hallucinations.”¹⁵ Besides avoiding this problem, good light can prevent falls that break fragile bones.

Dr. Power doubles as a musician, and he says that music “has an incredible power to heal the mind, body, and spirit.” He suggests a dozen ways to use it for patients’ benefit and promotes the value of improvising. During one concert for patients at the Eden home where he worked, preschoolers from the home’s childcare center “came in and sat in the front. I threw away my song list and started doing children’s songs, like ‘Old MacDonald Had a Farm.’ The kids got involved and the elders loved the spectacle and joined in. It was much better than the show I had planned.”¹⁶

Making Change Happen

While it is exciting and hopeful work, transforming a nursing home or building a new one is not easy. Fortunately, there are now many people who have done it and can help others do it. The Green House Project, Action Pact, and the Eden Alternative are all sources of helpful information. Through them, one can find paid consultants who really know the field and can guide others well.

Scott Brown, outreach director of the Green House Project, told me that most organizations that develop Green Houses are already operating nursing homes and that the “vast majority” are not-for-profit. (Many, I have noticed, are also religiously-based.) This is in sharp contrast with the national picture. In 2014 there were about 15,600 U.S. nursing homes, serving some 1.3 million residents. About 70 percent of them were for-profit.¹⁷ But market considerations may push more for-profit homes toward culture change. Many of today’s nursing homes were built in the 1960s or 1970s and are likely to be replaced soon in any event. When major investment in a new building is needed, why not build something much better? As change advocates note, the Baby Boomers, who now range from 52 to 70 years old, are unlikely to settle for old-style nursing homes.

Brown said that groups who want to build Green Houses generally finance the construction through a combination of special fundraising and commercial

bank loans. To build a Green House, he said, a group must 1) have health care expertise, 2) explore and understand the regulatory environment, and 3) be committed to fundraising.¹⁸

Action Pact, based in Milwaukee, Wis., and Manhattan, Kan., offers consulting and training on culture change, with special emphasis on the household model. Its consultants include LaVrene Norton, who has worked on transforming nursing homes since the 1980s. The Eden Alternative homes are open to anything that can make life better and more interesting for their residents. Based in Rochester, N.Y., their parent group offers training, webinars, and Eden Registry membership for nursing homes that qualify.¹⁹

Applying Lessons Learned from Culture Change to Other Areas

Many nursing homes have moved away from the noisiest and most oppressive features of hospitals. Perhaps hospitals themselves could do the same. With help from the ever-creative Dr. Bill Thomas, Holy Cross Hospital, Silver Spring, Md., established a separate emergency room for seniors, one geared to more privacy, comfort, quiet, and safety. Some other hospitals have followed this example. The *Washington Post*, reporting on a 78-year-old woman with severe back pain who was treated at Holy Cross, said that she “was grateful for the mattress—twice as thick as other ER beds and specially designed to prevent skin breakdown that leads to bedsores, which can develop rapidly in elderly patients.” Another plus: “There are plenty of blankets—kept toasty in a blanket warmer—and pillows.”²⁰

As someone who has accompanied others to hospital emergency rooms on quite a few occasions, I wonder: Why don't hospitals do this for *all* of their emergency rooms? Sometimes those rooms may provide a greater ordeal than the sickness or accidents that brought the patients there in the first place. This is especially the case when there are seemingly endless waits for care, even though a large number of nurses and doctors are nearby—tied to their computers.

Many years ago, a friend of mine, obviously in great pain in a Philadelphia emergency room, had to wait a long time for care. A receptionist whose attention was called to her pain could not have cared less. I don't know whether my friend's appendix burst when she was still home, on her way to the hospital, or during the long ER wait. But it caused great pain to her, a long hospital stay, and undoubtedly great anguish to her parents. The rude receptionist certainly did not help matters. I imagine there are similar cases in some hospitals today.

Intensive care units also need attention. They often provide ordeals for patients and their families because of their high-tech approach and eternally-

beeping noises. Why not use chimes instead? How about an option for soft and soothing music? How about better training and supervision of staff who forget the human touches that people in critical condition need?

Many other areas of our life—including schools, workplaces, and government agencies—can benefit from the creative and can-do style of the nursing-care reformers. They have blazed a splendid trail for all of us.

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The author offers special thanks to Helene King of Levindale and Jeff Shireman of Lebanon Valley for tours of their facilities.

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The Odd Couple and the Unrejectability of Belief

Donald DeMarco

The late Antonin Scalia, to the astonishment of many, had a lively and continuing friendship with his colleague Ruth Bader Ginsburg. No two members of the Supreme Court were ever further apart, philosophically and jurisprudentially, than these two were. They baptized themselves “The Odd Couple.” The original “Odd Couple,” played by Jack Lemmon and Walter Matthau in the popular 1968 film, did not disagree on anything as significant as abortion—what made them “odd” roommates were their radically different views on housekeeping. There is something encouraging about the friendship of these discordant pairs, the compatibility of the incompatible. It underscores the fact that we human beings have more in common with each other than not. Our humanity is primary; our differences, though sources of seemingly irresolvable conflict, are a distant second.

We can imagine other possible pairs of seemingly unmixable characters. Consider Saint Thérèse of Lisieux and Jean-Paul Sartre. The Little Flower, though she spent her entire life in a protective Catholic milieu, reveals in her autobiography that she was “assailed by the worst temptations of atheism.” The author of *Being and Nothingness*, on the other hand, tells us in his autobiography that at long last, “I have caught the Holy Ghost in the cellars and flung him out of them. Atheism is a cruel, long-term business.” Had these two citizens of France met, no doubt neither would have come away untouched.

Joseph Ratzinger, in his *Introduction to Christianity*, observes that “both the believer and the unbeliever share, each in his own way, doubt *and* belief, if they do not hide away from themselves and from the truth of their being.” The believer is not entirely devoid of doubt; the non-believer cannot fully reject the temptation to believe. The believer is tempted by doubt; the non-believer is tempted by belief. It is in this commonality that an avenue of communication between strikingly disparate individuals can be realized—a dialectic can exist between the most markedly different of human personalities.

G. K. Chesterton suggested that all marriages are between incompatibles.

Donald DeMarco is a Senior Fellow of Human Life International. He is professor emeritus at St. Jerome’s University in Waterloo, Ontario, an adjunct professor at Holy Apostles College in Cromwell, CT, and a regular columnist for *St. Austin Review*. His latest works, *How to Remain Sane in a World That Is Going Mad*, *Ten Major Moral Mistakes and How They Are Destroying Society*, *How to Flourish in a Fallen World*, and *In Praise of Life*, are available through Amazon.com. Some of his recent writings may be found at Human Life International’s Truth and Charity Forum.

“The whole aim of marriage,” he wrote in *What’s Wrong With the World*, “is to fight through and survive the instant when incompatibility becomes unquestionable. For a man and a woman are, as such, incompatible.” All couples are “odd” in this respect. There are no alter egos. There are no mirror images of ourselves. We live in a world in which we persistently encounter the “other.” But the lines of communication are rooted in our universal nature as human beings. We set aside the mirror and look outward toward others through the window of our spiritual personalities.

The odd coupling central to this essay is the curious alliance between Mortimer Adler and Harry Blackmun. Adler was 20th-century America’s most accomplished educator and co-founder of the Great Books of the Western World program at the University of Chicago. A staunch disciple of the philosophy of St. Thomas Aquinas, he once remarked that he was a Jew teaching Catholic philosophy at a Protestant school to a class of atheists. His razor sharp mind, and an agreeable openness to the views of others, were factors in the conversions to the Catholic Church of several of his Jewish colleagues.

Harry Blackmun was the Supreme Court justice who wrote the Majority opinion for *Roe v. Wade*. Unlike Adler’s encyclopedic search for truth, Blackmun chose in that landmark decision to set aside scientific evidence of the humanity of the unborn: “We need not resolve the difficult question of when life begins,” he asserted. “When those trained in the respective disciplines of medicine, philosophy, and theology are unable to arrive at any consensus, the judiciary, at this point in the development of man’s knowledge, is not in a position to speculate as to the answer”—a claim which is absurd from a scientific perspective, and indefensible philosophically.

The philosophical distance that separated the two men, nonetheless, was not a barrier to their friendship. Blackmun wrote the foreword to Adler’s 1987 book, *We Hold These Truths: Understanding the Idea and Ideals of the Constitution*. In it, Blackmun said the Constitution was “our ‘blueprint’ for government . . . [it] is what we live by in this nation.” There is no provision in the United States Constitution that speaks to abortion. Blackmun, however, spotted a provision where no one had seen one before: in a “penumbra” of “the right to privacy,” itself a Constitutional penumbra. Such a flimsy and fabricated basis for legalizing abortion stands in stark contrast to the intellectual rigor Dr. Adler always employed in his philosophical pursuit of wisdom.

In *We Hold These Truths*, Adler presents the *Roe v. Wade* decision in a brief paragraph. He makes no critical comment about the ruling, noting only

that “Few decisions have resulted in so much social and religious conflict.” In a chapter on “Human Equality,” Adler, echoing the Declaration of Independence as well as the Gettysburg Address, argues that “Human equality consists in the fact that no human being is more or less human than another because all have the same specific nature by virtue of belonging to one and the same species.” The implication here seems fairly clear that unborn human beings are members of the same species as born ones. “The specifying or differentiating traits that constitute human nature,” Adler writes, “are all potentialities or capacities for development.” It would seem equally apparent then, that he would have regarded the deliberate killing of unborn children as morally wrong. In his 1985 work, *Ten Philosophical Mistakes*, Adler treated the nature of the human being more extensively: “In what sense then is there a human nature, a specific nature that is common to all members of the species? The answer can be given in a single word: *potentialities*. Human nature is constituted by all the potentialities that are the species-specific properties common to all members of the human species.” Still, Adler remained irresolute about abortion.

Deal Hudson, a trained philosopher and journalist, taught with Adler at the Aspen Institute in Colorado. In his book *An American Conversion: One Man’s Discovery of Beauty and Truth in Times of Crisis* (2003), Hudson mentions reminding his esteemed colleague that “the ethics of natural law,” which Adler himself had propounded, “led unmistakably to the protection of unborn life.” At such moments, according to Hudson, Adler would throw up his hands and say, “I wish these problems would go away.” For a philosopher whose approach to his craft was known to be careful and painstaking, Adler’s attitude toward abortion was a conundrum. Adler once remarked that “Freedom is the emancipation from the arbitrary rule of other men.” Was Adler himself entirely free from the social acceptance of abortion?

In 1984, when he was 82 and lying in a hospital bed, Mortimer Adler was baptized an Episcopalian. The explanation he gave for his conversion indicates how well he understood the limitations of philosophy. “My chief reason for choosing Christianity,” he confessed, “was because the mysteries were incomprehensible. What’s the point of revelation if we could figure it out for ourselves? If it were wholly comprehensible, then it would just be another philosophy.” Here, at last, was Adler’s formal recognition of the unrejectability of belief. It was not enough to be America’s leading philosopher. At the age of 98, not long after the passing of his Episcopalian partner in marriage, he entered the Catholic Church. “Finally,” wrote Ralph McInerney, another one of Adler’s philosopher friends, “he

became the Roman Catholic he had been training to be all his life.”

In an attempt to buttress his vaporous (“penumbra”) defense of abortion, Harry Blackmun resorted to arguments that were essentially hypotheses of the unknowable. “Maternity, or additional offspring,” he wrote in his *Roe* opinion, “may force upon the woman a distressful life and future.” “Psychological harm,” he continued, “may be imminent. Mental health and physical health may be taxed by child care . . . additional difficulties and continuing stigma of unwed motherhood may be involved.” The architect of *Roe v. Wade*, having abandoned sound principles, wrote the majority opinion largely in the subjunctive mood. He rejected the belief that a particular child, initially unwanted, might actually live a happy and productive life, as so many have who were at one time in a similar situation. He had little or no belief in what positive things the future might hold for certain lives. Justice Blackmun set aside the knowable, namely, that science has established the fact that human life begins when the sperm penetrates the egg, forming a new organism. In its place he used what is unknowable—a dark vision of what might happen to the mother of an unwanted child who was not aborted—to guide his decision. Blackmun’s problem was not with the Constitution, which was designed to protect life, or with science, which affirmed it; his problem was his lack of a belief in life.

By contrast, a key factor that drew Antonin Scalia and Maureen McCarthy close together, well before they married, was their mutual hope for a large family. In other words, they both had an intense belief in life. Their nine children and thirty-six grandchildren stand in testimony to this shared belief. Let us hasten to note that belief in life can take many forms other than having and raising children. But without this belief, one fails to see the potential that resides in each living human being. As a result, the future does not appear to be rich with promise. The urge to believe is no less important than the urge to know. We need not suppress either of these natural urges.

It has often been said that we live in an age of unbelief. Such an age presents a dangerously one-sided situation. Belief in God appears to be waning. So, too, does belief in life. Euthanasia is on the rise. These two unbeliefs seem to be twins existing as an unbreakable pair. This should not be entirely surprising since God is the Author of life. Yet, belief in God and in life, as well as in the meaning of life, cannot be stricken completely from the human heart, though they can be denied and suppressed. Consider these words of Nobel Prize Laureate Albert Camus, written after World War II: “We are now at the extremities. At the end of this tunnel of darkness, however, there is inevitably a light, which we already divine and for which we have only to fight to

ensure its coming. All of us, among the ruins, are preparing a renaissance beyond the limits of nihilism.” Light and darkness, hope and nihilism are philosophical “odd couples.” Yet, they come to roost and are co-present in each of us. What this comes down to is that we individual human beings, the unborn included, are closer to each other than we might think. The “odd couple” is really the prototype that characterizes all of our human relationships. Defenders of life and those who support abortion form a particular kind of “odd couple” arrangement. With regard to the former, the unrejectability of belief holds sway. With regard to the latter, belief in life is not as strong. The father who said, “Lord, I believe; help, Thou, my unbelief!” (Mark 9:24) understood that we cannot be whole or properly negotiate our way through life by knowledge alone. Belief complements knowledge and provides a light that knowledge alone cannot.

There should be more Scalia-Ginsburg friendships. In the cross-fertilization of ideas and beliefs, in an atmosphere of cordiality, who knows what good might evolve? Cooperation is preferable to polarization. There is hope for humanity as long as people avoid hiding from themselves the treasures of their own humanity and are willing to share them with others. At that point the “odd couple” would mature into a union of souls, each giving and receiving what the other lacks.

BOOKNOTES

WHEN BREATH BECOMES AIR

Paul Kalanithi

(Random House, 2016, \$25.00, 228 pp.)

Reviewed by Ellen Wilson Fielding

On a spring evening in 2015, Paul Kalanithi died at the age of 36 of metastasized cancer. Not, however, before composing this poignant and in many ways elegant autobiography prompted by his diagnosis. Kalanithi was a gifted and driven young neurosurgeon with a hunger to achieve excellence and a meaningful life. A lover of great literature who earned his master's in English Lit before zeroing in on medicine for a career, Kalanithi naturally turned to the written word to help him better comprehend his abbreviated life and to convey to others its major epiphanies and concentrated lessons.

The result lingers in the mind both because of what it tells us about Kalanithi and what, in the end, it does not. This is a difficult book to grasp, in the sense of knowing where the author is going, how he envisioned the effect of his writing, and how different it might have been if he had lived long enough to complete and edit it. (It cuts off several months before his death. An epilogue, written by his wife, describes this last period of his life and details his final hours, surrounded by extended family that included the eight-month-old child they determined to conceive knowing he would be likely to die before she could walk.)

It is Kalanithi's skill as a writer that delayed my realizing how unfinished, structurally, his book is, and that even now makes me wonder whether some of what appear to be gaps or internal contradictions are not intended, are not in fact meant to represent unresolved questions or enlightening examples of cognitive dissonance.

Take his description of his father, a cardiologist who was dedicated to his job and determined to send his three bright sons to top colleges:

When we did see him, late at night or on weekends, he was an amalgam of sweet affections and austere diktats, hugs and kisses mixed with stony pronouncements: "It's very easy to be number one: find the guy who is number one and score one point higher than he does." He had reached some compromise in his mind that fatherhood could be distilled, short, concentrated (but sincere) bursts of high intensity could equal . . . whatever it was that other fathers did. All I knew was, if that was the price of medicine it was simply too high.

Of course, even as we read this, we already know from the foreword and prologue that he will ultimately not only choose to become a doctor, but to zero in on neurosurgery and neuroscience, hugely labor-intensive and attention-deflecting as they are. In addition, he and his doctor wife will choose to have a baby daughter destined (and this part was certainly *not* his choice) to grow up with her father completely absent.

It is hard not to wonder—and to feel that he wondered too, or felt he would be right to wonder—how different a father he would have been. And whether “different” necessarily means better. Kalanithi’s father features sparsely but significantly in the rest of his son’s book: Once when his now medically trained son follows him on his rounds and watches him engage with his patients; later, after the dire cancer diagnosis and the first rounds of treatment are succeeded by a resurgence of the cancer, when he erupts with helpless love against the idea that there is no hope; and finally at his son’s deathbed. Is this small but important collection of scenes simply a record of the pluses and minuses of their relationship? Is it the view of a younger person vs. an older one? Is it the bare bones of what, if Kalanithi had had more time and, in the last months, strength, would have been a profound and nuanced reflection on fatherhood, family, sonship, legacy? At this and every other point in the book where the reader is left wondering where to come down, we experience the hole left by the author’s untimely departure. He died too soon to answer all of his own questions and ours too. Which can perhaps be said, to a greater or lesser degree, of most of us when we die.

From fairly early in his academic career, Kalanithi was possessed by a great desire to find meaning, and uncertainty about apportioning his time and energy into “studying” meaning versus experiencing it. This was part of what turned him initially to the study of literature, and part of what made him abandon it for medicine:

I found myself increasingly often arguing that direct experience of life-and-death questions was essential to generating substantial moral opinions about them. Words began to feel as weightless as the breath that carried them. Stepping back, I realized that I was merely confirming what I already knew: I wanted that direct experience. It was only in practicing medicine that I could pursue a serious biological philosophy. Moral speculation was puny compared to moral action.

Later, he reflects that,

I realized that the questions intersecting life, death, and meaning, questions that all people face at some point, usually arise in a medical context At those critical junctures, the question is not simply whether to live or die but what kind of life is worth living Because the brain mediates our experience of the world, any neuro-

logical problem forces a patient and family, ideally with a doctor as a guide, to answer this question: What makes life meaningful enough to go on living?

This preoccupation with uncovering the meaning of life and death, not only for himself but, as a doctor, for his patients, comes up increasingly as he moves further along professionally and then faces those questions with urgent immediacy as a patient. Of course, some doctors are wiser or better guides through the latter stages of life than others, and all of them know more about the medical stages, at least as they appear from the outside, than their patients. Still, it startled me that Kalanithi—and perhaps many other doctors who treat people who may well not be cured?—believed an important part of the doctor’s job was guiding patients to an understanding of their own lives under far from ideal circumstances, and possibly of their own deaths too.

If it is true that not only Paul Kalanithi but also many other doctors or specialists think like this, then it potentially explains a lot about issues from prenatal testing to assisted suicide. Particularly since specialists and surgeons are not “family doctors” with whom one normally has a long relationship and a certain comfortable understanding, at the extreme end this seems to poach on the preserves of the priest, the pastor, the family elder, the wise friend, and almost anyone besides the surgeon in our morally fragmented and heterodox society.

Yet this belief comes up repeatedly in his book, as something that has come to seem axiomatic to him as a surgeon:

Technical excellence was not enough. As a resident, my highest ideal was not saving lives—everyone dies eventually—but guiding a patient or family to an understanding of death or illness . . . I had to help those families understand that the person they knew—the full, vital independent human—now lived only in the past and that I needed their input to understand what sort of future he or she would want.

Near the end of the book he gives this belief its most concentrated and perhaps most ambitious expression: “The physician’s duty is not to stave off death or return patients to their old lives, but to take into our arms a patient and family whose lives have disintegrated and work until they can stand back up and face, and make sense of, their own existence.” Small wonder that, as Kalanithi revealingly admits, “Had I been more religious in my youth, I might have become a pastor, for it was a pastoral role I’d sought.”

Which brings us to religion, as almost every account of a journey towards death must do, if only (as in John Gunther’s classic book about his son’s death, *Death Be Not Proud*) to chronicle the dying person’s unbelief. At the beginning of this book, Kalanithi notes that his father’s family was Christian and his mother’s was Hindu. The topic of religion then almost entirely disappears (again, we can wonder whether or not revisions would have

woven more of this thread throughout the whole) until he explains near the end that at some point in his adulthood he returned to a form of Christian belief. In these half dozen pages, as beautifully written but tantalizingly incomplete as the rest of his book, he outlines the deficiencies of a purely materialistic approach, which cannot “grasp the most central aspects of human life: hope, fear, love, hate, beauty, envy, honor, weakness, striving, suffering, virtue.”

Something of this same sense of a life interrupted in the course of grappling with great moral, philosophical, and religious questions also teases the reader when Kalanithi explains their decision to have a child despite his terminal cancer. The problem in this case is that the moral stakes are higher. For medical reasons he decided to donate sperm before his chemotherapy, and then his wife underwent several IVF attempts:

When I mentioned that we’d rather minimize how many embryos were created and destroyed, [the reproductive specialist] looked slightly confused . . . I was determined to avoid the situation where, after I died, Lucy had responsibility for a half dozen embryos—the last remnants of our shared genomes, my last presence on this earth—stuck in a freezer somewhere, too painful to destroy, impossible to bring to full humanity: technological artifacts that no one knew how to relate to.

Eventually, after several failed attempts at IVF, they concluded, “We would need to create at least a few embryos in vitro and implant the healthiest. The others would die. Even in having children in this new life, death played its part.” Convinced as I and no doubt a great many readers of this journal are that the Kalanithis’ embryos were also human beings with a right to life, it is jarring to see him authorize the surplus embryos to be killed, and then construct a sentence that throws responsibility onto “death.”

In this poignant unfinished memoir of what to us on this side of the curtain appears an abbreviated life, Paul Kalanithi reveals himself to be brilliant, passionately in search of a moral, meaningful life of excellence, devoted to a medical career that he identified as a calling, and very much a work in progress. There is much in his life that was heroic and inspiring, and there are many people who owe their lives to him. On the other hand, there are also actions and opinions that I and other readers of this journal would consider morally wrong. This was a complex, complicated, enormously competent man, who loved and cared for his family, friends, and patients and strove to understand the world he found himself in. Given all that and his early death, it seems insensitive to bring up, for example, those sacrificed embryos that never lived to think complex thoughts or attract the love of those around them. But Paul Kalanithi’s tough intelligence and strong moral sense would, I think, understand my need to register this objection.

BOOKNOTES

In debating the pros and cons of having a child, his wife at one point asked him:

“Don’t you think saying goodbye to your child will make your death *more* painful?”
“Wouldn’t it be great if it did?” I said. Lucy and I both felt that life was not about avoiding suffering.

Paul Kalanithi strove all his relatively brief life to be a truth seeker, a truth teller, and someone who faced tough realities. It is a form of tribute to decline to sentimentalize or oversimplify his life.

—*Ellen Wilson Fielding is a senior editor of the Human Life Review.*

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**IMBECILES: THE SUPREME COURT, AMERICAN EUGENICS,
AND THE STERILIZATION OF CARRIE BUCK**

Adam Cohen

(Penguin Press, 2016, \$28, 416 pp.)

Reviewed by Matthew Hennessey

Progressives aren't shy about taking credit for good things when they happen. Modern muckrakers eagerly chalk up any and all positive social developments—from food safety to government transparency to women's suffrage—as historic wins for progressivism, the big-hearted strain of social reform running through the American body politic since the time of Teddy Roosevelt. But today's progressives are far less eager to lay claim to—or even to acknowledge—the warped and inhumane intellectual currents that shaped the progressive movement in its earliest days.

Modern progressives may take aim at economic inequality, but as George Mason law professor David E. Bernstein and Princeton economist Thomas C. Leonard argued in a 2009 research paper, many of the original progressives were “partisans of human inequality.”¹ Modern progressives fancy themselves champions of the disabled, the different, and the marginalized, but Margaret Sanger, the progressive birth control activist and Planned Parenthood founder, claimed to “personally believe in the sterilization of the feeble-minded” and declared that parents should not be allowed to reproduce when their children are “physically or mentally defective.”² The progressive family tree has rotten roots.

In the early twentieth century, progressives were enamored of the possibilities presented by the marriage of efficient scientific management techniques and evolutionary biology. They believed that selective breeding could weed out undesirable traits from the gene pool. They sought to solve a host of society's ills by limiting the ability of the physically disabled, the criminally predisposed, and the so-called “feeble minded” to reproduce. These beliefs coalesced into the odious social philosophy known as eugenics. Over the course of a century, the term has become radioactive; it calls to mind the gruesome experiments of the Nazi devil-doctor Josef Mengele. In the early days of the progressive movement, however, society's ability to improve itself through eugenic sterilization was considered more than a fashionable belief—it was viewed as a moral obligation.

Four years after he left the White House, Teddy Roosevelt wrote to Charles Davenport—perhaps the era's most famous eugenicist—expressing his strong agreement with Davenport's claim that “society has no business to permit

degenerates to reproduce their kind.”³ In 1910, Davenport had founded the Eugenics Records Office in Cold Spring Harbor, New York. Underwritten by John D. Rockefeller, Mrs. E.W. Harriman, and the Carnegie Institution of Washington, the ERO was part think tank, part lobbying shop, and part research laboratory. Under the leadership of Harry Laughlin—who held a Ph.D. in biology from Princeton—the ERO spearheaded the American eugenic movement and taught hundreds of willing trainees how to interview immigrant families and identify the “feebleminded” among them who potentially posed a threat to pure WASP culture in America. These ERO guys were racist to the core.

“Eugenics was a movement of people who believed themselves to be inherently superior,” writes journalist Adam Cohen in *Imbeciles*, a new history of progressivism’s darkest moment. Today we think of the Progressive Era as the age of the common-sense policy tinkerer and the crusading journalist pushing society toward ever-greater levels of tolerance and fairness. Many of the early progressives, however, were perfectly at ease with naked human cruelty. In a preview of modern culture’s obsession with disability-related selective abortion, Yale professor of political economy Irving Fisher in 1912 lauded eugenics as a philosophy that “aims to prevent (by isolation in public institutions and in some cases by surgical operations) the possibility of the propagation of feeble-minded and certain other classes of defectives and degenerates.”⁴ Harvard economist Frank Taussig saw eugenics as a potential boon to all mankind. “The human race could be immensely improved in quality,” he declared in 1911, “if those of poor physical and mental endowment were prevented from multiplying.”⁵

By the mid-1920s, proponents of eugenic sterilization were eager to move their gaseous ideas out of the academy and into the concrete realm of public policy. What they needed was a positive ruling from the U.S. Supreme Court confirming that state-level eugenic sterilization laws passed muster under the Fourteenth Amendment’s guarantees of equal protection and due process. They needed a test case that they could appeal all the way to the top. They needed a sacrificial lamb.

In 1924, Carrie Buck was an 18-year-old mother—and rape victim—who had been committed by her foster parents to the Virginia State Colony for Epileptics and Feebleminded. Dr. Albert Priddy, the Colony’s director, had long dreamed of gaining the legal authority to sterilize women like Carrie, whom he believed to be mentally defective and excessively fertile. In this he found an ally in Aubrey Strode, a lawyer and Virginia state senator who helped Priddy craft a legal strategy that would withstand the inevitable challenges. As water finds its own level, Priddy and Strode eventually found

Davenport and Laughlin, and Carrie Buck's fate was sealed.

The Supreme Court's 1927 decision in *Buck v. Bell* gave Priddy, Strode, Davenport, and Laughlin the right to sterilize Carrie Buck against her will. It was perhaps the low-water mark of Progressive Era eugenic thought. Writing for the majority, Associate Justice Oliver Wendell Holmes affirmed the legality of Carrie's sterilization because, he said, "Three generations of imbeciles are enough." Cohen calls Holmes's impolitic declaration "one of the most brutal aphorisms in American jurisprudence." He is surely right; it's not a remark that a sitting judge could make in 2016 and expect to get away with. The real brutality, however, was meted out on the tens of thousands of American men and women whose lives were ruined by *Buck*. Their crime? Not living up to progressive physical and mental ideals.

Progressive Era attitudes toward intellectual and physical disability burrowed deep into our common cultural vocabulary and throughout the twentieth century were frequently invoked as justification for unequal treatment of other groups. Women, African Americans, and immigrants were denied political and social equality because, some progressives claimed, they were physically and intellectually flawed. The medical profession, enthralled as it was during the Progressive Era by Darwinian theories, viewed disability as evidence of evolutionary backsliding. This explains why Down syndrome was called "Mongolism" when it was discovered—it was thought of as a biological reversion to an inferior racial type.

At the core of the progressive love affair with eugenics was a tendency to view the disabled as abnormal or monstrous—and the belief that a well-functioning society was better off without them. "As an evolutionary concept," wrote University of Iowa professor Douglas C. Baynton, "normality was intimately connected to the western notion of progress." Regrettably, this view persists in our culture, despite the fevered claims of modern progressives intent on glossing over—or denying—the eugenic tendencies of the movement's founders.⁶ Nowhere is this more evident than at the intersection of genetic science and prenatal medicine. Medically and legally, deviation from "normal" is still considered perfectly legitimate grounds in the United States for ending a child's life in the womb, and one of our two major political parties has dedicated itself to ensuring that it remains so. A woman's right to abortion-on-demand sits at the top of the Democratic Party's agenda, alongside higher taxes, transgender bathrooms, and gun control.

The Supreme Court voted 8-1 in *Buck v. Bell* to allow eugenic sterilization. The lone dissenter, Associate Justice Pierce Butler, was also the Court's sole Catholic. Indeed, Cohen credits American Catholics with being the "single most outspoken group in opposition to eugenic sterilization laws." The

objection was primarily rooted in Catholic teaching about the sanctity of life, but as Cohen notes, it wasn't the only concern. "Protestant eugenicists," he writes, "thought Catholics were the kind of people who should not be reproducing." One can't help but contrast Catholicism's political fortitude during the Progressive Era with the near impotence of the modern Church, which struggles to organize coherent resistance to the assault on its core teachings regarding marriage and the family. Had the Church then been as politically ineffectual as it is today, we might still be living in a country dedicated to the proposition that the "least of these" deserved to be treated no better than vermin. We might still be sterilizing people like Carrie Buck.

Unlike the Catholic Church, many of our modern institutions were on the "wrong side of history"—a lens much beloved of progressives—when it comes to eugenics. As Cohen notes, the *New York Times* "gave respectful coverage to the eugenicists' agenda," as did the *Atlantic Monthly*. In 1921, the American Museum of Natural History in New York hosted the Second International Eugenics Conference. Such institutions, often so ready to call out the sins of the past when they can be put to political use in the present, rarely have much to say about their own associations with the evil of progressive eugenics.

The progressive connection to eugenics has been explored and exposed before, but no proper journalistic accounting for the damage done by the decision in *Buck v. Bell* has previously been undertaken. In profiling the cast of villains responsible for it, Cohen has done history a service.

NOTES

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—*Matthew Hennessey is an associate editor of the Manhattan Institute's City Journal.*

Euthanasia & Assisted Suicide in Australia: **An Interview with Paul Russell**

Paul Russell is founder and director of HOPE, a single-issue group focused on combatting the legalization of euthanasia and assisted suicide in Australia (www.no euthanasia.org.au). Based in the State of South Australia, HOPE has succeeded in keeping Australia euthanasia-free, although efforts to legalize the practice have been pushed in the Northern Territory, South Australia, New South Wales, Western Australia, Tasmania, and Victoria. Russell, who has been involved with the euthanasia debate in Australia since the mid-1990s, spoke with John Grondelski for the Human Life Review about the state of play in Australia today. Dr. Grondelski is a former associate dean of the School of Theology at Seton Hall University in New Jersey.

HUMAN LIFE REVIEW (HLF): Australia seems to be something of an epicenter for efforts to legalize euthanasia. Can you tell us something about its current status, both legally and in practice? Does legal euthanasia really have such domestic support as these efforts would indicate?

PAUL RUSSELL: Australia's Northern Territory was the first jurisdiction in the world to pass a euthanasia law only to see it overturned nine months later by the Federal Parliament. Since that time there have been a significant number of attempts to create such a law; the vast majority being in my home state of South Australia. All have failed. In short: Euthanasia and assisted suicide remain illegal practices everywhere in Australia.

Polling on euthanasia in Australia has shown historical and rising support. Recent polls have support better than 80 percent; however, it is worth noting that the polling is done using one question only and not providing any further information. In other words, the poll question does not lead the person to an informed decision.

HLR: Please tell us something about the history of efforts to date to legalize euthanasia, especially in the Northern Territory.

MR. RUSSELL: Unlike Australian States, the Northern Territory was a creation by the Federal Parliament. It has limited self-government. In 1995 the Rights of the Terminally Ill Bill (ROTI) was debated and passed in its single-chamber parliament. The Commonwealth Government, at that time, had an executive veto but declined to use it. The Hon. Kevin Andrews MP then introduced a bill that would, thereafter, remove from all Australian self-governing territories, the right to debate and pass laws relating to euthanasia. The

Euthanasia Laws Act passed in 1997; the Northern Territory Law was squashed after operating for only nine months.

HLR: Parliament stripped the Northern Territory of the power to legalize euthanasia, but do Australia's states have such power? Is not such an effort underway in Tasmania, and why there?

MR. RUSSELL: In contrast to the Territories, the Australian States, at the founding of our nation in 1901, retained their own criminal codes; including statutes prohibiting homicide. That being the case, and with euthanasia and assisted suicide being sub-categories of homicide, the states also retain the right to pass laws varying the code (such as for euthanasia).

It has been argued at least once that, like Oregon, Tasmanian euthanasia law could include a residency clause. Tasmania thrives on tourism and the specter of "death tourism" does not sit well with them. A residency clause was seen as a way of diluting the concern. However, there are precedents in Australian Federal Law that could invalidate such a clause.

HLR: Is there any effort to introduce euthanasia legislatively on a national scale? Could Australian courts follow the Supreme Court of Canada's lead and discover a previously unknown Constitutional "right" to "physician-assisted death" and impose it nationally?

MR. RUSSELL: It is highly unlikely that "legislation from the bench" will ever happen in Australia. Having said that, there is currently a push to find suitably ill persons to form the basis of a court case in Canberra. If there were a nearby country that allowed "euthanasia tourism," perhaps there would be more of an impetus.

Like many countries formed from—or existing with—states or provinces, the Commonwealth of Australia shares many powers with the states. Health is one such area where sharing of powers exists. In 2014 Senator Richard Di Natale, undoubtedly in light of the Quebec experience, drafted a bill to qualify euthanasia and assisted suicide as "medical services." Had he been successful, his bill would have created a national regimen. In essence, his ploy was precisely the reverse of what happened in Quebec, only Di Natale was unsuccessful.

HLR: What is the politics behind pro- and anti-euthanasia forces?

MR. RUSSELL: A hard question really to answer. Tactically, if you look at the history in Australia since the mid-1990s, the strategy on the pro side appears to have been to work hardest in the most progressive legislature while making

occasional attempts elsewhere to test the water. The Greens Party has a pro-euthanasia policy and they have carved out something of a constituency that thinks likewise.

HLR: Recently former Prime Minister Bob Hawke publicly endorsed euthanasia and supported legal change. How does this kind of activism via public endorsement affect the political landscape?

MR. RUSSELL: Bob Hawke is seen by Australians at large as a sort of “knock-about” bloke with “down-to-earth” views. I imagine that some will heed his advice and accept his observations that the current polity is “out-of-touch” with mainstream values on euthanasia. This is more of a reinforcement of the pro-euthanasia lobby’s position than something that furthers their cause, I believe. As is often the case with these kinds of endorsements, there is little if any substance to the arguments.

HLR: What is the scope of current proposals to legalize euthanasia and how do their proponents address the “slippery slope” question of limiting the scope of killing in light of experience in the Netherlands and subsequent laws in Belgium?

MR. RUSSELL: There is only one bill currently before a parliament in Australia; again, in my own state of South Australia. This bill adopts a Belgian style qualification (almost anything goes) and may actually include euthanasia for mental illness, depending on how one might read the wording. The “slippery slope,” we are often told in general media discussion, doesn’t exist. But when a bill is debated proponents suddenly feel compelled to talk about “safeguards” that supposedly stop dastardly things from happening, including, one assumes, the slippery slope. Proponents will easily talk about the formal statistics from places where these practices are legal, but they rarely mention that the data and reporting structures are posthumous and have been shown to be ineffective over many years at uncovering or prosecuting any breaches.

HLR: There seems to be a regular stream of media stories from Belgium and the Netherlands that supports the anti-euthanasia position to one degree or another. How are these developments received and what do they really tell us?

MR. RUSSELL: From child euthanasia to discussions about euthanasia for being “tired of life,” changes to the law, while shocking, will still ultimately be resolved with the thought: “That could never happen here!” And that’s right, to a point, inasmuch as one cannot imagine a bill to usher in euthanasia including children and people over the age of 70 from the get-go. People

would not buy it. But the individual stories really do cut through. Just as the pro-euthanasia lobby love stories (think of Brittany Maynard) to further their cause, the tragedies and abuses that hit our press—even though we do not welcome them or wish such tragedies on anyone—do tend to confirm that there are problems in those places.

We know that the Belgian and Dutch authorities really do not like the kind of scrutiny that such stories and about-faces—like that of Professor Theo Boer*—put upon those fragile regimens spiraling out of control. I believe that these stories will only increase and that more and more professional people in both countries will begin to question the whole show. Hopefully the Dutch and Belgians find the courage to review their laws. In the meantime, such publicity keeps the reality in the public eye.

HLR: Can you tell us something about the pro-euthanasia forces in Australia, especially Philip Nitschke?

MR. RUSSELL: Philip Nitschke is one of a number of faces of euthanasia in Australia. Although his operation at EXIT is dangerous and should be investigated and shut down, his influence in euthanasia debates is most often a positive for the anti-euthanasia side. During every legislative debate, Nitschke comes in like the tide suggesting outrageous developments from death clinics to mobile death vans. He is shunned by most of the state-based pro-euthanasia groups who, to be fair, usually support more moderate proposals and certainly do not support the “peaceful pill” or any other of Nitschke’s do-it-yourself options. Following a complaint by yours truly more than three years ago that seemed to spark a series of complaints against Nitschke, he gave up his medical license in the face of possible sanctions by the medical board.

HLR: Nitschke has apparently lost his license because the Medical Board of Australia deems him “a serious risk to public health and safety.” We know that non-specialization in OB-GYN (Kermit Gosnell) or even loss of licenses in multiple states (Steven Bringham) has not stopped various notorious U.S. abortionists from plying their trade. How has Nitschke’s status affected him?

MR. RUSSELL: Nitschke, himself, admits that he had hardly done any medical consultation work for a number of years. In short, the loss of his practicing certificate will not affect his day-to-day work at EXIT. The loss of the use of “Dr.” before his name means little if anything and, in any case, he claims to have another PhD, which qualifies him to continue to use the handle.

* See “Euthanasia in the Netherlands: An Eyewitness Report” by Theo Boer in the Fall 2015 HLR.

HLR: How would you compare your Nitschke to America's Jack Kevorkian?

MR. RUSSELL: Although Nitschke assisted four people to die in the Northern Territory, he did so under the cover of the law at that time. Unlike Kevorkian, his were not criminal acts. Since then, his advocacy is for advice and for sale of paraphernalia used in suicide. He has never admitted to killing anyone or to assisting in anyone's suicide directly.

Having said that, I find Nitschke's behavior far more sinister and devastating. His business model sees him reaching, I guess, many thousands of people. I have met and talked to quite a number of relatives of those who took Nitschke's advice—a trail of despair and destruction.

He is, at least, honest in his approach and his "anyone can kill himself anytime for any reason" philosophy. He thereby exposes the limited regimens put before our parliaments as either shams put forward by people who actually know that Nitschke's philosophy will win out in the end or by people who are genuinely but ignorantly inspired to work for limited access only.

Kevorkian, to my knowledge, was a solo operator. Nitschke has devotees and helpers right around the globe, some who are, shall we say, front-of-house, and others who operate in the hidden chat rooms of despair.

HLR: What is the status and development of the palliative care movement for the terminally ill in Australia?

MR. RUSSELL: Australian Palliative Care services were recently rated second best in the world behind the United Kingdom. The services we do have are first rate. The problem is one of access for all Australians, particularly those living outside the major cities. Slowly but surely it seems, training in palliation is beginning to be included in general medical training to a greater degree. The problem, as always, is that the good work of palliative care is poorly understood by the general population.

HLR: Play the prophet: Where do you think the debate over euthanasia will lead in your country?

MR. RUSSELL: Hard to know. Ever the optimist, I would say that legislative attempts will continue to fail and the "heat" will go out of the argument as the baby boomer generation fades into history. However, one can really never predict nor influence the political leanings of politicians and parliaments from term to term. For example, the South Australian Parliament is far more conservative on such issues at the moment than it has been in decades. I guess that's why the "euthanasia roadshow" has moved off to Tasmania and Victoria.

SAVE THE DATE

The *Human Life Review's*
Great Defender of Life Dinner
October 27, 2016

Union League Club, NYC

Honoring

Carl A. Anderson

Supreme Knight, Knights of Columbus

Introduction by

Jeanne Mancini

President of the March for Life Education and Defense Fund

The Knights of Columbus, the world's largest Catholic fraternal service organization, has always been on the forefront of the pro-life movement. Under the leadership of Supreme Knight Carl A. Anderson since 2000, the Knights have introduced many powerful new programs in defense of life, including the Ultrasound Initiative, in which local councils raise funds that are matched by the Supreme Council to purchase ultrasound machines for pregnancy centers. As of March 2015, over 16.1 million dollars has been raised to purchase over 540 machines, which allow pregnant women to *see* their unborn children, and turn their hearts toward life.

APPENDIX A

[Richard M. Doerflinger recently retired from the Secretariat of Pro-Life Activities, United States Conference of Catholic Bishops, where he monitored congressional discussions of conscience protection on abortion for thirty-six years. He is a Public Policy Fellow at the University of Notre Dame's Center for Ethics and Culture. This essay was published by Public Discourse: Ethics, Law and the Common Good (www.publicdiscourse.com) on July 6, 2016; it is reprinted here with permission.]

A Pledge Betrayed: The Obama Administration Nullifies Conscience Rights

Richard Doerflinger

The Obama administration not only enforces but unilaterally expands some civil rights laws, such as when “sex” became “gender identity” in Title IX. Yet it promotes exceptions, loopholes, and countervailing arguments for other civil rights protections, such as conscience rights for those who oppose abortion.

In late June, the Obama administration effectively overturned a law that has protected a basic freedom of American citizens for a dozen years.

The law, known as the Weldon amendment, has been part of annual Labor/Health and Human Services (HHS) appropriations acts since 2004. It prohibits federal agencies, and state and local governments receiving Labor/HHS funds, from discriminating against health care entities that decline to provide, refer for, pay for, or provide coverage of abortions. Weldon defines a “health care entity” to include, among other things, “a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.” Originally signed into law by President George W. Bush, Weldon has repeatedly been enacted without change by Congresses of both parties, and signed every year since 2009 by President Obama. He and his administration have repeatedly assured Congress and pro-life Americans that they support the law and would fully enforce it through HHS’s Office for Civil Rights (OCR).

Those assurances have now proven empty. For over a year and a half, despite repeated inquiries and expressions of frustration by Congress, the OCR has failed to act against a California policy that egregiously violates the Weldon amendment. The California Department of Managed Health Care has forced almost all health plans in the state—including employer plans provided by churches and other religious organizations—to cover elective abortions, including late-term abortions. Finally, on June 21, 2016, OCR director Jocelyn Samuels wrote to complainants’ attorneys that the administration has no intention of enforcing the federal law in this case.

California’s mandatory abortion coverage policy is an open-and-shut case, a paradigm of the kind of abuse Weldon was directed against. Yet through a mangled interpretation of the statute—one that ignores its plain text and inserts qualifiers and exceptions nowhere found in that text—the administration manages to neutralize the statute. For good measure, it announces that this law, which was repeatedly

signed and praised by President Obama, is probably unconstitutional—echoing an argument long advanced by pro-abortionists, but not accepted by any court.

Who needs three branches of government when the legislative, executive, and judicial functions can all be performed for you by this administration?

The Obama Administration’s Distortion of the Law

The administration’s distortions of this law are worth reviewing. They show how a hostile executive interpretation can render a clear statute into an unenforceable mess. The OCR’s three major claims are set forth in its letter to complainants’ attorneys, and in a one-page “fact sheet” (using the phrase loosely) provided to congressional offices:

Claim 1: Weldon only forbids discrimination against a health care entity that objects to abortion on “religious or moral grounds”;

Claim 2: The health insurers selling these health plans do not have their own moral or religious objection to abortion, as evidenced by their selling other health plans that do include abortion;

Claim 3: The religious organizations filing the complaints do have moral and religious beliefs, but they are not “health care entities” so cannot file a valid complaint against the California policy forbidding others to sell them a health plan consistent with those beliefs.

Claim 1 is simply a fabrication, ignoring both the text and history of the Weldon amendment. Quite deliberately, Weldon says nothing about moral or religious objections. It was developed in 2004 to write into appropriations law the policy of the proposed Abortion Non-Discrimination Act (ANDA), which was approved by the House in 2002 but never taken up by the Senate. ANDA, in turn, was a set of editorial improvements to the 1996 Coats/Snowe amendment (42 USC §238n), which forbids governmental discrimination against medical residents and residency programs that decline to engage in abortion training. Neither Coats/Snowe (which remains in federal law today) nor ANDA mentions moral or religious objections. The purpose of ANDA, and of Weldon, was to ensure that the broad protective policy of Coats/Snowe would apply to abortions in non-training contexts. If ANDA and Weldon had reflected a narrower policy, restricted to moral or religious grounds, some doctors and hospitals would be protected from having to train in how to do abortions but could be legally required to perform them anyway, an absurd result.

When forced abortion training was discussed in Congress in 1995, one of the most compelling witnesses was Dr. Edward Hannigan, director of the OB/GYN residency program at the University of Texas in Galveston/Houston. His program, he said, did not provide abortion training, though residents who wanted such training can seek it outside the institution. The program had previously provided such training, but found it divisive among faculty, residents, and the local community. Most residents objected to doing abortions, and the few who were willing to do

them hated having to do all of them. As a result, each group resented the other. His public institution could not claim a united moral consensus on the issue, much less a religious view, but he asked that it be allowed to continue its current policy, and Congress agreed. A “moral or religious” objection would not be required.

One frightening consequence of the administration’s new, more restrictive interpretation of Weldon is that it may now try to start injecting this restriction into its reading of Coats/Snowe as well, exposing residency programs without a religious affiliation to coerced abortion training policies. This would certainly be pro-abortion groups’ intent, as they have been lamenting the scarcity of abortion training programs for many years.

Why Declining to Support Abortion Doesn’t Require “Moral or Religious” Objections

There was another, deeper reason why Congress has not restricted conscience protection on abortion to “moral or religious” grounds in recent decades. Congress’s first major conscience law, the Church amendment of 1973, did indeed mention moral or religious objections, albeit in a broader context—it protects objections to sterilization as well as abortion, and some of its provisions refer to such objections regarding any activity or procedure. But in 1980 the US Supreme Court upheld the Hyde amendment, barring federal funding of almost all abortions. Defending the government’s authority to distinguish between abortion and the wide array of health care interventions it is willing to fund, the Court declared: “Abortion is inherently different from other medical procedures, because no other procedure involves the purposeful termination of a potential life.” In later decisions, the Court finally dropped the biologically nonsensical phrase “potential life” and said government has a legitimate interest in respecting the “life” of the unborn.

So if, aside from any specific moral or religious view, Congress itself can act on this objective difference between abortion and every other procedure, why can’t everyone? Why should abortion be some kind of norm, and life-affirming medical care be treated as the exception, grudgingly allowed for some minority of morally and religiously motivated dissenters? Congress couldn’t think of any reason for such a view. Nor does it make sense medically, since only 14 percent of OB/GYNs are willing to perform abortions. And the administration has provided no reason now for treating abortion as the medical norm—much less a reason for simply rewriting a statute to reflect that view.

As a basis for restricting the Weldon amendment’s protection solely to those with special moral or religious objections, all the administration cites is a remark made in 2004 by Congressman Dave Weldon (R-FL), the prime sponsor of the amendment. But here again, the administration mangles the text. Dr. Weldon’s remark, quoted in the OCR’s letter, was this: “The right of conscience is fundamental to our American freedoms. We should guarantee this freedom by protecting all health care providers from being forced to perform, refer for, or pay for elective abortions.” All health care providers, he said, not only those with moral or religious objections. He held, and Congress agreed, that abortion is simply not the

kind of thing government should force anyone to be involved in.

Dr. Weldon knew something the administration ignores: To protect people with a conscientious objection, you may need to protect everyone. Then it won't be illegal (for example) for health insurers, however amoral they may be, to sell those moral objectors a health plan they can buy in good conscience. The Obama administration's recent action proves that Dr. Weldon was absolutely right. If, like the administration, you insist on protecting only those with an explicit moral or religious motivation, you may not effectively protect them either. They can object to plans covering abortions, but no one will be allowed to offer them anything else. In any case, the kind of legislative intent that might be gleaned, accurately or not, from a sponsor's remark cannot override the crystal-clear text of the statute itself.

Irrelevant Claims

Since Claim 1 is false, Claim 2 is simply irrelevant. It doesn't matter whether the insurance company itself has a moral or religious view against abortion. In fact, Claim 2 is doubly irrelevant, because the statute doesn't only forbid discrimination against insurers as such. As noted earlier, it forbids discrimination against a health plan that excludes abortion. Clearly, the insurance companies in California sell other "health plans" that include abortion; the state policy forced them to change only the "health plans" that exclude it. But this is the most obvious form of discrimination possible: to forbid the very existence of a non-abortion health plan, and require by law that it be made exactly like the pro-abortion plans.

Claim 3, then, is also irrelevant, because the religious organizations don't have to be "health care entities"—the health plan itself is such an entity.

The administration may have been wondering how a "health plan," which is a package of health care benefits, could complain about being a victim of discrimination. But that is the wrong question. The statute does not say that only the direct victim of discrimination can complain. The reason for allowing complaints to the OCR is to ensure that those who know of a violation of the law can bring this to the attention of the OCR. Weldon does not say the federal government shouldn't fund states that ignore particular people's objections about their own rights—it says the federal government shouldn't fund states that discriminate against health care entities (including health plans) that don't facilitate, fund or cover abortion. In other words, it is simply against federal policy for governmental bodies receiving federal Labor/HHS funds to make involvement in abortion a matter of coercion rather than "choice."

That, at any rate, used to be this administration's own view of how this law works—a point it has insisted on to an extreme degree. In the past, when attorneys for complainants in abortion discrimination cases contacted the OCR to get an update on its investigations, they were told, in effect: "You don't understand. We don't represent you. Your complaint brought this situation to our attention, but now the question is whether the governmental body in question has violated a condition for receiving federal funds. This is between the OCR and the state government."

By that interpretation, it doesn't matter whether the person bringing the complaint

is a “health care entity.” The federal government, once it knows that its own law has been violated, should enforce that law. Now the administration has reversed itself, saying that the government does represent solely the “health care entity” that is the direct victim of discrimination. But conveniently, the administration has simultaneously redefined “health care entity” so narrowly as to exclude many entities that the statute clearly includes.

Is the Weldon Amendment Unconstitutional?

This brings us to the administration’s newfound insight that this twelve-year-old law, repeatedly signed by the president and endorsed by his administration, suddenly has a constitutional problem, just when its enforcement is most needed.

The OCR cites a four-year-old Supreme Court decision on the Affordable Care Act, *National Federation of Independent Business v. Sebelius*. The Obama administration disagreed with this decision when it was issued, and it has somehow failed to take note of it in connection with the Weldon amendment until now. Six of the eight current justices on the Court found that Congress could not force states to expand their Medicaid program to cover all low-income adults by threatening to rescind federal funding for the existing program. According to the OCR, the court reasoned that “this threat to terminate significant independent grants was so coercive as to deprive States of any meaningful choice whether to accept the condition attached to receipt of federal funds.”

Pro-abortion groups, as well as the California attorney general, have long argued that a similar argument dooms the Weldon amendment. Up to now their lawsuits have been dismissed, with federal courts finding that the issue is not ripe for adjudication. Notably, those claims were brought to court by opponents of Weldon when it was first enacted in 2004. The administration was surely aware of those claims—and apparently gave them no credence—when it pledged to support and fully enforce Weldon in 2011.

As for the ACA case regarding mandatory expansion of Medicaid, it does not seem dispositive. It is one thing to say a state must accept a new health program it never agreed to or be kicked out of the program it already agreed to. It seems quite another thing to require states that participate in such programs to respect basic civil rights.

All civil rights laws are meant to be “coercive” in that sense. They do not merely encourage racial integration, or provide incentives to ensure equal treatment of women. And they often reach far beyond any direct stream of federal funds. In the Civil Rights Restoration Act of 1988, for example, Congress acted to ensure that receipt of federal funds by any program or activity in a large educational institution subjects all the institution’s programs and activities (including those that do not receive federal funds) to the requirements of federal anti-discrimination laws. (Incidentally, this Act also included an “abortion-neutral amendment” stating that the federal law against sex discrimination cannot be used to require institutions to provide or fund abortion—and that amendment also does not mention “moral or religious” reasons.)

But if there is any concern about overbroad penalties, an administration pledged

to enforce the laws enacted by Congress could easily claim that the prohibition on giving federal funds to discriminatory state governments can be complied with in two ways: by cutting off all federal funds, or by using lesser penalties to convince the state to stop discriminating. Instead, the administration assumes that sudden withdrawal of all federal funds is the only remedy, then complains that this penalty is unconstitutionally broad—so the OCR will not have to lift a finger to enforce the law at all.

Selectively Rewriting Civil Rights Protections

We seem to have the bizarre prospect of an administration that not only enforces but unilaterally expands some civil rights laws enacted by Congress, such as bans on sex discrimination, while (equally unilaterally) promoting exceptions, loopholes, and countervailing arguments for other civil rights protections. “Discrimination on the basis of sex,” says the Administration, includes discrimination on the basis of the sex of other people a person may be attracted to (“sexual orientation”)—and any policy treating the word “sex” as having a definite biological meaning (“gender identity”). Any strong desire an individual has regarding sex or sexuality, whatever its basis or objective validity, is a right that must be fully enforced, even against those who hold moral or religious objections.

Civil rights protections for pro-life Americans are now being treated the opposite way. You must be the right person, and bring your complaint in the right way, on the prescribed grounds, and even then enforcement may be refused on the grounds that it constitutes government overreaching. The administration has even begun to suggest that a failure to ensure access to “reproductive health” procedures like abortion may constitute sex discrimination, because the ability to become pregnant is unique to women. That theory makes no sense at all in a world where the law may not define the word “woman” biologically. It also undermines any last vestige of respect for conscience rights on abortion.

Through such selective rewriting of the law, the civil rights agenda becomes merely a façade for advancing and expanding a particular ideology of the sexual revolution and its corollary, unrestrained abortion. That is a campaign the people of the United States and their elected representatives in Congress never agreed to.

If this description of what is going on is unfair, President Obama has an easy way to prove it. Now pending in Congress is the Conscience Protection Act (HR 4828, S. 2927), which would address the alleged ambiguities and loopholes the administration claims to find in the Weldon amendment. The Act clearly specifies who qualifies as a “health care entity” (including the sponsors as well as sellers of health plans), and provides a course of action so those adversely affected by a discriminatory policy can go to court to seek a legal remedy. It does not require or suggest any cutoff of funds that could be called unconstitutionally broad, but allows for a measured response aimed simply at stopping illegal discrimination. If the president supports federal conscience laws on abortion and wants them to be enforceable, as he has claimed, he need only say he would sign the Conscience Protection Act into law.

APPENDIX B

[The #HelloHyde campaign is coordinated by *Secular Pro-Life*, an organization that unites people of every faith and no faith to promote the right to life. The campaign launched with the press release below on July 18. For more information, and/or to submit a photo, please go to www.hellohyde.org.]

#HELLOHYDE CAMPAIGN TO CELEBRATE 40TH ANNIVERSARY OF LIFE-SAVING HYDE AMENDMENT

Secular Pro-Life

Pro-life advocates led by Medicaid recipients announced the launch of #HelloHyde, a social media campaign to celebrate the 40th anniversary of the Hyde Amendment. The Hyde Amendment, which restricts taxpayer funding of abortion through the Medicaid program, has prevented over a million abortions since its enactment in 1976.

The #HelloHyde campaign features photographs of people born through the Medicaid program over the past forty years. Medicaid recipients can submit their photos at HelloHyde.org.

“I received Medicaid care as a baby, so the Hyde Amendment is incredibly important to me,” said #HelloHyde spokeswoman Gina Mallica. “Low-income children deserve a chance at life, not a government-subsidized death.”

Fellow spokeswoman Stargift Thomas, who was born through the Medicaid program in 1991, agreed. “For forty years, the Hyde Amendment has affirmed that lives like mine are worth living,” she said.

The fortieth anniversary of the Hyde Amendment will take place on September 30, 2016.

The Hyde Amendment is an annual rider to the federal budget. It prohibits federal funding of abortion through the Medicaid program, with exceptions for rape and the life of the mother. It has passed Congress with bipartisan support every year since 1976.

But the longstanding compromise between pro- and anti-abortion groups has been threatened in recent months. Democratic presidential nominee Hillary Clinton has called for the repeal of the Hyde Amendment, and repeal is also a plank in the proposed Democratic Party platform.

“The repeal efforts are offensive to the many Americans who owe their lives to the Hyde Amendment,” Mallica said. “The #HelloHyde campaign puts faces to this life-or-death issue.”

But despite well-funded opposition, #HelloHyde campaigners are optimistic.

“This is a time to celebrate,” Thomas said. “The Hyde Amendment has saved over a million lives and we are confident that it will save many more in the future.”

APPENDIX C

[John J. Miller is national correspondent for National Review, where he has worked since 1998. He is also director of the Dow Journalism Program at Hillsdale College and the author of five books, including *The First Assassin*, a historical thriller set during the Civil War. The following article was published in National Review on March 16, 2016, and is reprinted with the magazine's permission.]

The CRISPR Conundrum

John J. Miller

Pasadena, Calif.—“I’ve seen revolution after revolution in biology,” says David Baltimore, a 77-year-old scientist who has had one of the brightest careers in his field. “This one is a big deal.”

He’s talking about CRISPR, which may sound like a drawer in your refrigerator but in fact refers to a new gene-editing technique whose acronym could become its own word, as familiar in the future as “radar” and “laser” are today. Its full name is gibberish to most people: “clustered regularly interspaced short palindromic repeats.” Its possible effects, though, are easy to understand. In December, *Science* hailed CRISPR as its “breakthrough of the year,” announcing that it promises to do everything from wiping out diseases to creating super crops. “In short,” said *Science*, “it’s only slightly hyperbolic to say that if scientists can dream of a genetic manipulation, CRISPR can now make it happen.”

Yet these dreams could turn to nightmares if they involve the genetic manipulation of people. “That’s an obvious application of the technology,” says Baltimore. It raises the specter of Dr. Frankenstein’s wild experiments and the eugenic goal of designer babies. In an article on CRISPR last year, *MIT Technology Review* wrote of labs in which “man rebuilds creation to suit himself” and warned of “a path toward a dystopia of superpeople.” From these accounts, it would seem that Aldous Huxley’s creepy totalitarian vision in *Brave New World* looms as never before.

For much of the last year, Baltimore has devoted himself to organizing his fellow scientists in an ad hoc campaign to fend off these dark possibilities. It culminated in December, when he convened a major conference for the National Academy of Sciences (NAS). Baltimore and his allies urged researchers around the world not to proceed “in purposefully altering human evolution.” At the same time, they believe that CRISPR may hold the valuable potential to fight hereditary diseases, so they stopped short of calling for the broader moratorium that some have demanded.

A respected scientist who is also a veteran of political rumbles, Baltimore may be the ideal person to direct this effort. The native New Yorker was a prodigy who knew from boyhood that he would spend his life in science. “I wanted to learn about the world, to live on the edge of knowledge,” he says. As an undergraduate at Swarthmore, he developed an interest in molecular biology. Because Swarthmore didn’t offer any courses on the subject in the 1950s, he designed and taught his own.

He earned his doctorate at 26, worked at the Salk Institute in California, and

then joined the faculty of MIT. The Nobel Prize in Medicine commonly caps off careers, going to people as they near the end of their professional lives. Baltimore won it in 1975, when he was just 37, for work that he had finished five years earlier. Baltimore and two others shared that year's award "for their discoveries concerning the interaction between tumor viruses and the genetic material of the cell." By the 1980s, he was not just a first-rate researcher but also a builder and leader of institutions. He launched the Whitehead Institute for Biomedical Research, in Massachusetts, and went on to be appointed president of Rockefeller University, in New York City.

Around this time, Representative John Dingell (D., Mich.) dragged Baltimore in front of his congressional committee, which oversaw federal science grants. Baltimore stood accused of covering up the alleged scientific fraud of a colleague. "The Baltimore case is reminiscent of the Watergate scandal," glowered an editorial in the *New York Times*. Baltimore resigned from Rockefeller's presidency, but he refused to admit wrongdoing—and in 1996, after a decade of adversity and legal bills, a special panel exonerated him. "When it's time to hold a bridge, I want David Baltimore in my foxhole," wrote Paul Gigot of the *Wall Street Journal*, who covered the ordeal. His reputation restored, Baltimore went on to serve as president of the California Institute of Technology for nearly a decade. Today he's a professor on its faculty, working on the third floor of a laboratory building, in a small office he has decorated with the modern art of Damien Hirst and Michael Kenna.

Baltimore first learned of CRISPR about three years ago, in conversations with other molecular biologists. "I saw its importance right away," he says. Although much of the groundbreaking work had been done in mice, he knew its lessons could apply to humans. One basic and uncontroversial type of therapy would involve somatic cells, which are the ordinary cells of the body. Editing these would affect only the person whose body contains them. Germline cells, however, are another matter. These are the egg and sperm cells that generate offspring—and editing them with CRISPR would shape human inheritance.

Instead of the future, Baltimore's thoughts turned to the past—specifically, to a 1975 conference that usually goes by the shorthand name of "Asilomar," after the facility near Monterey, Calif., that hosted it. Back then, researchers were just learning about the gene-splicing power of recombinant DNA, as well as confronting widespread concerns about mad scientists' hatching deadly plagues in their test tubes. If the literary touchstone of CRISPR is *Brave New World*, then for Asilomar it was Michael Crichton's popular 1969 novel *The Andromeda Strain*.

With several others, Baltimore called on scientists to police themselves, building public trust through transparency and allowing regulators time to develop sensible policies. Yet Baltimore says he always knew scientists would have to confront the challenges posed by Huxley's novel, which he had read as a teen. "The history of our field teaches that the inconceivable becomes conceivable," says Baltimore. "At Asilomar, we had identified the genetic modification of humans as

the biggest coming issue. We just didn't know when it would come."

When it came in the form of CRISPR, Baltimore hesitated to throw together a new Asilomar conference. "I thought younger people might do it," he says. One of those younger people was Jennifer Doudna, a geneticist at UC Berkeley who had helped discover CRISPR. Through a mutual friend—the scientist Michael Botchan, also of Berkeley—she contacted Baltimore and invited him and a handful of others to a small meeting at a hotel in Napa Valley early in 2015. Their group discussed the implications of CRISPR and began to draft a statement, which appeared in the April 3 issue of *Science*. It spoke of "the promise of curing genetic disease" but also warned of "unknown risks to human health and well-being." Then it put forth a proposal: "We recommend that steps be taken to strongly discourage . . . any attempts at germline genome modification for clinical applications in humans."

The statement listed 18 authors, with Baltimore at the top. "I thought Doudna should have been the first signer," says Baltimore. Yet Doudna insisted on an alphabetical ordering, which had the perhaps intended effect of making Baltimore look like the leader. Soon he started to act like one. With fellow Nobel laureate Paul Berg of Stanford, he wrote an op-ed for the *Wall Street Journal*: "Let's Hit 'Pause' Before Altering Humankind."

Days later, as if on cue, scientists at Sun Yat-sen University in China published the results of a controversial study in which they used CRISPR to alter the genome of human embryos. The research, meant to investigate the possibilities of CRISPR, was performed on selected embryos that had a chromosomal defect that rendered them unviable. The Chinese research revealed that CRISPR, despite its potential, is still a young technology that often doesn't work properly, leaving it a long way from practical applications in people. Yet the event demonstrated that Baltimore's concerns had moved out of the realm of science fiction and into scientific reality. "There are no borders around this technology," says Baltimore.

Before the month was over, Francis S. Collins, director of the National Institutes of Health, pledged not to "fund any use of gene-editing technologies in human embryos," calling it "a line that should not be crossed." A few weeks later, John P. Holdren, President Obama's chief science adviser, declared: "The administration believes that altering the human germline for clinical purposes is a line that should not be crossed at this time."

In the debates over gene editing, "lines that shouldn't be crossed" is everyone's favorite metaphor. Where would Baltimore draw them? "There may be things we should just say no to, but until I have a precise proposal in front of me, I don't know what those limits are," he says. "Right now, we need an international, voluntary consensus, from a highly respected process." He thinks it would be a mistake to rule out anything—and wise to proceed with extreme caution.

Baltimore had hoped that the NAS might sponsor the equivalent of a new Asilomar conference. When the NAS did and asked him to lead it, he reluctantly agreed. In December, an international group gathered in Washington, D.C., under the aegis of the NAS as well as the Royal Society of London and, notably, the

Chinese Academy of Sciences. “The overriding question is when, if ever, we will want to use gene editing to change human inheritance,” said Baltimore, as he opened the deliberations.

“We did not answer the question—that’s still in front of us,” says Baltimore now. “To answer it, we would have had to make a lot of assumptions and decisions that we didn’t want to make. We wanted to open a discussion, not close it.” Yet he also intended the conversations to reflect certain perspectives. Speakers included Yale historian Daniel J. Kevles, author of *In the Name of Eugenics*, the definitive account of the movement to improve humanity through supposedly better breeding. “I wanted him to remind us of the historical context,” says Baltimore. “People may not know how popular eugenics once was, when some of the best scientists believed in it. Just because we can do it with more foresight and precision today doesn’t mean it’s a good thing.”

As the conference closed, Baltimore released a new statement that tried to balance the fear of eugenics with the hope that CRISPR could improve the human condition: “It would be irresponsible to proceed” with germline modification without first having worked out basic questions of safety, or having achieved a “broad societal consensus” about the application. “At present, these criteria have not been met.” In the future, though, that could change: “As scientific knowledge advances and societal views evolve, the clinical use of germline editing should be revisited on a regular basis.” The statement carries no legal or regulatory authority. “It’s an act of moral suasion,” says Baltimore. “It worked at Asilomar and it can work here.”

Some complain that it doesn’t go far enough. In May, Robert Pollack of Columbia University wrote to *Science*: “I do not think anything short of a complete and total ban on human germline modification will do.” He warned of “the beginning of the end of the simplest notion of each of us being ‘endowed by our Creator with certain inalienable rights.’” Marcy Darnovsky of the Center for Genetics and Society accused Baltimore of having “kicked the can down the road” and called on the United States to outlaw germline editing.

Gene editing makes a hash of ordinary political labels. Pollack calls himself liberal and Darnovsky calls herself progressive, but they also might be labeled genetic reactionaries who seek to halt innovation. They’re opposed by genetic radicals such as John Harris of the University of Manchester and Julian Savulescu of Oxford University, who argue that the genetic enhancement of the human species is a moral obligation. Their school of thought is sometimes dubbed “trans-humanism.”

Baltimore, who is a liberal in the conventional sense, prefers what might be called, in this context, a conservative approach. “We didn’t want to ban anything or make permanent decisions about anything,” he says. “If we had banned research into recombinant DNA in the 1970s, we wouldn’t have modern biology—and that means we wouldn’t have all of the treatments and drugs that have helped us fight cancer and heart disease, increase lifespans, and improve the quality of life for so many people.”

CRISPR may yet do the same, allowing scientists to reach inside the human

genome and cure diseases before they're passed on to new generations. "If we could keep a child from inheriting Huntington's disease, for instance, would we want to do that?" asks Baltimore. "Maybe we would. At the very least, we should talk about it."

What about another kind of gene editing, which aims not to alleviate suffering but to offer voluntary enhancements? "When people talk about altering genes to make children taller or smarter, they're talking about whole sets of genes that work together. We don't even know how to define intelligence, let alone how to increase it through genetic therapy," says Baltimore. Selecting for eye color might be easier. Should parents pick brown or blue for their kids? This gives him pause. "If everybody wanted blue-eyed children, we'd lose some of the beauty of the human race."

Before CRISPR allows these choices, it will force us to consider other questions that are perhaps only slightly less vexing. One current idea involves using CRISPR to refashion mosquitoes so that they cannot spread malaria or the Zika virus and then releasing these genetically modified insects into the wild, reshaping the species in a way that holds obvious benefits for people in the developing world but also poses unknown risks for ecosystems.

Eventually, though, the questions will turn back to whether and how we'll use genetic technologies on people. "*Brave New World* is not a novel about science," says Baltimore. "It's a novel about politics and the choices we make." He thinks we still have a bit more time to contemplate gene editing, as technologies mature. "I don't think it's a problem we'll have to worry about for 50 years. I leave it to people in the next generation to think this through. When they do, I hope they'll be glad we started this conversation now. The future has a way of arriving quickly."

APPENDIX D

[Ifeoma Anunkor, a graduate of Columbia Law School, is the director of EXPECT, the Human Life Foundation's new initiative for young professionals and college students. She also blogs at the Human Life Review's website (www.humanlifereview.com) where the following column was first published on July 8, 2016.]

The Power of Women: 2016 Pro-Life Women's Conference

Ifeoma Anunkor

The first ever pro-life women's conference took place on the weekend of June 24-26 in Dallas. Hosted by activist Abby Johnson of And Then There Were None, the conference attracted women from all over the country eager to hear from female leaders and connect with one another. Over 500 activists participated: pregnancy center and sidewalk counselors, doulas and nurses, writers, lawyers, and community organizers. There were 31 sponsors, among them Natural Womanhood, Sidewalk Advocates for Life, Save the 1, and International Helpline. Keynote speakers included Marilyn Musgrave of Susan B. Anthony List, and Star Parker from the Center for Urban Renewal and Education; break-out informational sessions and panel discussions featured other popular figures like abortion survivor Melissa Ohden and Secular Pro-Life's Kelsey Hazzard.

A recurring conference theme was the need for the feminist movement to get away from claiming men and women are the same in order to gain equality—in the workplace, in schools, and in society at large. Speakers stressed that women are equal because our contributions, while distinctively different from those of men, are just as valuable. It was therefore fitting for Feminists for Life president Serrin Foster, who opened the conference Friday night and spoke again on Saturday, to call on attendees to embrace feminism: To be pro-woman is to be pro-life, she declared. Foster shared insights gained from her decades-long experience as a pro-life feminist and related heart-breaking stories she had heard from both women and men affected by abortion.

Leah Jacobson, founder of The Guiding Star Project, was both a keynote speaker and leader of one of the informational sessions. She addressed how our society continues to perpetuate the idea that the female body can be manipulated to fit a cultural norm. There are three things that are distinctive to being a woman, she explained, which a man cannot mimic: the ability to ovulate, gestate, and lactate. As natural as these functions are, throughout American history, Jacobson claimed, attempts have been made to manipulate or suppress them, reflecting a troubled culture that undermines femininity by sending women the message that they can't trust their own bodies. She also addressed the devaluing of the bond between mother and child indicated by the lack of workplace accommodations for families with babies. And she made a good point about the hypocrisy of a culture that promotes a movement protesting GMOs and hormones in meat, while remaining generally complacent about the hormones and chemicals in birth control pills. High amounts of artificial drugs in these pills, she pointed out, have been found in groundwater supplies.

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In addition to Jacobson's, other breakout sessions included topics such as "Latinas and Abortion," "Pregnancy Loss," "Fertility Awareness Based Methods for Family Planning," "Pro-Life Concerns about the Girl Scouts," and "How to Start a Pro-life Group on Campus."

The panel discussions featured first-hand accounts concerning political activism, adoption and birth mothers, and creating a culture of life to embrace even the hard cases—such as that of Rebecca Kiessling, a public speaker who was conceived in rape. Kiessling told the story of how her mother had sought to end her pregnancy, then reconsidered because she didn't want to gamble her own life and health by resorting to a back-alley abortion. "I wasn't lucky," Kiessling said. "I was protected. Legality matters."

There was also a session on activism from the millennials' perspective. The young panelists acknowledged that imagery plays an important role when trying to reach abortion-minded women or to initiate dialogue with pro-choicers. But in their experience, the use of graphic images of bloody aborted baby parts makes pro-lifers appear unapproachable and extreme. Destiny Herndon-De La Rosa of the New Wave Feminists added that it can be effective to show the violence of abortion, but only after a person has expressed genuine openness to pro-life viewpoints. In her experience with her own crisis pregnancy, and as a sidewalk counselor, she found that abortion-minded women responded better to sidewalk counselors offering pamphlets with a happy, young mother smiling on the cover, rather than a picture of an aborted baby.

The Conference was a call for more and better action for women, by women. As we began to leave the hotel on Sunday to return to our respective hometowns, the general chatter was, "We're doing this again next year, right?" and "I know what I need to do"—the beginning of a new phase of a collective and cohesive national women's movement to reclaim the narrative about abortion and what women's equality really means.

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Address all orders to this address:

The Human Life Foundation, Inc.

353 Lexington Avenue

Suite 802

New York, New York 10016

Phone: 212-685-5210

humanlifereview@verizon.net



In August 1976, forty-one months after the U.S. Supreme Court issued its decision in *Roe v. Wade*, the Republican National Convention adopted a platform that featured something new: an abortion plank. The authors of that document hovered for several sentences over the “difficult” and “controversial” nature of “the question of abortion.” They acknowledged their fellow Republicans who supported abortion rights. Only after the payment of such courtesies—or the show of such handwringing, depending on your point of view—did the reader learn that the party was now officially planting its flag on the side opposite that from which the Democrats were cautiously beginning to stake their claim in those early stages of what we still sometimes call “the abortion wars.”

—Nicholas Frankovich, “The Republican Party Cools Its Ambivalent Romance with the Pro-Life Movement”