



◆ FEATURED IN THIS ISSUE ◆

William Murchison on
THE UNVANISHING RESISTANCE TO ROE

Laura Echevarria on
PLANNED PARENTHOOD'S PR NIGHTMARE

Ian Gentles on
ONE WOMAN'S ABORTION EXPERIENCE

Anne Hendershott on
THE MANAGED HEART AT PLANNED PARENTHOOD

Mary Meehan on
COLLEGE STUDENTS HELPING STUDENT MOTHERS

Michael Tenaglia on
THE MEANING OF MARRIAGE (PART II)

◆ ALSO IN THIS ISSUE ◆

Too Late for Regret Donald DeMarco
Euthanasia in the Netherlands Theo A. Boer



FROM THE ARCHIVES (1996): "ABORTION" BY RICHARD SELZER

BOOKNOTES: JOHN GRONDELSKI ON MARGARET SOMERVILLE'S *DEATH TALK*

APPENDICES: Kathryn J. Lopez & Eric M. Chevlen ♦ Solveig Gold



the HUMAN LIFE REVIEW

Fall 2015

Vol. XLI, No. 4

Editor

Maria McFadden Maffucci

Senior Editors

Ellen Wilson Fielding

Mary Meehan

William Murchison

Managing Editor

Anne Conlon

Consulting Editor, Europe

Mary Kenny, London

Contributors

Lynette Burrows

James Hitchcock

Rita L. Marker

William McGurn

George McKenna

David Quinn

Wesley J. Smith

Business Manager

Rose Flynn DeMaio

Production Manager

Christina Angelopoulos

Publishing Consultant

Edward A. Capano

Founding Editors

J.P. McFadden

Faith Abbott McFadden

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.

©2015 by THE HUMAN LIFE FOUNDATION, Inc. New York, N.Y. Printed in the U.S.A.

<i>Introduction</i>	2
Maria McFadden Maffucci	
<i>The Unvanishing Resistance to Roe</i>	5
William Murchison	
<i>Planned Parenthood's PR Nightmare</i>	11
Laura Echevarria	
<i>Narratives of the Abortion Experience:</i>	
<i>One Woman's Account</i>	20
Ian Gentles	
<i>From the Archives (1996)</i>	
<i>Abortion</i>	27
Richard Selzer	
<i>The Managed Heart at Planned Parenthood</i>	33
Anne Hendershott	
<i>College Students Step Up</i>	
<i>to Help Student Mothers</i>	45
Mary Meehan	
<i>Too Late for Regret</i>	55
Donald DeMarco	
<i>Euthanasia in the Netherlands:</i>	
<i>An Eyewitness Report</i>	61
Theo A. Boer	
<i>Dignity, Dystopia & the</i>	
<i>Meaning of Marriage (Part Two)</i>	64
Michael Tenaglia	
<i>Booknotes: John Grondelski reviews</i>	
<i>Margaret Somerville's Death Talk</i>	86
<i>Appendices</i>	90
Kathryn Jean Lopez & Eric M. Chevlen	
Solveig Gold	

INTRODUCTION

As we head into the close of 2015, the question remains: Will the undercover videos released by the Center for Medical Progress (CMP) to expose Planned Parenthood's gruesome business effect a sea-change for pro-life efforts? Senior Editor William Murchison, in his lead, "The *Unvanishing Resistance to Roe*" (p. 5), says there are reasons to be disappointed. Put simply, in politics, Democrats depend on campaign contributions from those who see the "ugliness (if they see it at all) as the price of liberation"; Republicans painfully fumbled the opportunity to grill Planned Parenthood's President Cecile Richards on her organization's bloody and lucrative practices. The media's conversation ended up at "the poor and the rights of women, especially poor ones," as it always does, with no discussion of the horrors of "selling, yes selling, human flesh for medical research" in what resembled more a "food fight than an intellectual inquiry."

Yet Murchison is not discouraged. He finds a "stupendous fact" in it all: The "persistence and ubiquity of the cause of protecting unborn life." Despite the "resistance and disbelief of the mainstream media" and the "futility of political measures that never quite live up to the promise . . . On abortion, Americans just won't get with the program." And, he reminds us that there is a challenge to *Roe v. Wade* "snaking its way up to the high court, for the first time since the 1990s. A 2013 Texas statute greatly tightening the rules under which clinics may perform abortions survived appeals court scrutiny last summer (*Whole Women's Health v. Cole*)."

Back to the CMP video campaign: It is not over—the videos have kept coming, and they are, as Laura Echevarria discusses in our next article, "Planned Parenthood's PR Nightmare." They caught Planned Parenthood by surprise, and "despite all the big guns, the media savvy, the friends in high places, Planned Parenthood has been far from achieving a public relations coup." Echevarria, who was formerly the director of media relations for the National Right to Life Committee, gives us an expert's take on the ongoing struggles Planned Parenthood faces to reclaim its reputation in the public's eye; recently, the abortion giant was "backed into announcing that it would no longer seek 'reimbursement' for fetal tissue" harvested in its clinics. Echevarria sees the "short- and medium-term harm" that is "perhaps unprecedented in its history," but says "we cannot yet tell if there will be long-term damage." However—kudos again to pro-life perseverance! "Pro-life groups have been seeing chinks in Planned Parenthood's armor over the years. . . . The CMP videos show that there are potentially more chinks to be found."

We shift now from politics and public relations—which are about perception—to reality. First to the reality of abortion for women. Professor Ian Gentles is the research director of the deVeber Institute in Canada, who has dedicated years to researching and recording the health effects of abortion on women. "One Woman's Account" (page 20) is an excerpt from his recent book, co-authored with Dr. Angela

Lanfranchi and Elizabeth Ring-Cassidy, *Complications: Abortion's Impact on Women*. It is “Shaleena’s story,” a largely first-person account of a third-world woman whose abortion was not her choice and from which she suffers immensely. Following that we have an archival piece from Richard Selzer: two intensely powerful, first-person accounts of Dr. Selzer’s own “awakening” to the reality of abortion. (“Horror, like bacteria, is everywhere” he writes, but “we are like the newborn that carry immunity . . . we are wrapped in impermeable membranes that cannot be seen” until the day “the defense is gone. And we awaken to horror.”)

We who have watched the CMP videos can’t but wonder how the people caught on tape joking about “less crunchy” techniques and munching on lunch while discussing the price of fetal parts can be so casual, so cold, so lacking in emotion and natural revulsion. This is a question taken up by our next author, Anne Hendershott, whose expertise as a professor of sociology enables her to get to the heart of the matter—the “managed heart,” that is. She explains that sociological theory on emotion helps us see that “repression of emotion by Planned Parenthood personnel is a learned behavior,” one that comes about from adjusting one’s feelings to correspond to what is expected in the culture—in this case a culture saturated with the ideology of abortion rights. In contrast to this culture of estrangement (from one’s natural feelings and from one’s own self), is the culture exemplified in our next article, one in which daily, practical efforts to support life can transform communities. In “College Students Step Up to Help Student Mothers,” Senior Editor Mary Meehan reports on programs pioneered by Feminists for Life on college campuses—now taken up as well by Students for Life—to support pregnant students. And not only single moms but married students, who have also “traditionally struggled to make ends meet.” There is much good news here that is pretty much under the radar in the movement, but it shows that, as Feminists for Life President Serrin Foster believes, pro-life college and university students “can transform the world, one campus at a time.”

Professor Donald DeMarco is also doing his part to promote hope on college campuses. In “Too Late for Regret,” he tells us he teaches a college course on the Philosophy of Discontent in which tries to get his students to see that regret is “delicately and dramatically poised between hope and despair.” “Regret can open the door to a better life” by helping us reform, but the “present mood of society, enamored as it is with ‘death with dignity,’ has been tempting people who find themselves in difficult stations to abandon the difficult road of hope.” That road is one that Dr. Theo A. Boer, a new contributor to the *Review*, has decided is dangerously blocked by the legalization (in 2001) of assisted suicide and euthanasia in his native Holland, where he is a professional ethicist. Though he was a “euthanasia sceptic,” he thought legalization was the “wisest and most respectful course.” Not any more—because the rate of suicides (both assisted and not assisted) has been rising, and Boer concludes in his excellent “Eyewitness Report” that the evidence suggests “the supply of assisted dying generates its own demand.” And “there is nothing wrong with a good taboo, especially one against death . . . Let

INTRODUCTION

government seek to provide care and protection, not the active killing of its citizens—not even on demand.”

Our final article is part two of Michael Tenaglia’s “Dignity, Dystopia, and the Meaning of Marriage,” which begins with a review of oral arguments in the *Obergefell v. Hodges* Supreme Court decision regarding the constitutionality of same-sex marriage. The justices ask if there is a “reasonable basis” for limiting marriage to one man and one woman that is not based “only on anti-gay animus.” There is indeed, as Tenaglia argues, because the decision will have tremendous repercussions for family law; the changes will “undermine the fundamental notion that biological parents have any social rights or responsibilities as such with respect to their children.” And this can also work against the pro-life movement, because once the deep biological, emotional, and legal connection between mother and child is “discarded,” it is “replaced with a view of motherhood as merely as a bundle of services for hire.” He concludes with hope however: Though he wrote before the decision, he expected it to mark the “beginning of yet another long and vital campaign to educate our fellow citizens on the real meaning of marriage.” More of that perseverance is needed!

In Booknotes (p. 86) John Grondelski contributes an excellent review essay on Margaret Somerville’s *Death Talk: The Case Against Euthanasia and Assisted Suicide*, in which he agrees with her emphasis on the dangerous inability of our “impoverished vocabulary” to speak truthfully about euthanasia and other life issues: “Our public language of ‘autonomy’ and ‘choice’ gags us from giving verbal expression to our visceral knowledge.” In *Appendix A*, National Review Online’s Kathryn Jean Lopez interviews Dr. Eric Chevlen, an opponent of assisted suicide, about the September 11th decision legalizing assisted suicide in California. And in *Appendix B*, we welcome Solveig Gold and her startlingly profound essay, “Planned Parenthood and the Spartans,” which concludes with a strong dose of reality as to where we are today with our “managed hearts.” We have become so

. . . desensitized that we do not even realize or acknowledge that what we do is wrong. Barbarism isn’t throwing unwanted babies off cliffs. Barbarism is throwing wanted babies over metaphorical cliffs, and then laughing about it over lunch and a glass of red wine. This is blasphemy. This is madness. But this is not Sparta—it’s 21st-century America.

MARIA MCFADDEN MAFFUCCI
EDITOR

The *Unvanishing* Resistance to *Roe*

William Murchison

Iwould draw attention to a stupendous fact.

It may be hard to take in, so indulge me, please, while I reflect. I had a hard time taking in this counterintuitive fact myself for a while. But then I got to thinking, and . . .

First some stage-setting and set decoration. We look around 21st-century America and the prospects for moral regeneration—aimed at, among certain other things, the recovery of respect for unborn life—seem far-fetched. Last summer, the Supreme Court of the United States essayed redefinition of traditional marriage in so grandiose a way as to shelve as mere matters of opinion the purposes that marriage had always been assumed to serve—the mutual strengthening of a particular man and a particular woman in a pledged relationship; then through that relationship the creation, upbringing, and transplantation of life in a continuing context. That’s optional stuff now, the Court tells us. Thanks, your honors.

The Planned Parenthood ruckus got a lot of ink, as we say in print journalism, and not a whole lot of action: at any rate, not the action you once could confidently have predicted from the nature of the news. Is not the flesh supposed to crawl at the idea—disclosed in those now-famous videos released by the Center for Medical Progress—of selling, yes, selling, human flesh for medical research: the bodies of the unborn just another feature of life, adding to the happy hum of daily commerce?

Ugly stuff indeed; however not so ugly as to rouse the political world, many of whose members, after all, depend on the votes of those who see the ugliness (if they see it at all) as part of the price of liberation. A 21st-century feminist, dedicated to the notion of personal destiny, doesn’t make omelets without breaking eggs. (If she deigns to do anything in the kitchen.) The central consideration in abortion is choice. Mom gets to decide. Forget the rest. Don’t expect said political world to do much about it.

Sure enough, said political world didn’t do much in the end. Yes, House Republicans bestirred themselves. There were indignant outcries, amid calls for terminating federal grants to Planned Parenthood. The House Oversight and Government Reform Committee in September held a widely publicized

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.

meeting—at which, nonetheless, no videos were screened and Planned Parenthood President Cecile Richards was allowed to stand her ground with some astuteness and vigor. Ms. Richards assailed those she called “our opponents” for “efforts to entrap our doctors and clinicians into breaking the law”—which efforts, she maintained, had failed. Attack, as on so many previous occasions—civil, military, and athletic—proved more useful than defense. No one afterwards seemed to think the committee got the better of Ms. Richards, especially when it came to questioning her salary. Rich Lowry of *National Review* observed that “the only thing more painful than watching Republicans not do anything about Planned Parenthood is watching them try to do something about Planned Parenthood.”

From Republican ranks a threat arose: Congress should terminate the funding of Planned Parenthood and if the Democrats—not to mention the Democratic White House—resisted, that was too bad. A government shutdown loomed unless funding was cut off. The horror! The horror! Or so the matter was portrayed in the media. I write these words in mid-October 2015, with nothing as yet sorted out concerning any future shutdown (my own money is against any such thing). Nevertheless, the sorting-out process is—was—a matter of widespread discussion in the media. Friends of the funding cut-off were portrayed, predictably, as zealots conspiring to deprive poor women of everyday medical services. Foes of the cut-off, by contrast, rose vigorously to this urgent occasion. “This is a fight for our lives,” wrote Katrina vanden Heuvel of the persistently left-wing *Nation* magazine, “and it’s time to take the fight to the extremists, to stand up not just for Planned Parenthood but also for the people who need it most.” A Pew Research Center poll in September showed three out of five Americans wishing Planned Parenthood funding to go on as at present, with two out of five prepared to blame the Republicans rather than the Democrats for any shutdown that might ensue due to congressional obstreperousness.

How neat, this redefinition of the controversy! Seamy commercial activities involving human flesh? If you think that way, swallow hard and consider that favorite liberal topic, the plight of the poor. Plus the plight of Those Who Would Exercise the Right of Womb Control, yet who find their options narrowed, if not blocked, by indifference.

The poor and the rights of women, especially poor ones: That’s where we appear to end up, conversationally speaking, whenever new occasions arise to consider rights in their broadest and deepest sense, as proceeding from the underlying right to draw breath. By the rules that have come to govern discussion of abortion in the media, and certainly in politics, discussion of such matters just isn’t on. The intellectual environment at such a moment

better resembles a food fight than an intellectual inquiry.

Which raises the question: What's that stupendous fact I mentioned at the start? Claims, counter-claims, exposures and expostulations, threats to do this, that and the other—how familiar it all seems. It could be 2006. Or 1996, for all anyone can tell.

Yes and, I have to add, no. The stupendous fact, right under our noses, crying out for some attention in an era when, from a moral standpoint, things seem to be going from sloppy to Lord-help-us . . . the fact is the persistence and ubiquity of the cause of protecting unborn life. Against the resistance and disbelief of the mainstream media; against the futility of political measures that never quite live up to their promise.

The divided society that is the United States of America in the Twenty-First Century of the Christian Era is so far from agreeing on the wisdom and righteousness of a 43-year-old Supreme Court ukase that a challenge to *Roe v. Wade* is snaking its way up to the high court, for the first time since the 1990s. A 2013 Texas statute greatly tightening the rules under which clinics may perform abortions survived appeals court scrutiny last summer (*Whole Women's Health v. Cole*). The law compelled the closing of all but 17 abortion clinics operating in the state, due to the inability of the other 24 clinics to meet ambulatory surgical center standards and offer the services of a doctor with admitting privileges at a local hospital. Do safety standards of this character undercut the right to abortion? Whatever the high court says (with Anthony Kennedy likely putting his finger on the scale), the complexities involved in dismissing the unspoken claims of the unborn show abortion to be something other than an easy, straightforward call.

Here we have just one instance of the shocking strength and vitality of pro-life sentiment at a time when, by general reckoning, dedication to the cause of the unborn should be quietly disappearing over the hill—on the same line of march as wavers of the Confederate Battle Flag. America is—stupendously—not there.

It is hardly that American society has come as an organic whole to recognition of the corruptions introduced by and through the *Roe* regime. “Overall views of abortion,” said the Pew Center in September 2015, “have changed little in the last year. Currently, around half of the public (51 percent) says that abortion should be legal in all or most cases, while 43 percent say it should be illegal in all or most cases. In September 2014, a slightly larger share of Americans was in favor of abortion in all or most cases (55 percent) while 40 percent were opposed.”

No victory celebrations called for here: no striking of colors either. The

amazing, astounding, flabbergasting datum is that four decades of legal abortion in the United States and Europe has yet to wipe out resistance to the notion that choice as an all-purpose human right trumps competing considerations.

How contrary to the drift of things on the moral front—particularly with regard to marriage, where choice is the big thing and conformity to older, deeper human understandings takes a decided back seat. In the era of I Want, support for same-sex marriage is the likelier instinct than “rigid” adherence to an older view of rites and rights. How open and relaxed society may prove in the long run concerning same-sex marriage remains—as a perpetually useful cliché would have it—to be seen. The tenacity of support for unborn life cannot give the marriage revolutionaries anything like the confidence they would doubtless welcome. On abortion, Americans just won’t get with the program. They say—many of them at least—wait a minute. They say things like, we don’t do this; or we can’t do it; or, look here, this thing is plain wrong.

How else to explain the Pew results? Forty-one percent aren’t buying what the proponents of abortion, and of Planned Parenthood funding, are selling. That’s resistance of truly impressive dimensions after four decades of high-pressure salesmanship and persuasion.

The Planned Parenthood videos testify in and of themselves to the moral weakness of, shall we say, the Planned Parenthood constituency. There is the sheer gruesomeness of the videos. What is the topic of conversation? The topic is the commercialization of death: human flesh weighed in terms of its value to Science.

The topic makes all the less sense, and perhaps all the greater impact, in an era with, it would seem, a more and more burdensome sense of guilt for slavery. That particular corruption of human identity drives politicians to haul down Confederate flags, and movie-makers to rip apart old cinematic takes on slavery; it causes the journalist Ta-Nehisi Coates to argue, earnestly, for reparations to blacks on account of their past sufferings. A crucial point about slavery is that the United States abolished it 150 years ago; yet it retains the power, when represented (e.g., *12 Years a Slave*) to shock and scandalize. We even have new language to talk about it: The very word “slave,” as some see it, robs the transported Africans of their rightful identity. They should perforce be called “enslaved persons.”

Thus yesteryear’s slaves (or enslaved persons) enjoy more recognition and respect than today’s aborted fetuses. Nevertheless, the unborn may be catching up. Images (e.g., Chiwetel Ejiofor, in *12 Years a Slave*) have the sort of argumentative power into which the videographers at Planned

Parenthood may be tapping. What is so different, in the end, about the two approaches for disposing of human flesh? The involuntary character of the transactions is one feature that stands out: black men and women forced into servitude; future men and women of all colors denied the eventual chance to participate in life on account of others' decisions.

We might not wish to press the comparison too far. On the other hand, the power to arouse, the power to show forth, manifests itself among the friends of unborn life hardly less than among those who sympathize with the formerly enslaved. The point is not a small one either. It reminds us that the war for the intellect and the heart goes on with—Yeats' well-known words—passionate intensity.

Enough intensity to overpower the counter-arguments from Cecile Richards and her well-wishers? Not for now, certainly. But more than enough to keep the fires lighted. That the videos got the acres of print they did, and the hours of televised reports, shows that they touched something deep and potentially enormous. They spoke perhaps to fears both deeply buried and alive and alert: fears for the ongoingness of the human race, as well as the ongoingness of—on a more quotidian level—human love and kindness and concern for the weak: ancient virtues no court in any land, ours included, has the power to bury in a heap of lawyerly verbiage.

The fact is more stupendous than we are given to suppose from conventional coverage of the struggle for the rights of the unborn: so many tales of congressional hearings, political promises, and legislative proposals, not to mention mega-narratives about government shutdowns and stoppages. The point gets lost amid so much rhetorical debris: The life fight is about life. Life and its preservation in the face of, shall we say, competing goals and emotions.

A subsidiary point comes to light here—fairly stupendous in its own way. It is, ironically, a political point. The capacity of political figures to insert themselves into controversies of every sort is well enough known. The point, with respect to abortion, is the continued if not growing interest of major political figures in support of the right to life.

The Planned Parenthood flap stems from the wish to use the power of government in support of unborn life. It is always fair to ask of politicians, who are success-oriented, whether they mean what they say. It is advisable always to hear what they say—and to assume that an indeterminate number actually do mean it when they say the government shouldn't fund enterprises that transfer human flesh from the operating room to the laboratory.

The House Oversight Committee may have bungled the job of corralling

Cecile Richards, but at the very least a public spotlight fell upon a matter that raises vast moral questions. The prelude to answering questions is raising those questions.

Meanwhile presidential candidates on the Republican if not—predictably—the Democratic side, have identified themselves with the pro-life cause: not in a way that says, “Wheeee, elect me and watch the abortionists scatter”—we’ve heard that one before!—but rather affirms the importance and the enduringness of the issue as a whole. More than customarily useful—I do not mean that in a disparaging sense—to the cause has been Carly Fiorina: woman; successful woman; outspoken woman. Fiorina makes no bones of her pro-life convictions. Even Donald Trump professes the same attitudes. The rest of the Republican slate—ditto, I think is the word. They must assume someone out there is listening, someone out there cares: as in fact seems the case, to the astonishment no doubt of the intense, well-compensated professionals who keep insisting there’s no real right to a certain kind of life that seven justices, a long time ago, found constitutionally superfluous.

Consequential things do happen in our confused times, both above and below the moral radar screen. Imposing things. Stupendous things in their way.



Planned Parenthood's PR Nightmare

Laura Echevarria

For months now Planned Parenthood's public relations teams (yes, it has more than one) have been working overtime trying to get ahead of the scandal caused by the Center for Medical Progress (CMP) videos. As any good public relations team knows, a crisis communications plan is a must. But are all the smoke and mirrors employed by such a plan enough to counter the flippant tone of several Planned Parenthood executives, the horror of discussing "crushing" a fetus while chomping on a salad, and the macabre scenes of employees sifting through the remains of aborted babies while talking about fetal tissue requests for whole "orbits"? Abortionist and Senior Medical Advisor for Planned Parenthood Dr. Carolyn Westhoff expressed concern about the conversations: If they became public, ". . . We would have the potential for a huge P.R. issue . . ." ¹

Thanks to CMP, the conversations did indeed become public, offering the abortion giant as a classroom in crisis management. Only, thus far, as I write (in late October 2015), despite all the big guns, the media savvy, the friends in high places, Planned Parenthood has been far from achieving a public relations coup. Just recently, Planned Parenthood was backed into announcing that it would no longer seek "reimbursement" for fetal tissue that is harvested by PPFA during abortions. However, this concession is a political and public relations ploy designed to reinstate the organization's positive image among members of the general public. What led up to this decision? And why now? Let's look at Planned Parenthood's response to the CMP's video releases—in particular, its first crucial response to them—to see how CMP played its cards right for maximum impact, and how Planned Parenthood's early decisions opened it to the kind of short- and medium-term harm (we cannot yet tell if there will be long-term damage) that is perhaps unprecedented in its history.

Crisis Communications—Lives/Safety

In the field of public relations, it is generally agreed that crises arise around one of three main areas: human lives/safety, finances, or reputation. When such a crisis occurs, a company or organization has to assess current and future impact of the crisis on customer lives/safety, company finances, and

Laura Echevarria was the director of media relations and a spokesperson for the National Right to Life Committee from 1997 to 2004. Now a writer living in Virginia, she teaches composition at a small college while working on her master's degree in English Education. She continues to host her own blog at www.lauraechevarria.com

the future reputation of the company or organization. Information designed for the public must then be geared toward damage control in those three areas.

How well did Planned Parenthood's public relations machine deal with the CMP videos describing the sale of fetal body parts? In some ways, their PR machinery excelled; in others, it fell short of what was needed to dissipate negative reactions.

Key to Planned Parenthood's PR performance was their first response. Two days after the first video was released on July 14, 2015, Cecile Richards, president of Planned Parenthood, released a video statement in which she stated:

Hello. I'm Cecile Richards, President of Planned Parenthood Federation of America.

Planned Parenthood provides a full range of health care services to millions of women, men, and young people every year, including cancer screenings, birth control, STD testing and treatment, and abortion.

And we provide much more than health services—we support millions of people as they build their futures and pursue their goals.

Recently, an organization that opposes safe and legal abortion used secretly recorded, heavily edited videos to make outrageous claims about programs that help women donate fetal tissue for medical research.

I want to be really clear: The allegation that Planned Parenthood profits in any way from tissue donation is not true. Our donation programs—like any other high-quality healthcare provider's—follow all laws and ethical guidelines.

Over our 100-year history, we have continually engaged leading medical experts to shape our practices, policies, and high standards—and always will. Our top priority is the compassionate care that we provide.

In the video, one of our staff members speaks in a way that does not reflect that compassion. This is unacceptable, and I personally apologize for the staff member's tone and statements. As always, if there is any aspect of our work that can be strengthened, we want to know about it, and we take swift action to address it.

Planned Parenthood stands behind our work to help women and families donate tissue for medical research when they wish to.

It is always their decision.

I thank those women and families who have chosen tissue donation at some point in their lives. Your commitment to lifesaving research, developing treatments for diseases like Parkinson's and Alzheimer's, is important and compassionate, and it should be respected—not attacked.

We know the real agenda of organizations behind videos like this, and they have never been concerned with protecting the health and safety of women.

Their mission is to ban abortion completely and cut women off from care at Planned Parenthood and other health centers.

We will never let that happen.²

In this first effort, we can see that Planned Parenthood focused on the methods used to obtain the interviews, its role as a "health care" provider,

and the legality of its fetal tissue procurement program (we will revisit that later). Although Cecile Richards apologized for the “tone” of Dr. Deborah Nucatola, Senior Medical Director of Planned Parenthood, Dr. Nucatola was not named, and Richards spent almost as much time lambasting pro-lifers and the organization behind the video as she did defending Planned Parenthood.

And her video response was quick—the PR machinery had leapt into action.

In fact, on the very day the first CMP video was released, one of Planned Parenthood’s public relations firms, Camino PR—whose president, Elizabeth Toledo, was a former vice president of communications for Planned Parenthood—sent out a backgrounder to reporters stating, “Aborted pregnancy tissue donation and research are humanitarian undertakings that hold the potential to cure disease, save lives, and ameliorate suffering.”³ Notice the convoluted language, “Aborted pregnancy tissue donation . . .” What Camino PR—and by extension, its client, Planned Parenthood—ignored was one of the most gruesome aspects of the videos: that the “aborted pregnancy tissue” so casually discussed in the videos consisted of hearts, spleens, livers, brains, spinal cords, gonads, and “orbits” (eyes). To ignore the humanity of the unborn child and yet discuss individual parts of the whole using terms that the average person readily pictures demands an unbelievably high level of self-deception and a callous disregard for life and the humanity of the unborn child.

The mistake Planned Parenthood and its public relations machinery made at the very onset of the crisis was a failure to adequately honor rule number one in crisis communications—address the threat to the lives or safety of clients. In a later video, Dr. Mary Gatter, President of PPFPA Medical Director’s Council, comments to the undercover actor that a “less crunchy” abortion technique would need to be used in order to obtain more intact specimens. Gatter also points out that changing the way the abortion is done is “a concern because the patient is signing something and we’re signing something saying, ‘We’re not changing the way we’re managing you just because we agree to give tissue’ . . . I don’t think the patients would care one iota so, yeah, I’m not making a fuss about that.”⁴

The safety of women undergoing abortions in which the abortionist is also attempting to obtain fetal tissue by employing a “less crunchy” abortion technique is addressed only tangentially by Cecile Richards through boilerplate comments in her statement: “Over our 100-year history, we have continually engaged leading medical experts to shape our practices, policies, and high standards—and always will. Our top priority is the compassionate care that we provide.”⁵ Richards does not address the safety aspects of an abortionist modifying an abortion procedure to acquire specific tissues such

as a liver or a spleen. Because this was part of the discussion in the first video, she should have offered reassurances in her July 16 response video. However, she didn't address the safety aspects then and they continued to be glossed over in later public statements by Planned Parenthood.

With the release of a third video, Planned Parenthood hired the crisis public relations firm SKDKnickerbocker, which has strong ties to the Democratic Party. SKDKnickerbocker sent out a memo to reporters demanding that media outlets not show the videos, because "patients' privacy should not be further violated by having this footage shared by the media."⁶

Notwithstanding SKDKnickerbocker's credentials, this, too, was a mistake. By asking the liberal-leaning media—which sympathizes with Planned Parenthood—to hold back stories, SKDKnickerbocker gave more conservative media outlets the opportunity to craft a narrative; from that point on, Planned Parenthood was reacting to an established storyline. And in crisis communications, *reacting* to a story is a defensive position that can drive an organization to make poor decisions and retreat deeper into a reactive/defensive posture. In the past, such poor decision-making during a crisis has led many companies to lose significant revenue; in some cases, it has resulted in the company's dissolution.

Crisis Communications—Financial Loss

At this point, Planned Parenthood's biggest challenge will be successfully surmounting the hurdle of criticism directed at them and persuading private donors and government not to cut back or cut off funding in response to that criticism.

At the time of this writing, Cecile Richards had already testified before the Congressional House Oversight Committee because of the questions the videos raised about how federal funds were being used. Additional information gathered by House Oversight Committee staff shows that, according to Planned Parenthood's most recent annual report, the organization had brought in over \$1.3 billion. Nevertheless, Planned Parenthood argues that it needs the government contracts, Medicaid reimbursements, and private donations to provide "health care" to women. But an analysis of PPFA's budget shows that the organization paid its president, Cecile Richards, nearly \$600,000 in 2013. Inflated salaries appear to be the norm for the abortion monolith. The House Oversight Committee's analysis notes, "Planned Parenthood reports that over 40 of its executives earned salaries of \$200,000 or more over the years 2009 to 2013."⁷

The report also found that, "Planned Parenthood spent \$5,109,997 on travel in 2013. That is **nearly \$14,000 a day on travel**. This does not include affiliate travel expenditures." (*Emphasis original.*)

One of Planned Parenthood's initial arguments—which has been repeated over and over—is that they are not out to make a profit from fetal-tissue harvesting. And it could be argued that the early videos released by the Center for Medical Progress do not clearly show an intent to make such a profit. However, later videos in which Planned Parenthood executives discuss price haggling and a desire to make tissue procurement “worth it” clearly undercut such denials. In the most recent video, Deborah VanDerhei, National Director for the Consortium of Abortion Providers (CAPS) at PPFA—a committee within Planned Parenthood that influences internal policies—commented, “. . . we have independent colleagues who generate a fair amount of income doing this.”⁸

Because Planned Parenthood receives millions of dollars in government contracts, the investigations into what government money PPFA receives and how it spends it are valid. The hearings may not be directly related to the buying and selling of fetal body parts, but they directly resulted from the released videos. Congressional investigators should expand their investigations into Planned Parenthood's tissue procurement procedures—particularly those involving modifications to an abortion method with the intent of obtaining better specimens.

Crisis Communications—Loss of Reputation

In the latest video to be released at this writing, several high-ranking Planned Parenthood officials noted how devastating it would be if word leaked out that PPFA was receiving compensation for harvesting fetal body parts. Vanessa Cullins, PPFA's Vice President of External Medical Affairs, comments at one point, “This is important. This could destroy your organization and us, if we don't time those conversations correctly.”⁹

PPFA's next mistake? PPFA officials were not more circumspect in their conversations with outsiders. Whether on the record or not, conversations with outsiders not known to staff should be treated as on-the-record. Each of the officials captured on the video has extensive experience as an on-the-record spokesperson for the organization, yet they were carelessly—even recklessly—candid in their conversations with outsiders.

While there may be some uncertainty as to whether Planned Parenthood was “selling” fetal body parts or just recovering costs (although some of the figures mentioned clearly exceed any costs involved), the bigger issue is whether it is legal for an abortionist to modify an abortion technique to acquire tissues in better condition. The National Institutes of Health Revitalization Act of 1993 clearly states that it is illegal to change a procedure expressly for the purpose of getting a better tissue sample: “no alteration of the timing,

method, or procedures used to terminate the pregnancy was made solely for the purposes of obtaining the tissue; and the abortion was performed in accordance with applicable State law”¹⁰

Based on Dr. Gatter’s comments in one of the videos, it seems clear that modifications were made during these abortion procedures to maximize the amount of tissue salvaged.

Among the general public, Planned Parenthood has been seen as an organization that can be trusted. *National Review*’s Ramesh Ponnuru writes, “Planned Parenthood has historically been a popular organization. In 1989, Gallup found that 82 percent of Americans had a favorable impression of it.”¹¹ But polling data shows that, although support for PPFAs remains high, it has actually dropped over the years. And Ponnuru points out that some of the polling being conducted in today’s atmosphere—following the release of the videos—is less than forthright:

Dana Milbank, for example, crow today that 61 percent of Americans in a *Wall Street Journal*/NBC poll opposes defunding Planned Parenthood. But here’s the poll question they were asked: “Would you favor or oppose totally eliminating federal funding to Planned Parenthood for family planning and preventative health services?” There’s nothing in there about redirecting the funds to other organizations. Respondents might think that money for health services would just be cut.¹²

And, of course, the poll in question doesn’t mention the videos or abortion, so it’s difficult to tell what the general public thinks about Planned Parenthood in the post-video scandal.

However, in a recent Reuters poll, 44 percent of respondents who saw the videos said they had a less than favorable impression of the nation’s largest abortion provider. Reuters also reported that after the videos were described to respondents, 39 percent said that Planned Parenthood should not receive federal funds, and 34 percent said that federal funding should continue.¹³

Crisis communications is not just about short-term responses to negative events; it’s also about long-term, well-crafted positive messages. When a crisis occurs, whether it’s a politician caught in a scandal, an actress with a drug addiction, or a company that has violated safety protocols, the recommended initial, immediate response from the offender is the same: a heartfelt apology and, where necessary, appropriate restitution. What follows is more subtle. A company or individual has to let the public forget about the scandal by making an apology, restitution if necessary, and *then* ceasing or decreasing advertising, interviews, and press releases. This may seem counterintuitive, but the general public has a very short memory—some scandals last a long time and can actually make a person or organization more notorious in the eyes of the public (not always in a bad way). But most

scandals—with the appropriate crisis management steps—allow an offender to come back into a position of strength at a later date.

An offending individual or organization's re-entry into the press and advertising outlets occurs by crafting positive, warm messages designed to assure the public that everything is better than it was before the scandal. There are public relations firms that make millions of dollars a year by specializing in these strategies and in the long-term management of a crisis.

One of Planned Parenthood's biggest problems at the moment is treating the release of the videos as a threat they can minimize, control, and—by extension—ignore to some degree.

The Center for Medical Progress has wisely spread the release of the videos over the course of months as opposed to releasing everything at once. This allows the public time to process the information and truly assess and critique it. Planned Parenthood has reacted by repeating the same boilerplate language they used with the release of the first video and releasing their own videos of individuals telling their personal Planned-Parenthood-helped-me stories.

Planned Parenthood has called on its allies in the public to support it, but hasn't done as much to appeal to the general public with any strong statements. The pro-life social media hashtag #PPSellsBabyParts is a strong indictment of the abortion giant, but it was rather weakly challenged by the #StandwithPP hashtag.

Crisis Communications—Lessons Learned

Crisis communications, like any other form, should be adaptive and responsive. Communication requires a sender, a receiver, a message, and feedback. In this situation, feedback arrives in the form of news articles, polling data, social media, bloggers, and other non-traditional media outlets. Long before the current video scandal, Planned Parenthood had a crisis communications plan in place (which is why they were able to respond as quickly as they did), but they did not always adapt to the feedback and the changing needs of their audience. In fact, they ignored many members of the audience who may have supported the organization in the past but could not justify supporting an organization that traded baby body parts for money.

In a crisis communications plan, the greatest help in recovering a lost reputation—which can be the longest-lasting of all the forms of potential damage if a company survives financially—is honesty at the beginning. Planned Parenthood made only minor concessions to the truth by admitting that the video evidence created a bad visual and that the “tone” used in the first video was inappropriate. In order for redemptive and apologetic statements to work, an organization actually has to be more forthright and

honest than it would be at any other time. It also needs to recognize that accusing the accusers will not work with many members of their watching audience. Planned Parenthood should not have pointed fingers. Instead, Cecile Richards's video statement should have stayed focused on Planned Parenthood: an apology for the "tone," a "defense" of fetal-tissue harvesting, and an apology for any modifications to abortion procedures that may have occurred. But that's not what happened.

And so pro-lifers scored a victory because Planned Parenthood's hubris and confidence caused them to make this crucial mistake.

The Center for Medical Progress acted wisely. The sporadic release of the videos is actually a brilliant public relations/media relations tactic—by not tying them to a specific day or particular time of the week, they have consistently caught Planned Parenthood off-guard. CMP has responded to media interviews, but leaders there have tried to let the words and speakers in the videos represent themselves—and the truth.

Conclusion

The Center for Medical Progress videos are revealing in more ways than anyone could have anticipated. It turns out that Planned Parenthood, like any large entity, can plan for a crisis but doesn't always quickly adapt *during* it.

Pro-life groups have been seeing chinks in Planned Parenthood's armor over the years. From partial-birth abortions to live births during abortions to clinics concentrated in minority neighborhoods, and now, fetal organ and tissue harvesting, Planned Parenthood has the proverbial black eye. The CMP videos show that there are potentially more chinks to be found.

As of late October, it remained to be seen if PPFA's announcement that it will no longer receive "reimbursement" for fetal tissue would be enough to restore the organization's reputation in the eyes of the public. More significantly, it remains to be seen whether PPFA can restore its reputation so that its relationship with ranking Democratic senators, pro-abortion members of the House, the liberal media, current presidential candidates, and other allies is once again a political benefit rather than a liability.

NOTES

1. The Center for Medical Progress. "Top Planned Parenthood Exec Agrees Baby Parts Sales 'A Valid Exchange,' Some Clinics 'Generate A Fair Amount of Income Doing This.'" 15 Sept. 2015. Video. 20 Oct. 2015.
2. Planned Parenthood. Planned Parenthood: Cecile Richards' Official Video Response. 16 July 2015. Video. 30 July 2015.
3. McCormack, John. "Planned Parenthood's PR Firm: Harvesting Organs of Aborted Babies a 'Humanitarian Undertaking.'" *The Weekly Standard Blog*. July 15, 2015. Web. 30 July 2015.
4. The Center for Medical Progress. "Second Planned Parenthood Senior Executive Haggles Over

THE HUMAN LIFE REVIEW

- Baby Parts Prices, Changes Abortion Methods.”21 July, 2015. Video. 20 Oct. 2015.
5. Planned Parenthood. Planned Parenthood: Cecile Richards’ Official Video Response. 16 July 2015. Video. 30 July 2015.
 6. “Planned Parenthood Taps Crisis Communications Firm.” POLITICO. 28 July 2015. Web. 5 Aug. 2015.
 7. “House Oversight Committee Fact Sheet on Planned Parenthood.” House Oversight Committee. Web. 28 Sept. 2015.
 8. Center for Medical Progress. Video #10.Top Planned Parenthood Exec Agrees Baby Parts Sales ‘A Valid Exchange.’ Center for Medical Progress. 15 July 2015. Video. 6 October 2015.
 9. Ibid.
 10. (OHRP), Office for Human Research Protections. “Office for Human Research Protections (OHRP).” Web. 5 Oct. 2015.
 11. Ponnuru, Ramesh. “Planned Parenthood Polling.” National Review Online. 30 Sept. 2015. Web. 6 Oct. 2015.
 12. Ibid.
 13. “Americans Back Federal Funds for Planned Parenthood Health Services: Poll.” Reuters 19 Aug. 2015. Web. 5 Oct. 2015.



“Honesty is certainly a policy option.”

Narratives of the Abortion Experience: **One Woman's Account**

Ian Gentles

On a recent trip to England I happened to tune into a BBC cultural affairs program on the radio. The topic of discussion was the current state of the film industry. One of the panelists, an American woman, spent several minutes deploring the way abortion was being portrayed, in American movies especially. “There’s a whole lot of emotional hand wringing,” she said, “as if abortion is this devastating, dirty, gut-wrenching experience.” She contrasted the contemporary treatment of abortion with the way it was dealt with thirty years ago. “Back in the eighties abortion was treated very matter-of-factly in the movies. You had your abortion and then got on with your life. It was no big deal.”

Of course this highly committed, fiercely feminist commentator could not admit the possibility that current cinematic treatment of abortion might actually be closer to reality than the offhand treatment it generally received in the 1980s. Certainly she would have had little time for the findings of a study of 101 American and Canadian women who volunteered to talk about abortion’s impact on them. One-third of the women were interviewed in person by researchers from the deVeber Institute for Bioethics in Toronto. The rest filled out detailed written questionnaires. Our cohort is not a random sample; it consists of a group of women who came forward, protected by the veil of anonymity, to inform the rest of the world of what it was like to go through an abortion.

In our book, we have organized the stories told by these women into three parts. The first, which follows here, consists of an extended single account written by a woman from a third-world country. Following that are the accounts of 92 women who experienced an abortion anywhere from three to thirty years ago. Finally, we present eight stories collected by a palliative-care nurse from women approaching the end of their life. Every story is in its own way powerful, penetrating, and eloquent. Each one challenges the widespread view that induced abortion is a minor operation with few serious physical or emotional consequences, the memory of which soon fades away.

Ian Gentles is Professor of History at York University and Tyndale University College, Toronto. He is also the research director of the deVeber Institute for Bioethics and Social Research and co-author—along with Angela Lanfranchi and Elizabeth Ring-Cassidy—of *Complications: Abortion's Impact on Women* (2013). This article is an excerpt from Chapter 21 of that book.

“No one would support me”: Shaleena’s story

Shaleena, a professional, highly educated Asian woman with a command of several languages, found herself helpless before the combined pressures imposed on her by family, friends, employer, and medical personnel. She writes, “I was a happy woman, and we were a happy family, but I had grown up listening to radio commercials in our country telling us to keep the number of children at not more than two. Most women I knew said ‘even two is too much.’”

To her surprise, when she visited Europe most of the couples she met were not afraid of having more than two children; in fact, society seemed to encourage it. For various reasons, Shaleena had to wait almost twelve years for the birth of her second child, a son.

[His birth] brought unbelievable joy to our rather monotonous lives. We were extremely happy. As I had had both my kids through caesarean section, the obstetrician wanted to sterilize me at the same time. She said, “You are a career woman and you have two kids. Let me ligate you dear.” I said, “No, I want at least one more kid.” She said, “You are not thinking properly; you have a job, you’ve had two caesarians, why take a risk?” I replied that I did not want sterilization. I still wanted at least one more child. To me the most beautiful thing is “unweaned babies’ smile . . . during their sleep.”¹ Can it be surpassed by anything in beauty? Not for me.

But then her second child, Ali, and her husband, Abdel, both developed serious health problems, almost simultaneously. Ali came down with asthma and Abdel was afflicted by hypertension caused by severely blocked arteries. Abdel became depressed. Around that very time, Shaleena conceived. When she told Abdel that she thought she might be pregnant, he became apprehensive and insisted that they go at once to the nearest pharmacy for “emergency contraception.”

I did not want to take the pill, but he was insistent, and sort of pushed me into the pharmacy . . . Tired and discouraged, he then sat down on a bench outside. When I requested emergency contraception from the pharmacist, he asked me a few questions and had me fill in a form. He said that since it was within 24 hours, the probability of conception was less than two per cent. My husband made me swallow the tablet then and there in the mall. He set the alarm clock so that I did not forget to take the second dose.

Still not persuaded that she was actually pregnant, she took the pills “to calm my husband, who was sick with worry.” But she missed her next period, and Abdel, who was now recovering from a recent heart operation, became very anxious again. They drove together to the doctor’s office, where:

[The doctor] bullied me . . . She told me that the emergency contraceptive pill is only

97 per cent effective and ordered me to have a blood test. We went to the city hospital for the test. After that I sort of forgot about my delayed period on account of our financial crisis, the multifarious demands of my boss, my husband's slow recovery, and my little son's severe continuing asthma attack. Our country has a population policy of no more than two children per family, and most women of my generation have only one or two. My job description stipulates that if I have more than two children, the third will not receive any benefit from my employer and I shall be denied any promotions.

Shaleena ignored all the evidence of her advancing pregnancy until finally Abdel insisted that she go for blood tests. The next day, she spoke to the doctor on the phone:

Doctor: "Shaleena? I have a terrible news. Your blood tests are here. You are positive. What will you do now?" In one breath she told me all this. *Instead, could she not have congratulated me?* Doctor: "Halloo . . . are you listening Shaleena? You have to come and see me."

After hanging up, Shaleena took a deep breath and phoned Abdel. He was still recovering from his operation. His hospital bills were unpaid, and now she had to inform him that the blood test was positive. "He told me to come home. When I got there he hugged me," she recalled. But he insisted on accompanying her to the doctor. It was a dull drizzly day, and a cold fierce wind was blowing.

*. . . a nipping day, a biting day;
In which one wants a shawl,
A veil, a cloak, and other wraps:²*

"Why could not my husband have been a shawl to keep me warm?"

They waited patiently in the doctor's waiting room until she motioned them in. No sooner had she ordered Shaleena to sit down than she launched into a tirade and in a shrill voice demanded:

"How can you be pregnant? What are you going to do now? You already have two kids and Abdel is sick." I told her in a little voice that I would like to have the baby. She did not listen, but continued her attack. She told my husband that he had not been careful, and anyway, our country did not allow more than two children. She lamented that she was not empowered to prescribe RU 486, the drug that induces abortion. She did not let either of us talk. Doctor: "You are over 35 . . . there will be defects . . . you already have a sick kid . . ." I was exhausted, emotionally drained out; at that time I needed the smiling face of a kindly physician. Here she was, alleging that our child would have birth defects, and my husband believed her. I could not believe that he would. My husband whom I loved and adored. For him I could do anything. The doctor wrote a quick referral and gave us a phone number.

When they got home, Abdel refused to discuss the matter beyond saying that the doctor was right, and that he would leave her if she insisted on

continuing the pregnancy, because he did not want any more sick children. Shaleena was still determined that she was not going to have the abortion. If only her husband would give her just a little help, she thought, she could manage.

I was confident that I could cope, I could carry out the responsibility entrusted to me by Allah. My child would see the beautiful world! Since I knew when I had conceived, I counted the weeks till his birth, and calculated that he would arrive in early April.

The next morning, she tried again to talk to Abdel but he would not listen: “I tried to make him understand that it was a human life we were talking about, but he was not feeling well and I gave up.” There was a lot of pressure at work, and she had to put in nine-hour days, coping with terrible nausea all the while. “But I loved the baby. Not for a second did I think of killing my baby . . . I prayed and prayed to God to make me stronger and [to make] my husband understand. ‘Allah, I am failing to convince my husband; he is influenced by the doctor; please make him understand.’ I hugged my little son and cried.”

Two days later, Shaleena called the doctor again and asked her to inform Abdel that she wanted to have the baby. The doctor replied that it wasn’t a baby, it was a blob, and considering their family condition it would be better to “terminate the pregnancy.” Finally, the implacable pressure from her husband and the doctor, and the lack of support from anybody else, drove her to make an appointment at an abortion clinic. But then she missed the appointment. Abdel was so upset that Shaleena immediately called for another appointment. The new clinic assured her that there would be counselling for her husband if she didn’t want to terminate. The person at the other end of the line was very sympathetic when Shaleena told her that she wanted to have the baby. There was to be an ultrasound. “I thought, if only my husband can see the ultrasonogram, he might relent.”

At noon on the appointed day, Shaleena and Abdel went to the clinic, behind an unmarked door on the second floor of a nondescript building. She filled in the form handed to her by the staff. She was saying prayers and weeping silently. Seeing her tears, the nurse asked whether she wanted to go ahead with the termination. “I said NO. My husband said YES.” The nurse tried to heal the disagreement with the observation that sometimes termination could save a family from breaking up, “and babbled on about how she could see there would be problems in our case. She added that termination was the right decision for me.” The nurse took Shaleena into another room for the ultrasound, but did not invite Abdel to join them. Nor did she show Shaleena the results of the ultrasound, but instead brought her back to the counter and presented her with the consent form. Exhausted and crying, she tried to resist,

but the nurse kept pressing her to sign. Under this unrelenting pressure, dizzy and worn out, she finally gave in and signed. Seeing her distress, the girl who took her money whispered, "If you do not want to terminate, I will refund your payment." The nurse overheard this, and at once shepherded Shaleena into another room, where she announced,

"Doctor will do your pelvic exam and if you do not want to terminate you can tell him." I believed her. I looked at my husband appealing to him with my eyes. Tears rolled down my cheek. Could my husband ever really have loved me? If he did, my tears would surely have made him hold me and save my poor baby.

The pelvic examination did not take place. Instead the doctor ushered her into yet another room, told her to sit down, and then wrote a prescription and told her that he would come back. He did not come back. Instead, after a fifteen-minute wait another doctor arrived,

and instructed me to follow him to a room where he would examine me. I did as he instructed, and he then ordered me to climb into a reclining chair so that he could examine me, and after the exam I would be able to decide. Then he informed me that the exam would be painful, so he would first give me a painkiller. Before I could reply he gave me an injection, and I think I fell asleep.

When I woke up I was suffering terrible pain. I realized that they had just terminated my baby. I started crying loudly and they moved me to another room. They asked me whether I wanted my husband . . . I said NO. They brought him anyway, but I could not look at him. A nurse was sweetly talking with him, telling him that he should do the cooking tonight! He agreed. Another half-hour later they discharged me with a lot of soothing words. They told me I was crying because of hormones. The doctor shook hands with all the smiling women who had assisted at the termination, but ignored me. Two nurses sweet-talked me. They even gave me chocolates for my little boy.

Then they handed me a feed-back form, which I filled in, requesting that they should help women who want to continue their pregnancy.

Abdel brought her home, still crying, bleeding and in agony from severe cramps. She phoned the abortion clinic that night, but they only counselled her to call her own doctor the next day.

I writhed in pain and agony all night. I felt terrible anguish the next day and left a message in the clinic's voice mail. I missed my child. I would have been happy with the child. After all, I know when life starts! I could not cope any more. I called the clinic again, and again could not get through. I left a message on the answering machine indicating my anguish: I called them killers. Next day, a woman named Jill called me and offered counselling for a fee. I demanded why they did it to me. She became unsympathetic and abusive. I could not stop crying. I wanted to crash my car the next working day.

Finally, Shaleena went to her own physician, who put her on antibiotics and anti-depressants for a month. Despite the medication, she attempted

suicide on at least two occasions. Her elder son intervened and restrained her during those attempts.

Only seven days had elapsed between finding out that she was pregnant and undergoing the abortion.

I did not even have time to look into our Holy Book [the Qur'an] for guidance. The pressure of my job, our financial difficulties, the asthma attacks of my little boy, domestic chores and my husband's ill health occupied my time. As for friends, we were new in the country and I had nobody to talk to. I did not turn to my mother or sister, as they believe two children are enough . . . My mother is all for abortion if you have two kids. I am sure she would have aborted me if she could have figured out at the time that she was about to have one more daughter. Throughout my childhood, I heard her sighing for not having a son. When she conceived the baby who turned out to be my brother, she was unsure whether to risk having one more daughter [because at that time there was no way of finding out the baby's sex before birth] . . .

The only person I thought could help me was the doctor. Doctors I believe take an oath to save lives, not to take them. What did my doctor do?

In desperation, I started talking to Lifeline . . . and the Abortion Grief Counselling Association, who kept me going; they talked to me, told me to pray, and to live for my sons.

It did not help that Shaleena also experienced physical complications after the abortion. Her hemorrhaging continued, and her left breast was very sore. A new doctor determined that she was suffering from a ruptured ovary and lumps in her breast, which had not been there prior to the abortion. Indeed, she had previously received a clean bill of health after a thorough physical examination prior to immigrating to the new country where her job took her. When she phoned the abortion clinic to report these physical complications, she was again subjected to verbal abuse. Now the sight of any pregnant woman made her feel heartbroken.

Again I tried to commit suicide, this time on 16 November 2006. *I feel violated, I feel extreme shame and guilt for not being able to protect my baby.*

Before, I was a healthy woman with a nice career and an adorable family. Now I feel unable to go on. I am not the only victim; my family is as well. What will happen to my children? I can't sleep, can't eat. I lost ten kg (22 lbs) after the termination. My doctor told me to take legal action. Yet I am a powerless woman from a developing country that has a two-child policy for public servants. I will lose my job if I get entangled in legal action while abroad. My husband is ready to divorce me as I am too depressed and sick to live with. I am in constant agony . . .

Religiously speaking I am excluded from salvation. I am a Muslim and for us abortion is an unforgivable sin. My children are also suffering as I am no longer the Mummy they knew.

After the abortion, Shaleena desperately wanted to become pregnant again. Even though a doctor advised Abdel to let her have one more child for the sake of her mental health, Abdel declined. She cannot stop thinking of her

IAN GENTLES

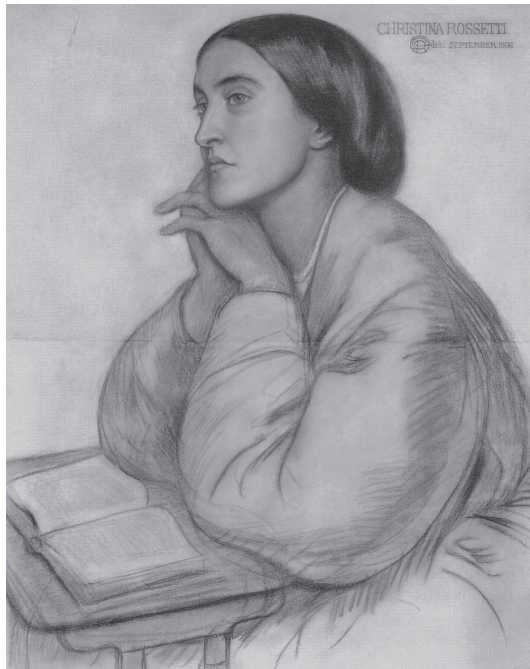
aborted baby or babies (since they might have been twins), and imagines them with her own father, who died in 1996. She is sure that they are

*. . . Safe where I hope to lie too,
Safe from the fume and the fret;
You, and you,
Whom I never forget.
Safe from the frost and the snow,
Safe from the storm and the sun,
Safe where the seeds wait to grow . . .*³

Thirty-three months after the abortion she writes, “I wake up each day with a feeling that I am pregnant, only to find my belly lifeless.”

NOTES

1. Browning, EB. First book. Aurora Leigh. London: J. Miller, 1864. Reprinted: Chicago: Academy Chicago Printers (Cassandra Editions), 1979: 1-36.
2. From “Winter My Secret” by Christina Rossetti.
3. From “Is It Well With the Child?” by Christina Rossetti.



Christina Rossetti 1830-1894

From the Archives (1996) :

Abortion

Richard Selzer

Horror, like bacteria, is everywhere. It blankets the earth, endlessly lapping to find that one unguarded entryway. As though narcotized, we walk beneath, upon, through it. Carelessly we touch the familiar infected linen, eat from the universal dish; we disdain isolation. We are like the newborn that carry immunity from their mothers' wombs. Exteriorized, we are wrapped in impermeable membranes that cannot be seen. Then one day, the defense is gone. And we awaken to horror.

In our city, garbage is collected early in the morning. Sometimes the bang of the cans and the grind of the truck awaken us before our time. We are resentful, mutter into our pillows, then go back to sleep. On the morning of August 6, 1975, the people of 73rd Street near Woodside Avenue do just that. When at last they rise from their beds, dress, eat breakfast and leave their houses for work, they have forgotten, if they had ever known, that the garbage truck had passed earlier that morning. The event has slipped into unmemory, like a dream.

They close their doors and descend to the pavement. It is midsummer. You measure the climate, decide how you feel in relation to the heat and the humidity. You walk toward the bus stop. Others, your neighbors, are waiting there. It is all so familiar. All at once you step on something soft. You feel it with your foot. Even through your shoe you have the sense of something unusual, something marked by a special "give." It is a foreignness upon the pavement. Instinct pulls your foot away in an awkward little movement. You look down, and you see . . . a tiny naked body, its arms and legs flung apart, its head thrown back, its mouth agape, its face serious. A bird, you think, fallen from its nest. But there is no nest here on 73rd Street, no bird so big. It is rubber, then. A model, a . . . joke. Yes, that's it, a joke. And you bend to see. Because you must. And it is no joke. Such a gray softness can be but one thing. It is a baby, and dead. You cover your mouth, your eyes. You are fixed. Horror has found its chink and crawled in, and you will never be the same as

Richard Selzer, MD, was a professor of surgery at Yale University from 1960 until his retirement in 1985. He is the author of many books, including *Mortal Lessons: Notes on the Art of Surgery* (1976; reprinted with a new preface by the author, 1996). "Abortion," a chapter in *Mortal Lessons*, was reprinted in the Spring 1996 issue of the *Human Life Review*, with permission of Georges Borchardt, Inc., for the author. "What I Saw at the Abortion" was also reprinted (in slightly different form) in the Winter 1976 issue of the *Review*.

you were. Years later you will step from a sidewalk to a lawn, and you will start at its softness, and think of that upon which you have just trod.

Now you look about; another man has seen it too. "My God," he whispers. Others come, people you have seen every day for years, and you hear them speak with strangely altered voices. "Look," they say, "it's a baby." There is a cry. "Here's another!" and "Another!" and "Another!" And you follow with your gaze the index fingers of your friends pointing from the huddle where you cluster. Yes, it is true! There *are* more of these . . . little carcasses upon the street. And for a moment you look up to see if all the unbaptized sinless are falling from Limbo.

Now the street is filling with people. There are police. They know what to do. They rope off the area, then stand guard over the enclosed space. They are controlled, methodical, these young policemen. Servants, they do not reveal themselves to their public master; it would not be seemly. Yet I do see their pallor and the sweat that breaks upon the face of one, the way another bites the lining of his cheek and holds it thus. Ambulance attendants scoop up the bodies. They scan the street; none must be overlooked. What they place upon the litter amounts to little more than a dozen pounds of human flesh. They raise the litter, and slide it home inside the ambulance, and they drive away. You and your neighbors stand about in the street which is become for you a battlefield from which the newly slain have at last been bagged and tagged and dragged away. But what shrapnel is this? *By what explosion flung, these fragments that sink into the brain and fester there?* Whatever smell there is in this place becomes for you the stench of death. The people of 73rd Street do not then speak to each other. It is too soon for outrage, too late for blindness. It is the time of unresisted horror.

Later, at the police station, the investigation is brisk, conclusive. It is the hospital director speaking: ". . . fetuses accidentally got mixed up with the hospital rubbish . . . were picked up at approximately eight fifteen A.M. by a sanitation truck. Somehow, the plastic lab bag, labeled HAZARDOUS MATERIAL, fell off the back of the truck and broke open. No, it is not known how the fetuses got in the orange plastic bag labeled HAZARDOUS MATERIAL. It is a freak accident." The hospital director wants you to know that it is not an everyday occurrence. Once in a lifetime, he says. But you have seen it, and what are his words to you now?

He grows affable, familiar, tells you that, by mistake, the fetuses got mixed up with the other debris. (Yes, he says *other*; he says *debris*.) He has spent the entire day, he says, trying to figure out how it happened. He wants you to know that. Somehow it matters to him. He goes on:

Aborted fetuses that weigh one pound or less are incinerated. Those

weighing over one pound are buried at a city cemetery. He says this. Now you see. It is orderly. It is sensible. The world is not mad. This is a civilized society.

There is no more. You turn to leave. Outside on the street, men are talking things over, reassuring each other that the right thing is being done. But just this once, you know it isn't. You saw, and you know.

And you know, too, that the Street of Dead Fetuses will be wherever you go. You are part of its history now, its legend. It has laid claim upon you so that you cannot entirely leave it—not ever.

What I Saw at the Abortion

I am a surgeon. I do not shrink from the particularities of sick flesh. Escaping blood, all the outpourings of disease—phlegm, pus, vomitus, even those occult meaty tumors that terrify—I see as blood, disease, phlegm, and so on. I touch them to destroy them. But I do not make symbols of them. I have seen, and I am used to seeing. Yet there are paths within the body that I have not taken, penetralia where I do not go. Nor is it lack of technique, limitation of knowledge that forbids me these ways.

It is the western wing of the fourth floor of a great university hospital. An abortion is about to take place. I am present because I asked to be present. I wanted to see what I had never seen.

The patient is Jamaican. She lies on the table submissively, and now and then she smiles at one of the nurses as though acknowledging a secret.

A nurse draws down the sheet, lays bare the abdomen. The belly mounds gently in the twenty-fourth week of pregnancy. The chief surgeon paints it with a sponge soaked in red antiseptic. He does this three times, each time a fresh sponge. He covers the area with a sterile sheet, an aperture in its center. He is a kindly man who teaches as he works, who pauses to reassure the woman.

He begins.

A little pinprick, he says to the woman.

He inserts the point of a tiny needle at the midline of the lower portion of her abdomen, on the downslope. He infiltrates local anesthetic into the skin, where it forms a small white bubble.

The woman grimaces.

That is all you will feel, the doctor says. Except for a little pressure. But no more pain.

She smiles again. She seems to relax. She settles comfortably on the table. The worst is over.

The doctor selects a three-and-one-half-inch needle bearing a central stylet.

He places the point at the site of the previous injection. He aims it straight up and down, perpendicular. Next he takes hold of her abdomen with his left hand, palming the womb, steadying it. He thrusts with his right hand. The needle sinks into the abdominal wall.

Oh, says the woman quietly.

But I guess it is not pain that she feels. It is more a recognition that the deed is being done.

Another thrust and he has speared the uterus.

We are in, he says.

He has felt the muscular wall of the organ gripping the shaft of his needle. A further slight pressure on the needle advances it a bit more. He takes his left hand from the woman's abdomen. He retracts the filament of the stylet from the barrel of the needle. A small geyser of pale yellow fluid erupts.

We are in the right place, says the doctor. Are you feeling any pain? he asks.

She smiles, shakes her head. She gazes at the ceiling.

In the room we are six: two physicians, two nurses, the patient, and me.

The participants are busy, very attentive. I am not at all busy—but I am no less attentive. I want to see.

I see something! It is unexpected, utterly unexpected, like a disturbance in the earth, a tumultuous jarring. I see a movement—a small one. But I have seen it.

And then I see it again. And now I see that it is the hub of the needle in the woman's belly that has jerked. First to one side. Then to the other side. Once more it wobbles, is *tugged*, like a fishing line nibbled by a sunfish.

Again! And I *know!*

It is the *fetus* that worries thus. It is the fetus struggling against the needle. Struggling? How can that be? I think: *that cannot be*. I think: the fetus feels no pain, cannot feel fear, has no *motivation*. It is merely reflex.

I point to the needle.

It is a reflex, says the doctor.

By the end of the fifth month, the fetus weighs about one pound, is about twelve inches long. Hair is on the head. There are eyebrows, eyelashes. Pale pink nipples show on the chest. Nails are present, at the fingertips, at the toes.

At the beginning of the sixth month, the fetus can cry, can suck, can make a fist. He kicks, he punches. The mother can feel this, can *see* this. His eyelids, until now closed, can open. He may look up, down, sideways. His grip is very strong. He could support his weight by holding with one hand.

A reflex, the doctor says.

I hear him. But I saw something in that mass of cells *understand* that it must bob and butt. And I see it again! I have an impulse to shove to the table—it is just a step—seize that needle, pull it out.

We are not six, I think. We are *seven*.

Something strangles *there*. An effort, its effort, binds me to it.

I do not shove to the table. I take no little step. It would be . . . well, madness. Everyone here wants the needle where it is. Six do. No, *five* do.

I close my eyes. I see the inside of the uterus. It is bathed in ruby gloom. I see the creature curled upon itself. Its knees are flexed. Its head is bent upon its chest. It is in fluid and gently rocks to the rhythm of the distant heartbeat.

It resembles . . . a sleeping infant.

Its place is entered by something. It is sudden. A point coming. A needle!

A spike of *daylight* pierces the chamber. Now the light is extinguished. The needle comes closer in the pool. The point grazes the thigh, and I stir. Perhaps I wake from dozing. The light is there again. I twist and straighten. My arms and legs *push*. My hand finds the shaft—grabs! I *grab*. I bend the needle this way and that. The point probes, touches on my belly. My mouth opens. Could I cry out? All is a commotion and a churning. There is a presence in the pool. An activity! The pool colors, reddens, darkens.

I open my eyes to see the doctor feeding a small plastic tube through the barrel of the needle into the uterus. Drops of pink fluid overrun the rim and spill onto the sheet. He withdraws the needle from around the plastic tubing. Now only the little tube protrudes from the woman's body. A nurse hands the physician a syringe loaded with a colorless liquid. He attaches it to the end of the tubing and injects it.

Prostaglandin, he says.

Ah, well, prostaglandin—a substance found normally in the body. When given in concentrated dosage, it throws the uterus into vigorous contraction. In eight to twelve hours, the woman will expel the fetus.

The doctor detaches the syringe but does not remove the tubing.

In case we must do it over, he says.

He takes away the sheet. He places gauze pads over the tubing. Over all this he applies adhesive tape.

I know. We cannot feed the great numbers. There is no more room. I know, I know. It is woman's right to refuse the risk, to decline the pain of childbirth. And an unwanted child is a very great burden. An unwanted child is a burden to himself. I know.

And yet . . . there is the flick of that needle. I *saw* it. I saw . . . I felt—in that room, a pace away, life prodded, life fending off. I saw life avulsed—swept by flood, blackening—then *out*.

There, says the doctor. It's all over. It wasn't too bad, was it? he says to the woman.

She smiles. It is all over. Oh, yes.

And who would care to imagine that from a moist and dark commencement six months before there would ripen the cluster and globule, the sprout and pouch of man?

And who would care to imagine that trapped within the laked pearl and a dowry of yolk would lie the earliest stuff of dream and memory?

It is a persona carried here as well as a person, I think. I think it is a signed piece, engraved with a hieroglyph of human genes.

I did not think this until I saw. The flick. The fending off.

Later, in the corridor, the doctor explains that the law does not permit abortion beyond the twenty-fourth week. That is when the fetus may be viable, he says. We stand together for a moment, and he tells of an abortion in which the fetus *cried* after it was passed.

What did you do? I ask him.

There was nothing *to* do but let it live, he says. It did very well, he says. A case of mistaken dates.

The Managed Heart at Planned Parenthood

Anne Hendershott

It is difficult to view the horrific undercover videos showing Planned Parenthood personnel negotiating contracts with representatives of a fetal tissue procurement agency to sell post-abortion fetal organs and body parts. But these are important videos, and it is likely that they will have an impact on abortion practices and procedures in the future. While the revelation of the selling of fetal tissue was shocking, many of us became alarmed by the apparent callousness of the Planned Parenthood personnel. In several of the videos, Planned Parenthood physicians, and other staff members speak flippantly of the availability and the marketability of fetal tissue following an abortion. In one of the tapes, Melissa Ferrell, Director of Research for Planned Parenthood Gulf Coast (PPGC), boasted that her affiliate's research department is the largest in the country—claiming that tissue sales from her department contribute significantly to the affiliate's bottom line: "If we alter our [abortion] process and we are able to obtain intact fetal cadavers, then we can make it part of the budget . . . It's all just a matter of line items."

As expected, viewers of the videos were outraged to learn of the trafficking in fetal body parts—and even more concerned to see how uncaring so many of the Planned Parenthood personnel appeared. Even some on the pro-choice side were uneasy about the revelations on the videos. Ruben Navarrette, a writer who described himself as having supported abortion for 30 years, published a response to the videos entitled "I Don't Know if I'm Pro-Choice After Planned Parenthood Videos." In a post on *The Daily Beast*, Navarrette admitted that "it is jarring to see doctors acting as negotiators as they dicker over the price of a fetal liver, heart or brain, and then talk about how they meticulously go to the trouble of not crushing the most valuable body parts . . . discussing and even laughing about the harvesting of baby organs as casually as some folks talk about the weather."¹

Indeed, it is the apparent callousness of the abortion providers—beyond the despicable acts they described—that has enraged so many. Even Planned Parenthood President Cecile Richards apologized for the "tone" of the videos, claiming that "Our top priority is the compassionate care that we provide. In

Anne Hendershott is Professor of Sociology and Director of the Veritas Center at Franciscan University in Steubenville, Ohio. Her latest book is *Renewal: How a New Generation of Faithful Priests and Bishops Is Revitalizing the Catholic Church* (2013), co-authored with Christopher White.

the video, one of our staff members speaks in a way that does not reflect that compassion . . . I personally apologize for the staff member's tone and statements."²

Cecile Richards was referring to the statements from Planned Parenthood's Senior Director of Medical Services, Dr. Deborah Nucatola. In an undercover video, Nucatola is seen casually drinking wine and eating salad in a California restaurant while openly negotiating the sale of the organs of an aborted baby. Describing the challenges of "delivering" an intact brain for sale, Dr. Nucatola boasts about how successful she has been in getting an "intact calvarium." In between sips of wine, the physician states: "And with the calvarium, in general, some people will actually try to change the presentation so that it's not vertex . . . So if you do it starting from the breech presentation, there's dilation that happens as the case goes on, and often, the last step, you can evacuate an intact calvarium at the end . . . We've been very good at getting heart, lung, liver . . . a lot of people are looking for intact hearts these days. They're looking for specific nodes . . . so I'm not gonna crush that part, I'm gonna basically crush below, I'm gonna crush above, and I'm gonna see if I can get it all intact."³ Likewise, Dr. Mary Gatter, council president of the Planned Parenthood Federation of America's Medical Directors, was caught on tape (video 2) telling the undercover investigators that although "it isn't about the money," she wants to "figure out what others are getting, and if this in the ballpark, then it's fine. If it's still low, then we can bump it up . . . I want a Lamborghini."

Dr. Gatter knows there is much money to be made from the sale of fetal tissue. During a July 29 Texas Senate hearing, Abby Johnson, a former Planned Parenthood facility director who is now a pro-life activist, estimated that the Houston affiliate she led made as much as \$120,000 per month selling fetal tissue—despite the fact that the sale of human fetal tissue is a federal felony punishable by a fine of up to \$500,000 and ten years in prison.⁴ Federal law also prohibits altering the abortion procedure to procure tissue—the same activities described by Dr. Nucatola when she recounted how Planned Parenthood doctors "change the presentation" of the baby in the process of the abortion in order to deliver an intact calvarium. Still, this is not to suggest that greed was driving Gatter's conversations with the tissue procurement agency or Abby Johnson's decision to increase revenue streams for her affiliate. Greed is not driving Dr. Nucatola's commitment to providing the best products possible. Rather, as the following section will demonstrate, it is more likely that a commitment to an ideology of a woman's right to abortion, coupled with a distorted sense of compassion, plays the more important role for Planned Parenthood personnel.

Making Sense of the Lack of Emotion Exhibited by Planned Parenthood Personnel

It is difficult for many of us to understand how Planned Parenthood medical personnel can speak so dismissively and unemotionally when they are describing the methods they use to harvest organs from unborn children. Videotaped conversations reveal a complete lack of affect on the faces of the Planned Parenthood employees as they describe the procedure of “crushing” one portion of the body of the unborn child instead of another in order to yield the more marketable intact organs. In fact, when Dr. Gatter described using a “less crunchy” procedure, in order to improve the quality of the sample, she maintained the same flat affect throughout her entire conversation—smiling only when she jokingly mentioned that she hoped to make enough money from the sales of the harvested tissue “to buy a Lamborghini.” How can this be? How can medical personnel who likely began their careers as compassionate individuals, called to the profession to save lives and improve the health of others, appear to be so callous and unemotional when speaking of dismembering an unborn child?

Sociological theory on emotion helps us begin to make some sense of all of this. Specifically, as Jonathan Turner and Jan Smets put it in an article on the sociology of emotion, symbolic interactionist theories of emotion help us understand the ways in which individuals are “motivated to bring cognitions about self into line with the responses of others, and, correspondingly, to turn negative emotions into positive emotions” in order to meet the expectations and approval of others. They explain that “the symbolic interactionist tradition examines the various strategies that individuals pursue to achieve congruity among self, norms and cultural standards, behavior, and the responses of others.” Turner and Smets suggest that in order to achieve this congruity, individuals “selectively perceive or interpret gestures of others so as to verify an identity”; he or she will “Repress negative emotions that arise when self is not verified” by others. As a result, “As individuals present only those identities that can be confirmed and that conform to cultural expectations, then identities, behavioral outputs, and perceptual inputs become increasingly congruent over time.”⁵ In other words, the repression of emotion by Planned Parenthood personnel is a learned behavior—the result of associating with people sharing the commitment to a woman’s right to choose abortion.

The “presentation of self” by Planned Parenthood personnel can also be understood by looking at dramaturgical theories of emotion. Turner and Smets point out that “Dramaturgical theories emphasize that individuals make dramatic presentations and engage in strategic actions directed by a cultural

script”—a script that is actually “written” for them. They continue, “Although the terminology varies among different theorists, the cultural script guiding action [like those we are witnessing in the videos of Planned Parenthood personnel] includes ideologies, norms and rules, logics, vocabularies, and implicit stocks of knowledge about which feelings should be experienced and expressed in episodes of face-to-face interaction.” The authors suggest that within this theory,

Actors present self in strategic ways, emitting the emotions that are dictated by emotion ideologies and rules. When necessary, actors draw upon the cultural vocabularies and logics that define how emotions should be expressed. Individuals are, in essence, dramatic actors on a stage playing parts dictated by culture, and, like all theater, they are given some dramatic license in how they play roles, as long as they do not deviate too far from the emotional script provided by culture.⁶

In the videotapes released by the Center for Medical Progress, the only person showing any affect at all is Holly O’Donnell—the former worker from the tissue procurement agency who was appalled at the practices at Planned Parenthood. O’Donnell was visibly moved when speaking of what she was being asked to do—emotionally describing how a worker at Planned Parenthood asked O’Donnell if she wanted to see something “cool” and then proceeded to show her a recently aborted child with a still beating heart. O’Donnell recalled being overcome by emotion—unable to hold the scissors when she was asked to dissect the newly aborted child. O’Donnell became a “deviant” in terms of the kind of emotion work that needed to be done at Planned Parenthood—and she eventually left that position.

As Turner and Stets point out,

When individuals break the rules of feeling and display [of feelings], they experience negative emotions, particularly embarrassment and shame, . . . and they become highly motivated to try to repair their breach of cultural prescriptions and proscriptions [or to leave the situation in despair]. To avoid breaches, individuals [sometimes] employ the appropriate emotional vocabularies and syntax . . . to convince both themselves and others that they are indeed abiding by feeling rules and display rules Persons also consciously manipulate facial expressions, forms of talk, and gestures to sustain an impression that feeling and display rules are being met. They also use physical props such as clothing or objects on the interpersonal stage to communicate to others that they are adhering to emotion ideologies and norms.

Along these lines, Planned Parenthood is one of the biggest purveyors of physical objects to remind others of the goodness of their work—from their “Choice on Earth” Christmas cards, and their logoed clothing items worn by employees and supporters of the organization, to the hot pink pencils, rulers, highlighters, and water bottles that Planned Parenthood distributes on college campus career/internship days, employees and others are constantly reminded

that “women’s health care” is something to cherish and celebrate; it is often called “a sacred right.” Indeed, an essay entitled “The Abortion Ministry of Dr. Willie Parker” published last year in *Esquire* magazine describes Dr. Parker’s work as an abortionist as a sacred “ministry.” Formerly the Medical Director for Planned Parenthood of Metro Washington, Dr. Parker claims that “The protestors (of abortion) say they’re opposed to abortion because they’re Christian. It’s hard for them to accept that I do abortions because I’m a Christian.”⁷ Parker is described in the *Esquire* essay as “never missing a chance to offer comfort.” The author concludes that “this seems to be his version of absolution, often delivered with a moral.” Parker appears to see his role as ministering to those in need—telling them what they need to hear, even if he is not telling them the truth all the time. For example, Parker tells the women who come to him to terminate their pregnancies that “I’m required by law to tell you that having an abortion increases your risk for breast cancer. There is no scientific or medical evidence that supports that . . . Abortions actually protect your health.” Parker views the availability of abortion as a civil right; in the essay, we learn that as he drives home after a day of doing abortions—many of them on black women in the Mississippi clinic he oversees—Parker “gets reflective . . . He remembers leaving for college thirty years ago when he didn’t want to stop in Mississippi because the state’s ugly racial history made the trees seem taller and the skies seem darker. Now we’re driving the Freedom Trail in reverse, heading out toward the turnout where the bus got firebombed . . .”⁸

Dramaturgical theory helps us understand the important role that Parker is playing in the abortion industry. Ever the apologist for the sacred right to an abortion, Parker recently appeared in the pages of *Cosmopolitan* magazine to denounce the undercover video strategies used by the Center for Medical Progress. Quoting Rudyard Kipling, Parker told the *Cosmopolitan* magazine writer that he was “heartsick” over the ways Dr. Nucatola’s words were “twisted by knaves to make a trap for fools.” Lauding her compassion, Parker claimed to “know her heart,” and to “know her skill . . . I know her commitment to reproductive rights and reproductive justice. It was heartsickening to then watch her be put in this situation where her words are twisted . . . I felt pain for her.”⁹ Planned Parenthood expressed its gratitude for Dr. Parker’s long-term support to the abortion industry by awarding him the Planned Parenthood Federation of America Margaret Sanger Award in 2015, named for the organization’s founder. Although Sanger was intent on eliminating what she called the “Negro Problem” through birth control and forced sterilization, Parker, an African American, continues to support Planned Parenthood and its employees. Condemning the tactics of the undercover

video team, Parker told the *Cosmopolitan* writer that “it’s infuriating that people will take something as serious as a woman’s need to have access to this care and decide that by any means necessary they will undermine that . . . it makes me more resolute to continue doing my work. Dr. King said that the end has to be pre-existing in the means It is the ultimate paradox that you will deceive to bring about truth. I don’t understand how that works.”

It is not a coincidence that Dr. Parker chose to express his support for Planned Parenthood in *Cosmopolitan*. LifeSitenews.com has been providing information on the magazine’s important role in the abortion industry.¹⁰ The winner of Planned Parenthood Federation of America’s Maggie Award for Excellence in Media in 2014, *Cosmopolitan* has been Planned Parenthood’s booster for years now, and in the scandal surrounding the undercover videos, the magazine has defended Planned Parenthood personnel like Dr. Nucatola from charges of callousness. The article quotes Dr. Parker’s defense of Dr. Nucatola against the outrage many feel at her emotional detachment in describing how she went about ensuring donatable organs:

“I’ve heard many people are making a big deal as, ‘. . . She’s talking matter-of-fact’ As a physician, we deal with empirical information all the time. We speak very matter-of-factly. You are speaking in the context of being with someone who is representing themselves as a medical agency and organization and that you can now take my frank language and parse it up and make it look like I’m speaking indifferently about something that should be very respectful, it’s really easy to create a misperception.”¹¹

In the ultimate redefinition of the situation, Dr. Parker likened the attacks on Planned Parenthood’s Dr. Nucatola to the “trial week of Jesus before he was crucified.” Parker states:

“It’s no secret that my frame of reference for the work that I do and in terms of generating compassion is related to my religious understanding and in particular, my Christian religious understanding. I’m thinking about a strong parallel between [what] is happening to my colleague and the trial week of Jesus before he was crucified As hard as it must be for my very spirited colleague who is very bright and who is very ethical and who is very noble to have to say nothing and have to defer to the organization that she works for to speak on her behalf, even if she could speak, I think the best thing for her to do is say nothing.”¹²

Parker is really referring to the kind of “emotion work” that is required at Planned Parenthood. As Turner and Stets summarize the insights of theorist Erving Goffman and others:

Dramaturgical theories also emphasize that individuals must manage emotional displays when social structures and the cultural script associated with these structures generate discontinuity between what people feel and what they must express to others in their audience. For instance, Hochschild’s (1983, 1990), Thoits’s (1990, 1991),

and Rosenberg's (1990, 1991) respective approaches all stress that individuals are caught in a conflict between the emotion ideologies, feeling rules, and display rules on the one side and their actual emotional experiences on the other.

Doing one's job at Planned Parenthood according to Arlie Hochschild's explanation in her book (cited by Turner and Stets) *The Managed Heart*, would mean that employees must undertake "emotional labor"—labor that requires one to "induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others"—in this case, trying to instill in the patients at Planned Parenthood the sense of being cared for in a "compassionate and safe place." Hochschild points out that "this kind of labor calls for a coordination of mind and feeling, and it sometimes draws on a source of self that we honor as deep and integral to our individuality."¹³ Turner and Stets note:

When discrepancies between feelings and feeling rules exist, the discrepancy generates a new kind of negative emotional arousal, above and beyond the emotions initially experienced. Thus, a person who feels sad in a situation demanding the expression of happiness may also become angry at having to appear happy, thus ratcheting up the emotional intensity (sadness plus anger) and forcing this person to engage in even more expressive control to meet cultural expectations.

This theory helps us understand the total lack of affect on the faces of those describing the tissue procurement procedures at Planned Parenthood. The high levels of emotional management from the Planned Parenthood personnel (as the sellers of fetal tissue) require them to engage in what Hochschild calls ongoing "emotion work." Since they are "caught in a conflict between emotion ideologies, feeling rules, and display rules on the one side and their actual emotional experiences on the other," these medical workers "must engage in emotion-work strategies to reduce the degree of discrepancy between feelings and feeling rules." Turner and Stets conclude, "In sum, dramaturgical theories emphasize the importance of culture in defining which emotions are to be experienced and expressed in situations." One of the ways these workers can handle the stress such conflicts cause is to "leave the situation that generates the discrepancies between actual feelings and dictates of emotion ideology and norms"—as whistleblower Holly O'Donnell did. Those who choose to stay develop cognitive strategies such as "invok[ing] thoughts and ideas associated with" the goodness of the ideology—they are doing this for a higher purpose, as Dr. Parker describes in the *Esquire* and *Cosmopolitan* magazine articles.¹⁴ Another cognitive strategy is to "repress negative emotions and remove them from conscious reflection"—psychologically withdrawing from the situation. But there are psychic costs to these cognitive strategies. Turner and Stets' reading of Hochschild suggests

that the more individuals engage in the kind of emotion work that Planned Parenthood personnel must engage in, “the more likely that the demands of the emotion culture will come into conflict with the emotions that individuals actually experience.” For, as Hochschild explains in *The Managed Heart*, “Beneath the difference between physical and emotional labor there lies a similarity in the possible cost of doing the work: the worker can become estranged or alienated from an aspect of self—either the body or the margins of the soul—that is used to do the work.”¹⁵

The abortion providers caught on tape describing the most despicable acts perpetrated on unborn children were not “evil” people in their everyday lives. But, in the context of their jobs as abortion providers at Planned Parenthood, they had developed a separate moral code—what sociologist Robert Jackall has called the “fundamental rules of corporate life” in his book *Moral Mazes*. One of the most important of these “fundamental rules” is that “you do your job and you keep your mouth shut . . . your job is not to report something that your boss does not want reported, but rather, to cover it up.” Kelsey Harkness’s Daily Signal interview of Abby Johnson shows what this looked like at Planned Parenthood:

For eight years, Abby Johnson, who used to work for a branch of Planned Parenthood, didn’t just witness the fetal tissue donation process—she participated in it. During her tenure at a southeast Texas clinic—the same location featured in the fifth undercover video released by the Center for Medical Progress—Johnson said she would “coerce” women to sign up for studies, then reap the financial benefits. In 2009, a year after being named “Employee of the Year” at her clinic, Johnson, 35, said she witnessed a doctor performing an abortion on an ultrasound and quit her job. The former clinic director has since become a pro-life activist, regularly criticizing Planned Parenthood’s abortion practices. The organization attempted to discredit parts of Johnson’s account and even obtained a temporary injunction against her, but Johnson was quickly cleared of any wrongdoing.¹⁶

In Harkness’s interview, Johnson provided valuable insights into the roles played by Planned Parenthood employees—and the training they received in order to enable them to play these roles. In order to convince women to donate the unborn children they were aborting, Johnson said that personnel would

“. . . tell the client that we are participating in a study and she has an opportunity today to donate the tissue that’s removed from her uterus to a research laboratory where they will be working on life-saving treatments for various diseases such as Alzheimer’s, Parkinson’s or other types of medical studies. We would tell her this is an opportunity for her to possibly save the life of someone else by donating this tissue. By creating this altruistic scenario, women would almost always consent and say, ‘Yes, absolutely’ . . . We never discussed, ‘They may want just a leg, or an arm, or these specific organs.’ That would create a sense of humanity in their unborn child.

And really, we would even shy away from calling it fetal tissue research because just calling it tissue sanitizes it—the women don't necessarily think about the body of their baby, they're just thinking about blood and tissue."¹⁷

The conversation with Planned Parenthood clients was well-scripted—even advising them to avoid calling the unborn child a fetus. According to Abby Johnson, Planned Parenthood had a scripted protocol to train medical personnel and counselors in what to say and how to say it. At Johnson's Texas abortion facility, Melissa Ferrell (portrayed on videotape 5), head of the research department at Johnson's affiliate, would send someone from her team to speak with new Planned Parenthood employees on how to speak with clients—providing them with a real script: "This is what we're doing, this is how you need to talk to the clients about it." It was part of the training. Johnson said that Planned Parenthood staff members "were compensated for every patient that we were able to convince to enroll in a study." According to Johnson, her affiliate received \$200 per baby sent for the tissue study, and the compensation to individual staff members was \$20 for every client that staff member convinced to donate to the research study.

After eight years of working at Planned Parenthood, Abby Johnson was asked to assist in an abortion by holding the ultrasound probe for the physician doing the abortion. She saw what happened on the ultrasound monitor and realized she could no longer participate in the industry. However, she understands why so many are drawn to work at a place like Planned Parenthood. She understands the ideology and the ways these medical workers and counselors define the situation at Planned Parenthood. In her book *Unplanned*, she maintains that "There is good and right and wrong on both sides of the fence," and she asks: "Are you ready to look through the fence and see goodness, compassion, generosity, and self-sacrifice on the other side?" Most of us have trouble seeing those qualities in the Planned Parenthood personnel portrayed in the videos.

"The banality of evil" is a phrase that was first coined by Hannah Arendt, and incorporated in the title of her 1963 work *Eichmann in Jerusalem: A Report on the Banality of Evil*. Having observed Adolph Eichmann throughout his prosecution—studying the evidence against him, and observing his responses in the courtroom—Arendt suggested that those like Eichmann who participated in the attempt to exterminate the Jewish race were not fanatics or sociopaths, but rather they were ordinary people who accepted the ideology that was prevalent in Germany at the time, and therefore participated in what we now see were unspeakable atrocities with the view that their actions were normal. Arendt was making an observation about what happens when people play their "appropriate" roles within a system or an organization—following

prescribed conduct with respect to that system, while remaining blind to the moral consequences of what the system was doing—or at least compartmentalizing those consequences.¹⁸ None of the Planned Parenthood personnel depicted in the videotapes would ever see themselves as being blind to the moral consequences of what their organization was coercing them to do. They had so internalized the norms and values of Planned Parenthood that such behaviors became “normal” to them—much like Eichmann. But Arlie Hochschild’s book, *The Managed Heart*, reveals what happens when we allow our feelings to be “processed” by our work. As Arlie Hochschild states, “Emotion is a sense that tells about the self-relevance of reality. We infer from it . . . how we must have been perceiving the world. Emotion is one way to discover a buried perspective on matters.” For Planned Parenthood workers, the culture there has produced a form of false self: persons who truly believe they are tending to the needs of others or committed to a cause that is greater than themselves. It makes them blind to their own emotions that would tell them how wrong it is to do what they are doing.

While natural law maintains that we can use our reason to deduce binding rules of moral behavior, and Christians believe that we know what is wrong or right because it is “written on our hearts,” even Darwin offered a model of emotion as something that is often innate or universal. Acknowledging the importance of emotion to our survival in his book *The Expression of the Emotions in Man and Animals*, Darwin provided a biological rationale for emotion—warning that it should never be dismissed. Crushing the body of an innocent unborn human being requires one to deny emotions that are obviously innate or universal. The Symbolic Interactionist model in sociology presupposes Darwin’s biological model, but as Hochschild suggests, “it gives more points to social factors which enter interactively during the experience of emotion—helping us to consciously suppress or control those emotional responses.” Drawing from Goffman, she writes that each situation taxes the individual, who is willing to pay those social taxes as the price for “membership in something larger.”¹⁹

Darwin knew—as we all know—that emotion is a biologically given sense, and is crucial to the survival of human beings in group life. Hochschild reminds us that “emotion is our experience of the body ready for an imaginary action . . . thus, when we manage an emotion, we are partly managing a bodily preparation for a consciously or unconsciously anticipated deed.”²⁰ When emotion no longer is operative, we are free to engage in any behavior—no matter how reprehensible. Those who were videotaped at Planned Parenthood have become quite adept at managing emotion. Their flat affect and detached speech patterns when describing practices that most of us find

abhorrent demonstrate ultimate control of emotion. But they have paid a high price for that control as their estrangement from emotion is estrangement from self. They have become strangers to themselves—additional victims of an evil industry designed to destroy.

NOTES

1. Ruben Navarrette. "I Don't Know if I'm Pro-Choice After Planned Parenthood Videos." *Dailybeast.com*, August 10, 2015. <http://www.thedailybeast.com/articles/2015/08/10/i-don-t-know-if-i-m-pro-choice-anymore.html>
2. Eugene Scott. "Planned Parenthood Chief Apologizes After Video." *CNN* July 16, 2015. <http://www.cnn.com/2015/07/16/politics/planned-parenthood-president-criticizes-gop-candidates/>
3. Steven Ertelt. "Planned Parenthood Doctor Caught Selling Body Parts of Aborted Babies is an Obama Adviser." *Lifesite news*. July 20, 2015. <http://www.lifenews.com/2015/07/20/planned-parenthood-doc-caught-selling-body-parts-of-aborted-babies-is-an-obama-admin-adviser/>
4. Courtney Crandell. "Intact Fetal Cadavers Make the Most Money." *World Magazine*. August 4, 2015. <https://www.worldmag.com/mobile/article.php?id=34818>
5. Jonathan Turner and Jan E. Stets. "Sociological Theories of Human Emotions." *Annual Review of Sociology*. 2006. 32:25-62. http://www.unc.edu/~nielsen/special/s7/sample_ARSL1col_2006.pdf
6. *Ibid.*, pp. 25-26.
7. John H. Richardson. "The Abortion Ministry of Dr. Willie Parker." *Esquire*. July 30, 2014. <http://www.esquire.com/news-politics/a23771/abortion-ministry-of-dr-willie-parker-0914/>
8. *Ibid.*
9. Robin Marty. "Dr. Willie Parker: Why I Stand With Dr. Deborah Nucatola." *Cosmopolitan*. July 18, 2015.
10. Jay Hobbs. "New Cosmo Slam on Crisis Pregnancy Centers Comes in Wake of Planned Parenthood Scandal." *Cosmopolitan magazine*. July 15, 2015. <https://www.lifesitenews.com/opinion/new-cosmo-slam-on-pregnancy-centers-comes-in-wake-of-planned-parenthood-sca>
11. Robin Marty.
12. *Ibid.*
13. Arlie Hochschild. *The Managed Heart*. Berkeley, CA: University of California Press. 1983, p.7.
14. John H. Richardson. "The Abortion Ministry of Dr. Willie Parker." *Esquire*. July 30, 2014. <http://www.esquire.com/news-politics/a23771/abortion-ministry-of-dr-willie-parker-0914/>
15. Hochschild. *The Managed Heart*. P 7.
16. Kelsey Harkness. "Former Planned Parenthood Employee Explains the Tissue Donation Process." *Daily Signal*. August 10, 2015. <http://dailysignal.com/2015/08/10/former-planned-parenthood-clinic-director-explains-the-tissue-donation-process/>
17. *Ibid.*
18. Hannah Arendt. *Eichmann in Jerusalem: A Report on the Banality of Evil*. New York: Penguin Classic reissue 2010.
19. Arlie Hochschild. *The Managed Heart*, p. 225.
20. *Ibid.*, p. 230.



**The Human Life Foundation graciously
thanks our inaugural members of
the Defender of Life Society:**

<i>Mr. & Mrs. Andrew Bean</i>	<i>Fr. Kazimierz Kowalski</i>
<i>Mr. Robert G. Bradley</i>	<i>Ms. Eileen M. Mahoney</i>
<i>Mrs. Martha Brunyansky</i>	<i>Rev. Myles P. Murphy</i>
<i>Miss Barbara Ann Connell</i>	<i>Dr. Michael McKeever</i>
<i>Mr. Patrick J. Gorman</i>	<i>Mrs. Elizabeth G. O'Toole</i>
<i>Ms. Mari Lou Hernandez</i>	<i>Rev. Robert L. Roedig</i>
<i>Mr. Paul Kissinger</i>	<i>Rev. Francis X. Wallace</i>

**The individuals listed above are remembering the
Human Life Foundation in their estate plans.**

*To learn more about the Defender of Life Society and how you can leave a legacy
for the Human Life Foundation, contact Connie Marshner at (540) 660-2552, or
defenderoflife@humanlifereview.com*

College Students Step Up to Help Student Mothers

Mary Meehan

Serrin Foster believes that today's pro-life college and university students "can transform this world, one campus at a time." She says they want "to do something good—and not just something good, but something great." Foster, who is president of Feminists for Life of America, is delighted that so many students are actively supporting aid to pregnant students on campus. She and her colleagues have worked for many years in this area. Progress was slow at first, but support now seems to grow by leaps and bounds. Campus pro-life groups are stressing it more than ever before.

While the work focuses mainly on single moms, some of it also helps married students with children. This is especially the case on large state-university campuses, where married graduate students traditionally have struggled to make ends meet.

Students for Life of America has become heavily involved in this work in recent years. Its campus groups often invite Feminists for Life to present a Pregnancy Resource Forum. Moderated by Foster or another FFL leader, this features campus administrators who explain what the current resources are. Students attending the forum have a chance to ask lots of questions and suggest more features they believe are needed. This can be anything from diaper decks in campus restrooms, to on-campus housing for student parents, to a childcare center on campus.

Feminists for Life also created a pregnancy resource survey, guide, directory of resources, and a map of schools. They shared the survey results and other information with Students for Life. This inspired an expansion of SFL's already-existing "Pregnant On Campus" website. "They've improved upon the map and directory of resources," Foster remarked.¹ Beth Rahal of Students for Life now maintains the site, which can be found at: pregnantoncampus.org. How does she manage the mammoth job of updating the information? "A little sleep and a lot of help from other people," she said. While she does a great deal of research on her own, she also asks campus pro-life groups to keep her posted on campus and community resources.

Rahal heads the SFL Pregnant on Campus Initiative. Besides showing SFL campus groups how they can help, she answers queries from pregnant students who contact her directly. She compiles a list of resources for each one, and she tries to ensure that students "pursue what resources they think best fit their needs." Sometimes, they already are headed in the right direction

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

and mainly need to hear that “you’re asking the right questions” and “you’ve taken the right steps so far.” Sometimes they need a little more guidance: “Here are the questions that you need to ask” or “Here’s what you’re gonna do when you have that phone call.”

Rahal and other Students for Life staff also work with and encourage SFL campus groups who are running their own programs to help student parents. She said there has been “a great surge of enthusiasm” from students about pregnancy/parenting resources.² The “Pregnant on Campus” website includes her monthly blog of practical advice for parenting students and campus pro-life groups. She writes many of the blogs herself, but also features some by other writers. One student mother offered excellent “Practical Advice for Student Moms,” including tips on how to avoid sky-high textbook prices.³

In one of her own posts, Rahal highlighted actor Ashton Kutcher’s campaign for diaper decks in men’s restrooms. “As a new dad,” Kutcher said, “I recently learned an unfortunate reality about changing diapers while out in public with a child. Almost all public changing tables are in women’s bathrooms, which makes it nearly impossible to find a table that’s accessible to dads.” He called on Costco and Target stores to give good example by providing changing tables in their men’s rooms.⁴ If done widely by stores and other public places, this would make it easier for fathers to be involved in their small children’s lives. Anyone who in their childhood experienced special times with their dad knows how important this can be.

In another post, Rahal described how the campus pro-life group at the College of the Holy Cross, Worcester, Mass., arranged a baby shower for Samantha, an expectant mom on campus. Besides providing practical gifts that ease financial strain, a shower provides great psychological support. One student, who helped with Samantha’s shower at “the busiest time of the semester,” remarked that: “Seeing Sam’s face and how happy she was surrounded by friends and family made it all worth it.”⁵

Feminists for Life has started a new website of practical information for all parents. It’s called “Raising Kids on a Shoestring” and can be accessed at www.kidsonashoestring.com. It includes tips on everything from buying clothes (“First Stop: Thrift Store”), to food/nutrition (“Can coupon clipping really save that much money? Absolutely!”), to finding used furniture at auctions and garage sales. It explains how bargain-hunting can greatly reduce costs that seem awesome at first.

What’s Happening on Campus

More and more Students for Life groups are publicizing information on campus and community resources for pregnant students. Some also do

volunteer work and fundraising for pregnancy-aid centers. Students and alumni of Georgetown University, Washington, D.C., started the Northwest Center in 1981. In addition to full-service pregnancy aid, the center runs a maternity home. Susan Gallucci, the center's executive director, said that GU Right to Life students "do diaper drives for us" as well as some fundraising. "They've been really great," she added. Georgetown was the first campus to hold a Pregnancy Resource Forum, in 1997, and it still holds one every year.⁶

At the College of William and Mary, Williamsburg, Va., the Students for Life website links to several pregnancy aid centers and an adoption agency. The SFL group even has its own pregnancy-help hotline for students and offers free pregnancy tests. It also offers free transportation to a pregnancy aid center for consultations and ultrasound. The William and Mary students run one or two diaper drives each semester for families in need. And they distribute baby bottles to students, asking them to fill the bottles with their spare change. SFL collects the bottles at semester's end and gives the proceeds to a single mother who needs financial aid.⁷

At Western Washington University, a state institution in Bellingham, Wash., the Students for Life group prepared information kits on pregnancy assistance for Resident Advisors (RAs) in the dormitories. The SFL group noted that RAs are among "the first people a scared, pregnant student might contact." The information kits were well-received. In fact, the campus Residence Life director urged taking kits "to the university's Health Center, Women's Center, Counseling Center, Sexual Awareness Center, Wellness Center, and Sexual Assault Center, because these university help centers had zero pregnancy resources!"⁸

Some campus groups have started their own scholarship programs to aid student parents. Students for Life at St. Louis University, St. Louis, Mo., believe that no student "should ever have to choose between having a child and having an education." So they set up the Virginia D. Murphy Endowment (named for a pro-life activist, the late wife of a faculty member). They use interest on the endowment fund for grants to student families. Besides obtaining major donations from individuals and organizations, the students have an annual "Run for Their Lives" and other fundraisers to increase the endowment.

Nikki Kuhlman is the student who currently heads the Murphy Endowment committee. (The university handles fund management and investments, but the committee makes the grants.) She said applicants for aid are "a pretty good mix" of married and unmarried students. Both undergraduates and graduate students may apply for aid. In a March 2015 interview, Kuhlman

said that “this year we had fourteen students receive assistance” and that \$12,000 was “divided among them.” She noted that “not every student receives the same amount; it’s based on need.” By late-September 2015, the endowment fund had grown to \$237,000, so it will help many more student families in the future.

Judging by testimonials on the Students for Life website, the grants can be immensely helpful—psychologically as well as financially. “I have experienced a lot of stress over school and finances,” one student wrote. “This grant takes a huge financial weight off my shoulders” and “allows me to focus more on my studies.” Another said, “This money changes everything for us” and “I can’t thank you and the committee enough!”

The St. Louis University students are also working on other ways to make life easier for student parents. They have asked for more and better nursing rooms around the campus and are having some success in that area. They are also pressing for a childcare center on campus. Their president, Sarah Blackwell, reported in September 2015 that there were “no new developments on childcare” and that “it’s pretty much a waiting game at this point.”⁹ But her group is both very dedicated and very persistent, so it seems safe to predict that they will get that center.

Aquinas College, Grand Rapids, Mich., has a Saints for Life Scholarship that’s named after the campus pro-life group. Some years ago, Saints for Life leaders were concerned about student parents who might have to delay graduation—or might never graduate at all—because of financial problems. They decided to raise \$30,000 for an endowed scholarship fund. They contacted possible donors and were delighted when David and Nancy Huhn, a couple who had graduated from Aquinas, offered to provide the full \$30,000. The Huhns hope to increase the fund to more than \$100,000 through annual giving and estate planning. Some Aquinas students and faculty have also made donations to the fund.¹⁰

Carolina Students for Life (University of North Carolina at Chapel Hill) offers two \$500 parenting scholarships each year. The group has done this for several years, and according to one former leader, “While university students may not be a great source for fundraising, local churches or other groups are very receptive to our cause and very generous!”¹¹

At Texas A & M University, the Pro-Life Aggies—like the St. Louis students—sponsor a “Run for Their Lives” to raise money for their scholarships. Carly Burke of Pro-Life Aggies said that, in the spring of 2015, the group awarded one \$1,000 scholarship, two \$500 scholarships, and a “consolation prize of \$100” to each of the three applicants who didn’t receive scholarships. In 2012, the scholarship recipient was a 22-year-old who was

attending the university full-time while caring for her two-year-old daughter. She later said: “Pro-Life Aggies basically became a family for me. They helped me with whatever I needed. They were always there for me. When they gave me the scholarship, it was like I actually had friends. I had a family. I had people supporting me.” She added: “It was the most amazing experience to know that there are some non-judgmental, extremely sweet people out there . . .”¹²

The Feds Say No to Pregnancy Discrimination

Beth Rahal of Students for Life has found that many pregnant students—and many leaders of campus pro-life groups—“are under the impression that if you are pregnant, you get kicked off campus. And that’s just not true. It’s not true for Christian universities; it’s not true for public universities.” She stressed that they must abide by the “Title IX” federal anti-discrimination law “if they receive federal funding.”¹³ Almost all of them do. (Several fiercely-independent colleges, though, reject all federal funding, including federal scholarship programs.)¹⁴

“Title IX” is shorthand for a federal law that prohibits sex discrimination in education. According to regulations issued by the U.S. Department of Education, which administers the law, this includes discrimination against any student who is pregnant. The Department’s website says that any institution that receives federal funds “MUST: Allow you to continue participating in classes and extracurricular activities even though you are pregnant Provide you with reasonable adjustments, like a larger desk, elevator access, or allowing you to make frequent trips to the restroom Excuse absences due to pregnancy or childbirth for as long as your doctor says it is necessary”

Knowing about this legal protection should reassure any expectant mom who worries about whether she can continue her education. In addition, each campus receiving federal funding must appoint a staff member to serve as Title IX Coordinator. The Department of Education urges pregnant/parenting students to “meet with your school’s Title IX Coordinator or counselor regarding what your school can do to support you in continuing your education.”¹⁵ Thus the Title IX Coordinator can be not just a source of information, but also an advocate.

Where Can They Live? Belmont Abbey College Has an Answer

Traditional student dormitories don’t provide the peace and quiet needed by babies and their mothers. Nor do they provide enough space for kids, a playroom, or good chances to share babysitting chores. So where can a single mom and her baby live? Large state-university campuses often have married-

student apartments, either on-campus or nearby. Thanks to Title IX, such housing is, or can be, open to single parents. But smaller and private institutions often have no housing for parents and children.

Now, though, there is a maternity residence for single mothers and their infants adjacent to Belmont Abbey College, a Catholic college in Belmont, N.C. (near Charlotte). Built on land donated by the Benedictine monks of Belmont Abbey, the residence was designed specifically for student mothers. It is open to both Belmont Abbey students and those from other colleges and universities in the area. Each mother and child may stay in the home for up to two years while the mother continues her education. Carefully developed over several years and opened in 2012, the home is run by MiraVia, a Catholic group that had prior experience in operating a maternity home.

Abbot Placid Solari, who leads the monks of Belmont Abbey and is also chancellor of the college, is very supportive of the MiraVia home. A member of the MiraVia board for many years, he suggested to his fellow monks that they donate land for the home. At a 2015 farewell party for the home's first long-term residents, Bianca Nanje and her son Kasen, the Abbot declared, "This is an example of what we wanted to found It's a nice celebration to see that it's working." Nanje was on track to receive a degree from the University of North Carolina at Charlotte. She hoped to go to law school, reported the local *Catholic News Herald*, "so she can help others like herself who went through foster care." Being at MiraVia, Nanje said, "was like being part of a big family I am really, really going to miss that I wish I could build a house right on the property!" But she and Kasen were about to leave for Hawaii to join her new husband, a Marine stationed there.

Serrin Foster of Feminists for Life advised MiraVia from early days about the project, and she is very happy with the results. The home can host up to fifteen women with their infants. (Sometimes there is an older sibling who stays with the mother and baby.) It also provides three meals a day—a terrific help for student moms. It offers life-skills classes, with subjects that range from labor and childbirth, to cooking, to finances and budgeting, to career counseling. Amazingly, all of this is free.

How is it funded? There was a \$3,000,000 capital campaign to pay for the building and put it in operation. State and regional Knights of Columbus groups were major donors, giving a combined total of \$500,000. MiraVia, which also has a pregnancy-aid center, has three major fundraising events each year: a golf tournament, a brunch, and a banquet. Executive Director Jeannie Wray said those events "provide for about half of our annual budget" and that the rest comes from "private donations, grants, support from various parishes and regional Knights Councils."

Interviewed in September 2015, Wray said there were then five mothers and four babies in the home. She added, “We are expecting another baby any day and two more student mothers will move in within the next few months.” She noted that, because “the residence must be staffed 24/7 (including holidays),” there were then four full-time staff and six part-timers. The home also has volunteers who help with everything from babysitting and cleaning to teaching life-skills classes. The volunteers include Belmont Abbey students who meet service-hour requirements by helping MiraVia. That “works well for us all,” Wray remarked. (Belmont Abbey also has an active student pro-life group, and the college apparently sent about 90 students to the 2015 March for Life.)

The home screens potential residents carefully. It avoids those who have a history of drug abuse or crime, and it’s not equipped to handle those with mental illness. Residents must abide by certain rules, including a curfew and signing in and out. Wray said there have been some objections to rules, but that “once we explain the need for the rules and our rationale and once their baby arrives, they become more understanding.” Residents are expected to attend “the church of their choice on Sunday, evening devotional, and prayer before and after meals.” Wray added that “the residents know about this before they enter the program and there have been no complaints.”

She said the mothers “help each other with babysitting and all kinds of other things It is often helpful for the new expectant mothers to have the other student mothers to turn to for practical advice and encouragement. Sometimes just knowing that others have successfully dealt with the same challenges brings peace of mind.”

What advice would she give to someone who wants to establish a similar residence on their campus? “My first bit of advice,” she said, “is don’t reinvent the wheel! Visit and talk to people who have programs that you would like to emulate. Second, check with your state about group housing/community housing regulations. That will give you an idea of what other resources you need to pursue. Third, form partnerships. We could not have done this project without working with the monks of Belmont Abbey and Belmont Abbey College. They have been primary to our success. Finally, and perhaps most importantly, be faith-filled and pray . . . if the Lord is calling you to this kind of work, you need to keep Him always involved!”¹⁶

The College of Saint Mary:

“Single Parent Success” and “Mothers Living and Learning”

The College of Saint Mary, Omaha, Neb., is a Catholic college run by the Sisters of Mercy, who have a long tradition of promoting women’s education. All of the college’s undergraduates are women, but there are some men among

its graduate students. The programs to help student parents, though, seem designed mainly for women. One, called “Single Parent Success,” is open to all single parents, whether commuters or campus residents. The college website says that the program empowers “our single-parent students to become self-assured, goal-oriented, confident women with college degrees.” It assures such students that the program director “will help you access what you need to stay on track and meet your goals. She will help you access the Spellman Child Development Center on our campus or screen alternative daycares. She will also help you find a pediatrician, school, legal aid services and more.” The program offers life-skills workshops “on parenting strategies, health and wellness, child custody and support and more.”

There is also a one-credit-hour course on “The Successful Mother.” It deals with “the institutional oppression of single mothers and the feminization of poverty” in order “to bust stereotypes and enhance self-esteem.” This course is optional for commuting students, but required for those who live on campus as part of the second program, which is called “Mothers Living and Learning.” The mothers are resident students who live with their children in Madonna Hall, a dormitory that was built to meet their needs. A 2014 Omaha *World-Herald* report on the program described life in Madonna Hall by following a four-year-old named Marie, who “jumps into the scrum in the common room, where a few moms are sitting to watch Madonna Hall’s littlest residents play. They have a shared kitchenette, TV and study spaces like most dorms, but Madonna Hall also has foam floors, a little indoor jungle gym and tons of toys.”

While generally quite favorable, the *World-Herald* story noted that mothers still found it hard to combine education and the care of small children. It said that, from 2008-2012, just 20 percent of commuting freshmen mothers returned for their sophomore year. The return rate of freshmen mothers who lived on campus was much better—almost 50 percent. But the average return rate for sophomore year of all students was 79 percent.¹⁷ While it may be unrealistic to expect mothers of small children to do as well as other students, it should be possible to increase their return rate. More attention to our next and last point might help with that.

What About the Fathers?

Whether one calls it “institutional oppression” or something else, there is certainly a long history of prejudice against single, unmarried mothers. Often both their families and society in general have made life far more difficult for them and their children than it otherwise would have been. And there is a tendency to overlook the fact that many single mothers were once married, but are now widowed or divorced. Some of them have financial problems as

great as those of never-married women, and some must deal with major emotional trauma as well. There are also many married student parents out there—and many single fathers. Given all of these realities, it might be best to use the term “student parents” instead of “single mothers” and to be sure that programs to help parents pay serious attention to single fathers.

When pregnancy occurs outside of marriage, the father often is tempted to pressure the mother toward abortion—or just to walk away from both mother and child. Sometimes the paternal grandparents urge their son to do one or the other. It may not occur to them that this encourages cowardice. Sometimes, too, grandparents and their son (or daughter) overlook the possibility that this child, or grandchild, may be the only one they will ever have.

Young men in Students for Life groups could do educational work with their peers, questioning the bad attitudes and behaviors that too many men show—from locker-room talk about “scoring,” to heavy pressure on girlfriends for sex, to abandoning mother and child when pregnancy occurs. The men of Students for Life could highlight the better male traditions: courage, keeping one’s word, honoring one’s obligations, genuine respect for women, love and protection of children, a strong work ethic, and financial support of one’s children.

Perhaps SFL men could offer workshops on “The Successful Single Father.” They could emphasize that a father’s obligations go well beyond financial support. He should be deeply involved in his child’s life—not just on special occasions, but in frequent babysitting. Perhaps SFL activists could also find professionals on their campus staff who would volunteer to be conciliators and peacemakers when there is major tension or disagreement between father and mother. Or, if the parents are simpatico, they can be encouraged to consider the possibility of marriage.

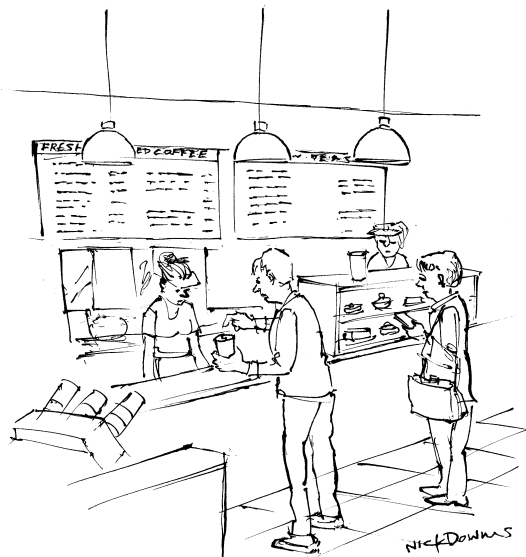
Go for it, guys!

NOTES

1. Author’s telephone interview with Serrin Foster, 11 Aug. 2015; Serrin Foster, e-mail to author, 29 April 2016; and Beth Rahal, e-mail to author, 5 May 2016.
2. Author’s telephone interview with Beth Rahal, 14 Sept. 2015.
3. Ambersosity, “Practical Advice for Student Moms” blog, 29 Sept. 2015, pregnantoncampus.org.
4. Beth Rahal, “Ashton Kutcher’s Crusade” blog, 26 March 2015, *ibid*.
5. Beth Rahal, “Holy Cross Students Host Heartwarming Baby Shower” blog, 9 Jan. 2015, *ibid*.
6. “About Us,” northwestcenter.net; author’s telephone interview with Susan Gallucci, Sept. 2015; and Mary Meehan, “Feminists for Life on Campus,” *Human Life Review*, Summer 2008, 64-75, 68-69.
7. “I Need Help” and “Get Involved/Community Outreach,” tribeforlife.com; and author’s checks with William & Mary Students for Life hotline contacts (Evan and Maura), Oct. 2015.
8. Beth Rahal, “Western Washington SFL Reaches Out to RAs” blog, 6 May 2015, pregnantoncampus.org.
9. Students for Life at St. Louis University, “Virginia D. Murphy Endowment” brochure, received Oct. 2010; “Pregnant and Parenting Student Assistance,” slustudentsforlife.org/ppsa; author’s

MARY MEEHAN

- interview with Nikki Kuhlmann and Sarah Blackwell, 25 March 2015; and Sarah Blackwell, e-mail to author, 28 Sept. 2015.
10. "Landmark Scholarship Makes AQ History," *aquinas.edu*, accessed 15 Aug. 2012; and "Saints for Life Scholarship," *ibid.*, accessed 27 Sept. 2015.
 11. "Josh," quoted in Beth Rahal, "Carolina SFL Awards 2 \$500 Parenting Students Scholarships," 12 May 2015, *pregnantoncampus.org*.
 12. *Aggie Guardian* staff, "Saturday's 'Run for Their Lives' 5K Race Will Fundraise for Student Mothers," 28 Sept. 2013, *aggieguardian.com*, and Carly Burke, e-mail to author, 11 Oct. 2015.
 13. Beth Rahal interview (n. 2).
 14. My checking indicates that Christendom College (Va.), Grove City College (Pa.), Hillsdale College (Mich.), and Wyoming Catholic College (Wyo.) all reject federal funding.
 15. U.S. Department of Education, "Know Your Rights: Pregnant or Parenting? Title IX Protects You From Discrimination at School," www2.ed.gov/about/offices/list/ocr/docs/dcl-know-rights-201306-title-ix.html. Title IX was the section of a 1972 federal law that banned sex discrimination in education. But the Title IX name is somewhat confusing, because the law is now in Title XX of the official compilation of federal laws, the United States Code or U.S. Code.
 16. "Our Residential Facility," *mira-via.org*; e-mail interviews with Jeannie Wray, 22 & 24 Sept. 2015; and SueAnn Howell, "MiraVia Maternity Home's First 'Graduates' Begin Next Step in their Lives," *Catholic News Herald* (Charlotte, N.C.), 4 June 2015, *catholicnews herald.com*; and "Belmont Abbey College Gears Up for Biggest March for Life," 20 Jan. 2015, *belmontabbeycollege.edu*. (MiraVia, formerly called Room at the Inn, bases its newer name on Latin; the name means "Miraculous Way.")
 17. "Single Parent Success," "Mothers Living and Learning," and "Madonna Hall," *esm.edu*; Kate Howard Perry, "\$10 Million Dorm at College of St. Mary Benefits Single Mothers," *Omaha World-Herald*, 27 May 2014, *omaha.com*; and author's telephone interview with Brittney Long (College of Saint Mary staff), 9 Oct. 2015.



"For a five dollar caramel latte, you call this a flower design?"

Too Late for Regret

Donald DeMarco

My Philosophy of Discontent course drew a number of students who were trying to deal with discontent and similar disagreeable afflictions. After the first class, one of my students informed me that he had done something recently that had left him with a severe case of regret. It was obvious that he was not talking about that mildest form of regret we politely use to decline an invitation. My student's experience was quite painful and solidified his commitment never to suffer from regret evermore. As we walked out to the parking lot together on that cool September evening, I tried to explain to him that one cannot avoid regret directly but must avoid the causes that bring it about. Regret is not a direct object of choice, like an apple hanging from an apple tree. It is a consequence of our actions, not a condition that could be excised forthwith. We should not want to numb our conscience in the vain hope that we can be free to do anything we want just so we could avoid regret. He strongly disagreed, much to my chagrin, and clung to the notion that he could avoid regret without having to reform his life. It was a dead-end conversation, though it left me thinking more deeply about the nature of regret. My student had leaned too heavily on the dark side of regret and failed to recognize its potential for good. We can overcome regret. What we should fear is placing ourselves past regret, beyond the capacity for reform that life continually affords us.

Regret, I began to realize, is delicately and dramatically poised between hope and despair. The present mood of society, enamored as it is with "death with dignity," has been tempting people who find themselves in difficult situations to abandon the difficult road of hope and become, in the words of John Keats, "half in love with easeful Death." We need friends who will, when the need arises, urge us in the direction of hope. We are, after all, persons, and not mere individuals, least of all autonomous beings. As persons we are open to the encouragement of others. Hope remains alive as long as we have not entered that dark realm where it is too late for regret.

My renegade student absented himself from the next several classes. Halfway through the course he came into my office and asked how he could

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*; *Poetry that Enters the Mind and Warms the Heart*; and *How to Flourish in a Fallen World*, are available on amazon.com.

pass the mid-term. I tried to help him as much as I could, but he had missed too much of the course to salvage even a token passing grade. I never saw him again. The strategy he chose to alleviate his regret only increased it. Unalleviated regret is a terrible thing. It is sorrow caused by actions in the past that are beyond one's power to remedy. At the same time, there is a positive side to regret. It calls our attention to past mistakes and can provide us with a strong incentive to reform. Regret can open the door to a better life. This resolve not to repeat past mistakes can gain a victory over regret. We cannot change the past, but we can brighten our future. "Make the most of your regrets," wrote Henry David Thoreau, "To regret deeply is to live afresh."

Where there is life there is hope. We can also say that where there is regret there is hope. At the 2015 March for Life in Washington, D.C., large signs expressed the positive implications of regret: "I Regret Lost Fatherhood," "I Regret Providing Abortions," "I Regret Performing Abortions," "I Regret My Abortion," "Women Do Regret Abortions." One of the marchers, a reformed Dr. Anthony Levatino, had performed 1,200 first- and second-trimester abortions. "I regret performing abortions," he stated to the press, "and will never perform another one again." Regret can bring hope. It is not necessarily a terminal condition. But what about those actions that are too late for regret?

There have been 1,600 confirmed deaths of people who jumped from San Francisco's Golden Gate Bridge since it was erected in 1937. The total number of such deaths is impossible to determine. These suicides are all too late for regret. The fall from the bridge lasts an estimated four seconds, which is enough time to think. Occasionally someone survives the leap and lives to tell about it. One apparently indefatigable journalist tracked down some of these survivors and asked them what went through their minds shortly before they hit the water. "All of them," as Aaron Kheriaty, an associate professor of psychiatry at the University of California Irvine School of Medicine, reports, "responded that they regretted the decision to jump." One of the survivors revealed that he suddenly realized that all his problems were "fixable," but this jump was not. Fortunately for him, his life continued past his momentary regret, though he came perilously close to despair when it is too late for regret. We are speaking here of the end of a person's earthly existence without speculating on his status in the afterlife. St. Augustine maintained that salvation can occur "between the bridge and the water." These words continue to convey an important measure of hope.

Surely it is better to reform than to regret, just as hope is better than despair, and life is better than death. It is also better for those who are planning to end

their lives to be dissuaded from doing so through proper counselling and sympathetic care. If a man thinks he is an island, he should make sure that he has bridges that connect him with the mainland.

The list of suicides of well-known people is extensive. Among the historic names we find: Judas Iscariot, Cleopatra, Hannibal, Cato the Younger and Seneca the Younger, Sigmund Freud, Adolph Hitler, Vincent van Gogh, William Inge, Ernest and Margaux Hemingway, and Hart Crane. Among recent celebrities we find: Sylvia Plath, Jean Seberg, Maggie McNamara, Marilyn Monroe, Walter Slezak, George Sanders, Charles Boyer, Virginia Woolf, Steve Reeves, Capucine, Brian Keith, Richard Jeni, and Robin Williams. “The dread of something after death” gave Hamlet, drama’s most notable non-suicide, pause, for no traveler has ever returned from that “undiscover’d country.” This sober realization “makes us rather bear those ills we have than / Fly to others that we know not of.” Hamlet refused to enter that unknown “bourn” which is past regret. “Given a choice between grief and nothingness,” as William Faulkner famously declared, “I’d choose grief.”

It often happens that people choose death because a momentary condition clouds their thinking. In many cases such people have much to live for. Consider the following who, after failing at suicide, went on to make important contributions to society: Arthur Rubenstein, Clark Gable, Elizabeth Taylor, Walt Disney, Jeanette McDonald, Shelley Long, Ken Griffey, Jr., Dwight Gooden, Drew Carey, Mike Wallace, Halle Berry, Johnny Cash, Robert Young, Brigitte Bardot, Marie Osmond, Britney Spears, and Drew Barrymore. The list is staggering in its length as well as startling in the people it includes. Yet it has an important caveat for posterity, namely, that a dark moment can eclipse a potentially bright future.

A person may decide to take his life in a moment of desperation. We know only too well about this form of human vulnerability. Here is where sympathy, understanding, and care come into the picture. But there is a factor other than desperation that may influence a person to end his life, if not by suicide, then by choosing physician-assisted suicide or some other form of euthanasia. The media can and has romanticized self-destruction (“self-delivery,” as Derek Humphry, author of the bestseller, *Final Exit*, calls it). We should not want to end our lives because the media has sensationalized that illusion of autonomy which locates suicide within the ambit of choice. Kiyoko Matsumoto’s story is a case in point.

At the tender age of twenty-one, this Japanese student leapt into the volcano of Mount Mihara from an observation point overlooking the molten lava. It was February 12, 1933. But even then, the media was quick to sensationalize

Kiyoko's death. Her suicide lent her life an aspect of both heroism and romanticism. She took charge of her life, so to speak. Her last testament was to her best friend in the form of a personal letter: "Dearest, I am bewildered to distraction by the perplexities of maturing womanhood. I can stand the strain no longer. What shall I do? I should like to jump into a volcano."

The Japanese media publicized her heart-rending note and made her an instant celebrity. Before the year was over, 944 people imitated Kiyoko's final act, 804 men and 140 women. The location of this highly publicized leap to death, on the island of Izu Oshima, is 70 miles south of Tokyo. It has been called, "The World's Most Romantic Death Spot." In the aftermath of Kiyoko's death, the Tokyo Bay Steamship Company set up daily excursions to what was also billed as "Suicide Point." Thousands more made their final trip to the unforgiving volcano until the 1950s, when purchasing a one-way ticket to the island became a criminal offense.

Human existence is a mosaic of life and death. Discontent, dissatisfaction, as well as regret, which are partial experiences of death, can intensify life. Muriel Spark, in her fascinating novel, *Memento Mori*, has one of her characters come to the following conclusion about human existence: "If I had my life over again I should form the habit of nightly composing myself to thoughts of death. I would practice, as it were, the remembrance of death. There is no other practice which so intensifies life." The tight-rope walker intensifies his sense of life as he makes his perilous walk over the jaws of death. The soul would have no rainbow were the eyes bereft of tears. "Throughout life," wrote Robert Browning, "'tis death that makes life live."

G. K. Chesterton asks two provocative questions which boil down to a single question: "How can we keep the artist discontented with his pictures while preventing him from being vitally discontented with his art? How can we make a man always dissatisfied with his work, yet always satisfied with working?" We may ask a similar question: "How can a person, who experiences a series of setbacks in life, not give up on Life itself?" The first response to the question is to avoid identifying Life with what goes on in life. Whatever difficulties life sends our way, we always have Life to fall back on. Where there's Life there's hope may seem to be a rather tedious platitude, but its survival is warranted. Our Life is always larger than the events that it includes. The man who has lost his fortune or the woman who has lost her husband need not despair, because they have not lost Life and all the positive potentialities therein included. Rose Hawthorne, daughter of the famous American novelist, lost both her only child and her husband. She was able to transfer the love she had developed to others and, as Mother

Alphonsa, founded a religious community. “A married woman, loving children as I do and bereft of them,” she confided to a friend, “must, it seems to me, fill the void in her life with works of charity.” That sorrow strengthened her life was perfectly encapsulated in the title of Katherine Burton’s biography of Rose Hawthorne, *Sorrow Built a Bridge*.

Masahiro Morioka is a philosopher and university professor who has developed a discipline called “Philosophy of Life.” He is regarded as one of the most important thinkers in Japan. In his book *Painless Civilization* (2003), he develops the thesis that the ultimate aims of modern civilization seem to be the elimination of pain and the pursuit of pleasure. The consequence of pursuing these aims, according to Professor Morioka, is a loss of the meaning of life. The main goal of the interdisciplinary research field on humans and society, Life Studies, which he inaugurated, is to help people to live their lives in such a way that they can use whatever regret they may have in a positive way and not allow it to bring about despair. There is no point in wallowing in regret. Although Morioka emphasizes the regret that comes from frustrated pleasure, his notion of regret is broad enough to include the kind that has roots in immoral behavior.

“The most important thing,” says Morioka, “is that one’s own life should be the starting point and the ultimate end of life studies . . . we should never detach ourselves from the problems we are tackling, and should never think of ourselves as exceptions.” He encourages people to keep their eyes on their own desires, and on the evil that he believes is deeply engraved in their hearts. He further claims that people in advanced countries know they are drowning in the tide of their painless civilization but do not know how to escape from it. Professor Morioka is not entirely unknown to Americans, since he was a visiting professor at Wesleyan University in Connecticut in 1991. He currently teaches in the School of Human Sciences at Japan’s Waseda University.

The futile attempt to create a “painless civilization” is grounded in an excessive concern for the desires of the body. As a result, for Morioka, it becomes difficult for ordinary people to live a life without regret, since their bodily desires are constantly being thwarted. In contrast to the present civilization, in which extreme individualism dominates the field of ethics, Morioka constructs an ethics based on human existence as essentially *relational, reciprocal, and interdependent*. In this regard he draws insights from personalist philosophers such as Martin Buber and Emmanuel Lïvinas. Given this viewpoint, he concludes that abortion is violence toward life. He contends that those who are responsible for abortion must face its evil genesis. Morioka calls this line of thinking “tracing back from evil.”

We would have less regret, not to mention despair, if we recognized that the source of bad choices lies within ourselves and is abetted by other—and the very structure of society. Such factors are changeable so that people can make choices from a basis that is positive and health-giving. Abortion, therefore, according to Morioka, is not a good choice because it terminates a life that should have had a life of its own.

The choice for death is not inspired by factors that are truly liberating, but from a disregard for the sacredness and fundamental importance of life. It is life that is liberating. Autonomy is an illusion. Interdependence, not independence, accurately describes the human condition. Choice needs a positive basis and should not be traced back to a blind impulse. Man is more than his bodily desires. A painless civilization is unrealizable and the attempt to bring it about breeds misery.

My erstwhile student was not present for my presentations on Morioka, Buber, Chesterton, Voegelin, Spark, Maritain . . . and Helen Keller, who, despite her severe handicaps, offered an important message for society: “Life is either a daring adventure or nothing. Security does not exist in nature, nor do the children of men as a whole experience it. Avoiding danger is no safer in the long run than exposure.” I hope my fugitive student has learned how to avoid regret by avoiding the actions that produce it. I hope even more strongly, however, that he has not moved to the dark side of regret. The more I reflect on our conversation, as we ambled toward the parking lot, the more I think that his problem is a common feature of our present culture.

We expect life to be easier than it can be. We must understand, however, that life’s pains and difficulties are necessary to arouse the best in us and to fit our life with meaning. Without a strong hope, we do not know how to deal with adversity. The “Cape of Good Hope” is located near the southern tip of Africa, where the powerful currents of the Atlantic and Indian Oceans converge. Originally called “The Cape of Storms,” its name was later changed to indicate that “good hope” is required in order to overcome the difficulties presented by its violent winds. There are moments in our lives when we need such good hope so that regret does not get the best of us.

Euthanasia in the Netherlands: An Eyewitness Report

Theo A. Boer

In 2001 the Netherlands became the first country in the world to effectively legalize euthanasia and assisted suicide. The “Termination of Life on Request and Assisted Suicide (Review Procedures) Act,” which took effect in 2002, outlines several conditions that when observed will protect doctors from being prosecuted for ending a patient’s life. Five regional review committees assess each case (after the fact) to decide whether it has complied with the law.

Although I was a “euthanasia-sceptic” from the beginning, it was my conviction that given the widespread support for assisted dying in the Netherlands, pursuing some form of legalization would be the wisest and most respectful course. And for a few years, the law seemed to provide the necessary means to stabilize the number of cases and to prevent the expansion of grounds for seeking the termination of life. For unknown reasons, however, in the last several years the number has been going up: According to a recent *Dutch News* story, “since 2006 it has increased by an average of 15% a year. In 2013 the number of euthanasia and assisted suicide cases stood at 4,829, nearly three times the 2002 figure” (www.dutchnews.nl, “Rise in euthanasia requests sparks concern as criteria for help widen,” July 3, 2015). No doubt the figure today is over 5,000.

Given the fact that overall mortality numbers have remained stable, this means that today about one in 25 deaths in the Netherlands is the consequence of active killing involving a doctor, either through euthanasia (about 94%) or through assisted suicide (6%). Apart from approximately 5,000 cases of voluntary deaths, there are now about 500 non-voluntary deaths (where the patient is not competent) each year. Luckily the trend here is down; however, the number of palliative sedation cases—dying patients who are sedated but not given nutrition or fluids—is also sharply rising. Although not active killing, palliative sedation may in a number of cases shorten a patient’s life: Palliative sedation may only be administered if a natural death is expected within ten days, but it would be hard in some cases to be sure about this time frame. Furthermore, contrary to the claim of many advocates of the Dutch

Theo A. Boer is a professor of ethics at the Theological University of Kampen and at the Protestant Theological University at Groningen. For nine years, he was a member of a Regional Review Committee (one of five such committees that review, on behalf of the Dutch Government, whether a euthanasia case was conducted in accordance with the law). The views expressed here represent his views as a professional ethicist, not as a representative of any institution.

law on assisted dying, the law hardly prevents other suicides: The numbers of suicide without the help of a doctor (often violent suicides) even went up by 35% in the past six years.

Given the rise in all these numbers, and for other reasons, I am no longer as confident as I once was. “Right to die” advocates see the Dutch law not as a respectful compromise, but merely as a first step towards more radical rights. As a result, the paradigm has shifted dramatically in the past 10 years or so. The notion of a “dignified death” has become virtually synonymous with euthanasia and assisted suicide. And for a considerable number of Dutch citizens, euthanasia is fast becoming the preferred, if not the only acceptable, mode of dying for cancer patients.

Further developments have also taken place. In 2012, the Dutch Right to Die Society (NVVE) created a network of travelling euthanasia doctors, called “End of Life Clinic.” Whereas the 2002 law presupposes (but does not require) an established doctor-patient relationship where death might be administered at the end of a period of treatment, End of Life Clinic doctors have only two options: administer life-ending drugs or send the patient away. On average, these physicians see a patient three times before they provide an assisted death. To date, they have conducted hundreds of such cases.

NVVE, however, shows no signs of being satisfied until a lethal pill is made available to anyone who wishes to die. And despite the fact that euthanasia for children under 18 (the Dutch law makes it possible from age 12) is rarely practiced, there is a strong public movement towards making euthanasia available for children of any age. This is groundbreaking, given the fact that for decades the Dutch consistently restricted “euthanasia” to competent patients.

Other developments include a shift in the type of patients who receive assisted dying. Whereas in the first years after 2002 few patients with psychiatric illnesses or dementia appear in reports, these numbers are now sharply on the rise. Cases have been reported in which the suffering of those given euthanasia or assisted suicide largely resulted from being old, lonely, or bereaved. Some of these patients could have lived for years or even decades.

Whereas the law treats assisted suicide and euthanasia as exceptions, public opinion is shifting towards considering them as rights, with corresponding duties on the part of doctors to act. A law now in draft would oblige doctors who refuse to administer euthanasia to refer their patients to a “willing” colleague. Pressure on doctors to conform to patients’ (or in some cases relatives’) wishes can be intense. Pressure from relatives, in combination with a patient’s own concern for the well-being of loved ones, is in some cases an important factor behind a euthanasia request. Even the review

committees, despite hard and conscientious work, have been unable to halt these developments. Indeed, the leadership of the committees has yet to take a critical stance.

The Dutch (and Belgian) experience can no longer be overlooked: A law that makes possible an assisted death is likely to create its own dynamics. Of course, I, too, know of exceptional cases that may justify a decision to shorten a patient's life. But I am no longer convinced that the law is the best way to deal with such cases. Evidence suggests that the supply of assisted dying generates its own demand. The Dutch Right to Die Society now offers course material to high schools intended to broaden teenager support for euthanasia as a "normal death." Such a situation would be unthinkable, were it not for the existence of the present law. The expected financial pressures in caring for elderly people, and the decreasing solidarity between the generations, are additional contra-indications for legal assisted dying.

Is there a taboo in dying? Well, there is nothing wrong with a good taboo, especially one against death—that awesome transition between life and nothingness. Let us concentrate on the reasons why people want to have their lives taken, and on the hopelessness, loneliness, and inability to cope with ill-health and loss of independence that undergird many of their requests for death. Of course we need to speak openly about a patient's right to refuse life-prolonging treatment when he or she can no longer stand the suffering. Of course we have to respect tragic choices of individuals to end their own lives. But governmental provisions directed at making possible assisted dying may not be a good idea. Let government seek to provide care and protection, not the active killing of its citizens—not even on demand.

Dignity, Dystopia and the Meaning of Marriage

Michael Tenaglia

Part Two

III. Oral Argument at the Supreme Court

On April 28, oral argument took place at the Supreme Court in *Obergefell*. The lawyer representing the SSM proponents was Mary Bonauto, the lawyer who brought about SSM's first major judicial victory in the Massachusetts Supreme Judicial Court's 2003 decision in *Goodridge v. Dept. of Public Health*. The Justices did not waste much time in getting to some of the core questions in the case. After introductory questions from Chief Justice Roberts and Justices Ginsburg, Kennedy, and Scalia, going to how "new" the notion of marriage was that plaintiffs were urging, and against how long a backdrop—millennia—of traditional marriage it was counterposed, it was Justice Alito who first focused in on the question of dignity and whether refusal to accept SSM had to be seen as a denial of dignity to gays. It is rare nowadays for Plato to be cited in Supreme Court oral argument, but Justice Alito raised the point that for Plato, as for many of the ancient Greeks, homoerotic relationships were hardly objects of animus, and indeed were strongly praised. Yet this did not stop Plato and his contemporaries from preserving marriage as between men and women, and doing so for the same very practical, socially stabilizing reasons, without prejudice against gays, that many states are asserting today.

One might be tempted to dismiss the invocation of ancient philosophers as irrelevant to the constitutionality of marriage laws today, but this would be wrong. A key question in that constitutional determination, as we have seen, is whether a limiting of marriage to a man and a woman can be justified by any reasonable basis, rather than necessarily being based only on anti-gay animus. Certainly the fact that a highly thoughtful and learned society, one untouched by Judeo-Christian concepts of marriage, one that even values homoerotic relationships, could still see the need for marriage centered on the one-man-one-woman complementariness as to procreation, is at least strongly suggestive that there are reasonable bases for this limitation and it is not necessarily grounded only on animus. This *is* a constitutionally relevant

Michael Tenaglia, having completed graduate studies in Law and Jurisprudence, is a new contributor to the *Human Life Review*. This article was written before the recent *Obergefell* Supreme Court decision legalizing same-sex marriage; Part One appeared in the Summer edition. The complete text is available at <http://www.humanlifereview.com/dignity-dystopia-and-the-meaning-of-marriage/>

line of inquiry, as shown by its being pursued by a number of Justices. Yet Bonauto has no response. Justice Alito asks directly: “so their limiting marriage to couples of the opposite sex was not based on prejudice against gay people, was it?” Bonauto begins to answer, “I can’t speak to what was happening with the ancient philosophers.” This must have seemed a disappointing response for Justices who sincerely wanted to understand how the claim that only irrationality or animus underlie one-man-one-woman marriage could be squared with such historical examples.

In fairness to Bonauto, she could not further develop her response to Alito’s question, because Justice Kennedy intervened to ask about other early cultures, noting that from an anthropological standpoint, many ancient people, even predating organized government, established marriage custom and “it was a man and a woman.” Bonauto’s response to this is interesting. She concedes “there were certainly . . . marriages prior to the United States forming and we recognize that.” Generous. But Bonauto then implies that when we founded our union in 1787, and when we affirmed the Fourteenth Amendment in 1868, we were actually making a commitment to individual liberty and equality that somehow upended this understanding of marriage. This suggestion that the Framers were, intentionally or otherwise, overturning the understanding of marriage of millennia of human history then prompted this exchange with Justice Breyer:

JUSTICE BREYER: Well . . . maybe you’re doing that, but I would like to hear the precise answer to the question you’ve been asked several times.

MS. BONAUTO: Okay.

JUSTICE BREYER: And to me, it takes the form, the opposite view has been the law everywhere for thousands of years among people who were not discriminating even against gay people, and suddenly you want nine people outside the ballot box to require States that don’t want to do it to change what you’ve heard is change what marriage is to include gay people. Why cannot those States at least wait and see whether in fact doing so in the other States is or is not harmful to marriage? Now, that same question has been put in many, many ways in the briefs on our subject. You’ve received it in three or four different ways. I would like to know, so I can hear and understand it, just what your response is.

MS. BONAUTO: Okay. And I apologize if I haven’t. In our system, you know, with the Fourteenth Amendment, which again is –sets forth principles that we all are governed by and govern our lives, and you look at examples like coverture. Okay? Even if it was not universal, it was still something that was wide –widespread in this nation for a very, very long time, and that change in marriage was deeply unsettling to people. Likewise, even if race was not used as a basis for discriminating in every single State as a matter of law by criminal law and constitutional law, it was incredibly pervasive. And again, changing that, as Virginia resisted in the Loving case, resisted and said

please, wait and see, 80 percent of the American public was with Virginia on that. But again, it was the question of the individual liberty of the person to do something that was considered a profound change in its time.

This exchange is revealing. In it, Justice Breyer, a Justice known to be sympathetic to gay rights generally given his vote in *Windsor*, is asking a seemingly very sincere question, motivated by a desire to know what is the core rationale for thinking there is a federal constitutional basis for taking the decision away from the people and forcing SSM on all 50 states. A very reasonable and indeed critical question, to which Bonauto gives a non-answer. She asserts in response that marriage changed with the abolition of coverture (the legal status of married women as under the protection and authority of her husband) and *Loving*'s abolition of bans on interracial marriage. As Breyer's question notes, however, the male-female aspect of marriage dominant over millennia was not imposed by people discriminating against gays. Rather, these laws evolved to reflect, and put structure around, the natural fact that a man and a woman come together and in their intimacy can beget a child. This explanation certainly cannot be applied to pre-*Loving* bans on interracial marriage, which were clearly intended, as we saw in our discussion of *Loving* above, to perpetuate a structure of White Supremacy. And as the Chief Justice had earlier pointed out, coverture was hardly a universal aspect of marriage, as the male-female element clearly was. If these are the best answers that plaintiffs can give, the Justices should be cautious indeed in removing this issue from the democratic process.

Bonauto's failure to respond to Justice Breyer's opening, her failure to explain how somehow the "animus" inherent in traditional marriage laws justified taking the matter away from the people, was striking; but it didn't end there. Justice Alito quickly followed this exchange up by raising *another* major issue with plaintiffs' position: the lack of any clear limiting principle. Plaintiffs claim that even universal features of marriage such as the male-female component can be treated like coverture and done away with without changing the notion of marriage. Yet if this is so, what about other seemingly universal features. Alito asked a hypothetical concerning whether, if plaintiffs' theory prevailed, there would be any way that a state could deny two men and two women the right to be married. Bonauto thought there would be two reasons to do so.

BONAUTO: One is whether the State would even say that that is such a thing as marriage.

Needless to say, this response is . . . less than fully thought through. Bonauto would have been well advised to spend more time reviewing Judge Sutton's opinion in *DeBoer* to at least be prepared for what *not* to say. Her answer

was exactly the one that Judge Sutton explained SSM proponents would like to give but could not. Her answer to Alito's question is basically: Oh, don't worry about plural unions; they have never been recognized as even being marriages, it's definitional!

This answer suffers from two major flaws. First, as Judge Sutton noted, such an answer is inconsistent with, indeed totally undercuts, SSM proponents' central argument against traditional marriage: that it is not enough to plead traditional mores or understanding of "what marriage has always meant," even just to meet a rational basis test. But it's worse than that, for second, the statement is demonstrably false. Unlike SSM, plural marriages at least can claim to have been recognized as marriages. Most obviously, plural marriages, as the prologue suggests, have been recognized as valid marriages in various cultures and times, including today in many parts of the Middle East, Africa, and Asia. In addition, in the West, a marriage between a man and a woman where one of them is married to another is not in its form invalid as a marriage; rather it faces the *legal impediment* of one party being in a pre-existing marriage, as opposed to SSM, which states with traditional marriage laws would say do not even meet the essential form for a valid marriage. For Bonauto to claim that the state can assert a plural marriage "simply isn't what a marriage is" but cannot assert the same about a SSM, is simply ludicrous.

And Justice Alito does not let it go:

JUSTICE ALITO: But—well, I don't know what kind of a distinction that is because a marriage between two people of the same sex is not something that we have had before, recognizing that it is a substantial break. Maybe it's a good one. So this is no—why is that a greater break?

Unable to defend the distinction between SSM and polygamy based on her first reason, Bonauto then retreats to a second: consent and coercion. Polygamy has historically relied on coercion, and Bonauto implies—though her answer is not clear—that state concerns about coercion would somehow justify a continuing ban on polygamy. But again here Justice Alito presses: "Let's say they're all consenting adults, highly educated. They're all lawyers." After the laughter in the Courtroom dies down, Alito asks: "under the logic of the decision you would like us to hand down in this case . . . what would be the logic of denying them the same right?"

After repeating the "consent and coercion" line one more time, but rightly seeing that that is not a response at all to Justice Alito's critical question, Bonauto slips into a third line of justification for the distinction: "family disruption."

BONAUTO: The question is one of—again, assuming it’s within the fundamental right, the question then becomes one of justification. And I assume that the states would come in and they would say that there are concerns about consent and coercion. If there’s a divorce from the second wife, does that mean the fourth wife has access to the child of the second wife? There are issues around who is it that makes the medical decisions, you know, in the time of crisis. I assume there’d be lots of family disruption issues, setting aside issues of coercion and consent and so on that just don’t apply here, when we’re talking about two consenting adults who want to make the mutual commitment for as long as they shall be. So that’s my answer on that.

While it is good that Bonauto was finally able to give her answer “on that,” it is not clear that it is a satisfactory one. For if polygamy admittedly may introduce some complexities in the divorce scenario Bonauto raises, *relative to traditional marriage*, it can hardly be said to be more complex than the confusing situations that have been created by SSM. In fact, polygamy is arguably *less* confusing. At least all of the biological parents are involved in the marriage, and hence any divorce proceeding could authoritatively determine those rights consistent with rules at least analogous to traditional marriage: each birth mother enjoying joint custody with the father. In a polygamous marriage, there would be no more confusion as to parental identity than in a traditional marriage, as there would be only one presumptive father and one presumptive mother, being the birth mother. Polyandrous marriages might introduce further complexity, with several possible biological fathers, but here, DNA testing as used in traditional paternity suits would suffice to eliminate uncertainty, and again, all relevant parties would be in “the marriage” under the purview of the divorce proceedings. How much more difficult, in contrast, are SSM scenarios, where by definition the “marriage” does not have all the biological parents, those with rights and relationships with respect to the child, involved as integral parties to the divorce proceeding.

Bonauto’s answer to Justice Alito’s line of questioning, far from answering any of the concerns he raised, in fact points to an “inconvenient truth”: that biology unavoidably obliterates the pretense that SSM can ever be the same thing as a traditional marriage. It can share in many of its virtues, such as mutual care and concern, commitment and support; but *so can many other relationships, many that society is not now, and some that society may never, be willing to call marriage*. What distinguishes traditional marriage from *all* these other relationships, however virtuous in other ways that many of them may be, is that only in a traditional one-man-one-woman marriage are the only two direct, biologically given relationships that a child is born with brought together in unity and exclusivity, merging that child’s universe of relationality into one nuclear whole. Is this a guarantee of harmony? Obviously

not. Is it a guarantee that a wealthy sterile couple eager to adopt could not provide a better upbringing and education than many, maybe most, biological parents? Probably not. Could a bevy of Platonic Guardians provide a more enlightened upbringing than many a biological family? Maybe so. But if we really want to pretend that there is no special relevance to biological parental ties justifying their being privileged by marriage law, *a pretense required by SSM*, then society must be prepared for huge changes in the whole body of family law, changes that will ultimately undermine the fundamental notion that biological parents have any special rights and responsibilities as such with respect to their children.

Such a result would have seemed, absent the tough cases presented by SSM, to be the kind of dystopic fantasies out of *The Giver*. But have no doubt: SSM will be a catalyst for many sympathetic cases to challenge the long-standing legal rights of biological parents. Even now, one cannot fail to sympathize with the anger of Jann Paczkowski, who married her lesbian partner, Jamie, having “had a son” by Jamie securing an anonymous sperm donation, all with the assurance that “the marriages of same-sex and different-sex couples” would “be treated equally in all respects” under New York’s new Marriage Equality Law. But in June 2014, a judge in Nassau County family court ruled in their divorce proceeding that Ms. Paczkowski did not have legal standing to seek access to the boy—because even under the Marriage Equality Act, she was not his parent. As covered, sympathetically, by the *New York Times*:

The case of Jann P. v. Jamie P. is messy and at times disturbing, as breakups often are, but the questions it raises are broad: What does it mean to be a parent to a child? And as the state promises equality to same-sex unions, in which only one spouse can be biologically related to a child, how does it value the ties between parent and child, outside of biology?

“Basically you’re looking at 237 years’ worth of laws that heterosexuals put into law, that in my opinion need to be cracked like the Ten Commandments,” Ms. Paczkowski said, her features balled up in frustration. “It needs to be changed.”¹³

The 237 years’ worth of laws that “need to be cracked” of course refer, most centrally here, to the legal recognition of a natural bond between a biological mother or father and their child. That bond is not indestructible. As the appellate court affirming the family court’s dismissal of Jann P.’s action noted, parental rights can be displaced on a showing of “surrender, abandonment, persistent neglect, unfitness or other extraordinary circumstances.” But that is the point: Absent those extraordinary circumstances, the law presumes that the biological relationship of MOTHER

AND CHILD, of FATHER AND CHILD, have a pre-legal, natural significance that is rightly reflected and supported in the law. And it is exactly that presumption that is on a collision course with SSM. It cannot be any other way, for *SSM demands the obliteration of any continuing relevance of gender as such*.

None of this should undercut sympathy for Jann P.'s dilemma. She may have been a far better caregiver and nurturer than Jamie P. She was almost certainly a better caregiver than the type of father who would provide his semen to strangers in an unregulated transaction and have no further care in the world for the offspring. But she is not the child's mother. Under current law, her only option would be to have this treated as an "extraordinary circumstance"—argue that Jamie is abusive or neglectful, and seek legal adoption. But this would be an uphill fight, uphill because of the current presumption in favor of biological parents. Alas, this is the presumption that must be "cracked" in order for SSM to be meaningful, to be real, to have teeth.

All of this is said not to be unsympathetic to those in extraordinary situations that do not fit easily in marriage law built up over centuries, situations that may require compassionate resolutions on a case-by-case basis. This is said to underscore the absurdity of the claim that SSM is just about joining the institution of marriage, not about changing it. The enshrinement of SSM as a constitutional right will require changing more than we currently imagine.

For his part, the attorney for the state Respondents in the *Obergefell* case, John Bursch, tried from the outset to advance the argument from Judge Sutton's hypothetical about a society with no marriage law. With a little help from Justice Scalia, he was able to navigate Justice Sotomayor's deployment of the "how does SSM hurt straight marriage" trap.

JUSTICE SCALIA: Excuse me. Do—do you have to answer that question?

Mr. BURSCH: Under rational basis, we don't.

JUSTICE SCALIA: Is—is it your burden to show that it—it—it will harm marriage between a man and woman if—if you allow two men or two women to marry? Is that your burden? I thought your burden was simply to show that—that the State's reason for this institution is a reason that has nothing to do, that is inapplicable to same-sex couples.

Bursch also effectively made the point that "ideas matter," and that a reasonable voter could conclude that delinking the concept of marriage from procreation, and refocusing it on emotional commitment, could over time decrease the societal consciousness that childbirth should occur within marriage. At this point, Justice Kennedy makes an important interjection:

JUSTICE KENNEDY: Same-sex couples say, of course, we understand the nobility and the sacredness of marriage. We know we can't procreate, but we want the other attributes of it in order to show that we, too, have a dignity that can be fulfilled.

Bursch then duly reassured Justice Kennedy that the State of Michigan “values the dignity and worth of every human being.” But one might have wondered whether Justice Kennedy was implying that the nobility and “sacredness” of marriage is something conveyed by the Michigan Code, or rather by the cultural and religious investment of meaning in marriage, meaning not unrelated to marriage's role in cementing husband and wife in a procreative union. Is “sacredness” something that a secular civil marriage regime is meant to, or even could, convey?

Moreover, since same-sex couples cannot, by Justice Kennedy's admission, procreate, what basis is there for limiting only to them the “other attributes” desired by same-sex couples. Why not to a wider group of people connected by common bonds? And if the answer is that the benefits of marriage are only available to those who are romantically involved, why is that a defensible limiting factor when procreation is not?

But perhaps one of the most revealing exchanges, especially in light of what was said above about the clash between SSM and the to-date normative status of biological parentage, was with Justice Sotomayor:

BURSCH: I mean, I think we can all agree that, in general, that we want kids to stay bound to their biological mother and father whenever possible. That's the whole definition.

JUSTICE SOTOMAYOR: No, I think they should be bound to their parent, because there are a lot of adopted children and they are not go thinking of biological moms and dads.

Certainly Justice Sotomayor is right to defend the roles of adopted parents. Yet her statement seems prompted by profound disagreement with Bursch's statement that “we want kids to stay bound to their biological parents as much as possible.” Does Sotomayor mean to object to this biological preference even as a norm, as a general matter? Sotomayor's comment could have been a helpful point of departure to focus discussion on the real interest of the state in advancing traditional marriage—that it alone aligns the natural rights of two parents and child to each other in a way that minimizes confusion and the need for government intervention. Adoption, as Bursch later says, is heroic, but that is the exceptional case where, for whatever reason, it is not possible for the child to be with his or her biological parents. What Bursch should have pointed out, politely but firmly, is that what SSM advocates tend to do is to take that exceptional case and make it normative. Yes, it is a

great blessing for a child victimized by an abusive biological parent, or who has lost a natural parent to tragedy, to have the welcome of a caring household. But that household is a blessed response to an exceptional situation, not something to displace the biological parent relationship as the norm and ideal. Moreover, once the only biologically objective norm is rejected as normative, then what follows is a very subjective exercise in line drawing, where the *Obergefell* plaintiffs' lines are more subjective and less defensible than those of traditional marriage by far. Asked to defend its under-inclusiveness, traditional marriage can at least point to the fact that only its "lines" tend to link a child with its two and only two biological parents as a norm. Yet as we have seen, the *Obergefell* plaintiffs can point to little to defend their own lines from the charge of arbitrariness. The fact that SSM couples can bond with their children? But so can the polygamous family of our prologue; so can the maiden aunts raising the child of their addicted niece.

Against this backdrop, it becomes clearer that Justice Kennedy has made the right point in talking about the dignity of marriage—the "other attributes" besides procreation—and how that should be available to the many children being raised in same-sex households. And his point certainly must extend with equal force to *all* children being raised in households outside the nuclear family norm. And thus the dignity prong of *Windsor*, which is the backdrop and foundation for Justice Kennedy's interjection above, should actually be seen as extending beyond the contours of "marriage"—be it traditional or SSM—to embrace the many and rapidly evolving structures that provide a caring home for children. They, as much as any, deserve the benefits and facilitation that the "mechanics" of marriage provide not only to the raising of children, but to the care and support of all members of the household for each other. At the same time, *Windsor* honors the "community's considered perspective on the historical roots of the institution of marriage and its evolving understanding of the meaning of equality." It is in the nature of "evolution" that it sometimes proceeds down paths that do not work out so well, while parallel paths get it right and lead forward. It is precisely because we are still in the midst of—in *Windsor's* words—an evolving understanding, that the courts should not cut this process short, anointing some states as having it right, and some as having it wrong. Perhaps an enlightened and developing consensus will emerge that equality in access to the main features of civil association now contained in marriage is deserved by many groups beyond those bound by implicitly romantic or sexual relations. Moreover, this might coexist with a sense that some remaining unique protection for the concept of "marriage" in the public consciousness should remain as a check on the obliteration of gender and mother/father roles. This prong of

Windsor honors the considered judgment of the states in what is the defining characteristic of marriage. As such, it should be read as supporting both those states that have adopted SSM, seeing it as an extension of equality, and those states that see marriage as about supporting the natural bonds of parents and children in a unique way, tying the biological basis of procreation to the collective consciousness of marriage. These determinations are part of the states' "historic and essential authority to define the marital relation," reflecting, as *Windsor* cites approving prior precedent, the fact that "the whole subject of domestic relations of husband and wife, parent and child, belongs to the laws of the States and not to the laws of the United States."

IV. Marriage and Life

The better holistic application of *Windsor* would see state retentions of traditional marriage law upheld, affirming Judge Sutton's wise opinion, while contributing a strong endorsement of measures to recognize the dignity interests of other household groups and children being raised by them, be it civil unions (available not only to same-sex couples, but to a broader class of households reflecting the diversity of modern American family life), tax and immigration benefits, and other measures meant to ensure supportive environments for these children. All of this could be given in a manner consistent with the protection of the biological bond of parent and child, as a symbolically important archetype in the public consciousness, anchored by a definition of marriage as one man and one woman. Yet as seen above, there are reasons to believe that a more radical overhaul of marriage could be effected with a constitutional decision mandating SSM, and there are certainly strands in *Windsor* that could be extended to that end. What should be the response to such a move?

First, one must acknowledge the huge difference between a constitutional decision invalidating traditional marriage laws as "irrational" and the quite separate popular move to embrace gay marriage. Despite the vitriol of activists, such measures need not see traditional marriage as irrational, but their supporters may honestly believe, rightly or wrongly, that they are seeking only to include a broader class within the protections of marriage. There is even a sense in which conservatives and pro-life activists can accept, and indeed they have been urged to accept, these popular gains for SSM with magnanimity. There are examples from British Prime Minister David Cameron, who personally championed England's 2013 adoption of SSM, to Republican Senator Rob Portman of Ohio, of politicians arguing that their support for gay marriage flows *from*, and not *despite*, their conservatism. And of course, there are many Republican and conservative strategists who

*long for an end to conservative opposition to SSM, seeing it as the major hurdle standing between them and winning more support from millennials, who while seemingly embracing SSM also, applying a consistently libertarian outlook, are drawn to conservative economic policies. Indeed, Jonathan Capehart wasted little time in hailing Prime Minister Cameron's quite surprising victory in May's British elections as evidence of this, and urging that it be a lesson for U.S. Republicans.¹⁴ One can agree with all this, yet see Cameron's victory, far from boosting the case for a Supreme Court embrace of SSM, as showing why it should *affirm* Judge Sutton's opinion and leave the question to the political process. Cameron is rightly seen as one of the most astute politicians in the world today: How would he see the issue? While there are certainly differences between the U.S. constitutional system and Great Britain's, let's consider this plausible analogy: How would Cameron have reacted to a judgment by the European Court of Human Rights *requiring* Britain to accept SSM. Most likely outrage, outrage at the thought that such a question would be taken away from the democratic process. And who could plausibly argue that SSM rights would be on a sounder footing through such a judicial decree than they are now through a law passed by Parliament?*

But let us put aside the constitutional issue. The embrace of SSM by these conservatives *as a matter of policy* has to give some pause. Not only Prime Minister Cameron: The Prime Minister of Luxembourg, who just married his male partner, Irish Taoiseach Enda Kenney, who strongly backed the Yes vote on Ireland's SSM referendum, these and others are *center-right politicians*. And it is not just "libertarian conservatives" either; some of the most thoughtful commentators to make peace with SSM, like David Blankenhorn, continue to believe that SSM effaces the purpose of marriage as linking the biological, social, and legal aspects of parenting, but have nonetheless opted to attempt a "grand coalition" between defenders of traditional marriage and SSM proponents in the interest of advancing a culture of marriage that can counteract the rapid erosion of commitment and responsibility. Indeed, we are told, social conservatives should accept SSM and "declare victory," for with it gays are basically saying they accept the conservative arguments on the importance of marriage and simply want to be able to opt into it.

Moreover, in what may be of particular interest to readers of the *Human Life Review*, some commentators have suggested that even the traditional conjoining of pro-SSM and pro-abortion partisans as natural allies in the culture wars may be breaking down. Jonah Goldberg, writing in *National Review* around the time of *Perry*, noted that "if you'd predicted in the late 1980s that the country would become more pro-life, more pro-gun, and more

pro-gay, the experts would've laughed at you," and yet that is exactly what has happened. Frank Bruni, in one of his many pro-SSM columns for the *New York Times*, not only crowed about the shift even among conservative Republicans towards SSM, but explained it specifically in terms of how advocates of traditional marriage, *unlike pro-life partisans*, cannot point to an injured party.¹⁵ "The abortion debate grinds on in part because to those who believe that life begins at conception and warrants full protection from then on, every pro-choice victory claims victims." By implication, Bruni is saying there is simply no harm—certainly none commensurate with the taking of human life—that occurs when marriage is expanded to same-sex couples. I trust I would be among the great majority of readers of this publication, and perhaps a larger percentage of Americans than many might think, who would accept a sweeping constitutional decision in *Obergefell* finding a 50-state right to same-sex marriage if it came magically as a package deal with a decisive overruling of *Roe v. Wade*.

Of course, no such package deal is in the offing. As a result, those who are concerned with life issues cannot avoid the hard task of thinking through what the deeper implications of same-sex marriage, and the logic that supports it, are for the way we conceptualize human life. When they do, what will they find? It turns out that life issues and the marriage debate, not surprisingly, are inescapably intertwined, and in such a way that a victory for SSM in *Obergefell* would not be auspicious for the pro-life concerns.

Much depends on how the Supreme Court rules, but in some sense, if either through judicial decree or evolving social consensus the view were to be accepted that the biological framework of traditional marriage is irrational or outdated, then the link between life issues and the marriage debate would become all too clear.

As an initial matter, it seems clear that the rights of natural parents to their children, and of children to their natural parents, are on shaky ground should the logic of SSM's judicial partisans gain acceptance. From Judge Walker's opinion in *Perry* to Judge Posner's caustic opinion in *Baskin*, there is nothing to be "favored" even symbolically in this biological relationship. Biological motherhood is a commercial resource to be contracted for, and indeed its divisible elements—genetic motherhood (donation of ova), fetal incubation (womb rental), etc.—subcontracted for and dismissed when the services are completed. The widespread adoption of a legal and ethical worldview in which these elements of motherhood are freely alienable may seem at first to bring freedom and choice to the contractual parties. Yet once the notion that motherhood represents a deeper bond, merging the biological, emotional, and legal connection between mother and child, is discarded and replaced

with a view of motherhood as merely a bundle of services for hire, collectively or individually, then motherhood inevitably loses not only its attendant responsibilities, but also its special rights and privileges. And if motherhood is reduced to a provision of services, it is but a small step to seeing the result of that motherhood, the child, as a mere product, brought about not as a special creation linked to and with claims on his father and mother, but as a work product having no rights to any links, to know his origins, save those the contracting parties choose to allow it.

This fundamental change that would be wrought in the definition of marriage, and the resulting profound impact on life and family structure, have been much more candidly expressed in the debates surrounding gay marriage in Europe than they have been in the U.S. debate. Gay marriage supporters still invoke the disingenuous question—how does gay marriage affect anyone else?—as if such a change won't have exactly the social effects that more honest partisans of gay marriage admit and trumpet. A society that tells mothers there is no rational basis to think they play a special role, as mothers, in the existence or raising of their children, is not the same as one that holds and supports in public policy that that role is unique. And consequences will flow from that. It should not surprise us that the same UK government that aggressively pushed SSM through its Parliament also spearheaded the removal of the universal child benefit in order to discourage women from staying at home and bringing up their own children, instead providing a £1,200 childcare tax break per child once the mother returns to work.¹⁶ The two policies are logically quite related, indeed one follows directly from the other. Mothers clearly aren't specially needed, since we must maintain that a two-father household is “exactly as good as” one without a mother. Again, protestations that acceptance of gay marriage can't have any impact on heterosexual couples or broader social policy continue, as if such a massive redefinition of marriage, motherhood, and fatherhood would carry no implications for anything else.

There have always been two problems with the “how does SSM hurt your straight marriage?” line. First, the implication of the argument is that voters should show no concern for a conception of the common good, or the broader social impacts of laws that they vote on, and instead only selfishly consider “what does it mean to me personally?” Ironic, as that seems to fit the caricature usually painted of conservatives by liberals.¹⁷ *Why should any heterosexuals care if gay marriage is allowed?* The question suggests that if SSM, assuming its proponents' premise, just *can't* have any impact on *their* heterosexual marriages, then the restriction cannot serve any rational interest. But this question amounts to an invitation to empty the democratic process of any

concern for a vision of the good, and a statement that voters can have no “rational” basis to support any policy that is not grounded on their own material benefit. Concern for the longer-term impacts of deliberately denying children yet unborn the ability ever to know a mother (something that even star fashion designer and SSM advocate Karl Lagerfeld concedes is “rather sad”); concern about the broader ramifications of the normalizing of commercial surrogacy and technological reproduction, including exploitation and loss of respect for the uniqueness of each human life; no—these cannot be considered, only whether SSM hurts you and your marriage right now today. A more Randian and atomistic view of society and what should properly shape voter behavior is hard to imagine.

Second, the premise is wrong. It is not only possible, it is the avowed goal of many SSM advocates to change the institution of marriage fundamentally through the introduction of SSM, and it has been for many years. Even if there are many other SSM advocates who sincerely only want gays and lesbians to be able to join marriage for its laudable conservative purposes, the views of the more provocative proponents are, in fact, more analytically convincing as to the likely consequences.

Take Michelangelo Signorile, whose recent book calls for pushing on quickly after an anticipated SSM victory in the Supreme Court to confront, attack, and stigmatize any questioning or debate on its status. He was writing as long as 20 years ago that:

To fight for same-sex marriage and its benefits and then, once granted, redefine the institution of marriage completely, to demand the right to marry not as a way of adhering to society’s moral codes but rather to debunk a myth and radically alter an archaic institution The most subversive action lesbian and gay men can undertake . . . is to transform the notion of “family” entirely.¹⁸

Or Paula Ettelbrick, former legal director of the Lambda Legal Defense and Education Fund, who explains:

Being queer is more than setting up house, sleeping with a person of the same gender, and seeking state approval for doing so Being queer means pushing the parameters of sex, sexuality, and family, and in the process transforming the very fabric of society.¹⁹

Or consult Jonathan Last writing in the most recent *Weekly Standard*:

Changing marriage beyond recognition has long been a stated goal of the organization Beyond Marriage, which is a collection of several hundred gay-rights lawyers, law professors, and activists. They argue that same-sex marriage is merely the first step on the path to redefining the family itself. Ultimately, they want legal protection for a host of other relationships, including, as they delicately put it, “Queer couples who decide to jointly create and raise a child with another queer person or couple, in

two households” and “committed, loving households in which there is more than one conjugal partner.” This group is not a collection of cranks: It includes professors from Georgetown, Harvard, Emory, Columbia, and Yale. The Beyond Marriage project has at least as much elite support today as the entire same-sex marriage movement had in 1990.²⁰

Assuming a defeat for traditional marriage in *Obergefell* and a continued assault on its defenders as advocated by Signorile, it should be clear that something like the post-*Roe* engagement of a long-term, difficult, yet finally promising strategy to educate minds and move hearts on the value of life will be necessary to promote an understanding of the core meaning of marriage in civil society. Not least, it will need to do it in a way that respects the legitimate concerns of opponents, that forcefully rejects needless and hurtful animus that is both wrong and counterproductive to efforts to achieve a consensus, yet that forcefully rejects the de-gendered concept of humanity underpinning gay marriage that would inevitably render procreation and life itself as commodities to be manipulated by the economic and political interests of the strong.

How could such a movement start? Ironically, the defense of traditional marriage and its unique place might begin with recognizing the ways in which it is not *so* unique. Part of the difficulty with the recent public discourse is the notion that marriage is a necessity to enjoy any worthwhile and praiseworthy set of human relationships. Judge Reinhardt’s appellate opinion in *Perry* indulged this fallacy, going on at length to note how time-honored and special marriage is, and therefore how it must be available to all as a matter of “equality.” Yet this is surely not true. Friendship, ties of kinship, and citizenship also reflect ancient concepts that are highly honored, without implying a sexual, procreative link. Aristotle’s *On Friendship* would prize bonds of comradeship, including intellectual and emotional support, usually between those of the same sex (actually, mostly one can say, between men) more highly than a heterosexual union. One need not agree entirely with that view to say that friendship is an increasingly undervalued concept today, and some level of formal public support for it may well be appropriate. Indeed, it would seem that devices like the domestic partnerships would be entirely suitable for that, as would be devices like the civil PACs in France available before gay marriage went into effect in 2013. The “marriage or nothing” mentality can indeed lead to a very regrettable devaluing of other relationships that are clearly deserving of social support.

The attempt to make marriage the badge of the “most important relationship two adults can have,” blind to gender and procreation, thus suffers from two

seemingly opposite but related problems: It tries to call equal two relationships that are intrinsically not equal in their natural consequences, but also dismisses as lacking in sufficient dignity other types of relationships that should be highly prized.

Justice Kennedy's comment about the need to respect children in the many thousands of non-traditional family settings is entirely on point. But telling these children that they have loving guardians, or a loving parent with a partner, does not require publicly dissembling to them about the nature and consequences of real marriage, nor demeaning the institution that they have by saying it is inferior unless equated—in law—with something it isn't. One need only look at the long history of extra-nuclear family structures, whether necessitated by economic hardship (children sent to live with relatives), tragedy (orphans sent to nearest kin), or otherwise. And this model of family goes well beyond those cases dealing with young children.

I was fortunate enough to grow up, as do many in extended families, in close proximity to two unmarried aunts, my mother's sisters, living with their father. The devotion they showed in caring for their father in old age, and after his death, for each other, had the most virtuous traits of any loving family. As they are unmarried, they and my grandfather doted on me as a child. I have no doubt that if (praise God it didn't happen) my parents had been killed in a tragic accident, my aunts and grandfather would have readily stepped in and raised me with as much love as they could give. I would not wish anyone to say that they were somehow less devoted to me because I wasn't their child, or that I was short-changed in my raising, from this event; if some did, I could well imagine it would be hurtful. Yet, just as easily, I see how senseless it would be to say that somehow, honoring that devotion *required* that the whole family be characterized identically to a marriage. Moreover, though this hypothetical would involve a strong biological connection, the same could be said of a family that adopts an orphan where there was no biological relationship. In any of these cases, whether the caring family is a straight married couple, a gay couple, an extended family group, or some other structure, there may be a profound loving bond that should be recognized and protected, often one carried out with more heroic charity than many a natural biological parent shows. Any effort to develop a cultural restoration must take note of and honor these situations.

So what is it that is so special about the biological bond, the linking of a child to its parents and the husband and wife to each other as complementary parts of a greater whole? The importance of this existential definition of marriage is much misunderstood. Take Judge Reinhardt's invocation, in his appellate decision in *Perry*, of the role of marriage in popular culture,

particularly movies and songs. He invokes various examples of the importance of the word marriage to reject the notion that domestic partnerships or similar equivalents are enough for gay couples. Tellingly, his examples, meant to show how much society values marriage, are drawn from movies or even jokes that take it lightly. Marilyn Monroe's *How to Marry a Millionaire* and Groucho Marx's one liners (marriage is an institution, but who wants to live in an institution?) would, as Reinhardt says, probably be less punchy if "marriage" was replaced with "Domestic Partnership," but none of these jokes, much less Marilyn Monroe, are a serious effort to convey the meaning of marriage. Indeed, if one must seek guidance on these questions from Marilyn Monroe movie gags, a more perceptive reference would have been to the conclusion of *Some Like It Hot*. When the disguised Jack Lemmon, having made his escape with Tony Curtis from the mob, reveals himself to the sugar daddy as a man, the ending line of the movie is hilarious: The sugar daddy replies "Well, nobody's perfect!" Yet the hilarity exists precisely because of its massive understatement. Lemmon had removed his disguise as a woman, meant only to feign an interest in marriage and thus procure the rich man's help in making their escape, to decisively let him know that marriage is impossible. The humor consists in the clear social understanding that being of the same sex is an existential bar to marriage, not merely a minor failing that can be overlooked, and the rich man's nonchalant likening of the two is blind to the point of funny.

Perhaps more recent films make a similar point about the existential nature of marriage more seriously. Consider what would be lost from *Back to the Future* if the heterosexual and procreative paradigm of marriage were removed. The desperate poignancy of main character Marty's race to ensure his mother and father's first kiss on the dance floor is clearly and dramatically linked to his own existence. This central drama of the movie reaches a dramatic climax in the sequence where his parents-to-be, separated by an interloper on the dance floor, seem destined not to fall in love and marry, at which point the images of Marty *and his siblings*, in a photo he brought from the future, begin to fade. Marty weakens, stumbles, and feels the beginning throes of . . . non-existence. Then, when Marty's young father summons the courage to butt right back into the dance and reclaim his wife-to-be, and finally bestows that critical kiss, Marty immediately revives, his flesh whole, the images of his siblings and himself in the picture vividly restored. The meaning is clear: The foretaste of intimacy represented by that dance-floor kiss, an intimacy that would be consummated in *real* marriage the way only real marriage *can* be consummated, led directly to a life together and to new

life, linked directly and inextricably to the love that brought that man and woman together. This is the kind of basis that ideally we should want each life to have, a basis in love and commitment, a desire reflected in the UN Declaration of the Rights of Children that each child has a right to know his or her own mother and father. This is the reason that marriage has been defined to reinforce this natural fact of biological procreation with a supporting structure of mutual support and recognition. It is also a dynamic that cannot be applied to homosexual couples in the same way, not out of any animus or ill will, but rather because of the biological reality of our created human existence.

And even more recent film and literature has plumbed these themes in ways that help us see the intrinsic ordering of marriage to biological parenting. We have already noted the popular book and film *The Giver*, which manages, in one work, to chillingly explore where both the pro-abortion mentality and the rejection of biologically based parenting as “irrational” can lead society. Michael Bay’s 2005 film *The Island* is thought-provoking in many ways, but its most powerful scene for me was that of the surrogate mother clone giving birth. The scene in the maternity ward shows the joy on her face as she gives birth, as any mother should have, having all along been duped into thinking she will live with her child on the idyllic Island. Her expectation, her sheer longing for the nurse to hand the blanket-wrapped baby into her arms, is real and moving to anyone who has been in a delivery room—but then suddenly, there is the look of confusion and incomprehension as the nurse leaves the room with the baby, destined for the woman who “ordered” it, and another doctor administers the lethal injection, the clone’s “purpose” now served. No, that is not the end now awaiting today’s third-world surrogates—not the injection at least. But the parting with the child they have carried for nine months and just borne—that is very much awaiting them. What is our response to that? A very libertarian “well, she contracted for it.” Is a world where such surrogacy and semen sales and all manner of “technological reproduction” are fully normalized and even in some sectors and circumstances preferred—the price for eliminating the relevance of gender as SSM requires—the world our progressive millennials want to build and inhabit? In a generation or two, would a young reader fail to cry, or even be moved, when Severus Snape’s dying words to Harry Potter are “look at me,” because it would simply never occur to him that a boy might have inherited the eyes of someone who should continue to have meaning in his life, rather than just those of his ovum donor?

Or is there a way that, through literature, art, philosophy, and yes, religion, the linkages between traditional marriage and our very humanity can be more cogently imparted to the coming generations? Many—indeed most—SSM

advocates are motivated by a sense of justice, that SSM is simply a requirement of equality. That good faith grounding of much of the support for SSM must be respectfully recognized and engaged. In part, positively, these justice concerns should be granted and lead to measures, such as anti-discrimination measures in employment, housing, immigration, and other matters, on which all people of good will can agree. But traditional marriage advocates must forthrightly point out that social justice is not promoted by deliberately arranging for a child to have no mother, nor for economically vulnerable populations to be conscripted for surrogacy, forced by economic circumstance to alienate one of the few precious gifts they can call their own—their ability to bear a child. Indeed, defenders of traditional marriage should rally more broadly with those social justice workers particularly concerned with the environment. As Pope Francis pointed out in his recent encyclical *Laudato Si*, respect for nature and declining to impose our “will” on the natural environment include the dimension of our human person, our maleness and femaleness.

It is at this point that we must return, for reasons both philosophical and tactical, to the experience with life issues. There can be little doubt that following the Supreme Court’s opinion in *Roe*, elite opinion considered the matter “resolved.” The assumption was that, enshrined as a constitutional right, abortion would come to enjoy progressively more broad constitutional protections, with decisions striking down not only flat bans on abortion, but also most attempts to limit or regulate abortion, such as parental notice and consent laws, waiting periods, etc. Moreover, this broad judicial support was reinforced by an academic and media-led narrative that viewed the liberal abortion license solely through the prism of equality, and rigorously avoided any engagement on the question of the rights of the fetus as at best “theological” and thus inappropriate in secular, democratic debate, and at worst as pretexts for misogynistic attempts to curtail the rights of women. Yet, contrary to all expectations, the pro-life side did not fold before the “inevitability” of the abortion license.

At one level, there was a certain turning of the judicial tide attributable to the impact on the federal judiciary of the 12 years of Reagan-Bush I appointments. The purely jurisprudential flaws of *Roe* could no longer remain immune from attack when viewed by judges more focused on original understanding and committed to judicial restraint. With the emergence of the Rehnquist Court, most notably starting in *Webster*, more and more consideration was given to the state’s legitimate interest in protecting fetal life, and regulation of abortion was progressively upheld. The unscientific basis of *Roe*’s trimester system, its “raw judicial power” approach that ignored

the findings of elected legislatures, came under more sustained critique. It is significant that when Justices Kennedy, Souter, and O'Connor cobbled together their plurality opinion in *Planned Parenthood v. Casey*, saving *Roe* from outright overruling, it was with no full-throated defense of *Roe*'s reasoning as an original matter, but rather with an appeal to *stare decisis* and the need for stability of expectations. In sum, the solidity of the judicial leg of abortion's "inevitable" victory was brought into serious question.

Yet at another level, the more amazing reversal was on the social and political side. The expected social consensus failed to solidify, as the pro-life movement continued, slowly but inexorably, to present the facts of fetal life and development to the public. The once-solitary opposition offered by the Catholic Church was joined by other denominations who came to see the pro-life cause as very much in line with other civil rights issues, and most pointedly, in line with Judeo-Christian witness on the wrongness of murder. Interestingly, the broadening of the religious opposition to abortion did not make that opposition more dependent on strictly religious argument; rather, the opposition was also bolstered by developments in technology that allowed an appeal to rational and scientific arguments. As Mary Eberstadt points out, one of the main drivers of the uptick in pro-life sentiment among young Americans was the advent of technology like the ultrasound device and the widespread availability of sonogram images. As she points out, "even a child looking at the sonogram screen says "baby," not "fetus."

What lessons do these changes offer for the marriage debate? There is clearly a tactical lesson to be offered on long-term engagement, and making an appeal based on information, reason, and by all means avoiding any demonizing of opponents. Yet beyond this, the life and marriage issues are linked even more closely through the implications of the redefinition of marriage on the understanding of life. SSM in its logical fulfillment requires abolishing the UN Convention on the Rights of the Child, for no child can have the right to know his or her mother or father. And if no child has a claim on its biological parents, and its parents' relationship to it are judged not as pre-legal, natural rights but as malleable by acts of positive law, then the value of that life itself becomes subject to that law rather than prior to it. These concerns need to be continually developed and the implications explained, particularly to younger generations who, in good faith, see SSM as a matter of equality and as consistent with their increasingly libertarian viewpoints. The work of theologians and philosophers like John Milbank, looking perceptively at the long-term implications of SSM, should be studied and discussed in depth—they would be a corrective to the misguided notion

that SSM is the “libertarian” position. As Milbank explains in a 2013 article:

Many may welcome such a development as yet a further removal of state intrusion into our private lives, but that would be to fail to consider all the implications. In the first place, it would end public recognition of the importance of marriage as a union of sexual difference. But the joining together and harmonisation of the asymmetrical perspectives of the two sexes are crucial both to kinship relations over time and to social peace [SSM] would end the public legal recognition of a social reality defined in terms of the natural link between sex and procreation. In direct consequence, the natural children of heterosexual couples would then be only legally their children if the state decided that they might be legally “adopted” by them.

...

Heterosexual exchange and reproduction has always been the very “grammar” of social relating as such. The abandonment of this grammar would thus imply a society no longer primarily constituted by extended kinship, but rather by state control and merely monetary exchange and reproduction. For the individual, the experience of a natural-cultural unity is most fundamentally felt in the sense that her natural birth is from an interpersonal (and so “cultural”) act of loving encounter—even if this be but a one-night stand. This provides a sense that one’s very biological roots are suffused with an interpersonal narrative. Again, to lose this “grammar” would be to compromise our deepest sense of humanity, and risk a further handing over of power to market and state tyrannies supported by myths both of pure human nature and technocratic artifice.²¹

While these warnings of the long-term, ultimately dystopic implications of SSM have a role to play, the message must be fundamentally a positive one, about the unique role played by sexual complementariness in the development of the human person and the linkage of human love with human life. Powerful, well-crafted works of education will be needed. The recent Humanum Conference at the Vatican, and the six beautifully executed films accompanying it,²² are excellent examples of the kinds of work more of which is needed.

Conclusion

The Supreme Court’s decision in *Obergefell* will be known in a few days. For defenders of traditional marriage, there will be a temptation to see a reversal of Judge Sutton’s opinion in the most pessimistic, defeatist terms. The less likely affirmance might elicit a celebratory response. Both responses might be ill considered. A reversal, while a defeat with ominous implications to be sure, would only announce the beginning of yet another long and vital campaign to educate our fellow citizens on the real meaning of marriage. And an affirmance, while a welcome relief from an imposed finding of traditional marriage as “irrational,” would still leave the same long-term cultural project ahead to recover the beauty of marriage, its unique living out of male-female complementariness, and its existential link to human life.

NOTES

12. <http://www.aclu-il.org/wp-content/uploads/2011/07/CV-David-Brodzinsky.pdf>
13. http://www.nytimes.com/2014/09/14/nyregion/after-a-same-sex-couples-breakup-a-custody-battle.html?_r=0 Of note, the judgment of the Nassau County Family Court was just affirmed by the New York Appellate Division on May 20, 2015. *Matter of Paczkowski v. Paczkowski*. The short order summarizes the traditional approach to parental rights still applying in New York despite the Marriage Equality Act, but one that, one must imagine, will come under increasing pressure in the drive to make gender irrelevant for marriage: “The Family Court properly dismissed the petition for lack of standing. A nonparent may have standing to seek to displace a parent’s right to custody and control of his or her child, but only upon a showing that ‘the parent has relinquished that right due to surrender, abandonment, persistent neglect, unfitness, or other extraordinary circumstances.’ Here the petitioner, who is neither an adoptive parent nor a biological parent of the subject child, failed to allege the existence of extraordinary circumstances that would establish her standing to seek custody. Contrary to the petitioner’s contention, Family Court Act §417 and Domestic Relations Law §24 do not provide her with standing as a parent, since the presumption of legitimacy they create is one of a biological relationship, not of legal status (see Family Ct Act §418[a]; and, as the nongestational spouse in a same-sex marriage, there is no possibility that she is the child’s biological parent (internal citations omitted).” <http://law.justia.com/cases/new-york/appellate-division-second-department/2015/2014-07355.html>
14. <http://www.washingtonpost.com/blogs/post-partisan/wp/2015/05/08/david-cameron-victory-also-a-win-for-gay-marriage/>
15. http://www.nytimes.com/2013/03/24/opinion/sunday/bruni-marriage-and-the-supremes.html?pagewanted=all&_r=0 16. <http://www.telegraph.co.uk/women/womens-life/10268387/Working-mothers-discouraged-divided-and-now-demoted.html>
17. It is worth clarifying the difference between asking “what impact does gay marriage have on heterosexuals?” in the context of a rational basis review of a traditional marriage law and asking it in the context of an Article III standing inquiry such as transpired in *Perry*. It is of course legitimate, and indeed required, for a federal court to ask whether the litigants have an “interest” in a case or controversy before it. A federal court likely would lack standing to hear a case brought by a general group of traditional marriage supporters claiming only their general “interest” in living in a society that gave preference to traditional marriage. Of course, the Prop 8 supporters in *Perry* were claiming not only this general interest, but also their special interest in defending a measure that they had invested huge time and financial resources into passing. Though they lost that standing argument by a 5-4 Supreme Court vote, that standing inquiry is distinct from the line of questioning here.
18. Michelangelo Signorile, “Bridal Wave,” *Out*, December 1994.
19. William B. Rubenstein, “Since When Is Marriage a Path to Liberation?” *Lesbians, Gay Men, and the Law* (New York: The New Press, 1993), pp. 398, 400 (quoting Ettlbrick).
20. http://www.weeklystandard.com/articles/you-will-be-assimilated_969581.html?page=2
21. <http://www.abc.net.au/religion/articles/2013/04/23/3743531.htm>
22. <http://www.patheos.com/blogs/markshea/2015/03/humanum-video-series-on-marriage-and-family.html>

BOOKNOTES

DEATH TALK: THE CASE AGAINST EUTHANASIA AND PHYSICIAN-ASSISTED SUICIDE 2nd ed.

Margaret Somerville

(Montréal: McGill-Queen's University Press, 2014), pp. 443.

Reviewed by John Grondelski

One of my favorite sayings was coined by the pro-life journalist Paul Greenberg: “Verbicide precedes homicide.” That is shorthand for what a famous 1970 *California Medicine* editorial observed about the contemporary effort to legalize abortion: “The very considerable semantic gymnastics which are required to rationalize abortion as anything but taking a human life would be ludicrous if they were not often put forth under socially impeccable auspices.”

Word games have taken us a long way in accepting pre-natal homicide: Even as Congress debates whether or not to ban the dismemberment of fetuses at 20-plus weeks gestation, it would be extremely rare for anyone today to flat out call the ending of the life of a five-month-old baby *in utero* murder.

“Privacy,” “autonomy,” and “dignity” have eased the establishment of a Constitutional regime of abortion-on-demand through birth. Their ongoing vitality was on display recently, when five judges decreed that the 14th Amendment actually requires equating with marriage what most States traditionally regarded as immoral and often treated as criminal: sodomy. I suspect that the Supreme Court’s *Obergefell* ruling, legalizing same-sex marriage, like *Roe*, will haunt us with decades of litigation as the courts seek to impose what the public resists.

I have to confess a bit of surprise, however, because I would have thought the next stop on the “privacy-dignity-autonomy” express would be euthanasia, the 1997 *Vacco v. Quill* Supreme Court decision notwithstanding.* Perhaps it still will be. In any event, Canada has already gotten there.

Margaret Somerville’s *Death Talk: The Case Against Euthanasia and Physician-Assisted Suicide*, examines euthanasia, with special attention to the situation in Canada. The book was originally published in 2001; this second edition appeared in 2014. As valuable as it is, it will need updating in

* Howard Slugh has pointed out that Justice Kennedy, in his *Obergefell* majority opinion (pg. 18 of the Court’s text) conveniently avoids (bypasses?) the restraints on judge-made rights found in *Washington v. Glucksberg* (521 US 702), the companion case to *Vacco*. See “Justice Kennedy’s Judicial Power Grab,” National Review Online, July 1, 2015 (www.nationalreview.com).

light of the February 2015 Supreme Court of Canada ruling in *Carter v. Canada*, which struck down sections of that country's Criminal Code banning assisting suicide. (*HLR* published an interview with Professor Somerville on that subject in its Winter 2015 issue.)

Professor Somerville, who holds a joint appointment in law and medicine at McGill University, notes a paradox: Contemporary man seems particularly obsessed with the problem of death, yet in most Western countries where church and state are formally separated and religious faith somewhat anemic, a common vocabulary for talking about death no longer exists. "One of the general difficulties in the euthanasia debate is that we lack a secular vocabulary that can adequately capture the non-physical—the metaphysical—realities we need to create, protect, and live in if we are to experience fully human lives" (pp. 12-13). This effort involves the language of religion—Somerville would make it as inclusive as possible—a "language to capture the dimension of the '*human spirit*'—which we need, whether we are religious or not" (p. 13, emphasis original). It is an effort involving "story-telling," "metaphor, parable, and poetry," which are the only ways—the indirect, "metaphorical-metaphysical" ways—to pass on "knowledge and wisdom about death" (ibid). It means rebuilding community so that people do not die isolated and alone.

But our impoverished vocabulary is not limited to euthanasia. It also affects, as Somerville notes in the first chapter of *Death Talk*, discussions on the beginnings of life, especially in the field of artificial reproductive technologies. While we instinctively recognize something profoundly wrong with the brave new world of manufacturing babies as if they were any other consumer product, our public language of "autonomy" and "choice" gags us from giving verbal expression to our visceral knowledge. So we tolerate what Jennifer Lahl has rightly branded the "Wild West" of artificial reproduction: unregulated and undiscussed. Somerville sees in both euthanasia and artificial reproduction "part of the search for a new cultural paradigm on which to base the societal structure" (p. 14).

Of course Somerville recognizes that there are other factors promoting euthanasia. "Euthanasia is not a new question. But our kind of society has rejected it for over two thousand years. Why, then, has the legalization of euthanasia been seriously considered in industrialized Western societies within the last twenty years? These are the same societies, moreover, that have made astonishing advances in the ability to relieve pain and suffering" (p. 14). People who live in societies where health care is sophisticated die more often of lingering, chronic diseases than from acute, rapidly fatal ones. Costs and healthcare access also influence this trend.

Somerville is acutely aware of the central role language plays in the culture

war over euthanasia. Part of the complication language poses is the sheer range of practices that might—or might not—be put under the euthanasia umbrella. Refusing or denying treatment, artificial respiration, artificially provided nutrition and/or hydration, palliative measures (including those that shorten/are intended to shorten life), suicide, assisted suicide, and outright euthanasia are some variations on the theme.

Beyond that innate complexity, however, this range of practices serves to obfuscate true motives and goals of euthanasia advocates (as Somerville notes particularly in regard to the effort to enact euthanasia legislation in Québec). It is better to go after tear-jerker “hard cases” and vilify your opponent’s heartlessness than to acknowledge honestly your own position and its implications. Advocates of abortion made their case, after all, on Thalidomide and Rubella, not on the right to partial-birth abortions. Euthanasia advocates also benefit from information overload: There is a strategy, Somerville notes, “that promotes euthanasia by confusing it with other ethically and legally acceptable interventions to argue that they are all ethical and, therefore, should all be legal” (p. 30).

Finally, the fact that much discussion of euthanasia occurs in the media also affects death talk, not just because many reporters are themselves biased on the subject but also because the very genres of contemporary mass media—both print and especially electronic—do not lend themselves to the kinds of in-depth, involved debate those issues demand; often they promote just the opposite.

These difficulties notwithstanding, Somerville cautions readers against overloading the euthanasia basket and playing into the opposition’s hands. Specifically, she warns against conflating what is immoral with what is illegal, arguing that palliative treatment “that could or would shorten life” or “justified withdrawal of treatment” is not euthanasia (p. 179). The one area where she and I disagree is her analysis of the Nancy Cruzan Supreme Court case (1990). “Hysteria centered around this case to the effect that withdrawing hydration and nutrition from Nancy Cruzan—even when doing so would accord with her wishes—constituted euthanasia and, as such, should be prohibited. This line of argument has caused much damage to efforts at convincing people to prohibit euthanasia. It might, indeed, have promoted pro-euthanasia sentiment” (pp. 179-80). Conceding that some may have been convinced this should not have occurred, Somerville insists: “The point is this problem must be handled separately from euthanasia” (ibid). Perhaps the caricature of pro-lifers in the media may have contributed to pro-euthanasia sentiment, but I would strongly argue that the pressure in the late 1980s/early 1990s to accept withholding of artificially supplied nutrition and hydration was a

critical step down the slippery slope to accepting euthanasia *per se* because that is just what such denial of artificially provided food and drink is.

The sheer breadth of Somerville's analyses in this book—law, medicine, public opinion, philosophy—is amazing. She hits all the contemporary bases, including extended analyses of the various Canadian court cases seeking to legalize euthanasia (as I said, the book needs supplement in the wake of the final judgment in *Carter v. Canada*) as well as the impact of Dutch euthanasia and the pressure to introduce a euthanasia regime in Québec. Particularly valuable insights come from Somerville's long research interest in palliative care and pain alleviation: She argues strongly that we are far more capable of reducing pain than most people know or many physicians apply, and that is scandalous. The book is longish and, I'll admit, at some points dry, but Somerville has thought-provoking insights on almost every page, e.g., her reflections on the effort to "medicalize" euthanasia, comparing it to the effort to "medicalize" capital punishment. Why do we feel better about killing when somebody in a white coat does it?

Efforts to push euthanasia are currently active in many states (e.g., New Jersey) and especially many countries (e.g., France, Australia, Colombia). Whether and how quickly they gain traction is hard to say; *Obergefell* may lead the United States, at least for a time, down a different "dignity" rail. But no one should mistake that the euthanasia juggernaut is warming up and acquiring speed. Books like *Death Talk* provide valuable ammunition to resist it.

—*John M. Grondelski is a former associate dean of the School of Theology, Seton Hall University.*

APPENDIX A

[Kathryn Jean Lopez is senior fellow at the National Review Institute and editor-at-large of National Review Online. She is co-author of the newly revised and updated edition of How to Defend the Faith without Raising Your Voice (available from Our Sunday Visitor and Amazon.com). Her following interview with Dr. Eric M. Chevlen, MD, was published on National Review Online on October 16, 2015, and is reprinted with permission.]

Assisted Suicide and the Need to Reaffirm the Worth of Life

Kathryn Jean Lopez & Eric M. Chevlen, MD

With a legislative vote under the intense lobbying of assisted-suicide advocates, California earlier this month legalized assisted suicide. I asked Dr. Eric M. Chevlen, M.D., who publicly opposed the move and works in the field of palliative care, to discuss where we are headed and our alternatives. Among other things, Dr. Chevlen co-authored the book *Power over Pain* with longtime National Review Online contributor [and Human Life Review contributor] Wesley J. Smith. — KJL

KATHRYN JEAN LOPEZ: Will doctors who comply with the choice to exercise this new legal right be abandoning their patients, as you argued when opposing the law?

ERIC M. CHEVLEN: The foundation of a proper doctor-patient relationship is the doctor's commitment to the patient's well-being. That relationship recognizes the intrinsic value of the patient, not a value predicated on youth, beauty, health, or vigor. Strange to say, a doctor doesn't have to like his patient, but he must love him. A doctor who accedes to a patient's request for assistance in suicide abandons that commitment. He replaces a commitment to the patient's well-being with a commitment to the patient's non-being. Often, too, lying beneath the surface of the doctor's acquiescence is his own discomfort in observing the patient's reduced circumstance, his own sense of impotence at being unable to improve the objective health of the patient. Hastening the patient's death reduces the doctor's discomfort, and perhaps that of assembled relatives, but at the price of renouncing the intrinsic value of his patient.

LOPEZ: Can people really get the pain control they need, even in their final days?

CHEVLEN: Yes. It must be stressed: Pain is not the issue driving the assisted-suicide movement. Pain is controllable. More accurately put, while it is rare that pain can be eliminated completely, it almost always can be reduced to the level of ordinary pain such as we all have experienced in life. In my decades of caring for cancer patients and patients in chronic pain, I have had some patients who took their lives, and some who asked for my help in ending their lives, but never did I witness either of those events motivated by physical pain.

LOPEZ: What if they just want to go already? Why shouldn't they take the opportunity for assistance in dying, as it's being put today, now newly legal in California? What's your pitch for living life until natural death?

CHEVLEN: I have observed, as have others, that assisted suicide is usually not a request of the great mass of ordinary people, nor from poor people. Rather, such requests are more likely to come from people who have experienced power and control of their own lives. They have luxuriated, and some have become intoxicated, with their sense of autonomy. Many come to impute their own self-worth to that power they seem to exert over destiny. When they face the end of life, many of these people experience the full force of a power greater than themselves for the first time. Not surprisingly, they rail against it. Since death itself cannot be prevented, the last grasp of power they can wield is to determine the timing and circumstance of their death. These people face a great challenge, and I am sympathetic to it. Their challenge is to recognize that their worth does not lie, and never did lie, in their power. The task, I would say the sacred duty, of the doctor caring for the terminally ill person is to help him recognize that intrinsic value.

That is often not an easy job for either patient or doctor. I remember a particular case that underscored the challenge and the reward of the effort to re-frame the source of life's value. I was caring for a man in his late 50s who had advanced cancer with a life expectancy of a few weeks. He had some discomfort, but pain was not an issue for him. Rather, in considering his life, he found nothing he could look backward on in pride, nor forward to in hope. He had been a ne'er-do-well and a petty criminal. He was estranged from his children. He saw no reason to exist as he awaited his death. He asked me to give him a lethal injection to end his life.

We discussed it at length. I explained that I still saw value in his life, value in him. He had some weeks of life left to him, I explained, during which he could still accomplish something. I didn't know what that was. I didn't have the answer to his life, I acknowledged, but I urged him to consider what that might be.

A few weeks later, shortly before he died, he tearfully thanked me for my refusal. He had used the intervening weeks to forge a rapprochement with his estranged son. To my surprise then—but not to my surprise as I later considered it—he told me that the last few weeks had been the best weeks of his life. Soon thereafter, he died in peace.

LOPEZ: In making that case, are you forcing extremes?

CHEVLEN: No. Medical interventions must occur only with the informed consent of the patient. Treatments, whether they be chemotherapy or mechanical ventilation, which the patient experiences as burdens far beyond their potential benefit, are legitimately refused, and usually should not even be recommended. A doctor must recognize the distinction between doing something for the patient and doing something to the patient. Making that distinction is both good medicine and good medical ethics.

LOPEZ: What does the world of palliative care look like?

CHEVLEN: Palliative care is emerging as an independent discipline within medicine. It focuses on reduction of symptoms and maximization of patient function in settings where the underlying disease resists treatment. The discipline offers help

not just to cancer patients, but also to those with other advanced illnesses such as emphysema, liver failure, AIDS, etc.

LOPEZ: Why is palliative care an attractive, compelling, or humane choice when many today believe there is a “dignity” to and a mercy in assisted suicide?

CHEVLEN: Palliative care has as its goal maximizing the quality of life. Assisted suicide has as its goal ending life. Palliative care is merciful to the life of the patient; assisted suicide is indifferent to that life.

LOPEZ: What if you don’t have the money for hospice and that’s the only way to live? Do medical realities today necessitate and speed up death from a health-care-industry perspective as well as that of struggling families?

CHEVLEN: Hospice care is designed to give supportive care to people in the final phase of a terminal illness, and to focus on comfort and quality of life, rather than cure. The goal is to enable patients to be maintained in comfort and dignity so that they live each day as fully as possible. Hospice care is a covered service of Medicare, Medicaid, and all health-insurance plans. The hospice for which I served as a medical director never sent a bill to a patient or family. We accepted insurance payments as payment in full. Patients who had no insurance coverage of any kind were treated without charge as part of our mission. Most hospices operate in similar fashion. Hospice care may not be as cheap as a quick lethal potion, but it is relatively inexpensive, and available to virtually all.

My experience as a hospice medical director also taught me the limit of prognostication. Patients are eligible for hospice care when two doctors conclude that the patient’s life expectancy is six months or fewer. This is the same standard that now qualifies patients for assisted suicide in California. Nonetheless, 15 percent of hospice patients live longer than six months. Eight percent live longer than a year. (How many live longer than the doctors who had assessed their prognosis is not reported.) We’ll never know how much life will be lost by patients who chose suicide, assisted or otherwise, upon learning such a prognosis.

LOPEZ: What did your own battle with cancer teach you about pain and life and death in a whole new way?

CHEVLEN: Mankind is more in need of reminding than instruction. My own illness reminded me of many things which I knew intellectually, and which I had frequently observed in my career, but which I had not yet personally experienced. Like many patients, I was at first reluctant to have my pain treated with the full dose of morphine prescribed by my doctor—a dose identical to that which I myself have prescribed countless times—because I was concerned about possible side effects. (And like many of my patients, when I realized that the feared side effects didn’t occur, I gratefully accepted the full prescribed dose.) I was reminded that a doctor’s knowing that pain makes people grumpy does not in fact prevent pain from making a doctor grumpy.

When I was quite a bit sicker, I recognized and considered the possibility that

the complications of my illness might soon take my life. I was weary from illness at that point. I recognized that, although not suicidal, I was indifferent to the prospect of dying. Of course, I had a loving, supporting family to encourage and/or nag me as needed. And intellectually I understood that my long-term prognosis was good. But now that I am healthy again, I think back on that time and try to learn from it. I was blessed that my cancer had a good prognosis, and that my excellent medical care was supplemented by the unconditional love of my family. But I think about patients whose prognosis is not good, or who go from indifference to death to an actual longing for death. No less than I, these patients need steadfast affirmation of the intrinsic value of life until and after the crisis of their despair abates.



"It's poached salmon, in that it's stolen."

APPENDIX B

[*Solveig Gold, who is from New York City, is in her junior year at Princeton University, majoring in Classics. She can be reached at slgold@princeton.edu. The following commentary was first published in The Princeton Tory and is reprinted with permission.*]

“This is Blasphemy! This is Madness!”: Planned Parenthood and the Spartans

Solveig Gold

“*This is Sparta?*” we asked, disappointed, as we stared out at the barren landscape below us. There isn’t much to see of ancient Sparta nowadays, and, according to Thucydides, there never really was much to see: The Spartans famously had avoided all luxury and ostentation. My fellow travelers through Greece—mostly graduate students in Classics or Archaeology—kicked around some ancient rocks and then called it a day.

With no carefully carved marble or colossal temples to dazzle us, our interest in the Lacedaemonians was quickly dwindling . . . until we piled onto our bus the next morning and drove up the mountain to a cliff called the Apothetai. Here, we were told, the Spartans had brought their unwanted babies and either abandoned them to face “exposure” to the gods and the elements or flung them into the chasm below. Our faces lit up. Finally—there was something to see of ancient Sparta! *This* was the “blasphemy” and “madness” that Gerard Butler had (shamefully) taught us to expect.¹ *This* was Sparta.

We had such fun at the Apothetai, posing for dramatic photos and pretending to cast each other into the chasm. On that hot July morning, I gave little thought to the haunting screams that once must have echoed from the cliff’s abyss. I did not consider the pain mothers and fathers must have felt, forced to abandon or slaughter babies the Spartan elders had deemed “flawed” and therefore unworthy of life. Thrilled at the barbarism of the Spartans, seemingly a world apart from our civilized society of hospitals and obstetricians, I simply laughed and smiled for the camera.

Less than a week later, however, two things happened: I stumbled upon the Center for Medical Progress’s gruesome video of Dr. Deborah Nucatola cavalierly discussing the sale of aborted fetal tissue over lunch, and I saw a plastic bag full of bones—the bones of 449 infants and fetuses who had been tossed into a Hellenistic well in Athens.

Some of the disposed infants had died from premature birth, others from disease or infection, and still others were likely victims of infanticide due to their ugly birth defects. But whatever the cause, these children had almost all died within their first week of life, and their bodies had been dropped down a secluded well, not to be seen again until uncovered by archaeologists over two thousand years later.

As we poured over the little bones, the mood was entirely different from our jolly photo op on the Spartan cliff. With each body’s story or diagnosis, we became

more and more somber. Last week's laughs were replaced with shudders and sighs. At times, we were moved to tears. Rationally, of course, we knew that even had they lived to adulthood, these Athenians would be long dead by now anyway. And yet we still felt the need to weep for the short, unfulfilled lives marked by the bones before us.

What had changed between our trip to the Apothetai and our afternoon with the skeletons? Had we become more sympathetic people? Had we suddenly adopted a new moral code? No, presumably we had not.

But there is something fundamentally different about hearing glorified legends of death and seeing the evidence of that death up close. There was no humor to be found in that bag of bones. All summer we had been trained to use our minds to reconstruct the ruins of ancient material objects and buildings, so when confronted with the ruins of human corpses, I began to reconstruct them in my mind, too. I saw dying babies, mothers wailing in despair, and midwives stealing off in the dead of night to dispose of the bodies. I no longer thought of a legendary, operatic tradition—I thought only of the reality of premature death faced by individual families each year throughout the ancient world, whether in Sparta, Athens, or elsewhere entirely.

And therein lies the power of the Center for Medical Progress's videos, which were beginning to go viral that very same day. The organization recognizes that the specific is more likely to capture our attention than sweeping statistics—indeed, the statistics may serve merely to desensitize us to the issue at hand; as Josef Stalin once observed, one death is a tragedy, but a million deaths is a statistic. That we are susceptible to desensitization about infant death and fetal abortion is evident everywhere—from my photos atop the Spartan Apothetai to the video of Planned Parenthood's Dr. Nucatola blithely discussing the sale of fetal body parts while munching salad and sipping wine. To counter that desensitization, the Center for Medical Progress decided to hold up a metaphoric bag of bones.

We may hear the numbers—that over 1 million fetuses are aborted in the United States every year,² that 37% of Planned Parenthood's (non-government) healthcare revenue comes from abortion services³—but it is entirely different to watch a video in which the dismembered body of an actual aborted fetus lies displayed in a Planned Parenthood petri dish, ready to be sold to the nearest stem-cell researcher. No matter one's belief about when life begins, it is hard to deny that the aborted fetus in the video, at 11.6 weeks old, is far from a meaningless clump of cells. With clearly delineated legs and arms, as well as a brain, a stomach, a liver, and a heart that was beating until just a few hours before, the miniature body, like the bones in the Athenian well, serves as a stark reminder that, statistics aside, a little boy was prevented from living. Those tiny eyes in the dish never had the chance to open up and see the world around them. Those teeny hands never got to cling to a mother's chest.

With these videos now out in the open, will nothing change? Will we continue killing a million babies each year, will the government continue to fund the organization that sells those babies' body parts, and will Dr. Nucatola and her

APPENDIX B

minions continue to repeat the video's chilling refrain: "I'm going to basically crush below, I'm gonna crush above, and I'm gonna see if I can get it all intact"?

If we trust Plutarch's account in *Lycurgus*, then it seems the Spartans knew that babies deemed unfit by the assembly of elders would be left to die at the Apothetai: The practice of exposure was common knowledge. And yet the Spartans brought their unwanted infants far from their city, to a remote cliff, as if they believed that the widely accepted practice were still somehow inherently wrong. After all, if they had been completely sanguine about exposure and infanticide, would they not have performed it out in the open for all to see, with their customary, triumphant defense of death: "This is Sparta!"?

Perhaps the Spartans, like the Athenians, believed that the death of an infant would bring a sort of pollution to the city. It is thought that the Athenians not only threw their dead babies into far-off wells to protect their city from the "miasma" of untimely death, but also sacrificed dogs into the wells, too, to counteract the pollution.

Where is that idea of pollution today? Where is the acknowledgment that what we are doing is somehow inherently wrong? We abort over 1 million babies each year. We, like the Spartan elders, frequently choose to eliminate those humans that we deem unfit and imperfect (lest we forget, Margaret Sanger, the founder of Planned Parenthood, was a famous eugenicist). And now, thanks to this summer's videos, we have seen up close what, exactly, goes on in abortion clinics across America. Yet, like the Spartans, we knowingly allow the slaughter to continue, and, *worse* than the Spartans, we express no shame for our actions. We do not take our unwanted babies to distant cliffs or wells, for fear that their untimely deaths will offend the gods and bring pollution to the city; rather, we take them to government-funded institutions and proudly pat ourselves on the back for our enlightened feminism and advanced medical techniques.

I shouldn't have laughed at the Spartans' barbarism that day at the Apothetai. We may have hospitals and obstetricians, but we have not advanced from the cliff or the well; if anything, we have taken a step backwards—by becoming so desensitized we do not even realize or acknowledge that what we do is wrong. Barbarism isn't throwing unwanted babies off cliffs. Barbarism is throwing unwanted babies off metaphorical cliffs, and then laughing about it over lunch and a glass of red wine. *This* is blasphemy. *This* is madness. But this is not Sparta—this is 21st-century America.

NOTES

1. *300*. Dir. Zack Snyder. By Zack Snyder, Kurt Johnstad, and Michael B. Gordon. Prod. Gianni Nunnari, Mark Canton, Bernie Goldmann, and Jeffrey Silver. Perf. Gerard Butler and Lena Headey. Warner Bros. Pictures, 2007. Film.
2. "Abortion Information." *National Right to Life*. Web. 17 Aug. 2015.
3. Lee, Michelle Ye Hee. "For Planned Parenthood Abortion Stats, '3 Percent' and '94 Percent' Are Both Misleading." *Washington Post*. The Washington Post, 12 Aug. 2015. Web. 17 Aug. 2015.

. . . as I write in early November, the German parliament has just passed legislation enabling doctors to assist patients in ending their lives. Suicide was decriminalized in Germany 150 years ago; until now, however, doctors who wrote prescriptions for lethal drugs could be sanctioned by medical boards. “Most importantly,” says John Bewick, religious affairs editor at *Deutsche Welle* (Germany’s state-run international broadcaster), “the new law prohibits the commercialization of suicide: businesses disguised as humanitarian organizations, which profit from administering lethal medication.” The bill, he claims, “passed by an overwhelming majority” because of fears that “severely disabled people and the terminally ill” would be subjected to “pressure to end their lives,” as now happens in Switzerland and the Netherlands, countries, he says, that have embraced “the normalization of suicide” (www.dw.com/en/opinion-a-good-death/a-18832566).

But is it “profit” that propels enterprises such as Holland’s End of Life Clinic, “a network of travelling euthanasia doctors” who, writes Dr. Theo A. Boer, have administered life-ending drugs to “hundreds” of people since it was formed in 2012? (“Euthanasia in the Netherlands: An Eyewitness Report,” page 61). Dr. Boer, a first-time contributor to these pages, is professor of ethics at the Theological University of Kampen and at the Protestant Theological University of Groningen. He acquiesced in legalization (back in 2001) but has changed his mind as he has seen the law “create its own dynamics.” Not only is euthanasia “fast becoming the preferred, if not the only acceptable mode of dying for cancer patients,” doctors themselves can come under “intense” pressure to end patients’ lives.

Euthanasia, of course, continues to gather support in the United States, with California being the latest state to legalize physician-assisted dying. Kathryn Jean Lopez recently interviewed Dr. Eric M. Chevlen, an oncologist who publicly advocated against the California legislation; we thank *National Review* for permission to reprint their exchange, in which, among other things, Dr. Chevlen discusses what it is like for him, a cancer sufferer, to be on the patient end of the debate (*Appendix A*, page 90). And thanks to our regular contributor, John Grondelski, who not only reviews Margaret Somerville’s *Death Talk: The Case Against Euthanasia and Physician-Assisted Suicide* in this issue (Booknotes, page 86), but was also instrumental in inviting Dr. Boer to write an article for us.

Finally, thanks to *The Princeton Tory* for allowing us to share Solveig Gold’s “‘This Is Blasphemy! This Is Madness!’: Planned Parenthood and the Spartans” (*Appendix B*, page 94) with our readers. Ms. Gold, a junior majoring in classics at Princeton, focuses on a common form of euthanasia in the ancient world—the abandonment and killing of “unfit” infants—drawing a startling line between tiny bones found in a Hellenistic well and tiny eyes and hands filmed in a Planned Parenthood Clinic petri dish. Madness, indeed.

ANNE CONLON
MANAGING EDITOR

SUBSCRIPTIONS AND BOUND VOLUMES

Subscriptions: the *Human Life Review* accepts regular subscriptions at the rate of \$40 for a full year (four issues). Canadian and all other foreign subscriptions please add \$10 (total: \$50 U.S. currency). Please address all subscription orders to the address below and enclose payment with order. You may enter gift subscriptions for friends, libraries, or schools at the same rates.

Additional Copies: this issue—No. 4, Volume XLI—is available while the supply lasts at \$10 per copy; 10 copies or more at \$8 each. A limited number of back issues from 1996 to this year are also available. We will pay all postage and handling.

Bound Volumes: we now have available bound volumes of the years 1992 through 2001 at \$50 each. The volumes are indexed, and bound in permanent library-style hardcovers, complete with gold lettering, etc. (they will make handsome additions to your personal library). Please send payment with order to the address below. We will pay all postage and handling.

Earlier Volumes: while several volumes are now in very short supply, we can still offer some of the volumes for the first 16 years (1975-1989) of this *Review* at \$50 each.

Selected articles from the current issue of the *Review* are available on our website, www.humanlifereview.com. Older articles may be viewed on the site's *Archives* page.

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