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CATHOLIC LEAGUE NEWSLETTER



June, 1986

Vol. 13, No. 6

TV station runs anti-Catholic ads to counter pro-life views

JACKSONVILLE, Fla.—The management of WJKS-TV in Jacksonville recently resorted to vicious anti-Catholicism to strike a blow on behalf of legalized killing of unborn babies.

In a letter to WJKS management, the Catholic League has strongly protested the station's actions.

Traditionally, pro-life forces have faced an all but impossible task in winning fair presentation of their views on television

newscasts or community service programs.

Members of Florida Right to Life (FRL) decided to try an end run around the media's anti-life bias and purchase advertising time in the Jacksonville market in an effort to share their message with their fellow Florida citizens.

WJKS-TV management happily accepted FRL money for the ads. Then, in the name of the Fairness Doctrine, they granted free air to the Florida Abortion Rights Action

League (FARAL) to present the opposite view.

Beyond the fact that Federal Communications Commission Fairness Doctrine does not require TV stations to grant free time to refute statements made in another group's paid ads, WJKS-TV was also a willing partner of deceit.

The anti-life FARAL ad that WJKS aired

Please turn to page 2

League defends pickets' free speech rights in federal appeals court

CHICAGO, Ill.—Catholic League Associate General Counsel Walter M. Weber, in a recent hearing before the U.S. Court of Appeals for the Seventh Circuit, argued in defense of the free speech rights of pro-life picketers. Weber asked the appeals court to affirm a lower court ruling striking down an anti-picketing ordinance of the Town of Brookfield, Wisconsin. The three-judge court took the matter "under advisement," and will probably decide the case within a few months.

The case of *Schultz v. Frisby* began in the spring of 1985 when pro-life individuals picketed on several occasions on the public street outside the Brookfield residence of abortionist Benjamin Victoria. Town officials responded with an ordinance prohibiting all picketing "before or about the residence or dwelling of any individual in the Town of Brookfield." The ban made no exception for peaceful picketing on public streets.

The League filed suit in federal court on behalf of two of the pro-lifers, claiming that the picketing ban violated the pro-lifers'

free speech rights. The district court judge agreed, and ordered the town not to enforce the anti-picketing law. The town then appealed the order to the federal court of appeals—the next highest court below the U.S. Supreme Court.

The main issue in the legal dispute is whether a town can prohibit all residential picketing, or only picketing which actually disturbs residential peace or privacy.

Attorney Harold H. Fuhrman of Milwaukee argued on behalf of the Town of Brookfield. He asserted that the town had the power to prohibit all residential picketing in order to preserve neighborhood peace and privacy. One of the judges asked Fuhrman if it really was necessary to ban picketing completely. Fuhrman replied that it was.

League attorney Weber countered by asserting that the town could pass less restrictive laws which outlaw only "abusive conduct" such as destruction of property, blocking roads and driveways, making ex-

See Picketers on page 6



Now it's Judge Noonan

John T. Noonan, professor of law at the University of California, Berkeley, and a former Catholic League director and member of the Legal Advisory Committee, has been appointed to the federal bench. His appointment to the Ninth Circuit Court of Appeals was confirmed in December.

Educated at Harvard and at Catholic University of America, Judge Noonan is nationally-known as an advocate of the right to life of unborn children. Judge Noonan has written widely on the issue.

"Catholic baiting is the anti-Semitism of the liberals." — Yale Professor Peter Viereck

A HISTORICAL VIEW OF THE RIGHT TO LIFE

by Robert J. Henle, S.J.

McDonnell Professor of Justice in
American Society, St. Louis University

The National Organization for Women recently published and distributed a five-page document purporting to be a brief history of reproductive rights. This document is so inaccurate and biased that it must receive a careful, objective critique.

Some of the items listed are simply false; others are distortions or misrepresentations. In addition, there are serious omissions even for a "brief" chronology. Finally, the document makes use of the universal ploy of all propagandists, namely, the *suppressio veri*, i.e., the failure to point out important relevant facts which modify the impression of the statement.

The main bias of the document is obviously against Catholicism. If one were to read this document without having any other knowledge of the history of abortion, one would certainly get the impression that the only opposition to abortion in the whole history of our culture has come from several Catholic theologians and from the Catholic popes. This, of course, is a total misrepresentation of history.

The chronology is organized as a series of brief, dated items. I shall imitate the dating sequence. I will not comment on every entry: some are simply factual statements, some are unimportant or irrelevant. I cannot be brief. A critique must include explanation and this generally precludes brevity. As Chesterton once said, it takes a *book* to set straight a *paragraph* of falsehoods, half truths, facts, and innuendoes.

2600 B.C. to 1850 B.C. The first two items report formulae for

producing abortion or contraceptive pessaries from ancient documents. These do not seem to be of enough importance to merit mention in a brief chronology. However, an overview of ancient attitudes toward abortion would have been in place, as giving a background for the development of a civilized attitude toward abortion.

As far as we can make out from comparative anthropology and various records, the societies which had low levels of

morality, for example, which practiced cannibalism, oppression of women, slavery, perpetual warfare, and a great variety of superstitions, often had permissive or very superstitious attitudes toward abortion. No unified picture emerges from the so-called primitive societies.

But a quite different perspective of great importance for this chronology emerges with the appearance of what anthropologists call the "high" religions, for from these there developed in wide areas of the world more civilized moral codes and a general consensus against abortion.

The ancient Vedic spiritual writings condemn abortion (India, 1500-500 B.C.)

Buddhism (6th century B.C., in large areas of Asia) inculcated a respect for all life and completely condemned abortion.

Hinduism (ancient and modern India) regarded abortion as a great evil.

A strong tradition within Judaism (from 1200 B.C.) was opposed to abortion.

Islam may be mentioned here, although it is much later (from 622 A.D.). It, too, has consistently condemned abortion.

So it is not just popes who have condemned abortion. It has long been the considered opinion of religious men throughout the world that abortion is a great evil.

Recognizing this continuing consensus among the wise men of the world puts a quite different light on the whole issue of abortion.

After presenting the almost universal opposition to abortion on the part of highly developed and reflective religions, significant reference should have been made to what has long been considered the highest statement of medical ethics to emerge from classical civilization: this is the Hippocratic Oath. Hippocrates, sometimes called the Father of Medicine, was a Greek physician-medical educator of the third/

fourth century before Christ. He wrote a guide for his students to a proper medical/ethical and etiquette behavior which he summarized in the religious oath which he required his students to take. The oath is brief and very general, but there are two specific actions singled out for the young physician to reject:

I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce an abortion.

This *Oath* has always been regarded as one of the noblest statements of professional medical ethics. It came, not from a pope, but from a pagan physician. The Christians took the oath over, substituting the Christian God for the range of pagan deities invoked by the Greek version. It has been customary, in American medical schools, to read the oath at graduation or at some terminal activity of the medical school. In recent years, the part on abortion has been quietly dropped, so that people do not realize that prior to Christianity, in a pagan civilization which was becoming morally corrupt, abortion was condemned in a solemn religious context.

200 A.D. But actually, the chronology omits another fact which is probably the most important in order to gain a proper perspective on the social consensus in Western culture condemning abortion. It was not St. Augustine or St. Thomas or the popes who first set up condemnations of abortion. As soon as the Christian community in the Roman Empire became vocal (from the 2nd century on) and were able to publish explanations of its faith and critique of the pagan civilization in which Christians were living, they emphatically and unanimously proclaimed their complete rejection of abortion at any stage of pregnancy. The grounds were that it was a serious sin or a horrendous evil which would certainly lead

Because of the importance of the FIRST civil right, the right to life itself, this month's supplement is a reprinting of a supplement first run in the Catholic League Newsletter in July, 1981.



PEACE urges boycott of Methodist Hospital

PEACE of Minnesota, a pro-life group, has been active in protesting clinics which perform abortions. Now PEACE is extending its activity to include a boycott of Methodist Hospital in St. Louis Park, a hospital that neither allows nor refers clients for abortions.

"We have decided that an absolute boycott of all of Methodist's services is necessary," explained PEACE President Michael Gaworski. Gaworski explained that such a boycott was necessary because Methodist Hospital administrators had refused to allow PEACE picketers on hospital property to distribute literature near the Meadowbrook Women's Clinic,

a facility which PEACE estimates has performed over 120,000 abortions since 1973.

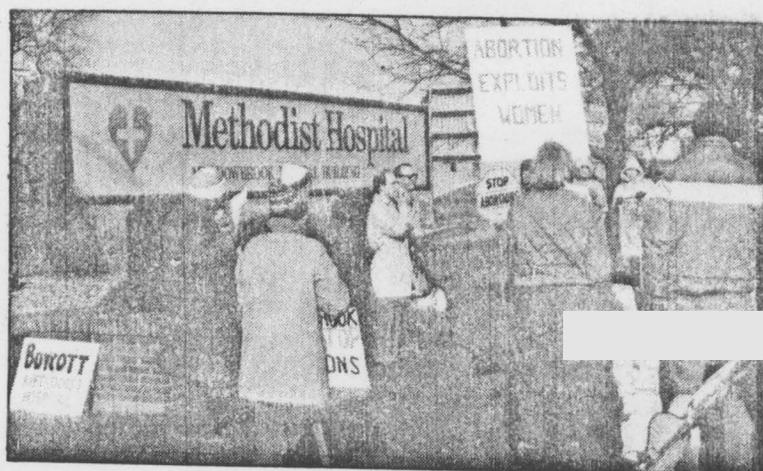
The women's clinic is housed in the Meadowbrook Building, which sits on Methodist Hospital property and is physically attached to the Methodist Hospital building. The Meadowbrook Medical Building itself is owned by a development corporation, which has a long-term lease for the property.

PEACE charges that Methodist Hospital must approve all tenants of the Meadowbrook Medical Building, and therefore approves of an abortion facility on

continued on page 3

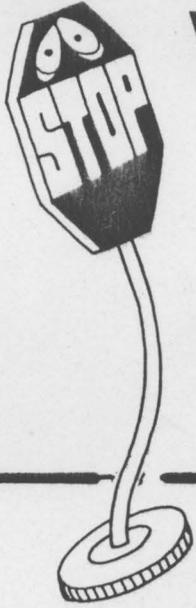
Volume 8, Number 7
Thursday, November 21, 1985

Single copy price **50¢**



PEACE of Minnesota President Michael Gaworski (speaking) called for a boycott of Methodist Hospital (Doug Trouten photo).





WATCH YOUR LANGUAGE!

WORDS SHAPE ATTITUDES

By Frances Strong
Human Life Alliance of MN

Words convey powerful images which shape our thinking and therefore, our attitudes. Equally important, the words we use affect other's attitudes.

Many words used to describe disability are outdated, inaccurate and stem from fears and misconceptions. These words are not consistent with the reality of being disabled or the way people with disabilities view their lives. They create attitudinal barriers which are often more handicapping than the actual disability.

Because of their extremely negative connotations, many of these words support arguments for allowing newborn disabled babies, newly disabled people and people in nursing homes to die. When words portray being disabled as being so tragic that life would no longer be worth living, death is seen as the only merciful alternative. Additionally, when words create an image of people with disabilities as being totally different from everyone else, their basic humanity may not be recognized. This can then become the justification for the denial of basic human and civil rights, including the right to life.

The following list can help you ensure that your words accurately reflect the attitudes you wish to express. Negative words to avoid are listed, followed by suggested alternatives which convey more realistic, positive images of disabled people and life with a disability.

CRIPPLE, CRIPPLED - The image conveyed is ^{of} a twisted, deformed, unattractive, useless body. The effect is strong stigmatization and total, all encompassing inferiority.

Instead say - DISABLED, DISABILITY. PERSON WITH A DISABILITY is better than DISABLED PERSON because it puts the person first and the disability second.

CEREBRAL PALSIED, SPINAL CORD INJURED, etc. - Never identify people solely by their disability.

Instead say - PEOPLE WITH CEREBRAL PALSY, PEOPLE WITH SPINAL CORD INJURIES, etc.

INVALID - The origins of this word mean not valid. It conveys images of being bedridden, which most persons with disabilities are not.

Instead say - PERSON WHO HAS A DISABILITY

PATIENT - Being disabled is not the same as being ill. Omit the word patient except in reference to doctor or hospital situations, or when someone is actually ill.

No substitution

VICTIM - People do not like to be perceived as victims for the rest of their lives, long after the victimization has occurred.

Instead say - A PERSON WHO HAS HAD A SPINAL CORD INJURY, POLIO, A STROKE, etc., or A PERSON WHO HAS MULTIPLE SCLEROSIS, MUSCULAR DYSTROPHY, ARTHRITIS, etc.

DEFECTIVE, DEFORMED, VEGETABLE - These words are offensive, degrading, stigmatizing and imply a lack of humanhood. Therefore, they should not be used to describe human beings.

Instead say - DISABLED or HAS THE CONDITION OF (Spinal Bifida, etc.), or BORN WITHOUT LEGS, etc. These are more accurate, more informative and do not devalue the basic worth and humanity of the person.



RETARDED - This word has become stigmatizing and is offensive to people who bear the label.

Instead say - PERSON WHO HAS A MENTAL DISABILITY.

MORON, IMBECILE, IDIOT - Although these are recognized as medical terms, they are also very stigmatizing labels to attach to a person.

Instead say - MENTAL DISABILITY, MENTALLY DISABLED, MILDLY, SEVERELY.

DEAF AND DUMB - is as bad as it sounds. Inability to hear or speak does not indicate less intelligence.

Instead say - HEARING DISABILITY, HEARING IMPAIRMENT, UNABLE TO HEAR, UNABLE TO SPEAK, PARTIAL/TOTAL HEARING LOSS.

BLIND AS A BAT - is plainly derogatory. In addition, many people labeled legally blind do have varying, though limited amounts of sight.

Instead say - VISUAL DISABILITY, PERSON WHO HAS LIMITED/PARTIAL VISION, PERSON WITH TOTAL/SEVERE LOSS OF VISION.

HEALTHY - When used as the opposite of disabled implies the person with a disability is unhealthy. Many disabled people have excellent health.

Instead say - ABLE-BODIED, ABLE TO WALK, SEE, HEAR, etc., PEOPLE WHO ARE NOT DISABLED.

NORMAL - when used as the opposite of disabled, implies the disabled person is abnormal. No one wants to be labeled abnormal. This is very demeaning.

Instead say - PEOPLE WHO AREN'T DISABLED, etc.

DISEASE - Many disabilities, such as cerebral palsy, spinal cord injury, etc., are not caused by diseases. Better to omit the word, unless referring to an actual disease.

No substitution

AFFLICTED WITH, SUFFERED FROM - Most people with disabilities don't view themselves as suffering all the time.

Instead say - A PERSON WHO HAS (name the disability).

RESTRICTED TO, CONFINED TO A WHEELCHAIR, CRUTCHES - Most people who use a wheelchair or other mobility device do not regard them as confining. Instead, they are viewed as liberating, as a means of getting around.

Instead say - USES A WHEELCHAIR or CRUTCHES, WALKS WITH CRUTCHES.

HOMEBOUND - is an assumption which isn't always true in this day of hand controls for cars and accessible buses. It tends to imply that it is totally impossible to go anywhere. If it is hard for the person to get out, then just say it, without exaggeration.

BURDEN - is a bad word because it makes a judgement which may exaggerate the degree of help needed and the impact on the helper.

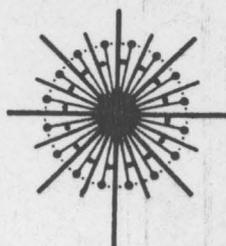
Instead say - PERSON WHO NEEDS ADDITIONAL HELP, CARE.

POOR, PITIFUL, UNFORTUNATE - These words reflect subjective, value judgements which may not be consistent with the way the individual views him/herself or wants to be viewed. Emotion-laden, judgemental words such as this should be omitted.

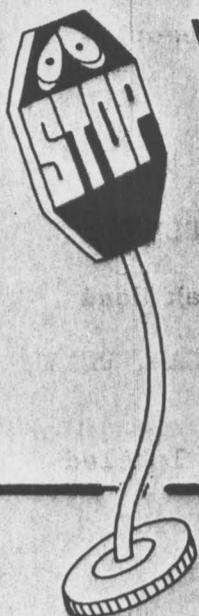
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HOPELESS, INCURABLE - Avoid referring to a person with a disability as being hopeless even if the disability is not curable. Often, someone will be described as hopeless and incurable without stating whether it is an incurable fatal illness or only the disability which is incurable. The designation, hopeless and incurable, is then used as justification for "allowing" the person to die. Since disability and death are vastly different, the distinction should always be made. Curable, life-threatening illness should be treated even when the disability can't be.

Suggestion - Use HOPELESS only when referring to situations where the dying process can not be reversed or delayed.



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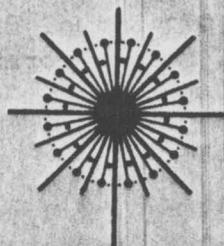
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Maryland Right to Life, Inc.

P.O. Box 115
Kensington, Maryland 20895-9990
PHONE: (301) 933-1933

"With each new life God manifests His Great Love for Mankind"

Dear Pro-Life Friends,

Our best holiday wishes to you. During this season we reaffirm our love for children, our willingness to give them a place in our lives and doing that, we proclaim our hope for the future.

We show our love by protecting and sustaining our children, especially before birth, but also during those precious months in early infancy, whatever the condition of the child. We must guarantee each child his or her precious right to life.

We at Maryland Right to Life, Inc., the oldest and largest pro-life group in Maryland hope, through education, to change the hearts and minds of Marylanders to protect the hidden child within the womb.

As you make your Christmas list please include Maryland Right to Life, Inc. We hope you will be generous with your Gift of Life so that we may continue our efforts to save children and promote a better world based on love and care.

Thank you and God Bless you.

Sincerely,

Reba M. Ferris
Executive Director

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President



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If anyone sheds the blood of man,
by man shall his blood be shed;
For in the image of God
has man been made,^s



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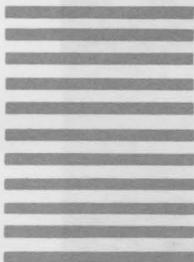
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ALL THINGS IN CHRIST"

(Ephesians 1:10)

VOLUME 118, NO. 42 — OCTOBER 17, 1985

07/86

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MR JOSEPH A LAMPE
3924 DAKOTA AVE
ST LOUIS PARK MN 55416



... from the Eternal City

POPE JOHN PAUL II . . .

The God Of The Covenant

In his general audience of Sept. 25th, Pope John Paul II reminded his listeners that the God of the Covenant is the God "who gives Himself" to man in a mysterious way: the God of Revelation and the God of grace.

In our catechetical talks we seek to reply progressively to the question: Who is God? It is a case of an *authentic* reply, because it is based on the word of God's self-Revelation. This response is characterized by the certainty of faith and also by the intellect's conviction enlightened by faith.

Let us return once again to the foot of Mount Horeb, where Moses who was pasturing the flock, heard from the midst of the burning bush the Voice which said: "Put off your shoes from your feet, for the place on which you are standing is holy ground" (Ex. 3:5). The Voice continued: "I am the God of your father, the God of Abraham, the God of Isaac, and the God of Jacob." He is therefore the God of

the fathers who sends Moses to free His people from the Egyptian bondage.

We know that after having received this mission, *Moses asks God what is His name*. And He receives the reply: "I AM WHO I AM." In the exegetical, theological, and magisterial tradition of the Church, repeated also by Paul VI in the *Credo of the People of God* (1968), this reply is interpreted as the Revelation of God as "Being."

In the reply given by God: "I am who I am" in the light of the history of salvation one can have a richer and more precise idea of Him. By sending Moses in virtue of this Name, God — Yahweh — is

(Continued on Page 12)

Pope Picks Cardinals Krol And Law



Minister Farrakhan And
"Je Vous Salus Marie" Come To New York

Catholic Beliefs Publicly Trashed

By RICHARD COWDEN-GUIDO

"The Supreme Pontiff joins the faithful of the Diocese of Rome in unanimously deploring the presentation of a cinematic work that twists and falsifies the spiritual significance and historic value of the Christian Faith, and deeply wounds the religious feeling of believers and respect for the sacred, and the figure of the Virgin Mary" — Pope John Paul II, on the film *Je Vous Salus Marie*.

"We believe the film 'Hail Mary' is outright blasphemy and anti-Christian, anti-Catholic, and insulting to Catholics throughout the world. We are pleased that lay people and groups are voicing their concern and objection and doing so vociferously. . . ." — Fr. Pefer Finn, director of communications, Archdiocese of New York.

NEW YORK — When the heretical Muslim firebrand Minister Louis Farrakhan showed up in New York on the Feast of Our Lady of the Rosary (Oct. 7th) to, among other things, warn "the Jew" against many of the crimes he perceived them to be committing, and what would happen to them if they did not cut it out, the full prestige of the state was trotted out to denounce the man. Government officials from Mayor Koch to Mario Cuomo — who, as ever, was careful to cover his bases, since he announced that "Farrakhan says many things we can agree to," albeit with "a language of divisiveness and polarization" which the governor "deplores" — made a particular point of assuring New York's Jewish population of the state's resolute opposition to anti-Semitic bigotry. They even urged opponents of Minister Farrakhan not to bring attention to him with protest demonstrations, advice that was largely followed.

Alas, it proves that these men are not opposed to bigotry *per se*, but merely bigotry against groups they perceive to be politically

Gabriel, the Mother of Christ, and the Christ Child, showed up for a two-night run during the tax-funded (both federal and state) New York Film Festival, not a peep was heard either from the governor or the mayor — and none has so far been heard as we go to press.

The New York State Council on the Arts informed me that both it, and the National Endowment of the Arts, chose to use your tax money so that New Yorkers might more easily see a portrayal of the Madonna using the Anglo-Saxon words (in the official English translation) for the sexual act and for the vagina; to watch a doctor give her a pelvic exam to ascertain her virginity, which the Joseph character does in the same manner; to watch her writhe naked, though in pain, not sensually; to watch the Joseph character accuse her with vulgar language of having affairs with men genitally well-endowed; and, well, shall I go on?

A PROTEST OF THOUSANDS

Yes, racism and anti-Semitism



Liberal defends anti-abortion stand

Opposition to abortion is falsely considered a right-wing position, says a prominent Lutheran pastor and editor widely known for supporting "progressive" and "liberal" causes.

In backing the pro-life movement and opposing abortion on demand, the Rev. Richard John Neuhaus

During the Vietnam War, he led an antiwar protest service in his church at which many youths turned in their draft cards. He helped organize and was national cochairman of Clergy and Laity Concerned About Vietnam.

He also has worked closely with community, city and national or-

"a moral and political disaster" because it "removed from the American people and the normal political process discussion of one of the most urgent questions facing any society: How are we going to define and protect human life?"

HE SAID the decision "almost completely reversed the trend

follows the logic of the Supreme Court's decision one could also be led to support infanticide, euthanasia and the elimination of all forms of life that are not "meaningful."

Neuhaus said that both pro-lifers and pro-abortionists should work for a public policy that would establish what human life is, would

Nick Thimmesch

A doctor's agony over abortion



WASHINGTON—The Right-to-Life Movement persists, this odd collection of people holding the deeply felt conviction that there's a human being in there and it shouldn't be done away with. Despite generalizations peddled by opponents, these people are not all members of the Papal Plot or leftover sign wavers. But, as with any movement, the adherents do need a boost now and then.

Occasionally they get it when they

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."

Dr. Selzer sees movement again and has an impulse to seize the needle and pull it out. But that would be madness because everyone in the room wants it

AMNIOCENTESIS --- WHAT IT IS & HOW IT IS USED



DEFINITION: Amniocentesis is the name given to a procedure used to enter the amniotic sac in which an unborn child is carried during pregnancy. A needle is used to penetrate the mother's abdominal and uterine walls and fluid may then be:

Withdrawn - for examination

or

Introduced - such as x-ray dyes for diagnostic tests or substances intended for direct treatment of the fetus, such as red blood cells.

This particular procedure has become increasingly useful, especially in the last decade, in both the diagnosis and management of the fetus at risk.(1)

DIAGNOSIS: Amniocentesis has rapidly become an important diagnostic tool in obstetrics. It has proved to be useful in the detection of fetal sex, chromosome variations and metabolic disorders. As in all diagnostic procedure, it is important to realize that the safety of the procedure to either or both the mother and the fetus cannot be guaranteed. Nor are the subsequent biochemical and/or chromosomal analyses carried out with certainty. At present, however, amniocentesis, carried out by well trained persons, is generally considered a safe procedure. The certitude of the chromosomal and biochemical findings varies with the particular test performed.

MANAGEMENT: Perhaps the most dramatic breakthrough in the management or actual treatment of an infant in utero was made by Dr. Liley in 1963.(2) An infant actually dying in utero from Rh complications was treated by administration of intrauterine blood transfusions and survived. Rh incompatibility problems can now be detected, monitored and treated if necessary through the use of amniocentesis.

AMNIOCENTESIS ----- SOME GENERAL PROBLEMS AND ABUSES

WHILE amniocentesis is without a doubt a useful diagnostic tool, it has been subject to much abuse in the area of management, following diagnosis. Perhaps the most blatant abuse can be seen in choosing to "manage" the fetus at risk by killing the fetus rather than treating or preparing to treat the risky condition.

IT IS RATHER IRONIC that a procedure which was originally developed to increase the chance of survival of a fetus during a difficult pregnancy, is now being used by many to target for destruction those infants who have been designated the weakest and most in need of help.

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- 1) McLain, Clarence R., Amniocentesis and the Diseases of the Unborn, March, 1973
 - 2) Liley, W.W., Intrauterine transfusion of fetus in haemolytic disease, British Med. J., 2:1107, 1963

We Have Become An Aborting Society

By Marjory Mecklenburg



We have become an aborting society. The January 22nd U. S. Supreme Court decision opened the door wide to allow what will be an estimated 1.7 million abortions in 1973.

Reactions are mixed. Many people are shocked and saddened by the decision and are working to reinstate laws that protect human life. Some are satisfied. They see abortion as every woman's right and grant the mother ownership and full control over her unborn offspring including the right to kill him or her. Some find abortion a tidy way to deal with a feared population expansion. Others would end a very young life or an oldster's life rather than see these lives continue with possible hardships or problems.

It is curious, however, that almost no one, including those pleased with the decision, finds abortion a happy event or intrinsically good or desirable. Most proponents of abortion see it instead as a sad, but necessary, solution to the problems of women and society. Is abortion the best we have to offer troubled pregnant women in our country?

Little can be said for the creativity, faith or sensitivity of the people of our time if the final death of abortion is to be the solution for society's ills. It is more difficult, takes more time, perhaps more money, and more love to help a woman through a trying pregnancy than it does to send her for an abortion or perform one on her. Yet, in a society where each human life is valued, we will search for solutions which will maintain respect for women and children--solutions which will provide help and support without legalizing violence and destruction.

If we really care about each other, every attempt will be made to educate and promote responsible parenthood and sexuality. Responsibility for one another is not demonstrated by killing unplanned or unwanted offspring. The number of children with special needs and problems can be reduced by stressing the health care of mothers prenatally, by encouraging stable families with adequate counseling and other services and by offering genetic counseling to prevent some birth defects. We should be good to our babies before they are born as well as after birth.

Day care centers with mother and family involvement can be a tool to teach parenting, child development and nutrition. Such quality centers should be available particularly when mothers must work. The young married or single mother should find it possible to complete her education and receive job training if she so desires. Happy, healthy babies, living in stable families, are a goal we can achieve with effort.

No doubt we can name many other needed programs and services in these areas. We are bounded only by our imagination and the depth of our concern as we think of pro-life solutions to problems.

The time has come for some real self-examination of ourselves as a people. We have been endowed with tremendous gifts and we possess enormous power; whether we use these gifts for good or for evil now depends on us. Will we passively submit to man's inhumanity to man, or will we silence the abortion cry with love and concern for our suffering neighbor?



Marjory Mecklenburg, President of Minnesota Citizens Concerned for Life, is chairman of the Problem Pregnancy Research and Advisory Committee which was established to make recommendations to the Minnesota State Legislature for legislation in the area of alternatives to abortion.

With Dr. Thomas Hilgers and nurse Gayle Riordan, Mrs. Mecklenburg has co-authored a chapter on alternatives in Abortion and Social Justice, published by Sheed and Ward in June, 1973.

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HUMAN GENETICS AND THE UNBORN CHILD*

By Dr. Jerome Lejeune

Dr. Lejeune is a doctor of medicine, taking care of disabled children at the Hospital des Enfants Malades (Sick Children's Hospital) in Paris. He has spent ten years in fulltime scientific research, and is now Professor of Fundamental Genetics at the Universite Rene Descartes in Paris. After working with mongoloid children, Dr. Lejeune demonstrated that the disease of mongoloidism was due to an extra chromosome. For this work he received the Kennedy Award from the late President. In 1970 Dr. Lejeune received the William Allan Memorial Medal from the American Society of Human Genetics.

Together with his colleagues in Paris Dr. Lejeune has described many different chromosomal conditions in man and has compared the chromosomes of man and the primates. Currently Dr. Lejeune is deeply involved in new techniques of analysis and has achieved specific recognition of the old and the new chromosomes during cell division. He and his colleagues are also working on the effect of supernumerary chromosomes. In mongoloid children they have recently demonstrated an excess of a specific enzyme, super oxide dismutase. The eventual relationship between this trouble and the mental retardation of the affected child is under investigation.

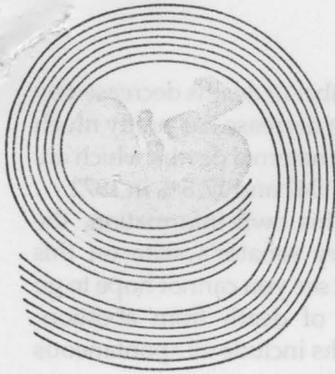
The transmission of life is quite paradoxical. We know with certainty that the link which relates parents to children is at every moment a material link, for we know it is from the encounter of the female cell (the ovum) and the male cell (the spermatozoa), that a new individual will emerge. But we know with the same degree of certitude that no molecule, no individual particle of matter enclosed in the fertilized egg, has the slightest chance of being transmitted to the next generation. Hence, what is really transmitted is not the matter as such, but a specified conformation of the matter, or more precisely, an "information".

Without receiving the complex machinery of coded molecules like DNA, RNA, proteins, and so on, which are the vehicle of heredity, we can see that this paradox is common to all the processes of reproduction whether natural or man made. For example, a statue must be built out of some material, and could not exist if made of pure void. During the casting process there exists at every moment a contiguity of molecules between the statue and the cast, and later, between the cast and the replica. But, obviously, no matter is reproduced, for the replica could be plaster, or bronze, or anything else. What is indeed reproduced is not the matter of the statue, but the form imprinted in the matter by the genius of the sculptor.

Indeed, the reproduction of living beings is infinitely more delicate than the reproduction of inanimate forms, but the process follows a very similar path, as we will see by another familiar example.

On the magnetic tape of a tape recorder it is possible to inscribe by minute alterations of local magnetism a series of signals corresponding, for example, to the execution of a symphony. Such a tape, if introduced in the appropriate

*The Senate Judiciary Subcommittee on Constitutional Amendments held a day of hearings on May 7, 1974 on proposed constitutional amendments to protect the unborn child, with special emphasis on that day on the medical evidence regarding the humanity of the unborn. The main text of Dr. Lejeune's testimony delivered at that time is reproduced herein.



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ABORTION: A HELP OR HINDRANCE TO PUBLIC HEALTH?*

By Andre E. Hellegers, M.D.

*Dr. Andre E. Hellegers is a Professor of Obstetrics and Gynecology at Georgetown University Hospital, Director of the Joseph and Rose Kennedy Institute for the Study of Human Reproduction and Bioethics, and past President of the Society for Gynecologic Investigation and of the Perinatal Research Society. On April 25, 1974, the Senate Judiciary Subcommittee on Constitutional Amendments held a day of hearings on proposed constitutional amendments to protect the unborn child, with special emphasis on the public health aspects of the practice of abortion. At that time Dr. Hellegers presented the following testimony on his own behalf.

The abortion issue has been discussed at all sorts of levels. The issues of population expansion, of women's liberation, of adoption, of maternal and infant mortality, of religion, of public health and morbidity, have all been brought into it and all sorts of statistics have been bandied about.

Of course, these are all issues of interest to various groups, but fundamentally there would be no national debate of the present magnitude, if it weren't for one issue. The issue is whether, in abortion, human life is killed. That is the one key issue.

Now, I believe it is necessary to state that issue more clearly. Usually the question is put in the form of "When does human life begin?" That may be putting the question in a form which confuses things rather than clarifying them.

I do not believe there is any question when biological human life begins. It is at conception, by which I mean when a sperm fertilizes an ovum. To say that it begins at any other time is biological nonsense. Sperm alone do not lead to the birth of babies, nor do ova alone. It is when the two are fused that the process of human development starts and it ends at death. I will only add that with *in vitro* fertilization the truth of this statement is even clearer than it ever was before.

But I suspect that this undoubted fact is not what the abortion debate is about. That the fetus is alive and not dead is undoubted. If it were dead, an abortion would not need to be performed and there would be no child to raise. That the fetus is biologically human is also clear. It simply puts it in a category of life that is different than the cat, the rat or the elephant. So the human fetus represents undoubted human life and genetically it is different than any other animal life.

But I think what those who do not oppose abortion mean to actually convey is that this life is not sufficiently valuable to be protected. It has no value, no dignity, no soul, no personhood, no claim to be protected under the Constitution.





Dr. Morris: Save one, save the world

"The Rabbis of ancient times said it with much beauty - 'He who saves one soul, it is as if he saved the whole world. He who destroys one soul, it is as if he destroyed the whole world.' We must apply this doctrine not just to the unborn but to all the underprivileged members of our human family. We must not allow ourselves to be railroaded by those pleading loudly and vociferously, emotionally and pitifully for their comfort, ease and security, into granting them their wishes by depriving others of their very lives."

So spoke Dr. Heather Morris, honored guest at the second annual Love of Life Ball February 28. About 230 pro-lifers attended the fund raiser at the Sheraton-Ritz in Minneapolis, sponsored by MCCL and American Citizens Concerned for Life.

Dr. Morris, a Canadian surgeon and pro-life leader, told her audience that as a Jew she can personally refute the charge that abortion is a Catholic issue. "But," she said, "if you

Catholics here stand accused by some of your fellow men and women on this earth, self-centered, near-sighted pragmatists that they be, then rejoice, as those Germans who stood out against Hitler should have rejoiced, that God alone is your judge."

"In fact," Dr. Morris said, "it is those campaigning for abortion to be a constitutional right who are bigoted - who seek to discredit our stand by invoking religious prejudice."

She said society must re-discover the art of caring for the dying in a loving, compassionate manner or "the proponents of active euthanasia will win the day."

"No cancer patient need be wracked with pain if doctors practice the art of Medicine, but no distressed patient need be killed to alleviate suffering," Dr. Morris said. "We must make sure that those whose cry 'every child a wanted child' enabled this country to be plunged into

(Continued on Page 7)



Photo by Pat Perrier

Dr. Heather Morris, center, honored guest at the Love of Life Ball, was welcomed by Minnesota pro-life leaders. Pictured (from left) are Marjory Mecklenburg, president of American Citizens Concerned for Life; Regina Knowles, ball co-chairman; Dr. Morris; Betty Dunn, ball chairman; and Georgine Alt, MCCL president.

Rallies set around U.S.

NC NEWS SERVICE

Pro-life groups across the country have scheduled marches and rallies for Thursday to mark the third anniversary of the U.S. Supreme Court abortion decision.

The third "March for Life" in

The founder of a nationwide clearinghouse for anti-abortion material will keynote a dinner in Philadelphia sponsored by the Pennsylvania for Human Life Committee and the American Citizens Concerned



Prayer Breakfast for Life—Religious leaders sit on the dais during the National Prayer Breakfast for Life '76, held on the third anniversary of the Supreme Court's abortion decision. From left: Bishop James Rausch, gen-

eral secretary of the National Conference of Catholic Bishops; Dr. David Allen, a Boston psychiatrist; Rep. James Oberstar (D-Minn.); and Marjorie Mecklanburg, president of American Citizens Concerned for Life.

'Think snail,' pro-lifer suggests

American Citizens Concerned for Life held a workshop seminar late last month in Washington, D.C., on the status of 77 bills on abortion and proposed human life amendments which were introduced in the first session of

Participants were brought up to date on the growing pro-life movement. Mrs. Jean Garton of the social concerns committee of the Lutheran Church—Missouri Synod and Pastor Robert Holbrook, Southern Baptist

EUTHANASIA & The "NEW ETHIC"

by John M. Hendrickson, M.D. and Thomas St. Martin

We have been propelled into the abortion era by a new ethic which places relative value on human life; the same ethic has now brought us to the threshold of the euthanasia era. The notion that each and every human life (regardless of condition or social "usefulness") is inviolable has been eroded. It is being rapidly replaced by a philosophy of overpractical realism -- by a philosophy which understands "rightness" and "goodness" in terms of "usefulness." Life is no longer an absolute "good" in and of itself; the taking of life is justified in the interests of ensuring the greatest good for the greatest number. Thus, the relatively "useless" lives of the pre-natal human being or the aged human being can be destroyed in the interests of some greater social "benefit." In effect, the new ethic tells us that certain kinds of people in certain circumstances, are worth more dead than alive.

The basic fallacy of the euthanasia argument is this belief that life is expendable (under certain conditions), and worse, that some men are able to discern when another man's life falls into that category. It is the result of a falsification of life that our Madison Avenue society has created; that unless we are youthful, beautiful, intelligent and physically whole our lives cannot be fully worthwhile or "useful." We must reject this vicious doctrine and realize that the gift of life itself is the basis for everything else.

But what is euthanasia? Strictly defined, it means "good death." According to the dictionary it means "...inducing the painless death



of a person for reasons assumed to be merciful." A common synonym is "mercy killing."

Anyone who has seen a close relative or friend dying from a hopelessly incurable and unbearably painful illness (such as terminal cancer) feels the weight of the argument that the "humane" thing to do is to painlessly help the suffering patient out of his misery. Herein lies the superficial appeal of the pro-euthanasia argument.

This does not mean that a hopelessly ill patient must be kept alive by any and every means available. Everyone accepts the principle that the use of extraordinary means is not required in every case.

Our real concern must be with what is often termed "positive" euthanasia (as distinct from "negative" euthanasia -- the withholding of life sustaining measures from a hopelessly ill or dying patient). The concept of positive euthanasia centers on the distinction between causing death to occur and permitting death to occur; a distinction between active and passive behavior.

To actively terminate a human life for whatever motives (whether "mercy" or social "benefit") is a philosophy that the medical profession, as preservers of life, must never embrace and which a democratic and humanitarian society must never accept. It would involve climbing onto a greased slide from which no one can escape. If we can end the life of a hopeless cancer patient, then what is to stop us from acting similarly with the patient with hopeless brain damage or the senility of old age? What is to stop us from including the hopelessly mentally ill or retarded, or the bedridden who have become a burden to themselves and others? What of the incompetent patient who cannot give permission to terminate his life; who can decide his life is not worth living?

These superficially appealing euthanasia arguments have frightening corollaries and if they are accepted all our lives are in danger.

Loving Death

OUR FAILING REVERENCE FOR LIFE



With natural resources shrinking and world population swelling, Americans are changing their attitudes toward death. We now view euthanasia, suicide, abortion and homosexuality in neutral or positive ways. Since all these changes of opinion encourage population cuts, the authors speculate, final solutions may one day become semiacceptable.

by Elizabeth Hall with Paul Cameron

ON MARCH 10, 1974, the *Washington Post* published interviews with a group of physicians at the Maryland Institute for Emergency Medicine who had participated in the killing of quadruplegics. These are patients who are paralyzed from the neck down. Often they can talk; certainly they can think, read, and watch television. The hospital gets about four of these cases each year; they are accident victims whose spinal cords have been severed just below the base of the skull.

When these patients arrive at the shock trauma unit, physicians insert breathing tubes and hook them up to respirators. After a few weeks of treatment and study, and after the doctors are sure there is no chance for improvement, the quadriplegics are killed. Without a patient's knowledge or consent, he is drugged so that he will not know what is happening and will not feel the terror of dying. Then he is unplugged. These doctors feel it would be "inhumane" to ask the patient if he wants to live or die since, as one doctor puts it, "everyone dearly loves life."

In a single generation, our society has undergone a profound change. Thirty years ago, newspapers and magazines often carried stories about Albert Schweitzer, the humanitarian who gave up successful European careers in music, medicine and theology to heal uneducated blacks at his small African hospital near Lambaréné, Gabon. Schweitzer's philosophy of reverence for life became the credo of the American liberal. In 1949, he was the subject

of a *Time* magazine cover essay, and he became virtually the patron saint of Norman Cousins' *Saturday Review*.

Since Schweitzer's death in 1965, one hears little about reverence for life. Instead, articles discuss the lifeboat ethic, in which those who have hang onto their resources and those who have not do without—even if it means starvation.

Faced with mounting populations and diminishing world resources, we have moved from talking about the value of life to talking about its worthlessness under certain conditions, from discussing the Green Revolution that would feed millions to championing the right to die. Evidence is mounting from all sectors of society that our culture no longer values human life as it once did.

From cradle to grave, decisions are going against life. By a seven-to-two majority, the U.S. Supreme Court has ruled that states may not pass laws prohibiting abortion. The Court's ruling allows women to abort freely during the first 24 weeks of pregnancy, permitting destruction of the fetus at a time when it has developed internal organs, hair, and sweat glands. By this time the fetus sleeps, wakes, kicks, cries, and looks disturbingly human.

Unless such late abortion is permitted, the new tool of amniocentesis, in which the amniotic fluid drawn from the womb is examined for abnormalities, will be useless. The technique cannot be used before the 16th week of pregnancy, and most physicians prefer to wait until the fetus is 20 weeks old.

Amniocentesis and subsequent abortion have undoubtedly prevented the births of many deformed babies. But some physicians have announced that they will abort at this stage for so slight a reason as the parents' discontent with the sex of their unborn child. In condoning the destruction of an organism that is only six weeks away from humanhood (babies born at 26 weeks sometimes survive), we have moved a long way from the ethics of Schweitzer, who was troubled because the antibiotics he administered killed bacteria.

Letting Babies Die. Not all couples seek amniocentesis, and defective babies continue to be born. In many cases, they need medical treatment to survive. If the parents agree, doctors commonly withhold treatment. At Yale-New Haven hospital, for instance, 43 deformed babies were allowed to die during a period of 30 months. The doctors and parents who were involved in these terminations decided that the babies faced lives devoid of "meaningful humanhood."

Some doctors go beyond the mere withholding of treatment. In Louisville, Kentucky, a physician discovered that his black patient was about to give birth to a limbless child. Once his diagnosis was confirmed by radiologists, the physician gave the mother morphine. Morphine depresses the respiratory responses of the fetus; the baby was born dead.

Psychologist Paul Cameron, who studies American attitudes toward life, heard of the case from one of the

National Right To Life Committee, inc.

1200 15th Street NW SUITE 500 Washington, D.C. 20005

18-Ounce 'Weakling' Beats Odds

Stout Heart In Her 11-Inch Body Kept Beating By Doctors, Prayers

By DOLORES FREDERICK
Press Science Writer

Her physicians prayed when Melkeya Keys caught the virus and her heart almost stopped shortly after she was born Feb. 16 at West Penn Hospital.

But the tiny girl, among the smallest babies in the world to survive premature birth, is home now—a healthy infant, gurgling, kicking, and snuggling up warmly to her mother's shoulder with contented sighs.

Weight 18 ounces

Melkeya, who weighed 18 ounces at birth, is the bright-eyed daughter of Mr. and Mrs. Robert Keys of the Hill District. She was just 11 inches long.

She was 1½ ounces lighter than a baby girl reported by the Yugoslav national news agency last month, as "the world's smallest known baby" to survive her first five months.

That baby was born to a 19-year-old woman from central Serbia.

Records Questioned

There are two other, smaller births in medical records. But



PENCIL shows size of Melkeya Keys' tiny footprint when she was born seven months ago.

physicians have questioned the documentation of the unattended birth of a 10-ounce baby in South Shields, County Durham, England, June 5, 1938.

Records show the child, Marion Chapman, who was 12¼ inches long, grew up to weigh 106 pounds on her 21st birthday.

Further documentation is lacking on another baby, weighing 8 ounces, reportedly born March 20, 1938, to Mrs.

John Womack after a truck accident in East St. Louis, Ill.

Melkeya, whose doctors say she's doing "just fine," also is believed among the smallest babies to have a total blood transfusion because of the immaturity of her liver at birth.

Although her weight dropped at one time to 15 ounces, she now weighs 7 pounds, 8 ounces. She has



The Pittsburgh Press, Sunday, Sept. 16, 1973



HIS WIFE WANTED AN ABORTION AND THAT WAS THAT

He (or She) Would Be 23, Going on 24 ...

BY BILL STOUT

Until recently, the abortion debate has been conducted mostly by women. One side said, "We have the right to control our bodies"; the other side said, "It is a human life and taking it is wrong."

Today, for better or worse, the debate has

by her insistence she would not go through with it. I was particularly hurt when she revealed she had talked with several women friends before telling me anything. She already had the doctor's name, and was ready to make an appointment as soon as I had a day off and could drive her there and back.

There was a lot of shouting and pleading in

on the sidewalk, pale and wincing with each step. I jumped from the car and ran to her side. But a couple of days later she was moving around with her usual energy and made it clear the whole episode was over. There was nothing to talk about.

A year and a half later, when everything was going nicely for me in my work, she

THE UNBORN



A SUMMARY OF THE SUPREME COURT DECISION, IT'S EFFECTS, RAMIFICATIONS & A CHALLENGE TO ACTION

Millions of Americans felt shock and disbelief when the United States Supreme Court handed down its 7 to 2 abortion decision last January 22. The ruling affected nearly every restrictive abortion law in every state, and ended this nation's long tradition of legally protecting unborn human life. Specifically, the court declared that:

1. The unborn child is not considered a person as the Fourteenth Amendment understands the term and is therefore not entitled to constitutional protection for his/her right to life.
2. The woman's so-called "right to privacy" takes precedence over the child's right to life and safety. According to the majority, the abortion decision is primarily a medical decision, but one in which the woman's personal interests are extensive and determining. The doctor's decision to perform an abortion should be "exercised in the light of all factors—physical, emotional, psychological, familial, and the woman's age—relevant to the well-being of the patient."
3. The state may not establish any regulations that restrict the practice of abortion during the first three months of pregnancy. A woman, who in consultation with her physician decides that abortion is advisable, may obtain the abortion free of any interference by the State.
4. The state may establish some guidelines to protect the health of the woman who decides on an abortion during the second three months of pregnancy.
5. After the point of viability, which the court designates as between the 24th and 28th weeks of pregnancy, the state may manifest a concern in "the potential human life of the fetus." The state may then establish laws to protect fetal life, unless the abortion is necessary for the life or health of the mother. Presumably, this covers anything from a serious threat to the mother's life to a late-term abortion for mild depression or simple anxiety.

Perhaps even more important was the manner in which the court evaluated unborn human life. The unborn child is viable when it is "capable of meaningful life" outside its mother's womb. Further, even the viable child prior to birth is not a person "in the whole sense." Thus the court has set a precedent whereby the right to life is no longer inalienable but is subject to governmental and societal judgments regarding its meaningfulness and quality.

The ruling has been severely criticized by many people, including the two justices who dissented. In his dissenting opinion, Justice Byron White stated:

I find nothing in the language or history of the Constitution to support the Court's judgment. The Court simply fashions and announces a new constitutional right for pregnant mothers and, with scarcely any reason or authority for its action, invests that right with sufficient substance to override most existing state abortion statutes. The upshot is that the people and the legislatures of the fifty states are constitutionally disentitled to weigh the relative importance of the continued existence and development of the fetus on the one hand against a spectrum of possible impacts on the mother on the other hand.

The legal and medical professions, as well as those deeply involved in the pro-life movement, could not easily have predicted the court's sweeping decision. There are several reasons for this:

1. As suggested by Justice White, the law's traditional stance had been protective, permitting abortion only when the woman's life was endangered. Increasingly in recent years, courts had recognized and granted rights to the developing fetus, including child support, property and inheritance rights, claims for damages suffered *in utero*, and the legal right to medical treatment before birth. The high court went contrary to this trend in denying the fetus its most basic right, life itself.
2. The decision ignored a growing anti-abortion climate in state legislatures and in the public arena generally. A 10-year drive by pro-abortionists had resulted in liberalized laws in some 16 states.

THE NEW PREJUDICE

Some people would say that slavery never came to an end. It merely went underground for a generation. Slavery is not just the legal situation which obtained a century ago. Slavery is the denial of basic human rights.

The Negro is not as human as I am.

The Jew is not as human as I am.

The unborn is not as human as I am.

1. Prejudice requires that there be a distinguishing feature between the subject and object of the prejudice. This must be some fairly obvious characteristic. The subject never wants to run the risk of getting himself mixed up with the objects of prejudice and so be abused himself. Therefore, the white man can be prejudiced against the black, knowing that he will never be black himself. The Aryan can be prejudiced against the Jew with the same safety. And the already born human being never need fear his vulnerability, because he can never be returned to the womb.
2. There must be a "net gain" from maintaining the prejudice. Examples are cheap labor in the plantation economy, racial purity, or in the case of abortion, hoped for solutions to multitudes of personal and social problems. A side benefit of prejudice is the subtle satisfaction of feeling superior to someone else.
3. Attitudes of prejudice are not conscious. If they were conscious, they could be disproved. However people who are prejudiced are not susceptible to logical thinking. "I can see that he (Negro or Jew or Fetus) is human in some ways, but he's not a person and so should not have the same protections or rights that I have." No matter how many of these "reasons" you disprove, the opposition still comes back with . . . "yes, . . . but . . ."
4. Prejudiced argumentation is not clear and congruent. This is remarkable in otherwise perceptive and logical people. For example, a medical doctor maintaining that there is no difference between "life" in the sperm or ovum and in the fetus. Or an otherwise reasonable person maintaining that the fetus is a part of the woman's body.
 - a. More than half of the embryos conceived are male, and all mothers are female. Can the same body be both male and female at the same time?
 - b. Two different blood types are incompatible in the same body. How is it that the mother's blood can differ from the child's in type and factor, if they are both the same body?
 - c. The child's body may be dead and the mother's body alive. How is it that the same body can be both dead and alive at the same time? Obviously they are two separate bodies at vastly different stages of development.
5. Prejudice is full of arbitrary distinctions and boundaries. A good Fundamentalist Southerner would have felt that interracial marriage and fornication are both evil. It would seem logical that interracial fornication would have been even worse. But no, sexual relations with a slave were perfectly all right. The abortion phenomenon is likewise full of arbitrary boundaries.
 - a. A fetus can be aborted legally before (that is, he becomes human at) 12 weeks, 18 weeks, 20 weeks, 24 weeks, or 28 weeks, depending upon where you live or who you listen to.
 - b. The fetus may be aborted (that is, he does not have a right to life) if he is the product of a rape, but not if a product of normal intercourse, in some areas.
 - c. The fetus has guaranteed rights to inheritance, (to sue for damages,) etc., but not to life, in some jurisdictions.
6. Lacking good reasons for his prejudice, the prejudiced person often claims that his opponents lack "compassion," "experience," are merely of a single religious background (Roman Catholic), are "old fashioned," etc. This is an attempt to bypass the logic or lack of logic of the situation by creating a "red herring" dodge.



THE NEW PREJUDICE

Don't be guilty of the . . . **"I WOULD NEVER BUY A NEGRO"** fallacy.

Maybe you've heard someone say something like this: "I'd never buy a Negro myself. I don't believe in slavery. But I wouldn't want to force my moral position on someone else. After all, the law isn't designed to enforce ethical values. The law should be neutral. If a person doesn't want to own a Negro, he doesn't have to buy one. But if a person wants to own a Negro, we think the law should make it possible for him to obtain one in good condition. The Federal Trade Commission and other governmental agencies should exercise control over this commerce. Illegal purchase of slaves involves too many problems — Negroes are too expensive, they're not well cared for and so on.

What's wrong with this argument? This argument is often used in the abortion controversy. The argument goes something like this: "I'd never have an abortion myself. I don't believe in it. But, I don't think I should impose my morality on someone else. After all, if you don't believe in abortion, you don't have to have one. But if a woman wants to have an abortion, she should be able to get one under safe medical conditions."

1. Both arguments assume the right to alienate what our Declaration of Independence called "unalienable rights." In the case of the Negro, it is the unalienable right of liberty. In the case of abortion it is the unalienable right to life.

The Declaration of Independence says we have three "unalienable" rights: life
liberty
pursuit of happiness.

What happens in a conflict of those rights? Supposing a young man mistakenly feels that he would fulfill his happiness by having sexual relations with a young woman — even against her will (rape). The law says the girl's freedom of choice takes precedence over his pursuit of happiness. Suppose the young woman is pregnant and wants an abortion. Even though it conflicts with her "liberty," the law prefers to protect the right to life of the unborn.

2. Both arguments assume that the law can be "neutral" on the matter of a basic right. What would happen to the Negro if the law withdrew all protection from then and became "neutral"? You wouldn't have to hire a Negro, if you didn't want to . . . or sell him a home . . . or provide him with equal education. If the law became "neutral" it in effect would withdraw protection from an individual or a segment of society.
3. Both arguments assume that the law cannot "legislate morality." However, religion also says, "Thou shalt not kill," "Thou shalt not steal," "Thou shalt not bear false witness against thy neighbor." If these principles were dropped from the law just because they have a religious or moral base, our society would be an anarchy.

These arguments would hold for Buchenwald, if they hold anywhere. "I'm not executing hundreds of thousands of Jews in that camp. I think it's wrong, but I don't have the right to keep them from doing it."

(Cicero, De Off. I, vii)

"There are two kinds of injustice: The first is found in those who do an injury, the second in those who fail to protect another from injury when they can."



Figures Tell Another Story

It's Time to Defuse Population 'Explosionists'

By Thomas C. Jermann

Americans have been overwhelmed by an avalanche of scare rhetoric about the "population explosion." We have been assured that it is not only the greatest problem facing the world, but also our greatest problem.

The rhetoric goes something like this: If growth rates continue unchecked, in 600 years there will be one person for every square yard of the earth's surface. In 900 years a building 2,000 stories high covering the whole world will be needed to house the immense throng. The exploding U.S. population will keep pace: 375,000,000 Americans by A.D. 2000., 939,000,000 by 2050, and 2,380,000,000 by 2100.

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*Dr. Jermann is a professor of history at Rockhurst College, Kansas City, Mo. This essay originally appeared in the Kansas City Times.*  
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out of the question; even the low estimate may be too high. Some demographers now think that the U.S. population will stabilize around the year 2000 at 245,000,000 to 265,000,000.

Extending Too Far

The impact made by the explosionists results partly from their extending trends far into the future. Such lengthy extensions are invalid for they assume that all

tarded, increased educational and vocational assistance may be delayed, and much-needed reforms in prisons and courts may not be undertaken.

Another favorite theme of the explosionists is environmental pollution. This is, of course, a problem of paramount importance. It cannot, however, be reduced to mere numbers of people. Although more people produce more pollution, they also produce the wealth and the technology to combat it. The crucial factor is determination. Alarmists, by directing attention solely to numbers of people, tend to obscure the fact, admittedly unpleasant, that combating pollution requires large sums of money.

Oversimplification is heard even from

Avoiding a Question About Human Life

An Interview with Dr. Andre Hellegers

Dr. Hellegers is director of the Kennedy Institute for the Study of Human Reproduction and Bio-Ethics. He is a past president of the Society for Gynecological Research and the Society for Perinatal Research. This interview was conducted by Thomas Ascik of the Star-News staff.

Q. The Supreme Court, in its recent decision on abortion, calls a pregnant, but otherwise healthy, woman a "patient," and states that abortion is "primarily and inherently a medical decision up to the end of the first trimester." Is she a patient in the traditional medical sense?

A. Well, we've traditionally taken care of pregnant women. The question is whether you consider pregnancy a disease. Within the definition of the Court, pregnancy is a disease. The Court considered the stressful factors of pregnancy and the possibilities of future stress in making its decision. So the Court very rigidly followed the World Health Organization's definition of health which says that it is not just the absence of disease but "a sense of well-being." If being pregnant does not give a woman a sense of well-being, then she's ill.

Q. The Court uses the term "potential life" when talking about the fetus. What is a "potential life?"

A. I don't understand the language of the Court myself. You can't talk of the potential hand or the potential foot of a fetus; at least I presume not. It's there or it's not there, and it's obviously there. I think that people are confusing the term "life" and the term "dignity." The whole abortion debate has been very fouled up in its linguistics.

I think the simple biological fact is that the fetus is human, only because "human" is a biological category. So, first, the fetus is categorically human. Second, the fetus is a "being" because it's there. If it wasn't a being, you wouldn't need the abortion. So we're dealing with human beings; we're dealing with human life.

The issue is whether we're dealing with valuable human life, whether we're dealing with dignity in that life, whether it has to be protected under the Constitution. All of these are not biological questions.

The unfortunate part of the whole debate is that people have misused biology to create phrases like "when does life begin?" When the question should have been "when does dignity begin?" They have used terms like "potential life," trying to say that life wasn't there, when the reason for saying that life wasn't there was because they didn't attach any value to it. The abortion issue is fundamentally a value issue and not a biological one.

Q. The Court says that it is only "a theory" that human life is present from conception. You obviously think that it can be substantiated beyond mere theory.

"The question is whether you are going to have a utilitarian view of man or whether you are going to have some other view. The Court's decision is a utilitarian view. This fundamental question will come up very clearly, very shortly, when the issue of how we use the live fetus for experimentation comes up."

A. Oh, it's obvious. I don't know of one biologist who would maintain that the fetus is not alive. The alternative to alive is dead. If the fetus was dead, you would never do an abortion. Today we are employing euphemisms to pretend that human life is not present. This stems from the fact that we are not quite ready yet to say, yes, there is human life but it has no dignity. We have wanted to avoid that statement at all costs.

Q. So abortion is only a euphemistic question of life?

A. That's right, because of the fear of saying what we know — yes, there is human life but we attach no value to it. And it has led, incidentally, to a very interesting phenomenon. The Court specifically says that it does not want to take a stand on whether human life is there or not. But it says, operationally, you may proceed to abort. If you are not willing to say when life starts, there are two possibilities — either it is there or it is not. If you then proceed to abort you are factually saying that you may abort even though human life may be there.

Q. What is "the point of viability?"

A. The Court divides pregnancy into three sectors. During the first three months it rules totally under the issue of privacy. Then it says, as pregnancy advances, the state may have a compelling interest in the fetus at viability which it puts at 24 or 28 weeks.

The issue, of course, is that the fetus is perfectly viable at any time during pregnancy provided you leave it in place, and it is only because of your action that it becomes not viable. To me the odd situation is that because you do something to the fetus and doing that makes it not viable you may proceed to do so.

Q. What is the "compelling point" of three months? The Court says that is the point at which the woman and her doctor are free to make a private decision about abortion, and the state may step in after three months.

A. The state may step in after three months except when the life and health of the woman are involved — and the Court clearly defines health as being economic state, stress and so forth. Now, any pregnant woman who says, "I am pregnant and it is stressful to me," is right there a candidate for abortion.

Q. What is the basis of regarding the first three months as a turning point in pregnancy?

A. It's based on the proposition that it is safer to have an abortion at that time than to go ahead and have the childbirth. The Court says that up to that time the mother's health is automatically provable to be better off not pregnant than pregnant. And that, incidentally, is just terrible use of statistics. What has happened is that one compares the statistics of undergoing an abortion procedure with the general statistics on maternal mortality as whole. Several problems arise.

First, childbirth as a whole takes nine months whereas the abortion by definition takes less than that. So, obviously, there is less risk of dying in a three month period than in a nine-month period because you have lived less long. The second problem is that if you die of anything before you have had a chance to get an abortion, you are counted among the non-abortion deaths. The third problem is that all women who want a child regardless of their health status and who decide to go through with it, and die, automatically fall under the death statistics and not under the abortion statistics. So you are really comparing apples and oranges. It is total misuse of scientific method.

Q. Medically where does the term "the first trimester" come from?

A. The first trimester comes from the fact that up to 13 weeks the abortion procedure is rather a simple one. The first trimester has nothing to do with what a fetus is at 13 weeks compared to what it is at 26 weeks. Up to 13 weeks it is rather safe to get aborted. From 13 to 26 weeks you have to change methods; you have to do saline infusions or hysterotomies. Then the statistics don't look quite as good.

The Court maintains that up to 13 weeks it is safer to be aborted than to have a child, which is already poor statistics. After 13 weeks the Court recognizes that the abortion procedure becomes more dangerous and therefore says that the state may begin to have some regulations to protect the health of the woman. After the 27th week there may be some interest in protecting the fetus as well. But it again spells out very clearly that whenever maternal health is involved, as defined under the



Mainstreams and Others

High Court's Abortion 'Legislation'

By Edwin A. Roberts, Jr.

The U.S. Supreme Court, we are frequently reminded, is not in the business of affirming the views of the American majority. Rather, it is the Court's responsibility to interpret the Constitution according to the Justices' best lights.

Expect to Be Disappointed

Now all of us are free to agree or disagree with the Supreme Court, and we must expect to be disappointed from time to time when the wisdom of the Court runs counter to our own interests or convictions. If we don't like a decision we

When Life Begins

"By this definition a new composite individual is started at the moment of fertilization. However, to survive, this individual needs a very specialized environment for nine months, just as it requires sustained care for an indefinite period

Confusion at the Highest Level

† SPEAKING against abortion five years ago, a distinguished professor of law likened the juridical question of fetal identity to the *Dred Scott* decision of 1857. Sure enough, when Justice Harry A. Blackmun announced the seven-man majority opinion on the state of Texas abortion law (*Roe v. Wade*),

The Christian Century, Feb. 28, 1973, 254-55.

the sixth month, thus announcing implicitly that they know the secret of fetal identity. Of course, they rationalize this scheme in terms of the pregnant woman's health, not the preservation of the child. And who would doubt that her health is a matter of great concern to society? But is her health — or wish

J. Robert Nelson is professor of systematic theology, Boston University.

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MAY 1976

SENATE VOTES TO TABLE HELMS AMENDMENT

On the afternoon of April 28th the U.S. Senate voted 47 to 40 to table consideration of Senator Jesse Helms' (R-N.C.) constitutional amendment granting personhood and the right to life to every human being from the moment of fertilization. The full text of the amendment is as follows:

Section 1. With respect to the right to life guaranteed in this Constitution, every human being subject to the jurisdiction of the United States, or of any State, shall be deemed, from the moment of fertilization, to be a person and entitled to the right of life.

Section 2. Congress and the several States shall have concurrent power to enforce this article by appropriate legislation.

Senator Helms' amendment was considered under a Senate rule requiring unanimous consent for the vote. This procedure was utilized because the Senate Judiciary Subcommittee last September rejected all of the amendments pending in the Senate.

After the vote, Helms said it "will be viewed by millions of Americans as a vote against the protection of the life of the unborn." However, we would caution everyone against drawing firm conclusions from this vote. The roll call vote is reproduced below. Because it was a **procedural** vote, Senators may have voted differently than they would have on a substantive vote on the Helms amendment.

No effort should be made to criticize or defeat a Senator on the basis of this vote alone. You should immediately communicate with Senators who opposed the motion to table, expressing your gratitude for their support. It is crucial to understand that Senators who voted to table may favor a different approach to an amendment, may have felt that a Senate vote on the amendment was premature and unnecessarily divisive because all amendments lacked the necessary 2/3 vote, or may have known that the votes were present to table and, though supportive of our views, voted the position they perceived was desired by a substantial share of their constituency.

The Senators who voted to table should be encouraged to continue to examine the need for action to make possible legal protection for the unborn and should receive your appreciation for any assistance they may have previously given our cause aside from this vote. This issue will be before the Senate again, and we will need all of the support and good will available to us if we are to successfully enact legislation to change the present situation. If we make premature judgements and harden opposition now we may forfeit the right to call upon good will in the future and may jeopardize our claim to respect as responsible citizens — which respect will be essential if we are to succeed.

The House Hearings Project was organized by ACCL in the fall of 1975 following Representative Don Edwards' announcement that his House Judiciary Subcommittee on Civil and Constitutional Rights would hold hearings on the proposed human life amendments to the Constitution.

It was important that immediate leadership be offered and that communication be opened so that pro-life forces could properly utilize these hearings, for they provided a needed opportunity to publically document the abuses and the injustices of legal abortion, and to present non-assailable facts clarifying the adverse effects of the Supreme Court's abortion decision on society, on families and on individuals. Focusing on such facts builds a case that serious problems exist as a result of the Court's decision and thereby helps convince members of Congress that action is necessary.

Proper preparation of such testimony and coordination of the hearings efforts were the goals of the House Hearings Project. Several meetings were held with representatives of major national pro-life organizations, congressmen and their staffs to discuss strategy. A Congressional Advisory Committee was formed to guide the project and to assist in working toward these goals. Serving as members of the Advisory Committee were Representatives John Breaux (D-La. 7), John N. Erlenborn (R-Ill. 14), Charles Grassley (R-Ia. 3), Donald J. Mitchell (R-NY, 31), and co-chairmen James L. Oberstar (D-Minn. 8) and Albert H.

Quie (R-Minn. 1). Mr. C. Thomas Bendorf, a Washington attorney and lobbyist who is ACCL's legislative counsel also served as an advisor.

The House Hearings Project has been a great success and has occupied much of the recent time of ACCL's staff and volunteers. Members of the minority and majority Judiciary Subcommittee staff were consulted often and were offered assistance in selecting witnesses and topic areas. Witnesses were briefed and helped with testimony preparation and arrangements. Written statements were solicited from a number of individuals who were not chosen to testify by the subcommittee but whose input would be an important part of the record. Congressmen and their staff members cooperated with the project and contributed a great deal of their expertise and time to insure that the pro-life movement was well represented. Especially appreciated was the assistance of Congressmen Albert Quie and James Oberstar and their aides Michael Koempel and Michael Stone.

The hearings were an important step in promoting pro-life legislation in Congress. They served to educate and inform members of the Congress, the press and the public on the issue. National Public Radio broadcast the entire hearings.

It is expected that there will be no action on the amendments in the subcommittee at this time and that neither the majority nor minority will move for a vote. However, there is a great deal of in-

Marriage and Family Newsletter

JOHN E. HARRINGTON, MSW, ACSW, EDITOR AND PUBLISHER



In addition to placing an order for your own subscription, or order, please consider giving a gift subscription or order to your local public, elementary or secondary school, or college or university library. Students are researching papers on topics covered in Marriage & Family Newsletter.

Since I began Marriage & Family Newsletter, January, 1970, it has been a one-man operation, except for a part-time secretary in Colleagueville, Minnesota, and the help of my wife and our seven children. Marriage & Family Newsletter is not funded by any group, organization, or church. Marriage & Family Newsletter does not have any connection with any group, organization, or church. For the articles published in Marriage & Family Newsletter bearing my name as author I do the research and writing myself. For all of the articles published in Marriage & Family Newsletter I do all of the typing, layout, mailings, etc. myself.

Since January 1970 I have edited and published Marriage & Family Newsletter on a part-time basis while I have supported our family with a full-time position. I normally spend about four hours each weekday and most of Saturdays and Sundays working on the Newsletter.

Since January 1970 Marriage & Family Newsletter has not made a profit nor has it paid me a salary. Marriage & Family Newsletter is now at the point where it needs my full-time attention just in order to keep up and to expand. To do this I need many more subscriptions than I have presently.

Provided that I can increase the number of subscriptions, I will quit my full-time position and only work as editor and publisher of Marriage & Family Newsletter. Can you help me toward this goal by either subscribing or renewing your subscription and by giving or obtaining other subscriptions? I am counting on you. Your help is appreciated.

(See page 4 of this order form for subscription rates and ordering information.)

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<u>DATE</u>	<u>Vol. & No.</u>	<u>CONTENTS</u>	<u>PAGES</u>	<u>QUANTITY</u>	<u>PRICE</u>	<u>TOTAL</u>
Jan. 1970	1,1	Status of abortion laws, USA	4			
Feb. 1970	1,2	Establishing financial loss to family in cases of wrongful death/injury to a mother, by John E. Harrington	8			
March 1970	1,3	Marriage & family communication; the 'Pill,' adolescent abortion; sterilization by John E. Harrington	8			
April 1970	1,4	Proponents call it abortion; foes say it's child killing. by Tom Pawlick; Lawsuit won on the 'Pill,' Birthright	8			
May 1970	1,5	Overpopulation: one solution or many solutions? by John E. Harrington; Second 'Pill' lawsuit won; Canada and abortion	8			
June 1970	1,6	Discipline of children. by John E. Harrington	8			
July 1970	1,7	Abortion. by John F. Hillabrand, MD; Blue Cross and abortion; Planned Parenthood & Abortion	8			
August 1970	1,8	Book review of Let Us Be Born: the inhumanity of abortion; Brain waves of the unborn similar to adult's.	8			
Sept. 1970	1,9	Groups & individuals supporting pro-life programs	8			
Oct. 1970	1,10	Resources for pro-life programs: books, articles, audio-visuals, newsletters, reprints, etc. by John E. Harrington	8			
Nov. 1970	1,11	Unborn baby has 'right to live,' by John J. Brennan, MD	4			
Dec. 1970	1,12	Declaration of the Rights of the Child, United Nations; Childbearing in families with genetic impairments. by Joyce M. Dwyer, RN, MS	8			

DATE	Vol. & No.	CONTENTS	PAGES	QUANTITY	PRICE	TOTAL
Jan. 1971	2,1	Life before Birth: development at various points during the first three months of intrauterine existence. by John E. Harrington	8			
Feb. 1971	2,2	Crisis intervention counseling: with reference to women who are pregnant. by John E. Harrington	8			
March 1971	2,3	Social workers & abortion; Sears & abortion; Abortionists ultimately need psychiatric help; teenagers & abortion	8			
April 1971	2,4	If we are not pro-life, we are against our own survival. by Mrs. Lore Maier	8			
May 1971	2,5	New audio-visual materials for pro-life programs; prenatal life.	4			
June 1971	2,6	Pro-life poem. by Tom Pawlick; Letter to a son; Marriage & culture. by John E. Harrington	8			
July 1971	2,7	How abortionists think, Part 1 (excerpts from the Death Peddlers, by Paul Marx, O.S.B., Ph.D.)	8			
Aug. 1971	2,8	How abortionists think, Part 2	8			
Sept. 1971	2,9	Psychological development of the unborn child, Part 1. by John E. Harrington	8			
Oct. 1971	2,10	Psychological development of the unborn child, Part 2. by John E. Harrington	8			
Nov. 1971	2,11	The influence of prenatal development in child development. by A.W. Liley, C.M.G., D.Sc(Hon), Ph.D., M.B., B.Med.Sc., Dip. Obst., F.R.S.N.Z., F.R.C.O.G. What is a fetus? by Samuel Nigro, M.D. What does 'unwanted' really mean? by Samuel Nigro, M.D.	8			
Dec. 1971	2,12	Understanding and counseling women: from a man's point of view. by John E. Harrington	8			
Jan. 1972	3,1	Experimentation with prenatal and neonatal human beings, Part 1. by John E. Harrington	8			
Feb. 1972	3,2	Experimentation with prenatal and neonatal human beings, Part 2. by John E. Harrington	8			
March 1972	3,3	Report on breastfeeding and amenorrhea. by John F. Kippley and Sheila K. Kippley	8			
April 1972	3,4	People are no damn good. by Eugene F. Diamond, M.D.; Shoplifting reform; Euthanasia letter to the Editor. by John E. Harrington	8			
May 1972	3,5	Everything you always wanted to know about abortion* *but were afraid to ask. by John E. Harrington	8			
June 1972	3,6	Tax money, population and abortion. by Randy Engel What's in a name? by Virginia Gager Students picket Stanford experimentation on live aborted fetuses.	8			
July 1972	3,7	Fatherhood. by John E. Harrington	8			
Aug., Sept. 1972	3, 8,9,10	The unwanted child syndrome is a myth. by John E. Harrington	24			
Nov., Dec. 1972	3, 11,12	How to kill your marriage* *and how to save it! by John E. Harrington	16			
Jan. 1973	4,1	Supreme Court Decision: Comments; Abortion. by Herbert Ratner, M.D.	8			
Feb., March, April, 1973	4, 2,3,4	Some consequences of induced abortion to children born subsequently. by Margaret and Arthur Wynn	24			
May, June 1973	4, 5,6	Japan's 22 Year Experience with a Liberal Abortion Law. by Yokichi Hayasaka, M.D., Mineko Ishizaki, M.D., Hideo Toda, M.D., Tasuke Ueno, M.D., and Anthony Zimmerman, S.V.D.	24			
July, Aug. 1973	4, 7,8	Values and resistance in counseling pregnant women under stress. by John E. Harrington	24			
Sept., Oct. 1973	4, 9,10	Teaching human sexuality in marriage preparation. by John E. Harrington	24			
Nov., Dec. 1973	4, 11,12	The Risks of amniocentesis; Amniocentesis and 'Selective Abortion'; The National Foundation - March of Dimes and Amniocentesis. by John E. Harrington	24			

DATE	Vol. & No.	CONTENTS	PAGES	QUANTITY	PRICE	TOTAL
Jan., Feb., March 1974	5, 1,2,3	The intrauterine device: contraceptive or abortifacient? by Thomas W. Hilgers, M. D.	24			
April, May, June 1974	5, 4,5,6	Marriages and families in crises: counseling techniques. by John E. Harrington	24			
July, Aug., Sept. 1974	5, 7,8,9	Overpopulation and development: whose babies? Bucharest report. by John E. Harrington	24			
Oct., Nov., Dec. 1974	5, 10,11,12	Psychology of family planning with particular reference to natural family planning. by John E. Harrington	24			
Jan., Feb., March 1975	6, 1,2,3	Abortion: whose morality? by John E. Harrington	24			
April, May, June 1975	6, 4,5,6	Pregnancy, abortion and the unconscious. by John C. Sonne, M.D.	24			
July, Aug., Sept. 1975	6, 7,8,9	The primary community: the family or the state? or Can marriage survive? by Reverend Charles Carroll	24			
Oct., Nov., Dec. 1975	6, 10,11,12	Therapeutic abortion - sanctioned violence, by D. Harper, M.D.; Abortion: A threat to us all, by G. Maloof, M.D.; The value of human life, by G. Maloof, M.D.; Psychiatric aspects of abortion, by T. M. Sullivan, M.D.	24			

DATE	Vol. & No.	CONTENTS	PAGES	QUANTITY	PRICE	TOTAL
Jan. 1971	2,1	Life before Birth: development at various points during the first three months of intrauterine existence. by John E. Harrington	8			
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Sept. 1971	2,9	Psychological development of the unborn child, Part 1. by John E. Harrington	8			
Oct. 1971	2,10	Psychological development of the unborn child, Part 2. by John E. Harrington	8			
Nov. 1971	2,11	The influence of prenatal development in child development. by A.W. Liley, C.M.G., D.Sc(Hon), Ph.D., M.B., B.Med.Sc., Dip. Obst., F.R.S.N.Z., F.R.C.O.G. What is a fetus? by Samuel Nigro, M.D. What does 'unwanted' really mean? by Samuel Nigro, M.D.	8			
Dec. 1971	2,12	Understanding and counseling women: from a man's point of view. by John E. Harrington	8			
Jan. 1972	3,1	Experimentation with prenatal and neonatal human beings, Part 1. by John E. Harrington	8			
Feb. 1972	3,2	Experimentation with prenatal and neonatal human beings, Part 2. by John E. Harrington	8			
March 1972	3,3	Report on breastfeeding and amenorrhea. by John F. Kippley and Sheila K. Kippley	8			
April 1972	3,4	People are no damn good. by Eugene F. Diamond, M.D.; Shoplifting reform; Euthanasia letter to the Editor. by John E. Harrington	8			
May 1972	3,5	Everything you always wanted to know about abortion* *but were afraid to ask. by John E. Harrington	8			
June 1972	3,6	Tax money, population and abortion. by Randy Engel What's in a name? by Virginia Gager Students picket Stanford experimentation on live aborted fetuses.	8			
July 1972	3,7	Fatherhood. by John E. Harrington	8			
Aug., Sept. 1972	3, 8,9,10	The unwanted child syndrome is a myth. by John E. Harrington	24			
Nov., Dec. 1972	3, 11,12	How to kill your marriage* *and how to save it! by John E. Harrington	16			
Jan. 1973	4,1	Supreme Court Decision: Comments; Abortion. by Herbert Ratner, M.D.	8			
Feb., March, April, 1973	4, 2,3,4	Some consequences of induced abortion to children born subsequently. by Margaret and Arthur Wynn	24			
May, June 1973	4, 5,6	Japan's 22 Year Experience with a Liberal Abortion Law. by Yokichi Hayasaka, M.D., Mineko Ishizaki, M.D., Hideo Toda, M.D., Tasuke Ueno, M.D., and Anthony Zimmerman, S.V.D.	24			
July, Aug. 1973	4, 7,8	Values and resistance in counseling pregnant women under stress. by John E. Harrington	24			
Sept., Oct. 1973	4, 9,10	Teaching human sexuality in marriage preparation. by John E. Harrington	24			
Nov., Dec. 1973	4, 11,12	The Risks of amniocentesis; Amniocentesis and 'Selective Abortion'; The National Foundation - March of Dimes and Amniocentesis. by John E. Harrington	24			

The symposium is an impressive record of achievement and endeavour, justifying Sir Brian Windeyer's belief that the future collaboration of radiobiologists and radiotherapists offers the promise of real improvements in the results of the treatment of cancer.

¹ Pickering, G., *Lancet*, 1965, 1, 57.

² *British Medical Bulletin*, 1973, 29, 1.



Latent Morbidity after Abortion

The abortion debate continues. An important contribution to it now comes from Margaret Wynn and Arthur Wynn,¹ incorporating their evidence to the Lane Committee on the Working of the Abortion Act. This Committee is expected to report later this year and its findings are eagerly awaited,

families are in quite a different category from young single women. Arthur Wynn emphasizes the problems for the latter group by citing the statistically significant increase in premature labours, and he carries the story further by showing that they have an increased likelihood of postpartum haemorrhage, mid-trimester abortions, rhesus isoimmunization, antepartum haemorrhage, stillbirth, and even congenital malformation. Much of the evidence for these sequels of abortion comes from German experience, though it can be matched from Czechoslovakia too. And these results take no account of any psychological consequences of abortion.

Margaret Wynn shows that up to 1970 the numbers of illegitimate births—with all their social consequences in terms of unhappiness—had scarcely diminished, while the numbers of terminations of pregnancy in single women had rapidly increased. She infers that "abortion is being used increasingly as a contraceptive method." More than half the women seeking abortion had used no other method of birth control.

Doctors may legitimately ask what sort of society has been underwritten by the Abortion Act? Is it one of sexual free-

Infectious Complications following Abortion

PERFORMING ABORTIONS on an ambulatory basis has recently received much publicity. The Supreme Court's decision which ruled abortion in the first trimester a procedure without controls has

unique as practiced in the hospital operating room may extract a costly price in terms of post-abortifal infection. Though the type of facility in which these ambulatory abortions were performed is not

See page 269.

Peter Fehr, M.D.
Minneapolis, Minnesota

ANNUAL MEETING

Friday—Continued

Mid-Trimester Therapeutic Abortion—Robert C. Goodlin, M.D.

On our service, mid-trimester therapeutic abortions are accomplished with either hysterectomy, hysterotomy or hypertonic saline amnioinfusion. The saline technique is associated with the shortest hospital stay but with the most late complications, while the opposite is true of the hysterectomy technique. Several other mid-trimester abortions techniques have been used (in small numbers of patients) but with less satisfactory results.

The present saline amnioinfusion technique includes: (1) withdrawal of 50 to 200 ml of amniotic fluid, (2) gravity infusion or injection of 200 to 250 ml of 20% saline plus antibiotic, (3) intravenous oxytocin infusion at rates of 50 to 300 mu/min, (4) cervical insertion of laminaria tents or a Foley catheter. Past serious complications include: (1) water intoxication, (2) septicemia, (3) hypofibrinogenia with renal failure, (4) lower segment lacerations with retroperitoneal hematoma and (5) cervical fistuli; but no maternal deaths have occurred.

A problem common to all mid-trimester abortion techniques is associated emotional stress of both hospital staff and patients. Since we are unable by physical examination to estimate gestational length closer than \pm three weeks, an occasional viable size fetus is unintentionally destroyed. Likewise, unlike the patient requesting first trimester abortion, those asking for mid-trimester abortions often are ambivalent over terminating the pregnancy and in my experience, frequently express feelings of guilt or hostility after the procedure.

Can this happen again?

MASS KILLING IN

PRE-WAR

GERMANY

Frederick Wertham, M.D.

In the latter part of 1939, four men, in the presence of a whole group of physicians and an expert chemist, were purposely killed (with carbon monoxide gas). They had done nothing wrong, had caused no disturbance, and were trusting and cooperative. They were ordinary mental patients of a state psychiatric hospital which was—or should have been—responsible for their welfare. This successful experiment led to the installation of gas chambers in a number of psychiatric hospitals (Grafeneck, Brandenburg, Hartheim, Sonnenstein, Hadamar, Bernburg).

Let us visualize a historical scene. Dr. Max de Crinis is professor of psychiatry at Berlin University and director of the psychiatric department of the Charite, one of the most famous hospitals of Europe. He is one of the top scientists and organizers of the mass destruction of mental patients. Dr. de Crinis visits the psychiatric institution Sonnenstein, near Dresden, to supervise the working of his organization. He wants to see how the plans are carried out. Sonnenstein is a state hospital with an old tradition of scientific psychiatry and humaneness. In the company of psychiatrists of the institution, Dr. de Crinis now inspects the latest installation, a shower-roomlike chamber. Through a small peephole in an adjoining room he watches twenty nude men being led into the chamber and the door closed. They are not disturbed patients, just quiet and cooperative ones. Carbon monoxide is released into the chamber. The men get weaker and weaker; they try frantically to breathe, totter, and finally drop down. Minutes later their suffering is over and they are all dead. This is a scene repeated many, many times throughout the program. A psychiatrist or staff physician turns on the gas, waits briefly, and then looks over the dead patients afterward, men, women, and children.

The mass killing of mental patients (in prewar Germany) was a large project. It was organized as well as any modern community psychiatric project, and better than most. It began with a careful preparatory and planning stage. Then came the detailed working out of methods, the

formation of agencies for transporting patients, their registration and similar tasks (there were three main agencies with impressive bureaucratic names), the installing of crematory furnaces at the psychiatric institutions, and finally the action. It all went like clock-work, the clock being the hourglass of death. The organization comprised a whole chain of mental hospitals and institutions, university professors of psychiatry, and directors and staff members of mental hospitals. Psychiatrists completely reversed their historical role and passed death sentences. It became a matter of routine. . . .

The whole undertaking went by different designations: "help for the dying," "mercy deaths," "mercy killings," "destruction of life devoid of value," "mercy action". . . They all became fused in the sonorous and misleading term "euthanasia". . . In reality, these mass killings. . . were not mercy deaths but merciless murders. It was the merciless destruction of helpless people by those who were supposed to help them. . . .

The greatest mistake we can make is to assume or believe that there was a morally, medically, or socially legitimate program and that all that was wrong was merely the excesses. There were no excesses. Rarely has a civil social action been planned, organized, and carried through with such precision. . . . Often it took up to five minutes of suffocation and suffering before the patients died. If we minimize the cruelty involved (or believe those who minimize it), these patients are betrayed a second time. It was often a slow, terrible death for them. . . .

From the very beginning—that is, before the outbreak of war and before any written expression by Hitler—it was officially known to leading professors of psychiatry and directors of mental hospitals that under the designation of "euthanasia" program was about to be carried through by them and with their help to kill mental patients in the whole of Germany. The object was "the destruction of life devoid of value." That definition was flexible enough for a summary proceeding of extermination of patients. The term "euthanasia" was deliberately used to conceal the actual purpose of the project. . . . The most reliable estimates of the number of psychiatric patients killed are at least 275,000. . . . The indications became wider and eventually included as criteria "superfluous people," the unfit, the unproductive, any "useless eaters," misfits, undersirables. The over-all picture is best understood as the identification and elimination of the weak.

A considerable percentage of the whole number were. . . merely aged and infirm. Many of the old people included in the program were not in institutions but were living at home, in

good health, with their families. A psychiatrist would go to these homes and give the aged people a cursory psychiatric examination. . . . The psychiatrist would then suggest that such people be placed under guardianship and sent to an institution for a while. From there they were quickly put into gas chambers. It is difficult to conceive that thousands of normal men and women would permit their parents or grandparents to be disposed of in this way without more protest, but that is what happened. . .

Thousands of children were (also) disposed of. . . . They were killed in both psychiatric institutions and pediatric clinics. Especially in the latter a number of woman physicians were actively involved in the murders. Among these children were those with mental diseases, mental defectives—even those with only slightly retarded intelligence—handicapped children, children with neurological conditions, and mongoloid children (even with minimal mental defects). Also in this number were children in training schools or reformatories. Admission to such childcare institutions occurs often on a social indication and not for any intrinsic personality difficulties of the child. . . .

The chief of the mental institution Hadamar was responsible for the murder of "over a thousand patients." He personally opened the containers of gas and watched through the peephole the death agonies of the patients, including children. He stated: "I was of course torn this way and that. It reassured me to learn what eminent scientists partook in the action: Professor Carl Schneider, Professor Heyde, Professor Nitsche". . . And when Dr. Karl Brandt, the medical chief of the euthanasia project, defended himself for his leading role in the action, he stated. . . "We're not the regular professors of the universities with the program? Who could there be who was better qualified than they?"

Doctors Kill "Worthless People"

These statements that leading psychiatrists supplied the rationalization for these cruelties and took a responsible part in them are true. . . . Historically there were tendencies in psychiatry (and not only in German psychiatry) to pronounce value judgments not only on individuals, on medical grounds, but on whole groups, on medicosociological grounds. What was (and still is) widely regarded as scientific writing prepared the way. Most influential was the book *The Release of the Destruction of Life Devoid of Value*, published in Leipzig in 1920. . . . The book advocated that the killing of "worthless people" be released from penalty and legally permitted. It was written by two prominent scientists, the jurist Karl Binding and the psychiatrist Alfred Hoche. The concept of "life devoid of





Let's Talk It Over



The Abortion Issue

In the last two years bills to liberalize abortion have been proposed before almost three dozen legislatures. These bills are usually drawn up according to the American Law Institute's Model Penal Code of 1962. This says that abortion should be permitted when continued pregnancy would gravely impair the physical or mental health of the mother, when there is substantial risk of gross physical or mental defects in the child, or when pregnancy results from rape (including statutory rape) or incest.

Such concerted effort on so wide a front in so short a time to destroy a hitherto almost self-evident moral code could hardly have occurred spontaneously. In any case, Colorado, North Carolina, and California have succumbed to the pressure. The latter, however, refused to condone abortion to prevent the birth of possibly deformed children.

Even the churches have gotten into the act, with Episcopal and American Baptist bodies making approving statements. The ALC's Commission on Research and Social Action has published a pamphlet with a mild and traditional underwriting of the Protestant ethic on therapeutic abortion. It is also being widely quoted as though it supports revision of the abortion laws. In Minnesota, where the ALC is the largest Protestant denomination, this so-called endorsement is presently vigorously exploited as advocating extensive abortion reform.

If invited churches do not hurry to join the parade to support abortion, they are dismissed in either of two ways. They are said to be injecting an undemocratic sectarian viewpoint into the legislature and should quit their political lobbying. This label is attached especially to Roman Catholics, and it is presumed that such attachment automatically enrolls all Protestants and Jews on the side of abortions.

Or, the abortion issue is said to be a political and not a moral issue. Therefore the religious people should not be allowed to force their particular ancient moral code upon the rest of an enlightened populace. We had enough of that with the Prohibition amendment. Thus under the specious plea that its policy is based solely on the desire "to protect and advance civil liberties," the American Civil Liberties Union has called for the abolition of all laws "imposing

criminal penalties for abortions performed for whatever reason by a licensed physician," because "the state has no power to force these particular moral and religious standards upon the entire community."

Keep Thinking

No American Lutheran should be betrayed into forfeiting his judgment on this issue for either of these two reasons. Whether legal abortion is right or not, dare not be answered by automatically enrolling on the side opposite the Roman Catholics. Nor as Christian citizens can we ever renounce the responsibility to work for laws that express the highest moral insights of the community. That is, Christians have held (see Romans 1-2) that society should as far as possible carry out those human relationships which God declares to be good for mankind. Lutheran theology calls this "civic righteousness," and enjoins it upon unbeliever and Christian alike.

The first remarkable public application of this Christian concern for mankind in the ancient world was in forcing the abandonment of the grizzly violent games in the Roman arena, where men were killed as a spectator sport. The second was the abandonment of infanticide, a close parallel to the question of abortion. Extra babies who might mar the physical or mental health of their mothers—especially when they were worthless girl babies—were no longer left on the city dump to die. This impact of Christianity's "reverence for life," as Albert Schweitzer named it, became a glorious new step in human history, one of the very few humanity has to cherish. Shall we renounce this reverence for life now through abortion bills?

The decision to terminate life as in abortion, made by someone other than the one whose life is ended—and without his consent—is therefore a most serious possible action. Dr. George Williams, Harvard theologian, says that Roman Catholicism's work against abortion is "defending the very frontier of what constitutes the mystery of our being." He adds, "Next to the issue of peace in the world, I feel the opposition to abortion and euthanasia constitutes the second major moral issue of our society. Christians, who have lived by the parable of the tiny mustard seed, should be the most alert and sensitive . . . to safeguard the rights of the smallest and weakest—the invisible, the fetal, person at the very inception of his pilgrimage among the children of men." **GHM**

An Episcopalian Doctor Speaks Against Abortion

FOLLOWING IS AN ARTICLE WRITTEN BY JOHN L. FALLS, M.D. A PROMI-
NENT OBSTETRICIAN AND GYNAECOLOGIST, AND A MEMBER OF CHRIST
EPISCOPAL CHURCH, RED WING, MINNESOTA.



THERE WAS A TIME when childbirth and pregnancy were accompanied by grave dangers: when toxemia, infection and hemorrhage were commonplace and carried many young mothers to an untimely grave, yet society forbade fetal destruction.

THERE WAS A TIME when syphilis was often transmitted from the infected mother to her unborn child, inflicting on this innocent victim lifelong physical disfigurement, and heartbreaking handicaps - and yet society forbade termination of pregnancy, and instead gave encouragement to the medical profession making mandatory the early recognition and prompt treatment of all syphilitic mothers to prevent this tragedy.

THERE WAS A TIME when there were no reliable or acceptable methods of contraception, and without doubt the vast majority of pregnancies were unplanned, and many quite inconvenient - and yet society protected the fetus against arbitrary destruction because it came upon the scene unsummoned.

THERE WAS A TIME when Rh isoimmunization wreaked untold havoc upon many babies, silently and without detectable warning. Now the process can be detected in the incipient stage, monitored in its progression, and thwarted by prompt intervention in nearly all cases. And now, this tragic process has been found completely preventable by prompt immunization of the Rh negative mother with anti-Rh immune globulin.

THERE WAS A TIME when the Rubella virus (German measles) infected a small percentage of pregnant mothers and occasionally damaged the fetus, sometimes severely, and there was no way of telling which mother was susceptible or of preventing the contagion. Now there is available to every practicing physician and hospital a test showing which mother is susceptible to Rubella, and a vaccine to immunize against Rubella. Hence, the mother at risk can be easily identified as she registers for care, or better yet at the time of her premarital examination, and if she is susceptible to Rubella, she will be immunized by vaccination. There need be no more Rubella babies.

THERE WAS A TIME when the additional burden of pregnancy was thought detrimental to the mother with heart disease, kidney disease, tuberculosis, or liver dysfunction. With the rapid technologic advance in controlling these diseases, pregnancy no longer constitutes an additional hazard.

POTENTIAL MEDICAL COMPLICATIONS OF ABORTION

by Edward M. Hanton, M.D.



No operation is so simple that it is entirely free of risk. The wise clinician will balance the benefits of the therapy he considers advisable against its possible disadvantages, both immediate and remote. The physician is required to judge in good faith whether termination of pregnancy or continuation of pregnancy carries greater risk to the life and health of the patient. This decision cannot be made responsibly without knowledge of these risks.

The morbidity and fatal potential of criminal abortion is accepted widely, while at the same time the public is misled into believing that legal abortion is a trivial incident, even a lunch hour procedure, which can be used as a mere extension of contraceptive practice. There has been almost a conspiracy of silence in declaring its risks. This is indefensible when patients suffer as a result.

The immediate complications surrounding these various procedures used in abortion include the following:

The most common complication is that of hemorrhage. Hemorrhage is considered to have taken place when there is an estimated or measured blood loss exceeding 500 milliliters. Because this is only an estimate, there is wide variation as to the percentages of frequency. Basically, they range from approximately 3.8% in the report of the Joint Program for Study of Abortion (JPSA) which is considered to be, by those strong advocates of abortion, as an extremely accurate study, to a level of approximately 17% reported by Professor J. A. Stallworthy of Oxford England who does abortions, but is not exactly a strong proponent of the procedure.

Immediate complications also include trauma or injury. This may include cervical laceration, or tears, uterine perforation or other injuries to the pelvic contents. The percentage of this type of complication reported by the JPSA was 1.04% in 73,000 cases. Dr. Stallworthy's report indicates 4.5% of a similar type of complication. Whenever there is perforation of the uterus strong consideration must be given to immediate exploration because of the possible risk of injury to the abdominal contents. In the JPSA study, of 187 patients with perforation of the uterus, 99 required a hysterectomy.

Infection must also be considered as an early complication of abortion. In the JPSA study approximately 3.7% of the total number of abortion patients developed a fever. Fever, however, does not specify the source and the patient's problem. Serious infection with an endometritis, peritonitis, septicemia, thrombophlebitis, or salpingitis totaled 1.6% of the 73,000 procedures. These types of infections are considered to be much more serious than fever alone. In Dr. Stallworthy's group 15% of patients developed a fever. Significant infections in this group there totaled 3.1%.

The effects of hypertonic solutions injected into the uterus for midtrimester abortions has resulted in several maternal deaths because of accidental introduction of this material into the circulation. This procedure also appears to have a higher risk of infection and hemorrhage.

There were 6 deaths in the 73,000 patients in the JPSA study corresponding