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American Citizens Concerned for Life, Inc.
6127 Excelsior Boulevard, Minneapolis, MN 55416



August 29, 1983

Morton C. Blackwell
Special Assistant to the President
Room 191
OEOB - 17th and Penn N.W.
Washington, DC 20500

Dear Mr. Blackwell:

Enclosed are the two most current newsletters from our organization which we are sending for your perusal. If we can be of any assistance to you in matters pertaining to the life issues, please contact our office or our president, Jan Wilkins, at the above address.

Sincerely,

Carol Riddle
Secretary

In Respectful Pursuit of Human Development



UPDATE

April, 1983

Vol. 9, Number 2

Senators/parents file suit, support notification ruling

Two U.S. Senators and four sets of parents recently filed a suit in support of the "parental notification" regulation that has been blocked by court injunctions.

Senator Jeremiah Denton (R-AL), chairman of the Senate Subcommittee on Family and Human Services, and Senator Orrin Hatch (R-VT), chairman of the Senate Committee on Labor and Human Resources, along with the other parents, initiated the suit on March 22 in defense of the regulation, proposed by the Department of Health and Human Services, that would require federally funded clinics to notify the parents of teenage girls when dispensing prescription contraceptives to them.

Scheduled to go into effect on February 25 the regulation was blocked by U.S. District Judges Thomas Flannery in Washington, D.C., and Henry Werker of New York. Flannery criticized the rule for exceeding the intent of Congress in legislation passed in 1981 requiring that "to the extent possible . . . shall encourage family participation" in the provision of the contraceptives to minors.

Senator Denton disagrees. "The regulation is a sensible step to chip away at the wall that some government programs have erected between parents and their children," he said.

"As a co-author of the amendment that prompted this regulation, I can state that the parental notification rule is well within the purview of the mandate for increased family involvement," Denton said. "After all, the family cannot be involved unless it is at least made aware."

The regulation has also been criticized as possibly leading to more teen-age pregnancies. Senator Hatch cited statistics from his state that contradict this supposition. A parental consent law for contraceptives given to minors went into effect in Utah on May 1, 1981, and the use of federally funded family planning clinics dropped by 59 percent in that year. Live births dropped eight percent among those 15 through 17 also during the same period.

Denton and Hatch seek to intervene in the case on the ground that their votes

for the amendment containing the "family participation" language were unlawfully nullified by the injunctions. Along with Denton, father of seven children, and Hatch, father of six, the four sets of parents from Alabama, Maryland, Utah and Virginia claim a statutory right to notification of any participation of their children in Title X ("family planning") programs and charge that their right has been violated by the injunction. They also claim that the injunction violates a constitutional right to inculcate in their children their own moral and religious values without undue interference by government.

The United Families of America, a private organization of which Senator Denton is honorary chairman, plans to file suit on behalf of other parents across the nation.

Should the court refuse to allow the parties to intervene directly in the case, they have asked that their brief be accepted as an *amicus curiae* ("friend of the court") brief.

Father Edward Bryce, Director of the national Bishops' Office for Pro-Life Activities, released a statement that coincided with the filing of the suit. He stressed the need for the regulation, noting that "Federally subsidized professionals now have virtually unlimited power over the services and counseling that teenagers receive with no accountability to the parents who are responsible for these children's health and welfare." He said that the number of teen-age pregnancies has increased not because of a lack of available contraceptives, but because of "the isolation of children from the social and emotional context of the family unit, which alone can adequately provide for mature personal decision-making and self-discipline."

Siegel heads memorial council



Seymour Siegel

Rabbi Seymour Siegel, a member of ACCL's board of directors, is now serving as executive director of the 65-member Holocaust Memorial Council, established in 1982 by legislation of Congress to provide a living museum and memorial for victims of the Nazi Holocaust of World War II.

One of the duties of the Council will be to plan days of remembrance each year. This month an estimated 10,000 survivors of the holocaust gathered in Washington, D.C., for a special commemoration of their ordeal; many said that they hoped to find lost relatives or friends and to share their grief and strength with each other.

Siegel explained that the Council will strive to raise about \$100 million for its three-faceted project. In addition to the annual days of remembrance, a monument will be erected in a building near the Washington monument that has been transferred for this purpose; and an educational component, consisting of research into the holocaust archives and the development of a curriculum and teaching materials, will be provided.

Siegel has served on the ACCL Board of Directors since 1975. He is on leave from his position as chairman of the department of Philosophies of Judaism of the Jewish Theological Seminary of America. He recently served on the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research which was resolved on March 30. He is an author, editor and consultant who also served as adviser to the American Delegation to the U.N. World Population Year Conference held in Rumania in 1974 and was a consultant on ethics for the Protection of Human Subjects in 1975.

INSIDE

ACCL plays vital role Page 2

A meaningful life Page 3

Primitive tribes value life Page 4-5

Legislative review Page 6-7



ACCL has role in awesome capital drama

By William Coughlin Hunt

Washington can be impressive in the spring. On a balmy day crowds of people stroll along the Mall between the Lincoln Memorial and the Capitol. The magnificent public buildings and monuments are enhanced by a frame of cherry blossoms and the fragrant scent of magnolia trees. Near the Washington Monument colorful dragon and butterfly kites soar even higher than the peak of the obelisk.

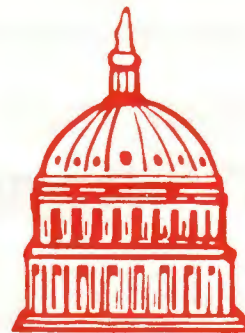
Everything is on a grand scale, somehow larger than life. Just the foyer of the Kennedy Center for the Performing Arts is two football fields long. The Capitol dome dwarfs throngs of sightseers, and the treasures of the Smithsonian Museum would take more than a lifetime to see.

Perhaps this grandeur is the proper setting for the most powerful government in the world. The consequences of its decisions touch the lives of billions. The disposition of our surplus grain can spell the difference between survival and famine. A percentage change in the federal discount rate can cause turmoil in international markets, and the future of an entire industry can be affected by the deliberations of an obscure subcommittee.

In fact, the apparatus of the federal government is so imposing that it is easy to overlook the delicate balance of powers between the various branches. When Congress, the administrative agencies, and the federal court system work to-

gether, as they did in the area of civil rights in the mid-1960's, the results are truly impressive. Often, however, this cooperation breaks down.

A case in point is the rights of disabled and handicapped persons. While Congress was giving favorable consideration to a concurrent resolution encouraging the President to "take all steps within his authority to implement, within the United States, the objectives of the United Nations Decade for Disabled Persons (1983-1992)" a federal judge overturned a presidential directive which required hospitals to provide food and medical care to handicapped newborn infants. Clearly, the Presidency is caught between the Congress and the Judiciary working at cross purposes, at least for the moment.



This is where interest groups like ACCL come in. One of our tasks is to help coordinate the various branches of our government. This is an important role but a modest one. It would be a mistake to think that we are the driving force, that we have the power which comes from constitutional authority and the ability to tax. However, it would also be a mistake to neglect the real power we have to influence government and to marshal public opinion.

Interest groups can clarify issues for harried legislators and let them know that there is support for courageous stands. Interest groups can help in the implementation of federal policy by cultivating close ties with federal agencies. Interest groups can even have an impact on the federal court system by presenting arguments and evidence in journals and in the judiciary process itself at every level from the trial to the Supreme Court. Unless they are enormous in scope, interest groups generally have more influence on the brains of government than on its muscle.

Given the realities of our form of government, given the fact that the awesome power of the United States of America ultimately depends on a delicate network of mutual trust and truthfulness, ACCL's marginal role is still crucial. We continue to work with other individuals and organizations to fine tune our federal government and to direct its efforts toward our founders' vision of liberty and justice for all.

William Coughlin Hunt recently visited Washington, D.C., attending Congressional hearings at which a resolution was passed supporting the United Nations declaration of the Decade of Disabled Persons. Hunt, administrative assistant to the city manager of Fridley, MN, was also present as Fridley received one of 15 awards in the Community Partnership Award competition sponsored by the National Organization on Disability.

Corrections

In the resource catalogue sent to you with your last newsletter, please note that the Stith articles are \$1 per set, handling charge; and the Adoption Option brochures are available at 5¢ each, plus shipping and handling.

You are invited:

ACCL plans

Mecklenburg dinner

Dr. Fred and Mrs. Marjory Mecklenburg, former ACCL president, will be honored by members and friends of American Citizens Concerned for Life at a dinner and reception on Wednesday, May 25, at the Sheraton Park Place Hotel in St. Louis Park, MN.

Marjory Mecklenburg, Deputy Assistant Secretary for Population Affairs and Director of the Office of Adolescent Pregnancy Programs of the Department of Health and Human Services, will be the guest speaker.

Both Mecklenburgs have been active pro-life advocates and spokespersons on the federal and state level. They co-founded Minnesota Citizens Concerned for Life and established Birthright in Minnesota. In addition to the founding of ACCL, Marjory has served on the boards of directors of Americans United for Life and of the National Right to Life Committee.



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Jan Wilkins, President

Raymond DiBlasio, Program Director

Gloria Ford, Editor

The ACCL, Inc., Education Fund is the research, education and policy analysis division of American Citizens Concerned for Life, a national citizens' action organization engaged in educational, legislative, research and service activities that promote respect and protection for human life. The Education Fund focuses its concern on the troubled mother, the family, children — born and unborn — and other vulnerable members of society.

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Ray DiBlasio / *Pops teaches simple lessons*



Ray DiBlasio

Those of us who contend with ideas on a large scale, with movements for social change, would find it difficult to keep things in human focus were we not exposed on a regular basis to the concrete realities which dramatize for us the precariousness and abiding worth of human existence. My wife and I enjoy the advantage of an important reality check in the person of my 83-year-old father, known as "Pops" to many of his younger admirers, who makes his home with us.

Pops is deprived of almost all the conventional pastimes of the elderly; conversation, listening to radio or television, or reading. Brain damage induced by a series of strokes has put an end to reliable verbal communication. He suffers from complete auditory aphasia, meaning that he can make sense of nothing that he hears. All sounds are empty noise to Pops; he must invent his own scripts to accompany the television images he watches so intently. In addition, his speech aphasia is far advanced; quite often he babbles in a secret nonsense language that cannot be recognized either as mangled English or as a mutation of his native Italian. Trying to communicate with Pops is a commitment to develop the skills of the pantomimist. Visitors to our home must adjust to — and often do cheerfully participate in — the elaborate dramatic routines that we employ to convey simple messages. On the other hand, to keep an emotional secret from Pops is almost impossible, since he has grown adept in reading facial ex-

pressions; he quickly senses the emotional states which accompany events of significance. The fact that he lacks detailed information, that he cannot comprehend precisely *what* is wrong or right or different or exciting in our lives, does not prevent him from fulfilling a much more important empathetic role; he perceives *that* something important is happening, and responds with his willingness to share and to care.

People who promote the "right to die" for themselves, for other adults, or for handicapped infants, often go beyond the desire to avoid suffering in terminal illness; they sometimes speak vaguely of a deteriorating or unattainable "quality of life," or they seek to justify their proposals on the grounds that a "meaningful" or "productive" existence is not possible for some individuals. As these catch phrases continue to receive media attention, the problem for our society is that through repetition and sug-

DiBlasio

Continued on back page

Mall's book: primer or post-grad course in persuasion

Reviewed by Jan Wilkins

"In Good Conscience: Abortion and Moral Necessity," by David Mall. Kairos Books, Inc.: Libertyville, Illinois, 1982, pp. 212. Available now from ACCL at \$18.50 (cloth) and \$8.50 (paper), plus shipping and handling.

This book is part of a proposed trilogy and deals with the rhetoric of the abortion controversy. It was written to make persuasion easier for those who uphold the pro-life position. The following comments are not written as a book review, in the true sense of the phrase, but rather as a recommendation and preview for reading it. It is written from my viewpoint as a speaker and group discussion leader — particularly with young people — and I tend to assess all reading matter on its merit for use with such groups.

From the first line of the introduction to the closing paragraph "In Good Conscience" is a *different* book, one which everyone involved with social action should be encouraged to read. The person who skims a book first may become discouraged since the author refers to "meta-rhetoric" and states that his book contains ideas both complex and interrelated. I would like to stress that readers of almost all ages and interests will draw benefits from Mall's book. It offers a challenge to the individual seeking answers on the abortion issue and reinforcement to those already committed to the pro-life philosophy. It is an excellent source of information, a tool for the person seeking

to persuade. And for those who have been "persuading" for years, it will be helpful in the strengthening of arguments or methods of communication and will also help speakers and writers to analyze their thoughts.

It was interesting to me that various reviewers have suggested reading "In Good Conscience" in different orders, (e.g., Read Part II before Part I, etc.). All suggestions were good, as the book can be read in any order. I always turn to a book's appendix and bibliography before reading, and because Mall is a perfectionist in these areas, I found the information was an excellent preparation for reading the main text. In fact, the bibliography (Part II) could be suggested as informational reading for someone new to the entire issue or for someone within the pro-life movement who has not had the opportunity to read all of the books listed. Yet another approach to reading "In Good Conscience" is to read the postscript and notes sections first; then launch into the rest of the book. The author has woven all sections of the book together, but it is to his credit that any part or section of the book can stand alone and be helpful to the reader.

This book should be read with pen in hand, as you will want to underline many of the meaningful statements to remember, ponder and repeat. Throughout the book the author continually shares his insight on the importance of the abortion

issue, yet does not tell us what to think — rather, how to formulate our own thoughts. He draws on the cognitive-developmental theories of Kohlberg and Piaget and proceeds from theory to practice by dividing the book into three parts: I, The Development of Conscience; II, The Modes of Moral Discourse; III, The Alliance of Thought and Action.

Many will find Mall's discussion of the "religious connection" (in the abortion issue) particularly thoughtful, interesting and helpful in Part I. He shows that it would be totally unrealistic to label abortion as primarily a religious issue or exclusively the province of one religion.

You may want to make a list of key words used in this book. Begin with 1) rhetoric, 2) trust, 3) justice. You will develop a new respect for the use of rhetoric after reading Mall's book. As he says, "Rhetoric is a mixture of both good and evil but is most effective when it deals with the truth."

The author's extensive academic background and intensive personal experience blend to bring readers an important and useful book. It should be noted that the physical aspects of the book itself (its hardcover) make it special — there is great attention to detail in everything about this book. Even the dedication, "To my mother and father who taught me to cherish life," offers an important clue to the author's over-all premise.



A T'boli mother and child

Judith Fink, ACCL vice-president, is executive director of Santa Cruz Mission, Inc., of the American Funding Agency, a private non-profit agency headquartered in Pittsburgh, PA. She spent nearly three months from Nov., 1982 to Jan., 1983 at the Santa Cruz Mission in the Philippines studying mission activities and programs.

INFACT targets Taster's Choice as Nestle boycott continues

In the April, 1982 issue of Update, ACCL announced that the Nestle Co. had voluntarily agreed to comply with the World Health Organization (WHO) international code governing the marketing of infant formula. The Swiss-based Nestle Co., world's largest formula producer, has been a primary target of the Infant Formula Action Coalition (INFACT) and similar groups in Canada, Australia, the United Kingdom, West Germany, Sweden, and France. An International Nestle Boycott Committee (INBC) was formed. The coalition of groups opposes unfair marketing practices in the Third World that promote products which, due to poverty, water contamination and lack of refrigeration, become agents of infant malnutrition, disease and death.

It seemed that the Nestle Co. had budged and that the boycott would no longer be necessary when Nestle announced a year ago that its formula would not be marketed in a way that discourages mothers from breast feeding.

But the boycott continues. INFACT was informed of 30 Nestle violations of the WHO code in eight Asian and Caribbean nations as of Oct. 13, 1982. Douglas Johnson, boycott chairman, regards any changes made by Nestle so far to be insufficient to conform to the code or to protect the health and lives of children in the Third World. Efforts of an Audit Commission, set up by Nestle and headed by former Senator Ed Muskie, to

Life is precious...precarious...

By Judith Fink

On the steep slopes of remote mountains in the southern Philippines live 200,000 of the world's poorest people. Members of native tribes, their existence is threatened by the relentless assault of the 20th century on their culture and lands. Most of the tribal people have been known to the outside world for less than fifty years. Some, such as the Tasady, were discovered within the last decade. These endangered people — the T'boli, Manobo, Maguindanao, Bila'an and Ubo — are often referred to as The Forgotten Tribes of Mindanao.

They are an ancient people who have lived in the same area for over twelve centuries. Once self-reliant hunter-gatherers, most are now destitute and hungry. Over 10% of their ancestral lands have been taken from them by homesteaders and landgrabbers. The tribes are outgunned and outnumbered, and with no secure property rights they are extremely vulnerable.

In former days, their diets provided good supplies of protein, vitamins and iodine. Now, most of the lakes and seacoast are off limits to them. Forests have been cut by loggers, greatly reducing the number of wild animals that could provide food. As a result, the natives struggle to grow small patches of corn and upland rice. These, and a few wild vegetables, are the staple foods for most tribal people. Malnutrition affects all age groups, but young children and their mothers suffer intensely. Where supplementary food and medical care are not available, over one-half of the children die before they reach age five. Hunger and overwork cause the people to succumb easily to malaria, typhoid, hepatitis, measles and pneumonia. Each day is a struggle for survival.

For over twenty years, the Santa Cruz Mission (founded by priests of the Passionist order and lay missionaries) has provided comprehensive education, health care, economic development and the Christian message to the tribespeople. In late 1982 I spent several months at the mission, totally immersed in the life of the missionaries and natives. There are no tourist facilities for hundreds of miles; very few Westerners have been able to observe these primitive cultures. Just getting there involves a teeth-rattling truck ride over nearly impassable boulder-strewn dirt roads. The lyrically beautiful scenery, dotted with serene mountain lakes and tropical flowers, presents a sharp contrast to the ragged thin people who live in thatch-roofed bamboo huts.

They are true Brass Age natives. Each day adult males work their rice and corn fields, using snuffling black carabao (similar to American oxen in function and rhinoceros in appearance). Plows pulled by the carabao are hand-hewn of wood and supported on bamboo poles. The natives don't make or use wheels.

"... if they do reach older years the place of choice within the hut is theirs, ..."

In the extended — and often polygamous — families, girls and women prepare and cook the starchy diet in black iron pots suspended over wood fires built on the floors of the huts. There are no chimneys to release the smoke, which finds its way out through spaces between the bamboo-slatted walls. At mealtimes, all family members crouch together in a circle, sharing from common plates on the floor. Small children are kept very close to their mothers at all times, seldom being permitted to wander more than an arm's reach away. If mother must put her baby down, other hands tend it or she may nestle the child into a sling-like hammock hung from the ceiling. From

monitor company marketing practices in the field have been criticized for reinterpreting the code rather than making real changes.

However, INFACT reports that some gains have been made under the new guidelines formulated by Nestle in October, 1982. The scope now includes infant formula products for all babies regardless of age; point-of-sale promotion is discouraged; mothercraft nurses are banned; yet free samples are still being given and Nestle has refused or stalled any attempts to meet and negotiate with INFACT or the INBC.

In an effort to build the pressure caused by the boycott INFACT has specifically targeted Taster's Choice coffee because this product accounts for the largest percent of Nestle's sales in the United States. Few people are aware that the Taster's Choice is a Nestle product; yet in the highly competitive coffee market where its product could be easily substituted, the company has invested much time and money. Nestle could lose its share in the market as a result of the new boycott focus on Taster's Choice.

INFACT says that the boycott has cost Nestle over \$1 billion in direct expenses and lost revenue. In addition, the company has invested over \$30 million to create the Nestle Coordination Center for Nutrition, a public relations effort.

protected among ancient Philippine tribes

birth until they join their siblings and cousins in the "sleep heap," infants and toddlers know either the swaddling of the hammock or the warmth of their mother's body. Very little crying is ever heard.

My observations centered most closely on the T'boli tribe. Of Malay stock, the T'boli have black hair and eyes, delicate features and build, and usually do not reflect intermarriage with other racial groups. Because I was a member of the Santa Cruz Mission staff, I was welcomed in their settlements and homes without reservation. Being able to wander among them, accompanied by an interpreter familiar with their customs, offered me opportunities to see how these desperately poor but very dignified people care for their sick, elderly and infirm.

"... children born with defects must usually grow up with them."

"Grandfather" and "Grandmother" are titles of status and honor. Although the majority of T'boli adults don't live past age 40, if they do reach older years the place of choice within the hut is theirs, near enough to the fire to keep warm and close enough to the window to breathe comfortably. No one is expected to retire, and the elderly share as they are able in the family's work, helping to gather firewood and wild vegetables, carry water, and tend gardens.

Childbirth customs reflect the common Asian view of labor and delivery as ordinary events. Laboring T'boli women are expected to remain silent; crying out or moaning is considered a disgrace. Until she realizes that birth is near, the mother goes about her duties as usual, seldom informing anyone else that she is in labor. When she decides the time has come, she tells her husband and asks him to fetch the village midwife. The midwife — called a "hilot" — is usually a man. As delivery approaches, the mother assumes a crouching posture leaning against her husband, who supports her back. A sacred abaca cloth which every household owns is placed over her body from shoulders to ankles. It is believed that the cloth keeps evil spirits from the new baby and lessens birthpangs. Working with only his sense of touch, the hilot assists as needed in the delivery and cuts the umbilical cord. Before Santa Cruz Mission's health clinic taught the hilot to boil the sharp bamboo or bolo knife, many newborns died of tetanus. Now the occurrence is rare, except for areas not yet reached by health care workers.

The barter system still in effect among the T'boli makes girl babies equally as valuable as boys, since the marriage cus-

toms provide for a bride price. Infants are accepted into the family circle regardless of sex or condition. In a society so far removed from operating rooms and medical specialists, children born with defects must actually grow up with them. I saw several cases of uncorrected cleft lip. The children were laughing and playing with their peers, as were two boys with spinal deformities at one of the mission's branch schools high in the mountains. The teachers told me that tribal custom demands from the physically sound a certain tenderness and respect for the crippled. To tease or slight a child or adult with an infirmity is considered a grave insult, and the tormenter is made aware of his error by a form of shunning.

The T'boli settlements near the mission were the home of a native "bag lady." Much like those women seen in America's large cities, this woman wandered from place to place sleeping where she chose and carrying all her worldly goods in a net bag. But unlike the plight of so many of America's street dwellers, our bag lady never had to sleep outdoors; any home would admit her and give her a sleep mat on request. All knew her story. She had borne six children, and the eldest five had died in childhood. Her youngest daughter, a student at the mission school, was raped by an unknown gang and died a few days later. The mother went mad and began her wanderings from house to house, looking for her child. For ten years she had looked; for

ten years the tribe had fed her, shared their food and fires, and supplied her basic needs. The mission's staff people kept an eye on her and coaxed her, from time to time, into bathing and fresh clothes. All understood her grief; and her need to search was not thwarted.

"Infants are accepted into the family circle regardless of sex or condition."

Although living with few material goods, malnourished, and sick much of the time the T'boli showed me the simple yet majestic dignity of a people who are in touch with their cultural traditions, connected to each other with a commitment that is larger than the extended family. If an adult survives hunger and tropical diseases and reaches grandparenthood, no nursing home or ice floe awaits. The elderly remain busy within the family circle.

The T'boli have little more than their lives. Despite their poverty, they have managed to be a people whose respect for life and perception of its value seem to be even more keen than that of their brothers and sisters in more highly developed nations.

ACCL president elected to adoption board

The National Committee For Adoption's annual (NCFA) meeting and maternity services conference was held in New Orleans on February 16 - 19. ACCL President Jan Wilkins was elected to the board of directors for a three-year term.

Highlights of the conference included talks by special guests U. S. Rep. Lindy Boggs (D-LA) and Marjory Mecklenburg, Deputy Assistant Secretary for Population Affairs and Director of the Office of Adolescent Pregnancy Programs.

Toni McHugh of New Jersey was elected Chairman of the Board for 1983 and offered a four-point theme for NCFA's activities: 1) Help agencies aggressively compete to insure that the adoption option gets equal time; 2) Reach the public through educational messages; 3) Broaden the financial base of NCFA; 4) Focus on the area of legislation.

"National Committee for Adoption has become a leading advocate of improved legislation in all aspects of adoption. It has earned the respect of our policy-



Toni McHugh

makers in Washington and has been instrumental in the passage of meaningful adoption legislation on the state level. We all owe a vote of thanks to NCFA President William L. Pierce and to Candace F. Mueller, director of public policy and professional practice, for their leadership," said Wilkins, "and to Jeannine Fay, who continues to donate her time and energy to the success of the Adoption Hotline."

A complete report of the NCFA annual meeting or further information on the organization may be obtained by writing to ACCL.

LEGISLATIVE REVIEW

House members named to committee on youth

Earlier this year the 98th Congress overwhelmingly passed H. Res. 16, establishing the Select Committee on Children, Youth and Families. Twenty-five members of the House were appointed to serve on the committee, and Rep. George Miller (CA) was appointed as chairman.

ACCL supported the establishing of this committee. The select committee will enable the Congress to make an assessment of the status of children and families on a long-range basis and will recommend methods to meet the real needs of this group in a cost-effective manner. An agenda is being developed to focus on children, youth and families, and the committee members will welcome assistance and suggestions identifying successful public and private sector efforts, evaluating existing programs and gathering information about the changing needs of this segment of society.

Members of the committee selected include Representatives Miller, CA; Lehman, FL; Schroeder, CO; Boggs, LA; McHugh, NY; Patterson, CA; Mikulski, MD; Weiss, NY; Anthony, AR; Leland, TX; Boxer, CA; Levin, MI; Morrison, CT; Rowland, GA; Sikorski, MN; Wheat, MO; Marriott, UT; Fish, NY; Coats, IN; Bliley, VA; Wolf, VA; Burton, CT; Johnson, CT; McKernan, ME; Vucanovich, NV.

HLA News:

Among the several proposed human life amendments to the Constitution offered in both houses of Congress during this session of Congress the Hatch-Eagleton proposal seems to have emerged as the most likely vehicle of progress.



Orrin Hatch

Hatch-Eagleton bill passes to Senate floor

During hearings of the Senate Judiciary Constitution Subcommittee, chaired by Senator Orrin Hatch (R-UT), Missouri Senator Thomas Eagleton advised the committee to modify the Hatch amendment to use the first sentence only, which says, "A right to abortion is not secured by this Constitution." While he has supported more inclusive amendments, Eagleton (D-MO) said he believed this measure would ultimately reverse the *Roe v. Wade* decision and was capable of gaining the greatest number of votes in the Senate.

Government appeals ruling on handicapped newborn

On April 14 a U. S. federal district court judge struck down a rule that would require federally funded hospitals to post notices warning that the withholding of food or medical care to handicapped newborns is a violation of Section 504 of the Rehabilitation Act of 1973.

But Secretary of the Department of Health and Human Services Margaret Heckler immediately announced that the government would file an appeal. "This administration remains determined to protect the lives of handicapped infants and to assure them their equal right to be given appropriate medical care and nourishment," she said.

The regulation, Interim Final Rule 45CFR Part 84, was announced by the President on March 2 and went into effect on March 22 after nearly a year of controversy sparked by the death of "Baby Doe" of Indiana, an infant boy born with Down's syndrome and an incomplete esophagus. Baby Doe died at the age of six days after being denied routine corrective surgery and food on his parents' order.

Efforts to save Baby Doe by declaring him a ward of the state and allowing him to be adopted by an Indiana couple were denied by the Indiana courts and the child died before the case could be brought before the U.S. Supreme Court.

The Baby Doe case is not unique. Withholding care from handicapped infants has been widely documented since the 1972 Johns Hopkins Hospital case, similar to that of Baby Doe. In 1973 two pediatricians from Yale revealed in the New En-

gland Journal of Medicine that they had allowed 43 handicapped infants to die over a two-year period.

Traditionally, broad latitude has been given to doctors and parents in the case of handicapped newborns. Critics of the regulation say that it is unclear if or why a handicap may ever be a justification for withholding treatment. Judge Gerhard A. Gesell, who struck down the rule, called it "arbitrary and capricious." He said it did not reflect the "caution and sensitivity" that should guide federal intervention into the difficult medical and moral decisions that must be made in hospital delivery rooms and nurseries.

The lawsuit that challenged the ruling was brought by the American Academy of Physicians (AAP), an association of 25,000 physicians who charged that the regulation interferes with the physician-parent-patient relationship. They were joined by the Children's Hospital National Medical Center and the National Association of Children's Hospitals.

An alternate plan recently recommended by the presidential commission on medical ethics has been cited as preferable to the regulation by many pediatricians. The commission suggests that hospitals should develop explicit policies for the treatment of handicapped newborns, allowing treatments to be discontinued only when defects are so severe that a doomed child should be allowed to die. If parents decide to discontinue life-sustaining treatment or if the benefits of treatment are in question, a local ethics committee of parents, lay people, ethi-

cists and health professionals would review the case.

The intent of Congress in Section 504 of the Rehabilitation Act also has come under question. Did Congress mean to include handicapped newborns under the anti-discrimination to handicapped persons clause of this particular Act?

Some members of Congress have taken action to strengthen their intent to protect handicapped newborns. During consideration of the reauthorization of the Child Abuse Prevention and Treatment Act this month, a House subcommittee voted to expand the definition of child abuse to include the withholding of care from seriously ill newborns. On April 7, Senator Jeremiah Denton (R-AL), chairman of the Subcommittee on Family and Human Services of the Senate Labor and Human Resources Committee, introduced similar legislation.

Dr. C. Everett Koop, U. S. Surgeon General, testified during hearings held by Denton on April 6 in support of both the new federal rule and the amendments to the child abuse bill. "The moral issue here," Koop said, "is that no one may judge the quality of life of another, and we must not tolerate the attempts of those who would take it upon themselves to do so."

The American Association of Pro-Life Pediatricians (AAPLP), composed of 325 members who are also fellows of the American Academy of Pediatrics, expressed their concern to the Office of Civil Rights of HHS that the growing

On March 24 the Eagleton proposal, now known as S. J. Res. 3, was approved by the subcommittee and by April 19 the Senate Judiciary Committee had reported it out to the floor. Because of a 9-to-9 tie vote by the committee, however, it became necessary to accept a proposal from Senator Joseph Biden (D-DE), who had voted against the amendment, to report it to the floor without recommendation. Among the disadvantages to this development is the uncertainty of when it may be scheduled for floor action. But Biden said that he hoped the issue would be fully aired on the Senate floor.

Senator Hatch said, "I'm just happy to have it on the floor. For the first time in our history, we will have a vehicle to debate the issue of abortion on the floor of the Senate." Last year when the Hatch amendment was subjected to filibuster, Hatch withdrew the amendment with the promise from Senate Majority Leader Howard Baker (R-TN) that it would be scheduled for floor action this spring. If the committee had rejected his proposal, Hatch could have brought it up under other parliamentary procedures.

law

problem of the inappropriate withholding of life-saving therapy from newborn handicapped infants is "a problem of considerable magnitude."

The intent of the regulation, they said, "is clearly not to require treatment when treatment would be futile but rather to require treatment where treatment would be effective but the life to be saved would be of imperfect quality. Public perception of treatment unjustly withheld from certain groups of handicapped children (e.g. Down's syndrome and meningomyelocele) has not shown a propensity to misconstrue sincere and well-intentioned withholding of extraordinary care."

The AAPLP, based at Loyola University Stritch School of Medicine in Maywood, Illinois, addressed the fear that the general public would become capriciously involved by noting that "The directive obviously intends that the notices be posted in places where they will be primarily available to professional personnel or health care providers and only secondarily available to the general public . . . does not have access, for example to delivery rooms, nurseries, or neonatal intensive care units where most of the conflict situations would arise. Similar notices have been posted frequently in the past (regarding charitable care requirements on Hill-Burton fund recipients, for example) without leading to public abuse."

The regulation also "provides for the protection of individuals, such as nurses, against the kind of intimidation and retaliation which has been reported in the past," the AAPLP notes. The reference is

Hyde bill sent to four committees

In the House, the most popular proposal seems to be H. R. 618, the "Respect Human Life" bill sponsored by Rep. Henry Hyde (R-IL). This bill includes findings that life begins at conception and states that the Supreme Court erred in its 1973 *Roe v. Wade* decision by not "recognizing the humanity of the child and the compelling interest of the several states in protecting the life of each person before birth. The Hyde bill also would permanently ban the use of federal funds for abortion or abortion referrals and prohibits abortion coverage under federal employee health insurance plans. The bill has been referred to four House committees: Judiciary; Education and Labor; Energy and Commerce; and Post Office and Civil Service. Its companion in the Senate, S. 467, was introduced by Senators Roger Jepsen (R-IA), Jeremiah Denton (R-AL), and John East (R-NC) and has been sent to the Committee on Government Operations.

ACCL President Jan Wilkins said, "ACCL has supported all of the efforts by the Congress during the past ten years to restore legal protection for unborn children. We were early proponents of the Hyde Amendment which

ultimately ended most federal funding of abortions.

"A fundamental principle which must be kept in mind when evaluating abortion legislation," Wilkins said, "is that any pro-life law or amendment which is *passed* — whatever its content — is infinitely better than one which is *not passed*. Consequently, we urge Congress to approve whatever amendments or protective statutes can attract the required votes, and which will withstand subsequent challenge in court.

"A second principle," Wilkins noted, "is that any constitutional amendment restricting abortion will be only as strong as its implementing legislation. Because the Constitution cannot compel legislatures to enact laws, the practical effect of all the proposed constitutional amendments restricting abortion is essentially the same. Effective laws protecting life will be enacted not by constitutional edict but as a result of widespread assent to the principle that defenseless life ought to be protected. All that any amendment can do is to restore this legislative authority to lawmakers and negate the alleged constitutional "right to an abortion."

to a toll-free hotline number which is included on the notices, ensuring prompt action by the federal government and the anonymity of the caller.

There are other pediatricians, however, who are skeptical of the need for a formal regulation. At an all-day bio-medical workshop in Minneapolis, MN, on March 22, the topic "To Save or Let Die: Dilemmas Concerning Defective Newborns" was discussed. Dr. Edmund C. Burke, pediatric professor at the Mayo Medical School, who is also district chairman for the American Academy of Pediatrics, said that pediatricians consider themselves advocates for children, are dedicated to saving the lives of infants and children and object to "anonymous telephone reporting" and the encouragement of a type of "government cop" in complicated medical problems.

The workshop drew more than 500 physicians, nurses, judges, lawyers, clergy, educators and social workers. ACCL representative Carol Riddle attended and agreed with reports that the consensus of this professional group seemed to be against the regulation. She said the group in essence favored the right of all infants to ordinary care, warmth, physical and social comforting, the freedom from pain and the right to food and water. But she said they seemed fearful of intervention that could hinder them from making appropriate decisions about what constituted extraordinary care in hopeless cases.

ACCL attends

In Washington — ACCL representative Peggy Quinn of Fairfax, VA, reports that the "Parenting Issues of the 80's" conference was of great interest. Sponsored by the Junior League of Washington, the conference focused on all aspects of parenting. Tapes and further information are available through the ACCL office . . .

In Washington — The "National Conference on Single Parent Families and the Schools" was sponsored by the Home and School Institute and was attended by ACCL President Jan Wilkins. Complete information and lists of organizations involved are available from ACCL.

In Minneapolis — "The Handicapped Newborn" seminar conducted by the Minnesota Interreligious Committee for Bio-Medical Ethics was attended by ACCL representative Carol Riddle. A brief report is included in a story in this issue of Update.

ACCL Officers — Pro-life presentations have been given at numerous high schools, colleges, workshops and meetings. Speakers are needed in all states; please call (612) 925-4395 if you could help in this way.

DiBlasio

Continued from page 3

gestion many may come to imagine that the value of human lives can be reduced to a set of quantitative indicators and be assessed with the same matter-of-factness with which we presently grade beef, rate stocks or bonds, and compare the relative merits (also referred to as "quality of life") of living in Denver or Atlanta or Houston.

I do not think that Pops would fare well in the perceptions of some people who might attempt a supposedly "objective" appraisal of his quality of life. They might note on their checklists the recurring and increasingly severe congestive heart episodes, the digestive problems, the periodic gout, or any of the factors which curtail his physical activity; they might not be disposed to see, if they are concentrating on verbal facility, how any meaningful interaction could survive his communication disorders. Any one whose conceptualization of the quality of life is limited to being informed and/or articulate and/or competitive and/or financially successful might have difficulty giving my father a reason to keep on living.

Yet in the maintenance of good human relations, the goal toward which all our physical and psychological activity is most appropriately and *meaningfully* directed, Pops has his opportunity to shine. Here all his handicaps fade to insignificance. I have already mentioned his capacity for empathy. You have only to place an infant in his arms or a toddler at his feet to witness the power of love and the efficacy of non-verbal communication. Give him room for a garden and he will tease small miracles from the earth; he will take visitors by the hand and re-introduce them to the wonder of Nature, and he will demonstrate that the purpose of having a harvest, in his mind, is to share it generously with others. Turn him loose at a party and his obvious enjoyment will heighten the pleasure of all present.

Similar accounts could be made by the families and friends of the retarded and

handicapped of any age; many who confront the problem of living a life under severe limitations could report their discovery that the hardship and disappointment they experience or witness is counterbalanced by a new intensity in the quality of human relating and belonging.

Some of the talk about "meaningless" life seems to translate quite readily into the notion of *inconvenient* life. According to the values and expectations that motivate many in our "get ahead" society, involvement with a senile and incapacitated parent is inconvenient to social and financial progress; the survival of a handicapped infant, who cannot be tucked away neatly into day care, poses a threat to career and mobility. It is ironic that many of the powerful, who might not hesitate to impose superficial judgments of human quality on the defenseless, might themselves be considered deficient in the attainment of a meaningful existence. Among the so-called "success" stories in my acquaintance I can cite a number of people, competent executives, accomplished professionals and affluent business persons, whose obsession with success has caused them to blunt their sensibilities and to neglect their responsibilities to others. People of this sort present a long list of failure in human relationships: they fail to participate satisfactorily in their marriages; they fail to parent their children adequately; they fail to be loyal to their friends, or to the moral values which guided them as they first set out on the road to success; they fail to make an effort to better some part of the world around them. It is more difficult for me to find quality and meaning in their lives than in my father's.

The popularization of success-biased notions of meaningful life may account for the mushrooming suicide rate among the young, healthy, and less-than-truly-desperate. In Japan, which leads the world in the dubious achievement of being a success-driven society, a surprising number of schoolchildren

commit suicide when they fail — or think they are going to fail — the exams that will qualify them for more specialized schooling and better employment. In this country, the primary beneficiary of materialistic and superficial assessment of the quality of life would seem to be the euthanasia ("mercy" killing, right to die) movement. We are mistaken if we assume that euthanasia advocates will keep their principles to themselves, removing themselves from the debate, as it were, by early suicide, or that they will confine their attention to the terminally ill. Right To Die organizations have published detailed "How To Do It" manuals, guiding the reader through a number of "relatively painless" suicide alternatives, which are becoming available to people regardless of their age or condition. A case in point would seem to be the double suicide, in March of this year, of author Arthur Koestler and his wife Cynthia. Koestler had long been an ardent supporter of "autoeuthanasia," so that his action was hardly unexpected; he was 77 and terminally ill. His wife's situation was another matter altogether: Cynthia was 56 and in good health. Following the suicides, friends of the Koestlers expressed their misgivings to the media. By their accounts, Arthur dominated his wife to the point of demanding her compliance with the whole array of his personal opinions, prejudices and preferences; their fear is that Cynthia threw away her life in a final act of subservience.

Whatever the motivations of the Koestlers might have been, the drive to be rid of inconvenient, supposedly "meaningless" life continues to build support. It will affect us all for the worse, even if we are not yet vulnerable ourselves, and even if we happen not to have someone young or old and vulnerable in our care. Shallow, opportunistic standards of quality and meaning mock and erode the values which we need most urgently to avoid collective self-destruction and to knit the Human Family together; they constitute a grand larceny of the human spirit.



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New rule protects handicapped infants

A second attempt is being made by the Reagan Administration to ensure that handicapped infants will be provided with food and basic medical attention. On June 30 a revised regulation requiring that a warning notice be posted saying that discriminatory failure to treat a child because of its handicap may be a civil rights violation leading to prosecution was announced by Dr. C. Everett Koop, U.S. Surgeon General.

A similar earlier regulation was overturned by a U. S. District Court Judge Gerhard Gesell on April 14. Suit was brought against the regulation by the American Academy of Pediatrics, the National Association of Children's Hospitals and Related Institutions and Children's Hospital National Medical Center. The plaintiffs charged that the Administration had failed to follow proper administrative procedures for establishing the rules, that among other things they did not include a time period for public comment before implementation.

Portions of the new regulations are now subject to a public comment period of 60 days. Also, whereas the earlier regulation was required to be posted in nurseries, maternity wards and pediatric wards where parents and patients as well as medical personnel could see them, the new regulations, smaller in size (8-1/2"x11"), need only be posted at nursing stations.

The regulations also attempt to define the term "handicapped" and give examples of how the rule might be applied. A 24-hour toll-free hotline for use by medical personnel and private citizens (800/368-1019) continues to be provided in the new regulations to facilitate the reports of cases where infants may not be receiving proper care. During the two-week period preceding the June 30 announcement, Dr. Koop reported that three calls were received on the "Baby Doe Hotline." In all three cases the course of medical treatment was changed as a result of the ensuing investigation. About twenty cases altogether have been investigated from calls to the hotline since it opened in March.

Dr. Harry Jennison, executive director of the American Academy of Pediatrics, said that the regulations are still too similar to the earlier ones and that unless



C. Everett
Koop

further changes are made, his group will file a suit to challenge them once again.

The regulations are a response to President Reagan's directives last April that action be taken to protect the severely handicapped following the death of the Bloomington, IN, infant referred to as "Baby Doe," who had Down's syndrome and was allowed to die rather than to undergo routine surgery for a blockage of his digestive tract that prevented normal feeding.

The President spoke of the Baby Doe case in an article he wrote for the Spring, 1983 issue of the Human Life Review. He said that the death was tragic proof that "We cannot diminish the value of one category of human life — the unborn — without diminishing the value of all human life." The message of the court's decision to grant the parents' right not to feed the child was, according to Reagan, "that retardation was the equivalent of a crime deserving the death penalty."

"Abraham Lincoln recognized that we could not survive as a free land when some men decide that others are not fit to live and should be abandoned to abortion or infanticide," Reagan said, "My administration is dedicated to the preservation of America as a free land, and there is no cause more important for preserving that freedom than affirming the transcendent right to life of all human beings, the right without which no other rights have any meaning."

Public comment on the new handicapped infants regulations will be received until Sept. 6, 1983. Letters should be sent to: Director, Office of Civil Rights, Department of Health and Human Services, 330 Independence Ave. SW, Room 5400, Washington, DC 20201.

ACCL names treasurer

J. Paul O'Connor, Edina, MN, has been confirmed by the ACCL Board of Directors as corporate treasurer of ACCL. O'Connor is currently the executive director of the Health Services Research Center of the St. Louis Park Medical Center, St. Louis Park, MN.

At the medical center O'Connor supervises a professional and clerical staff of 17 and is responsible for the development and control of the budget. Together with the Program Director he has developed and operates a nationally respected ambulatory quality assurance program for providing improved patient care. He has co-authored a book about the program, as well as numerous other publications on patient care, and maintains a national consultation service responsible for installing the quality assurance program in 13 geographically dispersed group practices, varying in size from six to 175 physicians.

O'Connor also directs the risk management for physicians program and evaluates other programs such as the Wellness program (SHAPE) and those designed to benefit juvenile diabetics. He has been a senior management consultant for Program Resources, Inc., Rockville, MD, and a program planner for the Bureau of Community Health Services of the Department of Health, Education and Welfare and for the Federal Energy Administration, Washington, DC.

An ex officio member of the Board of Directors of the St. Louis Park Medical Center Research Foundation, O'Connor is also a member of the American Management Association and a clinical associate professor for the University of Minnesota's Center for Health Services Research and the School of Planning.

INSIDE

Moving forward

... Page 2

Life, death for elderly

... Page 4-5

Book review

... Page 6

The highest morality

... Page 6-7

Summer pro-life setbacks may be step

Reactions to major developments on the abortion issue during June — the U. S. Supreme Court decision striking down the Akron regulations and the Senate vote on the Hatch-Eagleton amendment to the Constitution — have been varied. Pro-abortion spokespersons declare that the right to abortion has been affirmed as unqualified and absolute.

Within the pro-life movement there is some disappointment from those who saw the Hatch-Eagleton amendment, which stated that a right to abortion is not secured by the Constitution, as a viable first step toward the eventual full protection of all human life; ambivalence among advocates of the stronger language in Senator Helms' human life bill; dismay from others who were employing or introducing regulations similar to those of Akron within their own communities; there is also some notable agreement.

Most pro-life people are not surprised at the outcome, nor are they discouraged. On the contrary, there is cause for optimism. Consider Sandra Day O'Connor, the Supreme Court Justice whose pro-life credentials were previously unknown. During the confirmation hearings attending her appointment many pro-life groups were skeptical. O'Connor made no attempt to woo favor from either side of the abortion issue. ACCL's viewpoint, expressed editorially in the July, 1981 issue of UPDATE, was objectively supportive. We have reason to rejoice in O'Connor's leadership during the Akron deliberations and in her majority report which demonstrates that the *Roe* decision is on a collision course with itself, lacking in concern for either maternal or fetal well-being over the long run.

In the July 15, 1983 issue of Commonweal, ACCL board member

Richard John Neuhaus says that the *Roe* decision is on another certain collision course following the *Akron* decision — a political one. "Until *Akron*," he says, "otherwise well-informed people who did not want to think very much about it chose to believe that under *Roe v. Wade* there was some protection for unborn life after the first trimester. This pitiable source of comfort has been shattered by *Akron*. 'Pro-choice' activists publicly cheered *Akron* because it makes clear that the 'right to abortion' is unqualified. The more thoughtful of them might privately worry about the consequences of the Court's colliding with the comfortable lie that made *Roe v. Wade* tolerable to many Americans. The statement that the 1973 decision removed all legal protections from the unborn can no longer be dismissed as 'an extreme interpretation'..."

Senate rejects Hatch-Eagleton amendment

June 18 — The U. S. Senate voted 50-49 to reject the Hatch-Eagleton constitutional amendment, S.J. Res. 3, which states that "A right to abortion is not secured by this Constitution." The amendment fell 18 votes short of the two-thirds ratio required to pass the Senate. In order to go into effect, a constitutional amendment would have to pass both houses of Congress before it could be submitted to the states, and three-quarters of the states would then have to approve it. The expected effect of S.J. Res. 3 would have been to allow individual states, and perhaps even Congress, to pass legislation regulating and restricting abortions.

Sen. Orrin Hatch (R-Utah), who introduced the amendment, acknowledged that he had not expected to gather enough votes for passage during this session, despite the last-minute phone calls made by President Reagan to key senators whose support was needed. Bringing the amendment to the Senate floor for a vote was an important first step, Hatch said. He reminded pro-life groups that they had invested ten years so far for their cause but that "the women's suffrage issue took 93 years to resolve." Hatch said that the 49 votes "sent a message to the country that this is an issue that has to be resolved."

Sen. Jesse Helms (R-N. Car.) cast a "present" vote, expressing his belief that S.J.

Res. 3 is a tactical error and his preference for the human life bill which he introduced in the last session and was introduced by Sen. Roger W. Jepsen (R-Ia.) this year. The human life bill, S. 467, extends constitutional protection to the unborn from the moment of conception. A companion bill, H.R. 618, was introduced in the House of Representatives by Henry J. Hyde (R-Ill.) The bill would require only a majority vote to pass, but critics say that if it is passed now, it would be challenged and struck down by the present Supreme Court. On June 23 Senators Helms and Jepsen announced that they would attach S. 467 to a bill that would establish an ocean and coastal development fund, S. 800, scheduled to come up later in this session.



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The ACCL, Inc., Education Fund is the research, education and policy analysis division of American Citizens Concerned for Life, a national citizens' action organization engaged in educational, legislative, research and service activities that promote respect and protection for human life. The Education Fund focuses its concern on the troubled mother, the family, children — born and unborn — and other vulnerable members of society.

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For Amendment — 49

Abdnor (R-S.D.)	Durenberger (R-Minn.)	Huddleston (D-Ky.)	Nickles (R-Okla.)
Andrews (R-N.D.)	Eagleton (D-Mo.)	Humphrey (R-N.H.)	Nunn (D-Ga.)
Armstrong (R-Colo.)	East (R-N.C.)	Jepsen (R-Iowa)	Pressler (R-S.D.)
Baker (R. Tenn.)	Exon (D-Neb.)	Johnston (D-La.)	Proxmire (D-Wis.)
Boschwitz (R-Minn.)	Ford (D-Ky.)	Kasten (R-Wis.)	Quayle (R-Ind.)
Chiles (D-Fla.)	Garn (R-Utah)	Laxalt (R-Nev.)	Randolph (D-W. Va.)
Cochran (R-Miss.)	Grassley (R-Iowa)	Long (D-La.)	Stennis (R-Miss.)
D'Amato (R-N.Y.)	Hatch (R-Utah)	Lugar (R-Ind.)	Symms (R-Idaho)
Danforth (R-Mo.)	Hatfield (R-Oreg.)	Mattingly (R-Ga.)	Thurmond (R-S.C.)
DeConcini (D-Ariz.)	Hawkins (R-Fla.)	McClure (R-Idaho)	Trible (R-Va.)
Denton (R-Ala.)	Hecht (R-Nev.)	Meicher (D-Mont.)	Warner (R-Va.)
Dole (R-Kans.)	Hefflin (D-Ala.)	Murkowski (R-Alaska)	Zorinsky (D-Neb.)
Domenici (R-N.M.)			

Against Amendment — 50

Baucus (D-Mont.)	Dodd (D-Conn.)	Leahy (D-Vt.)	Roth (R-Del.)
Bentsen (D-Texas)	Glenn (D-Ohio)	Levin (D-Mich.)	Rudman (R-N.H.)
Biden (D-Del.)	Goldwater (R-Ariz.)	Mathias (R-Md.)	Sarbanes (D-Md.)
Bingaman (D-N.M.)	Gorton (R-Wash.)	Matsunaga (D-Hi.)	Sasser (D-Tenn.)
Boren (D-Okla.)	Hart (D-Colo.)	Metzenbaum (D-Ohio)	Simpson (R-Wyo.)
Bradley (D-N.J.)	Heinz (R-Pa.)	Mitchell (D-Maine)	Specter (R-Pa.)
Bumpers (D-Ark.)	Hollings (D-S.C.)	Moynihan (D-N.Y.)	Stafford (R-Vt.)
Burdick (D-N.D.)	Inouye (D-Hi.)	Packwood (R-Oreg.)	Stevens (R-Alaska)
Byrd, R. (D-W. Va.)	Jackson (D-Wash.)	Pell (D-R.I.)	Tower (R-Texas)
Chafee (R-R.I.)	Kassebaum (R-Kans.)	Percy (R-Ill.)	Tsongas (D-Mass.)
Cohen (R-Maine)	Kennedy (D-Mass.)	Pryor (D-Ark.)	Wallop (R-Wyo.)
Cranston (D-Calif.)	Lautenberg (D-N.J.)	Riegle (D-Mich.)	Weicker (R-Conn.)
Dixon (D-Ill.)			Wilson (R-Calif.)

Present — 1
Helms (R-N.C.)

forward

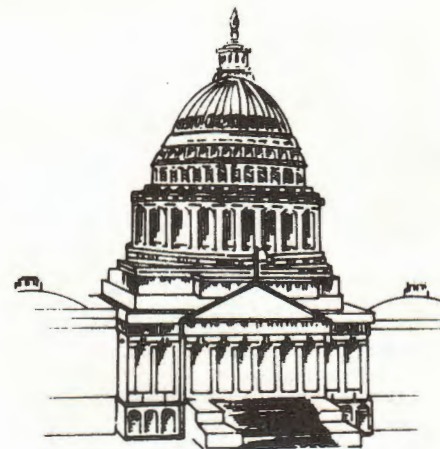
Neuhaus also suggests that among the justices who insist that *Roe v. Wade*, though "perhaps never entirely persuasive in a constitutional question," nevertheless "demands respect in a society governed by the rule of law," there are one or two or more who may soon retire from their positions as ultimate interpreters of that law. The character of those chosen as their replacements will, of course, depend upon the political situation at the time.

Another cause for rejoicing was the actual 50-49 vote count in the Senate on the Hatch-Eagleton amendment. Most political observers assess the vote as 50-50. (Senator Jesse Helms registered his preference for his human life bill, yet to be debated, by voting *present*, but his vote is regarded as consistently pro-life.

Despite the crepe-hanging by pro-abortion leaders and the media, history students in the pro-life camp are encouraged. Not so long ago it was doubtful that any pro-life amendment would be brought to a vote on the Senate floor, even less likely that it would capture half the votes.

As we look to the future we acknowledge a significant educational need to be met in order that a broader consensus of support for the value of all human life be reached. We must bring factual, educational information to the members of Congress, to our judges on all levels, as well as to the general public. Basic facts and insights concerning the life issues are still missing in public debate. One Senator recently said that abortion is a tragedy that no one is actively promoting. We agree that abortion is a tragedy, but the Senator is both naive and misinformed in stating that it is not being actively promoted. Abortion clinics regularly place coupons offering fee reductions for services in newspapers; others advertise their low costs, "reasonable fees," or "evening and weekend appointments available"; certainly the acceptance of Visa or Mastercard charge plates for abortions must constitute promotion.

Media coverage of the recent rulings has at least caused further awareness of the continued presence of the abortion controversy and afforded us opportunities to present the pro-life viewpoint in a



national forum. We must realize that it will take great courage for some to admit, over 10 million deaths later, that *Roe v. Wade* was in error; but the alternative is for all of us to accept abortion-on-demand as legal and here to stay. Surely we must summon the strength to assess our gains and persist toward a time when the lives of all human beings, born and unborn, young and old, will be valued and cherished.

Supreme Court strikes down Akron ordinance

June 15 — The U. S. Supreme Court handed down its 6-3 decision reaffirming the 1973 *Roe v. Wade* decision allowing women to abort their unborn children and striking down the Akron ordinance, enacted in February, 1978, in Akron, Ohio, regulating abortions.

The *Akron* decision, written by Justice Lewis F. Powell, Jr., abided by the *Roe* decision under the doctrine of "stare decisis" (L. "let the decision stand"). Powell said that the *Roe* decision had been "considered with special care," and that the Court "repeatedly and consistently has accepted and applied the basic principle that a woman has a fundamental right to make the highly personal choice whether or not to terminate her pregnancy." Powell also says that "the full vindication of the woman's fundamental right necessarily requires that her physician be given 'the room he needs to make his best medical judgment.'" Justices Burger, Brennan, Marshall, Blackmun, and Stevens concurred in the majority opinion.

Provisions of the Akron regulations have been in dispute since April, 1978, in the lower federal courts; some similar provisions have been passed in other states. Twenty-one states limit second-trimester abortions to hospitals; those restrictions were invalidated by the *Akron* decision. The Court said that the most recent medical evidence shows that many abortions in the second trimester can be performed safely in outpatient clinics.

Essentially, the Court struck down provisions that require abortions after 12 weeks of pregnancy to be performed only in a hospital; that all minors under 15 seeking abortions must have the consent of a parent or approval of a court; that physicians must dispose of fetal remains in a "humane and sanitary" manner; that women seeking abortions must wait 24 hours after giving informed consent; and that a physician must counsel a patient on the risks of abortion and of continuing her pregnancy or inform her that life begins at conception, giving her details of fetal development and the physical and emotional complications of abortion.

Chief Justice Sandra O'Connor led the opposition to *Akron* and wrote the dissenting opinion, supported by Justices William Rehnquist and Byron White. She said that the government has a compelling interest in protecting human life at all stages of a woman's pregnancy.

O'Connor finds that, concerning the physician's responsibility to provide information about fetal development and the complications and risks from abortion, "The City of Akron is merely attempting to ensure that the decision to abort is made in the light of that knowledge that the City deems relevant to informed choice."

Of the 24-hour waiting period, O'Connor says that "The Court's concern in this respect is simply misplaced. Although the waiting period may impose an additional

cost on the abortion decision, this increased cost does not unduly burden the availability of abortions or impose an absolute obstacle to access to abortions. Further, the State is not required to 'fine-tune' its abortion statutes so as to minimize the costs of abortions . . .

" . . . The decision to abort is 'a stressful one,' and the waiting period reasonably relates to the State's interest in ensuring that a woman does not make this serious decision in undue haste. The decision also has grave consequences for the fetus, whose life the State has a compelling interest to protect and preserve . . . The waiting period is surely a small cost to impose to ensure that the woman's decision is well-considered in light of its certain and irreparable consequences on fetal life, and the possible effects on her own."

O'Connor also finds no vagueness, as purported in the Powell opinion, in the requirement by Akron that a physician "shall insure that the remains of the unborn child are disposed of in a humane and sanitary manner." She notes that the district court previously upheld a "humane disposal" provision because the State's intent "is to preclude the mindless dumping of aborted fetuses on the garbage piles," and that there is neither an intended nor implied requirement in the Akron regulations that physicians provide "expensive" burials.

COURT Continued on back page



By Ray DiBlasio

Life and death in the nursing home:

The problem of deciding how much medical attention might appropriately be withheld from nursing home patients with the intent of allowing them to die is what most people would call a medical-moral problem. The hyphen serves to remind us that since professional disciplines have their limits, the resolution of complex human problems requires some interdisciplinary collaboration. The collaboration is made possible by earnest dialogue, in this case, between medical professionals and ethicists, or moral philosophers.

We would not call upon the medical professional of conventional training to provide moral clarification, any more than we would entrust our health care to the ordinary professor of ethics, but there are many baffling circumstances in contemporary life in which we would benefit from their interactive guidance. In a healthy medical-moral dialogue the participants begin by respecting one another as professionals, which entails respecting the validity of the other's discipline; together they seek balance between theory and practice, between desire and capability, between need and limited re-

sources, between what is possible and what is appropriate, between what is usually done and what could be accomplished. To be worthy of its name, the dialogue must not be limited to hasty bedside consultations; it must extend to the formulation of public policy, professional standards and institutional guidelines, as well as to professional training and community education.

To judge from my recent experiences, medical-moral dialogue is far from robust. Last month I joined 600 participants, predominantly nursing home personnel, at the University of Minnesota for a two-day conference entitled *Prolonging Life/Prolonging Death: Ethical Issues*. During a portion of the first day an eminent ethicist gave what I as a former university instructor of philosophy recognized as a remarkably clear and painless introduction to the application of ethical principles in contemporary medical practice. All around me the practitioners groaned their dissatisfaction. In my eavesdropping during refreshment breaks I heard the complainers sigh for easy answers, simple formulas, neat little recipes for practice — anything, in short, which would deliver them from the burden of deliberating the moral questions in individual cases.

At the beginning of the second day, the moderator seemed to capitulate to this peevishness by apologizing for the "heavy theoretical" offerings of the previous day;

he was rewarded by enthusiastic head-nodding and expressions of relief. In my dismay I was tempted to imagine that many of the participants preferred to take their ethical principles in ceremonial small doses, like harmless preambles which have no discernible effect on the business at hand.

Later that evening, I reconsidered my harsh reaction. The situation would not have been all that different, I told myself, with teachers at an education conference responding to an authoritative presentation of new developments in learning theory. Seasoned professionals at such gatherings apparently need to maintain an air of complete self-sufficiency; they find it difficult to acknowledge in one another's presence that they have discovered an undeveloped aspect of their professional expertise. My fellow participants' facade of indifference probably concealed an interest in the dialogue which the conference had seemed to promise.

This benign interpretation shattered a few days later with the publication of nursing home guidelines recommended by the Minnesota Board on Aging's Task Force on Supportive Care. What struck me about the document even more than the substance of their recommendations was the composition of the task force which endeavored to shape public policy on these issues of prolonging life or facilitating death. The group

Parent notification barred

Mecklenburgs praise grass roots action

A Court of Appeals for the District of Columbia upheld the lower federal court's injunction against the parental notification regulation on July 8.

The regulation, released by the Department of Health and Human Services (HHS), would require that parents be notified when girls under 18 obtain prescription contraceptives from federally funded clinics.

HHS spokespersons say that the regulation is mandated by a 1981 directive from Congress that parents be encouraged to take part in their adolescents' decisions about birth control. President Reagan earlier expressed his support for notification, maintaining that family involvement can reduce teen-age pregnancy.

The appeals court said it saw no evidence that Congress meant to change its mind about confidentiality as an attraction for teen-agers to the clinics where they can obtain services. No decision had been made as of August 1, according to a Reagan Administration spokesman, as to whether the ruling will be appealed to the Supreme Court.

The notification ruling came into being as the result of intense research in the offices of Marjory Mecklenburg, Deputy Assistant Secretary for Population Affairs and director of the Office of Adolescent Pregnancy Programs. Mecklenburg, former president of ACCL, had worked for many years on a volunteer basis to further the cause of adolescent pregnancy programs. She resigned her positions with all pro-life organizations to accept the adolescent pregnancy administrative post with the Reagan Administration in early 1981.

At a May 25 dinner sponsored by ACCL in honor of both Marjory and her husband, Fred, an obstetrician-gynecologist who also has spent many years advancing the pro-life cause, Mecklenburg shared some of the joys and difficulties of working within the government. She said that the success of getting federal support for pro-life legislation depends on the work of grass-roots groups such as ACCL. "We can't make anything happen in Washington without you making it happen out here," she said.

Mecklenburg said her department is funding programs aimed at reducing



Marjory Mecklenburg exchanged views in St. Louis Park, MN, on May 25.

teen-age sexual activity. Some of the programs include counseling sessions for parents of adolescents living in rural areas and television programs meant to be viewed by parents and teens together.

Mecklenburg commented that the world has changed quickly and teen-agers are bombarded with messages about sex without responsibility. "It is our generation that has created the environment these teen-agers live in," she said, "so our generation has to help somehow in giving them the tools to cope. We have to help them understand that the choices they make will have implications for the rest of their lives."

a need for dialogue

consisted of four attorneys, three government social service agency representatives, three nursing home personnel, one physician, and one consumer advocate (from the Minnesota Senior Federation). Without suggesting that these twelve people are anything less than eminently well qualified in their specialties, I submit that it is outrageous that they should presume to deliberate medical-moral issues affecting over 40,000 Minnesota nursing home residents without the substantial participation of people who are competent in ethical inquiry. It would have been no less outrageous had twelve ethicists attempted to reshape nursing home policy without making use of the insights to be contributed by medical and social service professionals "in the trenches" of long term health care.

The euphemistic pleasantness of the "supportive care" description may be misleading; in nursing homes and hospitals this phrase refers to the concept of providing care and medical treatment to preserve comfort, hygiene and dignity, but not to prolong life. Deciding where to draw the line in supplying care readily presents a moral dilemma. The proposed guidelines confront issues of extreme sensitivity; for example, the non-treatment of (life-threatening) pneumonia which does not cause pain or discomfort, or the withholding of food and water. In describing who should be considered candidates for supportive care the

Task Force uses criteria that are vague and therefore questionable, speaking, for example, of those who are unable to "interact in a meaningful way with the environment." In my last UPDATE column ("Pops Teaches Simple Lessons," April, 1983) I described how my positive experiences with my brain damaged father, presumably unable to "interact meaningfully," have made me deeply suspicious of facile attempts to define quality of life for the aged and handicapped.

Although the guidelines urge that a bio-medical ethics committee be established at each facility to assist in the making of supportive care decisions, this amounts to a role for ethical deliberation which is too little, too late, and too severely restricted by the limitations of the inadequately formulated guidelines. Guidelines, even if they are called "recommendations" rather than "standards," have a way of hardening into unquestioned policy. Dr. Cicely Saunders, a leader in the British hospice movement, acknowledges this sort of transformation in expressing her concern that the "right to die" is well on its way to becoming the "duty to die." Guidelines incorporate value positions, or ready-made moral decisions which have a certain appeal for harried health care workers, or for confused, distraught or morally untutored family members. It is important that the guidelines themselves

emerge from the most thorough and up-to-date medical-moral dialogue that can be managed, so that the values they represent are enlightened and humane.

UPDATE readers would do well to inquire into the progress of the supportive care debate in their communities, and to press for the involvement of ethically skilled people in the deliberations. The moral health of the nation and our own future treatment in sickness and old age may hinge on the vigor with which today's dialogue is pursued.

In expressing my gratitude for the enthusiastic response of many readers to the article about my father mentioned above, I would like to inform you of my father's death in May, just as that issue was going to press. Characteristically, he had just come in from an enthusiastic gardening session; he was active to the very end. Portions of the UPDATE article were delivered at his funeral service, in celebration of his quality of life. Contributions offered to ACCL in his memory have prompted the ACCL Executive Committee to establish an Erminio DiBlasio Memorial within the ACCL Education Fund. Readers wishing to make a memorial tax-deductible contribution to the Education Fund may be assured that their donation will be used to support public education in moral issues concerning treatment of the aged and handicapped.

A child proves miracles still happen

By Haven Bradford Gow

A recent article in the Sandusky (Ohio) Register related the remarkable and inspiring story of a 4-year-old girl named Cari Miller, who doctors have described as the "Miracle Child."

"They call her the 'Miracle Child' at Toledo Hospital where she was born," says Jo Miller of Cari, one of the Millers' adopted daughters. "They never expected her to live."

Cari, born two months premature, had a serious heart condition at birth. For three months she was confined to a bed in Toledo Hospital. The only world she knew was a world filled with doctors, nurses and the respirator that kept her alive.

Cari was from a broken family, who never even bothered to come to see her at the hospital or inquire about how she was doing. Doctors felt certain that she was brain-damaged.

The Millers already had one adopted daughter named Amy. They had raised her for seven years, and one day they decided that Amy should have a sister. Unable to produce a child of their own, the Millers went to an adoption agency.

Says Gary Miller, husband of Jo, "The reason we decided to adopt in the first place is that we wouldn't feel complete without children — it's the difference between calling yourself a couple and calling yourself a family."

Nine months after the Millers applied for a child, the adoption service people called them about Cari. The people at the agency informed them that Cari was handicapped, that she had physical problems that required special care and attention. They wanted to ascertain whether the Millers would still be willing to adopt Cari.

The Millers said yes. "There wasn't any big decision involved. They called and asked us if we would be interested in a hard-to-place child. We thought it over for a few seconds and said yes." The Millers had Cari in their home the day after Thanksgiving.

According to Jo Miller, "We had . . . anxieties when she came to live with us. We didn't know how she would develop. We didn't know what to expect." She adds: "The psychologists and neurologists were pessimistic. They said she would probably be mentally retarded."

The Millers, though, had faith that they and Cari would learn to cope with the child's ailments. Mrs. Miller explains: "It's not something we worried about a great deal because we have strong faith in the Lord and we knew he would take care of everything."

Cari, the doctors had discovered, had a lung disease that required postural draining to clear mucous from her lungs. Cari also had to be taught how to crawl; she learned. And doctors doubted that she would learn to talk; she did learn.

"She has far exceeded anyone's expectations," says Jo Miller. "Anything she does now is just a big extra. I think if anyone would have gotten her and given her a home and love, she could have exceeded these expectations. So I don't think it's vain to say that we helped."

Her husband Gary observes that when Cari does something that "no one expects her to do, there is a great amount of joy in that. A great amount of joy."

Mr. Gow is a freelance writer in Arlington Heights, IL.

Garton's book to be filmed

Production has begun on a film based on Dr. Jean Garton's book, *Who Broke the Baby?*, under the direction of producer Tom Talbert, a media communications professional from Illinois. Talbert cited the continuing need for the development of quality, effective pro-life educational materials as prompting plans for the production. This will be a secular film, he said, totally acceptable in the public school classrooms as well as with civic or religious meetings and classes.

Talbert plans to be ready to film in October. All of the writing, producing, art work, music, cinematography and narration will be done on a voluntary basis by qualified professionals who have a pro-life conviction.

The film will feature an original musical score by Charlene Oliver, a "Top Ten" recording artist, known for her Motown album, "I've Never Been to Me." The album's title song first appeared during the disco era but became a hit eight years later, bringing Charlene back to Hollywood from her home in England. She describes herself as a born again Christian and says she'd "rather record a quality song and have it die at number 40 than meaningless music and have it go to number one. I want to record important songs that have a message, and perhaps touch someone's life with my music." Charlene has recorded a Christian LP in England with the help of producer/songwriter Ron Miller and her current single release is "Used to Be," a duet recorded with Stevie Wonder. She will sing the main theme song for *Who Broke the Baby?*

At the original planning meeting for the film project, ACCL President Jan Wilkins pledged the organization's support for the

Charlene Oliver



production in any way possible. A portion of the approximately \$50,000 budget has been raised, but additional funds are needed. This is a modest budget for a project of such magnitude, said Wilkins and she asks that members or friends of ACCL who can help support the film send their donations directly to the ACCL office marked "Film Project"; the entire sum will be forwarded to the fund treasurer. "By supporting the *Who Broke the Baby?* film project," she said, "we all have an additional opportunity to help reach vast numbers of students and other viewers of this film with the message of life."

The author of the book, Jean Garton, Litt. D., L.H.D., is an ACCL board member from Pennsauken, NJ, and president of Lutherans for Life. Her educational materials have been widely distributed. Rev. Ralph Kuether of Tryon, NC, director of ForLIFE, Inc., and well known in the area of pro-life communications, is assisting with the planning and distribution of the film. Joan McLaughlin, pro-life activist from Cherry Hill, NJ, is also on the committee. Garton's book, *Who Broke the Baby?* was published in 1979 and is listed in the ACCL Communications Center Resource Catalog.

Book review / Author

Reviewed by William C. Hunt

A Time for Anger: The Myth of Neutrality, by Franky Schaeffer. Published by Crossway Books, Westchester, Illinois, 1982. 206 pages. Available from ACCL for \$6.95, including postage and handling.

Seeing the movie "Gandhi" and reading *A Time for Anger* over the Fourth of July weekend provided a study in contrast. An American reporter and a photographer for Life magazine played important roles in the film. Gandhi's actions were front page material for the London Times. The sympathetic attention of the news media was crucial to the success of the quest for Indian independence by non-violent means. One can only speculate how Gandhi's movement would have fared had it been opposed or ignored by the international press.

That is precisely the dilemma of the pro-life movement. How can the pro-life movement make headway in the face of a hostile media? Franky Schaeffer devotes an entire chapter to the problem and frequently returns to that theme throughout his book. It is extremely frustrating to be involved in a non-violent movement for basic human rights and not be able to get one's story across. Facts and events are omitted from the record, and the pro-life message is unrecognizable after being run through the filter of the press. It is no wonder that people get angry.

It is imperative for the leadership of a movement to school angry impulses and direct them into productive channels. That was one of Gandhi's greatest strengths. He

Of several minds: John Garvey

CHOICE AS ABSOLUTE THE HIGHEST MORALITY?

(Commonweal: 10)

This column is not about abortion. I have to make that clear because it begins with some language which showed up in an ad sponsored by the Religious Coalition for Abortion Rights, an ad with which I disagree, but my disagreement with the ad and its sponsors isn't the main point here. What I am interested in is the way the assumptions we make about what it means to be human can show up where we don't expect to meet them, like plants which thrust through the pavement or grow in gutters at the tops of buildings. Rhetoric is meant to convince, to seem inarguably right; it grabs you by the lapels. In this debate and in many others one form of rhetoric meets another. The anti-abortion people call themselves pro-life, and who can oppose them? No one wants to be anti-life. Their opponents call themselves pro-choice —

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and who wants to be anti-choice? But the structure of an argument can't help revealing the assumptions of its maker, and the language in this ad reveals assumptions which are fascinating.

What caught my eye was a couple of sentences — or rather, a sentence and sentence fragment, since the ad is written in a style I first noticed in old Volkswagen ads, where a sentence is followed by brief non-sentences, something like this: "You'll like it. Because it's built right. The way you want it." The emphysemic style doesn't make the thought behind the sentence and its trailing fragments necessarily wrong, but in this case the device underscored precisely the arguable assumption. This is what the ad said: "We believe abortion is an individual decision. And therefore your God-given right."

Therefore? Unless God or language doesn't matter, this is nonsense. Think of some of the changes that might be rung on that sentence: "We believe that child-abuse is an individual decision. And therefore your God-given right." Pro-abortion people would say that because child-abuse involves another individual it is not really an individual decision, but that is exactly the point anti-abortion people want to make; the item at the other end of the decision to abort is not a thing. Never mind, for now. What is fascinating here is what the language really says: because something is an individual decision — as any decision made by any individual is — it is therefore a *right*, even one which has divine sanction. Choice itself is elevated; the very fact that a choice can be made is seen as a thing to be celebrated. And there is something to this. This is what I mean when I say that a pervasive assumption shows through the rhetoric here and reveals a larger, important pattern.

I was talking to a woman who was taking a course on thanatology (the word, stripped to its roots, means talk about death) and she was excited by an idea she has encountered in her reading. There ought to be

urges action, seeks forum for pro-life discussion



William Hunt

acted out of love for truth. He took the best and most courageous position he could come up with and made it the basis for action. He did not present his own position as absolute truth. Rather, he invited his opposition to consider his opinion and to come up with a better one if possible. His actions were designed to gain a hearing, to cut down on the distortion caused by anger and fear, and to invite activists, opposition, and bystanders alike to submit willingly to the compelling force of truth. Pro-life leaders could well follow Gandhi's model of managing anger.

Schaeffer argues persuasively that now is a time for anger and misbehavior on the part of Christians and other religiously motivated advocates of life. However, anger is very ambiguous. It is healthy to acknowledge but tricky to manage. It is not easy to follow the example of Jesus who directed his anger toward healing.

All too often actions rising out of anger are counterproductive. They give too much attention to the opposition and its arguments; they imply that evil is stronger than it really is; they evoke anger in one's opposition and make it difficult for them to understand one's argument; and they question the motives of the opposition.

Schaeffer documents many reasons for anger. One of them is the particularly shabby treatment Dr. C. Everett Koop received because of his collaboration with Franky Schaeffer in the five-part film "Whatever Happened to the Human Race?" The film was based on the book by the same name which Koop had co-authored with Franky's father, the famous Evangelical theologian, Francis A. Schaeffer. Unfortunately, Franky's own anger is not managed well when it comes to "liberal secularist humanists," and the book has a definitely accusatorial tone throughout.

Schaeffer's book illustrates a dramatic change in the attitude of Evangelical Christians toward social involvement. Although always engaged in works of charity and action for justice, American Evangelicals have generally avoided active involvement in the political process. They asked to be left alone by secularist culture to live their lives in accordance with the Bible. However, as the subtitle suggests, secularist culture is far from neutral. Aggressive inroads, especially through the pervasive influence of television, mean that in order to protect their own way of life Evangelicals must engage the proponents of secular humanism. Unmasking the myth of neutrality is a necessary step in the transition from isolationism to confrontation.

The real problem is to find a forum for discussion. The secular news media is hostile; the 1973 Supreme Court decision removed abortion from the legislative arena; and

many religious leaders do not mention the issue to their congregations. How can the consideration of life issues be returned to the national agenda?

Schaeffer's answer is direct and concise. Evangelical Christians and other religiously motivated people must go out into the marketplace of ideas.

We must once again commit ourselves to a robust view of truth. Religious people must once again become involved in every area of life: politics, law, medicine, family life, education, science, the media, and the arts. We must provide the example of an alternative way of living by placing our children and their care before our own ambitions and materialism. (Author's emphasis.)

In a surprising departure from traditional Evangelical rhetoric Schaeffer quotes the book of James: "Faith by itself, if it is not accompanied by action, is dead." He then concludes: "Ours has been a religion of faith without deeds for too long. It is time that mighty deeds be done again. Trust equals confrontation."

Schaeffer provides extensive excerpts and sometimes the whole text of important articles such as Jerry Falwell's "My Turn" in Newsweek of September 21, 1981, or a long report entitled "Abortion" from the Philadelphia Enquirer of August 2, 1981. He also lists several pages of suggestions for further reading and viewing. His prose and his argument are clear. However, the chief merit of his book is a ringing call for action which will touch a resonant chord in any person who takes religion seriously.

places, she felt, where people could go to commit an "ethical suicide," places where people could end their lives with professional help and without the feeling of guilt. My first reaction to this idea was that I could imagine nothing more desolate than the prospect of looking into the basset-hound eyes of a professional sympathizer during my final moments, and I began to think of the times when I had longed for death — hangovers and long sermons leapt to mind. But I knew that this was making light of an important problem: what about the hard cases, the people whose lives are a continual suffering? Some long and difficult deaths may be exemplary; others are only ugly and seem to mean nothing but pain. What about those who are simply tired of living? Rex Stout, author of the Nero Wolfe books, told an interviewer that his life had been long and good, but he was tired of it. He said that he would like to kill himself, but his relatives wouldn't understand it. As a relatively young man who feels pretty good I can understand what he meant only in an abstract sort of way. But I do find something repellent in the idea of voluntary death chambers for people who decide that they should die, and I tried to tell her what bothered me: maybe suffering has mean-

ing, and our human work is not to impose our own wills on our lives, but to accept what happens to us and try to listen to it, learn from it — this is lame, I know, especially when it comes from someone who is not suffering. But I was also bothered by the fact that a young woman who was every bit as much in the pink as I am was so enthusiastic about the idea of suicide. When I said that even suffering might have some meaning, something to teach us, she said, "Well, dying is a choice. You have a right to make a choice."

The abortion ad and this belief in the right to suicide both assume that choice is not only morally important; choice in itself is made the highest morality. If it can be chosen, it should be permitted. What matters is not what is chosen, but the act of choosing itself.

There is something wrong with this, but also something right. Choice is the thing that makes us human. It is the implications of human freedom which humans most fear, as Dostoevsky shows in *The Grand Inquisitor*; people are eager to avoid those implications. Our freedom is terrifying, and essential. This is the special insight of the

modern West, and it is connected with such issues as suicide. In *The Myth of Sisyphus* Camus calls suicide the most important philosophical question. If life is not worth living, if it is meaningless, suicide is consistent with that discovery.

There has been a shift in our perception of freedom of choice and its exercise. At the turn of the century morals were regulated much more strictly than they are today, but manufacturers were quite free to dump poisons into the air and water. The glorious age of capitalism, when poor children could be forced into labor and pollution was the free choice of the plant manager, was finally limited by the community, which realized that some choices are destructive.

Not all choices are equal, obviously. It doesn't matter that we didn't know the damage pollution would do; we live with the consequences of our choice to pollute. But we assume that the area of morality is the only one in the world in which all choices are equally valid.

GARVEY Continued on back page

Federal employees may lose abortion funding

H. R. 3191, an amendment to the Treasury Postal Services Appropriations Bill that would prevent the use of federal funds for abortions, except to save the life of the mother, was passed in the House of Representatives on June 8 by a vote of 226-182.

The amendment prohibits the use of funds under federal employees' health insurance plans that are usually federally funded.

The amendment was introduced by Rep. Chris Smith (R-N.J.) and is identical to one offered in the 1981-1982 Congress by the late Rep. John Ashbrook (R-Ohio). Ashbrook's amendment passed the House twice but was defeated in the Senate on Dec. 17, 1982, by a vote of 49-48.

Even though H. R. 3191 has passed, however, the Treasury-Postal Appropriations Bill was subsequently defeated by a vote of 149-259 and the House will have to consider the entire bill again.

COURT

Continued from page 3

In a separate ruling on a Missouri law the Supreme Court again struck down a requirement that all abortions after the first trimester of pregnancy be performed in a hospital. But in this case the justices upheld provisions requiring a pathology report on the tissues from every abortion; that a second physician be present whenever an abortion is performed after viability; that parental or judicial consent be given before an abortion is performed on a teen-aged girl who is not considered "emancipated" or mature enough to make her own decision.

GARVEY

Continued from page 7

The moral area is one which is wisely left rather open-ended where legislation is concerned, because in a pluralistic society there is the danger that a dominant ideology or religion will use the power of law to impose its views on people who do not accept them willingly. It is wise to legislate as little as possible. But many of us have come to believe that what is legal is moral, and what is not forbidden is therefore ethically acceptable. This is crazy, but it is one of democracy's weird side effects. Another, related to it, is the belief that all ideas and choices are equal, an idea as shallow as the belief that the will of the majority is always correct and must not be opposed. As a negative insight democracy makes great sense; it keeps some of the most heavy-handed forms of tyranny from taking over completely. As a positive ideology it can be poisonous. It is one thing to say that a person has a legal right to hold whatever stupid ideas he or she wants to hold, because the alternative to allowing this freedom is politically dangerous. It is quite another thing to say that all ideas and choices are in fact equal. We do not make that assumption with regard to pollution, or military spending. Because the results of moral decisions are not easily measured and may forever escape measurement, we act as if they were therefore less real, less important. There is a crude way of assuming that "objective" (i.e., easily quantifiable) data are more real than other data. But there are

haunting signs of the limits to this attitude. There are studies, for example, which show that children raised in institutions, without much individual attention or love, are both physically and mentally less developed than other children. This could be seen as an indication that love, which cannot be measured, is nevertheless as real a force as gravity.

Of course you have the right to make choices. But some important questions go along with this: do you have a right to make absolutely any choice at all? Suicide? Abortion? Infanticide? Stupor? At one level, which may or may not be legal (depending on the state's mood) you do, of course. But the questions which are constantly avoided are these: how should we live? Is it good to choose such and such a course? Is it wise? Does it make sense in the light of the fact that we will someday die? If there is a meaning to the fact of our being alive and sentient, will we have blown it if our choices are stupid ones? And, given the right we have to make choices, isn't it possible for us to make truly stupid, wrong-headed, even terrible decisions? Will we be free — as a community, as well as individually — of the consequences of having made our choices? What the law should or should not permit has been made the central feature of a debate which ought to have another focus. What law ought to do is not irrelevant, but spending all of our energy on law is something like worrying about the plumbing, while assuming that a building's architecture will take care of itself.

In a third abortion case, the justices voted 8-1 to uphold the criminal conviction of a Virginia physician, Dr. Chris Simopoulos, for violating a Virginia law that prohibits doctors from performing second-trimester abortions outside a licensed hospital or outpatient facility. Simopoulos was sentenced to 30 days in jail for performing an abortion on a 17-year-old girl at his unlicensed clinic in Falls Church, VA.

If there are forces and patterns of meaning which we must discover in order to be human, our culture not only does nothing to encourage our exploring that possibility — it positively discourages it as a serious consideration. Where choice alone is enough, where choice is the ultimate moral category, all of the ways which might be chosen are seen as equal — and equally unimportant.



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COMPLIMENTARY

VOTE

We'd like you to "play God" for a moment, as some doctors and judges have been doing. Here are three cases on which we'd like your opinion. Mark X under yes or no for each case.

YES **NO**

CASE ONE: Child is born overwhelmingly handicapped; gross hydrocephalus (water on the brain), only partial sight, impaired hearing, a hole in the heart, epileptic. Five major operations necessary to preserve life. Should they be done?

☐ ☐

CASE TWO: Child born with spina bifida (open spine), paralysed from waist down, no bowel or bladder control. Hydrocephalus sets in. Doctor advises against surgery to clear it. Should surgery be done?

☐ ☐

CASE THREE: Child born with Down's Syndrome (mongolism). Doctors assure parents that despite any amount of care and attention "he would be an idiot and that nothing . . . would alter the fact." Should the baby be quietly allowed to die?

☐ ☐

Question: Should he be permitted to live?

Please turn this page over to see what became of the children you voted on.

YES**NO**

CASE ONE: Operations done. At two, Elizabeth Anderson could walk, talk in sentences and go to nursery school for normal children.



CASE TWO: Another doctor did the operation. At four, the child, Susan Gray, had an IQ of 145 (near genius level). She should have no trouble with school or work if given a chance.



CASE THREE: Nigel grew up to write a widely-praised book, **The World of Nigel Hunt**, of which one reviewer said, "If I didn't know that the author of these words had Down's Syndrome, I would have attributed them to some famous Irish poet or novelist."



Not every handicapped child writes a book or becomes a genius. They struggle along like the rest of us, needing acceptance, encouragement and help.

Let's remember that when we hear someone say that handicapped children should not be saved if they will not lead "normal" lives or will be a burden to their parents or society. We can't "play God" with real live human beings. We can work miracles by caring.

This pamphlet is intended to promote the preciousness of each human life from conception through natural death. It comes to you courtesy of:

**AMERICAN CITIZENS
CONCERNED FOR LIFE
6127 Excelsior Boulevard
Minneapolis, MN 55416**

Additional copies of **VOTE** 100/\$7.00 (plus post);
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2. *You are not alone in an unplanned pregnancy. There is help available.*

Understanding people are waiting to listen to problems and will help you work them out in a confidential and sympathetic way.

Many communities have a Birthright phone number listed in their phone book. If not, information on the nearest pro-life counselling agency should be available from Right-to-Life organizations, a school counsellor, or a clergyman. (Abortion clinic or Planned Parenthood counselling is *not* pro life counselling.)

THINK ABOUT IT.

Intimate sexual activity outside marriage can lead to:

pregnancy, possibly resulting in a "quickie" wedding, many of which end in divorce, heartbreak, and disappointment;

abortion, the killing of another beautiful, unique person like you;

venereal disease which could permanently damage your health;

adverse effects from the pill and other contraceptives, some of which cause early abortion and create permanent health hazards for the woman;

loss of self respect at a time when you are just beginning to develop a sense of who you are;

exploitation by persons interested only in their own self gratification;

feelings of guilt, doubt, hatred, depression, or disappointment towards yourself and others;

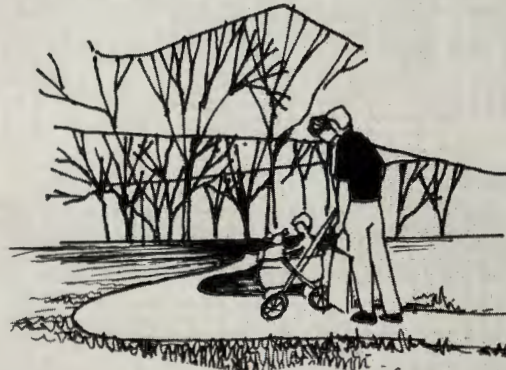
loss of reputation when you want acceptance; premature stunting of future opportunities for education, career and family; of relationships with friends, family, etc.;

depletion of energy vitally needed in other areas, such as study, work, and creative activities.



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Respect yourself and your body and you'll find others do too! You *are* special!



NOW YOU KNOW...

Knowing is caring, and caring is sharing your love in ways that will not hurt anyone. Love is a decision; and when you know the facts, the most loving decision is to save intimate sex for marriage.

Knowing is Caring... was written by Ruth Karim and Illustrated by Shane DeWald.

Additional copies: 100/\$10.00 (plus post); 500/\$40.00 (plus post); 1,000/\$70.00 (plus post).

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KNOWING IS CARING...



AND CARING IS SHARING

Sharing unselfishly with someone you love and respect is the most beautiful way of showing you care.

The most important way you can show respect for a special person of the opposite sex is to help that person grow in self respect.



IMPORTANT FACTS YOU SHOULD KNOW ABOUT YOURSELF:

You are beautiful and unique.

No other person was created exactly like you.

You are a sexual being.

Whether you know it or not, sexuality has been a natural part of your life since before you were born. From the very first moment of your life you were either male or female.

When you were little, you probably thought about being married and having a family. Many little boys wish they could marry their mothers, and many little girls have similar feelings about their fathers. Now that you are older, you probably have some feelings about someone of the opposite sex who is closer to your own age. This is normal sexuality. How you deal with these feelings will have an impact on every other part of your life.

Never feel handicapped by your sexual gender. It's part of what makes you special. It's against the law for anyone to discriminate against you on the basis of whether you are a man or woman (sexism). Be proud of the characteristics which distinguish you from persons of the opposite sex (sexuality).

Feeling good about being a female or a male makes you feel better about everything else in your life.



What about sexual feelings? What's normal?
It is normal to feel warm and sexually aroused in some situations. It's what you do with these feelings that will determine whether they affect you positively or negatively. Magazines, television, movies, and records give the impression that sex outside of marriage is all right. It's called "sexual freedom". Don't be "conned" into having sex. *Not* everyone does it.

You are normal!

You have felt the feelings and you can cope with them. Don't worry about what others may think. Enjoy sports and social activities with your friends. Develop hobbies and activities with people who help you use your energy in a productive way.

What if my sexual feelings get stronger. . . if I meet someone I want to commit myself to?

Isn't using birth control the best way to be sexually responsible?

If you aren't married, you should not be indulging in activities which make birth control necessary. If you and the person you love are mature and independent enough to be planning to spend the rest of your lives together, marriage is the next logical step. Then you may want to discuss and seek advice on ways to plan your family that will be physically safe and morally acceptable to both of you. Your parents, doctor, and clergy may be of help.

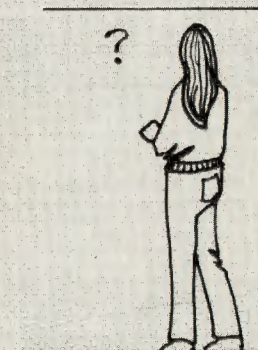


But isn't being intimate a way of showing real love?

It's only one of many ways, and intimate sex before marriage can risk the future happiness of the people involved.

The conditions aren't present for a "total giving", which is what married love is all about. Also, trying to "play it safe" with certain methods of birth control may cause a girl or woman unnecessary physical damage and emotional anxiety.

THE SAFEST AND MOST UNSELFISH METHOD OF BIRTH CONTROL FOR UNMARRIED PEOPLE IS SELF CONTROL.



I believe all you've said, but what if a relationship is already out of control? It's never too late to make a change.

What if pregnancy occurs?

Then the mother and father of the child have a serious obligation to that child.

1. The expectant mother and the baby both need attention.

There is no question about the humanity of the unborn child. The baby's heartbeat begins 18-25 days after conception. Brain waves can be detected at 40 days. All body systems are present at 8 weeks, and all are working by 11 weeks. Some girls or women are just finding out they're pregnant by then.

A NEW BIRTH OF FREEDOM

by Rev. Richard John Neuhaus

A NEW BIRTH OF FREEDOM

An Address by Rev. Richard John Neuhaus

*Delivered July 15, 1982, at the
National Right to Life Convention,
Cherry Hill, New Jersey*

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A New Birth of Freedom. The theme you have chosen for your convention contains the key terms of the conflict now testing our nation. On the one hand is "birth," which speaks of the right to life; on the other is "freedom," which speaks of the right to choose. Thus the forces arrayed in political and moral conflict are called pro-life and pro-choice. Some say that we have here a case of rights in conflict and that the conflict is irresolvable. We cannot and we do not accept that. Life and liberty are not enemies.

The idea of pitting liberty against life is alien to those who believe that every person has an inalienable right to life, liberty and the pursuit of happiness. Today that belief is as radical, and at least as imperiled, as it was two centuries ago. As it was almost exactly one century ago when at Gettysburg Abraham Lincoln expressed the resolve "that these dead shall not have died in vain; that this nation, under God, shall have a new birth of freedom; and that government of the people, by the people, for the people, shall not perish from the earth." Then too it was claimed that the liberty of some justified the denial of liberty to others. The story of America is the story of constant challenge to that claim.

1982 is not 1882 or 1782. Yet the proposition that all are created equal is as new and controversial today as it was then. Once again the nation dedicated to that proposition is engaged in a great testing whether it or any nation so conceived and so dedicated can long endure. If it is to endure, we must reclaim liberty for the defense, not the denial, of life. Unless there is life there can be no experience of liberty. Unless liberty is devoted to the defense of life, neither life nor liberty can survive.

Six months after Gettysburg, Lincoln talked about liberty in Baltimore. He said, "The shepherd drives the wolf from the sheep's throat, for which the sheep thanks the shepherd as his liberator, while the wolf denounces him for the same act . . . Plainly the sheep and the wolf are not agreed upon a definition of liberty." And so with respect to the poorest and most vulnerable today, there is no agreement upon a definition of liberty.

From liberty comes the word liberal. Scholars have remarked that all politics in America, even what is called conservative politics, is essentially liberal. That is to say, the American experiment is premised upon the promise of freedom. Everyone possesses the right to pursue that promise. Contrary to the logic of *Roe v. Wade*, the existence of that right does not depend upon the power to exercise that right. It is the business of just government to see that the liberty of the strong is checked by the rights of the weak. Ours is not a movement against government but a movement demanding that government attend to its proper business. The first and most urgent business of government is the protection of human life.

I have a confession to make. I am a liberal. More than that, I am a democrat, both upper and lower case. I know that among some pro-life advocates liberalism is almost a dirty word. I know it and I regret it. I know that among others there has been a determined effort to portray the pro-life movement as anti-liberal and, indeed, as reactionary. I know it and I regret it. There is liberalism and then there is liberalism. As Lincoln suggested, the sheep and the wolf do not agree on what it means to be liberal.

We are today engaged in a great contest over the meaning of liberalism, over the meaning of liberal democracy, indeed over the meaning of America. In that contest, abortion is not just one issue among many. Upon this issue depend millions of lives yearning for the freedom to be. By this issue we define the America that we will pass on to our children and to all children who claim a place in the community that is rightfully theirs.

Will it be an America that is inclusive, embracing the stranger and giving refuge to the homeless? Or will it be an exclusive America in which we grasp what we have for ourselves and beat off those who call us to share? Will it be a caring America, nurturing the helpless and protecting the vulnerable? Or will it be a cruel America, discarding the undeveloped, destroying the uninvited, and disguising its cruelty of life as concern for quality of life? Will it be a hopeful America, open to a future of high peril and yet higher promise, welcoming every would-be pilgrim to our company of faith? Or will it be a fearful America, hunkered down, guarding against intruders the cave in which we seek security but find only a prison? Will it be a democratic America, trusting once again the competence of ordinary people to order our public life in harmony with their dreams, their values and, yes, their religious beliefs? Or will it be a controlled America, handed over to experts in courts and classrooms who too often show contempt for the convictions of those whom they are to serve?

This, then, is the choice: An America inclusive or exclusive, caring or cruel, hopeful or despairing, democratic or controlled by those who would relieve us of the burden of our freedom. I know the decision that is mandated by my understanding of liberalism. But it really matters little whether we call ourselves liberal or conservative, Democrat or Republican. What matters is that we are radical. The pro-life position is radical, not in the sense of extremism, whether it be extremism of the left or of the right. This movement is radical not by virtue of how far out it is but by virtue of how deep and central is the question it raises. That question, which is the beginning of all moral judgment and all just law, is simply this: Who, then, is my neighbor?

The mark of a humane and progressive society is an ever more expansive definition of the community for which we accept responsibility. The American people do not subscribe to the narrow and constrictive logic of *Roe v. Wade* that would exclude from the community those who fail to meet the criteria for "meaningful human life." Meaningful human life. Meaningful to whom? Meaningful to the justices of the Supreme Court? Meaningful to those who participated in that life's creation? Meaningful to the one living the life in question? Meaningful to God?

If we say a life is without meaning, we are not saying something about that life; we are saying something about ourselves. Meaning is not ours to give or withhold; meaning is there for us to acknowledge and revere. Likewise, if we say a child is unloved, we are not saying something about the child; we are saying something about our failure to love. Every child a wanted child? Oh yes, please God. And toward that end, the pro-life movement must continue to join its concern for the unborn with concern for those who give birth. The child and the mother must be

elevated and protected together — both in life and in law. Ours must be seen more clearly as a women's movement, protecting especially the poor and young against the cruel pressures to abort their children. Some say that since only women can have children, only women should speak to the issue of abortion. Consistency would suggest that only women of child bearing age should have a voice, or, more consistent yet, only pregnant women. That might not be a bad idea, since we know that women, and especially mothers, are even more pro-life than the general population. But, in truth, just as we cannot accept racial segregation, so we cannot accept such a segregation of moral concern. We are all in this together and we must all speak up for one another. Most particularly must we speak up for those who cannot speak for themselves. Every sister and brother is bound to us in the sacred communion of humanity. No court has the competence — it has not the authority and it has not the power — to break that bond and excommunicate those whom we find bothersome. The bothersome too are our brothers, and the tiresome are our sisters. The humanity of a nation is measured not by the respect it shows the strong and successful but by the care it demonstrates toward the weak and the failing. It is not along the strength lines but along the fault lines that a society is judged.

Some years ago the Urban League distributed lapel buttons that read, "Give a Damn." Give a damn — about our cities, about racial justice, about the poor in our midst. But *why* give a damn? By what rational calculus of utility or self-interest should we be concerned about a starving twelve-year-old girl in Somalia; why should we care about senile remnants of lives that have long since outlived their usefulness; why should we be bothered by a black teen-ager awaiting trial on Rikers Island; why should we sustain the so-called vegetables who are consuming space and money in institutions across the country? Why, in short, should we give a damn? It is much easier to make the argument that our society and our world would be well rid of parasites beyond numbering who demand much and contribute nothing. After all, is it not the law of life that "The race is to the swift/The battle to the strong"?

Yes, that is one law; but there is a higher law, a law that joins reason to love. The words of John Donne are not mere sentimentality, not mere poetry. It is not waiving idealism but the weightiest of truths that no man — no woman, no old person, no child — is an island. We are each part of the main, and the unheeded death of one diminishes us all. For the sake of the vulnerable, but also for the sake of our own humanity, we must stand guard at the entrance gates and the exit gates of life, and all along life's way. How fragile and fleeting is the moment in which we imagine ourselves to be the swift and the strong. In our beginnings and in our endings, and with every breath between, we cannot live in the absence of love.

But isn't this soft and unrealistic? What does love have to do with public policy? When it comes to public policy, we speak not about love but about justice. Our response must be that justice and love are intertwined in a relationship of mutual support. Justice needs love for its motivation and love may require justice for its exercise. Some years ago many people opposed civil rights legislation, saying, "You cannot legislate morality."

Dr. Martin Luther King responded, "It is true, the law cannot make a white man love me, but it can discourage him from lynching me." The point is that the chances of learning to love someone are greatly enhanced if you haven't lynched him first.

As love and justice are intertwined, so law and morality need one another. It is said that our goal is to impose our morality upon others. It is more accurate to say that our goal is to restore the legitimacy of law by bringing law back into democratic conversation with the values and beliefs of the American people. *Roe v. Wade* broke off that conversation. Among the victims of that broken conversation is the legitimacy of law itself. When law is supported neither by conviction nor by consensus, it must rely upon coercion. The proper word for law that is not democratically accountable to the people is tyranny. It might be argued that laws against racial discrimination were sometimes imposed from the top down, and that is correct. Once established, however, those laws were overwhelmingly ratified by the conviction and consensus of the American people. The last nine years bear witness to an equally overwhelming repudiation of *Roe v. Wade*. The pro-life movement is one with the movement for the emancipation of slaves. This is the continuation of the civil rights movement, for you are the champions of the most elementary civil, indeed human right — simply the right to be.

An honest reading of the evidence makes clear that a great majority of Americans believe that our sisters and brothers who are yearning to be born should be provided the protection of law. In other sessions and workshops of this convention you will be dealing with the strategies whereby that consensus can at last find political expression. Here I would only underscore that the progressive impulse of the American people is toward an open, caring and democratic society. Here I would only ask: Why do our opponents so distrust the judgment of the people? Why are they so afraid of the democratic process? Are their numbers so few, are their arguments so weak, that they dare not expose their case to the light of public debate in the legislatures of this land?

They accuse pro-life advocates of being inconsistent, and we would not claim to be perfect. But where is the consistency of those who demanded and received additional years to prolong the defeat of an amendment they favored but now oppose even the initial consideration of an amendment they do not like? Why are they now so afraid of the democratic process?

We do not believe that right and wrong can be determined by majority vote. If the majority were against us, we believe that majority would be wrong and we would persist in trying to persuade them of the rightness of this cause. All we are asking is that the question be put and the majority be given a chance to be right.

I believe that in this great testing of the American experiment the will of the people will prevail; it will prevail sooner rather than later; and it will prevail on the side of life. And yet, if that hope is deferred for a time, we must not be discouraged. We are recruited for the duration; we must be long distance radicals; we must never give up. Let it be clear that we have not chosen this battle. It has been imposed upon us. We are not always agreed on how this cause is to be advanced, but by this cause we have

been brought together and we will remain together until this cause is vindicated. We will not be divided.

We must persist because we acknowledge a judgment greater even than the judgment of the democratic process. An open society cannot survive unless it is open to realities greater than itself. In the pledge of allegiance we declare this to be "one nation under God." Similarly, at Gettysburg Lincoln expressed the hope "that this nation, under God, shall have a new birth of freedom." To be under God means, first and most importantly, to be under judgment. We as a people can defy but we cannot escape the judgment of God.

Recently there has been a Broadway play and then a movie called "Whose Life is it Anyway?" Precisely, whose life is it? The message of that drama is that when a person is dependent, no longer productive, no longer capable of sexual satisfaction, then that person should be free to terminate a life that in fact has already ended. But whose life is it anyway? The logic of the drama is consistent: if life is no more than property, then we are free to dispose of it as we will. Against that lethal logic, the pro-life movement declares that people are not property.

Every life is a miracle, every person a mystery. In the words of Rabbi Abraham Heschel, "Just to be is a blessing; just to live is holy." We live in a world within worlds. Francis Thompson wrote, "Thou canst not stir a flower/Without troubling of a star." If nature is possessed of such mystery, how much greater is the mystery of human life. All civilization begins with the capacity for astonishment. The astonishment that there is something rather than nothing; the astonishment that there are others who need our care and whose care we need. And that we are here for one another to care. And astonishment leads to tenderness as we shelter one another against the heartless dark. All of civilization — of religion, of ethics, of law, of beauty — is the long brave march of humanity waving our little banners of hope in the face of death. To be civilized is to be pro-life.

Ah yes, they say, life, but what quality of life? I lived and worked as a pastor for seventeen years in the poorest black and hispanic section of New York City. We were sometimes visited there by white, upper middle class people of obvious good will. They were appalled by what they saw and frequently they said that life in conditions such as these would not be worth living. I remember reading a "quality of life index" devised by a famous social scientist at Princeton. No child should be brought into the world, he said, unless it is guaranteed a long list of basic securities — physical, psychological, educational, financial. And I looked into the faces of the hundreds and hundreds of my people, of God's people, in Brooklyn and they are to be told that not one of them should ever have been born, for none could begin to qualify by the professor's index of a quality life.

But I tell you that they are quality people: great in their quality of love when it would be so easy to hate; great in their quality of endurance when it would be so easy to despair; great in their striving to succeed when they have every excuse to fail; great in the laughter and grief that is our common lot; and especially great in welcoming into lives already heavily burdened the gift of new life.

We must not only care about the poor, we must learn from the poor. Ask the poor about what constitutes a life worth living. Many who presume to speak for the poor are not on speaking terms with poor people. Alleged friends of the poor write editorials in our most distinguished newspapers calculating the costs of welfare and concluding that abortion is a bargain. The war against poverty has been replaced by the war against the poor. From time immemorial the way to reduce poverty is to reduce the number of poor people.

We do not kill off full-grown poor people. How much easier it is to destroy early; so that we do not have to look upon it and see how very much like it is unto ourselves. We will pay others to do the ghastly work, to retrieve the pieces and dispose of the evidence. And they will do it. In necessity and sorrow, some of them say. Others say it's a job and, after all, if they didn't do it someone else would. Yet others express no qualms. Readily, and for money, for much money, they surrender their vocation to healing and become servants of the industry of death.

Thus these threatening newcomers are stopped; they are stopped before they enter our line of moral vision. They are stopped early, still in the darkness of the womb, before they can force us to recognize them as ourselves, before their all too person-like presence can lay a claim upon our comfort and maybe upon our conscience.

And some who approve and promote this industry of death are not content to talk about necessary evil. Because they call themselves liberal what they do must be deemed a positive good. Therefore they say they have rendered a service to these little ones; they have spared them a wrongful life. And so far has the corruption spread that even the courts use the phrase "a wrongful life." The words of the rabbi have been reversed: Just to live is a horror; just to be is a curse.

There is another and authentically liberal vision of an America that is hospitable to the stranger, holding out arms of welcome to those who would share the freedom and opportunity we cherish. "Give me your tired, your poor,/ Your huddled masses yearning to breathe free,/ The wretched refuse of your teeming shore,/ Send these, the homeless, tempest-tossed, to me,/ I lift my lamp beside the golden door." Let us proclaim that we are not prepared to erase that inscription from the Statue of Liberty nor that sentiment from the soul of America. The unborn child is the ultimate immigrant. Elsewhere the immigrant was viewed as wretched refuse. Here, when we were true to our better selves, they were welcomed as participants in the great adventure that is America.

In 1973 the court invoked the darker side of our national character. We were given license, indeed encouragement, to close our hearts to the stranger, to patrol the borders of our lives with lethal weaponry, in order not only to exclude but to destroy those who do not suit our convenience. Last year, and the year before, and the year before that more than one and a half million of these strangers were destroyed; strangers who, like immigrants past, brought nothing with them but their need for our acceptance and the plea that they be given a chance.

The analogy between the unborn and the immigrant may seem strained. I fear, however, that it is painfully to the point. The logic of abortion insinuates itself into every dimension of our common life. That

logic teaches that there is no goal higher than self-satisfaction; that logic teaches, like the logic of the *Dred Scott* decision a century earlier, that others possess no rights, no claims, which we are bound to respect. Behind the culture of narcissism is the logic of narcissism articulated by the highest court of the land.

Thus we say *No* to the stranger. There is no place for you at life's banquet table, your presence would disrupt our party planning, our resources are already stretched, the promise exhausted, the invitation withdrawn. The year 1973 is remembered as the year of the energy crisis, and so it should be: the year of a moral energy crisis which has almost extinguished the lamp beside the golden door. You who are gathered here tonight are the keepers of the flame, for you know that upon that light depend the lives of millions yearning to breathe free; that upon that light depends our own life as a humane and caring people.

You are light keepers in a time of darkness. Nobody knows how long this already too long night will last, but I do believe we can see the dawning of the day. You are not the defenders of an old order but the forerunners of a world yet to be. What we would retrieve from the past is the promise of the future. Another word for promise is potentiality.

"It is only potential human life," our opponents say. Yes, we respond, and the only alternative to potential human life is dead human life. Potentiality is life, and life is potentiality. We are all potential human beings in the process of becoming what we are called to be. Nothing that is not human life has the potential of becoming human life, and nothing that has the potential of becoming human life is not human life. Only what is human can become human, if we will simply let it be. All is promise, all is potentiality.

If this movement is to be worthy of the name pro-life, everything we do must be informed and inflamed by that vision. Those who dream the better dream for America will finally prevail with the American people. From the Mayflower Compact of the 17th century, through Abraham Lincoln at Gettysburg, to Martin Luther King at the March on Washington in August, 1963--those visions have prevailed in America that have lifted up the promise.

I do not know if there will again be a new birth of freedom — for the poor, the aged, the crippled, the unborn. But we commend this cause to the One who is the maker and the sure keeper of promises, to the Lord of life. In that commendation is our confidence: confidence that the long night of *Roe v. Wade* will soon be over; confidence that the courts will yet be made responsive to the convictions of a democratic people; confidence, ultimately, in the dawning of a new and glorious day in which law and morality will be reconciled and liberty will no longer wage war against life.

Let this be, then, a convention of confidence; not because we trust in our own strength but because, under God, that last word belongs not to death but to love and life — because, even now, our eyes have seen the glory of the coming of the Lord.

*Reverend Richard John Neuhaus is a religious leader and writer who has been active in various civil rights issues during the past twenty years. In addition to speaking engagements and pastoral duties Rev. Neuhaus, a leading clergyman of the Evangelical Lutheran Church, currently serves as editor of **FORUM LETTER** and is a senior fellow of **WORLDVIEW** magazine. Rev. Neuhaus has written many books and articles published nationally on theology, politics and social change. Some of his books include "In Defense of People," "Movement and Revolution" and "To Empower People," co-authored with Peter Berger. Neuhaus is a member of the National Council of Clergy and Laity Concerned, Bread for the World, and is an advisor to the Martin Luther King, Jr. Memorial Center in Atlanta, GA. Rev. Neuhaus is a member of the ACCL Board of Directors.*



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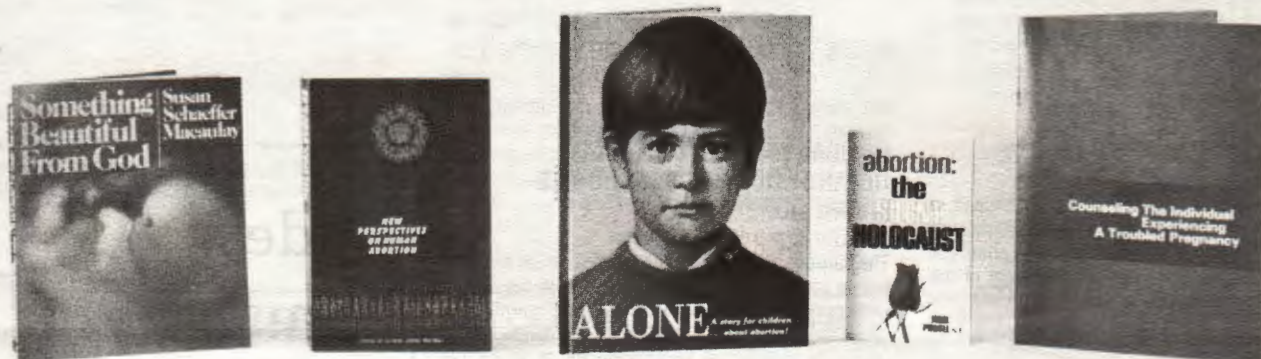
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ALONE

by Gale Patrick Brennan

photography by Gerald Koser

A haunting story about nine-year-old Johnny Barrett whose mother chooses to have an abortion. She decides that since "...these are modern times" she and her husband should explain fully to John so that he will "learn what life is all about." Author Brennan has written a simple story for our times that will give any adult nightmares about the ripple effects of abortion on millions of families. It could be valuable reading for the adolescent who has reached an age when hard decisions must be made or for the woman who is considering an abortion of convenience. It is the opinion of ACCL that "Alone" is not a read-along tale for children. It is well written and beautifully illustrated; its pro-life value lies with the adult reader.

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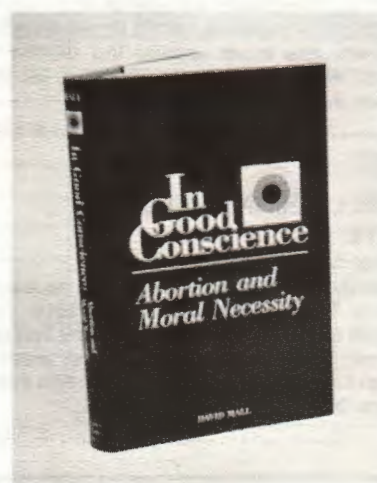
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by David Mall

A scholarly book dedicated to the proposition that rhetoric makes a difference in human affairs. Helpful to pro-life people in understanding one of the great issues of our time while becoming sensitized to the problems and the possibilities of audience participation. Author uses Kohlberg's stages of moral development as a useful framework.

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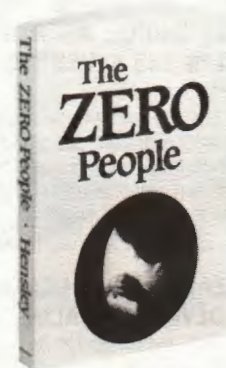
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45 pct. believe clinics should notify parents

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Minnesotans lean in favor of a controversial federal rule that would require family planning clinics receiving federal funds to inform parents when the clinics prescribe contraceptives for children 17 and younger.

According to the Tribune's latest Minnesota Poll, more people endorse the rule than oppose it, but the supporters are less than a majority: 45 percent were in favor and 33 percent were opposed. The rest didn't know or didn't answer.

Judging by the poll findings, religious convictions and parenthood make the biggest difference in shaping people's views on the issue.

Among the most likely supporters would be a Minnesota mother in her 40s who attends a Catholic church every week.

Minnesota Poll

But a childless, college-educated man under 30 who never goes to church almost certainly would oppose the rule.

The poll's 608 telephone interviews were completed Monday, the same day a federal judge in New York issued a preliminary injunction against implementation of the rule, at least in that state.

During the interviews, supporters and opponents alike expressed themselves strongly. Supporters, in partic-

Poll continued on page 4A

Poll Continued from page 1A

ular, seemed to consider the issue morally important:

■ Among those attending church every week, seven of 10 endorsed the measure. Even among young adults (under 30), who on the whole leaned against the rule, two-thirds of weekly churchgoers approved it.

■ People who put a high priority on religion (besides church attendance) were three times as likely to favor parent notification as were Minnesotans who did not consider religion very important — 60 to 22 percent.

■ Overall, Catholics were more likely than Protestants to favor the rule, 58 to 43 percent. But among those who attended church every week there was no difference between the two religious groups.

"One thing that I absolutely deplore is a parent not knowing if a child is using birth control," said a 74-year-old nurse in northwest Minnesota. The woman, who said she attends her Lutheran church four times a week, was asked why she felt that way.

"Well, I happen to be a Christian and would not want my daughter having ... this freedom of sex ... I do not condemn someone who gets pregnant by accident. This could happen sometimes, I think, between two people who, you know, felt like they're meant for each other. But I don't go along with this business of just going from one partner to another."

Other supporters of the rule talked of parents' legal and financial responsibilities.

"If a girl (daughter) used (contraceptives) without your knowledge and she were to suffer some effects from using them, you'd ultimately be responsible for (her) medical expenses as well as emotional support," said a 47-year-old Shoreview woman. She was moderately in favor of the federal rule.

A majority of all Minnesota parents said the rule was a good idea — 57 percent of the mothers and 47 percent of the fathers. For parents under 30, the fact that they were parents was especially telling. Childless adults in that age group opposed the rule, 58 to 23 percent. But parents the same age favored the rule 47 to 27 percent.

Opponents frequently suggested that the rule would lead to more pregnant teen-agers.

"The kids should be able to get the (birth control) pills," said a 58-year-old Norman County woman who strongly opposed the rule. "The teenagers would be too embarrassed to confront their parents (to talk about contraceptives) and would not get the pills when they needed them."

A 28-year-old Mahtomedi man disapproved for a different reason: "Because it is religious fanatics trying to push their morals on me."

The rule, issued by the U.S. Department of Health and Human Services, would apply to prescriptions for birth-control pills, diaphragms and intra-uterine devices. It was to take effect Feb. 25 at about 5,000 family planning clinics that receive federal funds. A larger number of clinics that do not receive such funds would not be affected.

Federal Judge Henry Werker implied in his decision last week that the requirement would prompt teenagers to avoid family planning clinics and that pregnancies in this group therefore would increase. Such a result would not meet the intent of Congress as reflected in its family planning law, he said.

On Thursday, Judge Werker, addressing confusion over the scope of his order, made clear that he meant for it to apply nationwide. And on Friday, a federal district judge in Washington, D.C., issued a similar order in a separate case, one of several working their way through the courts around the country.

The attitudes of the 608 people interviewed by telephone differed in significant ways:

■ A majority of women (51 percent) approved the rule, while men were more divided (39 percent in favor and 35 percent opposed). But supportive majorities turned up among both men and women in their 40s, the age range when their children might be most affected by the rule.

■ A look at the results according to where people lived showed that Minneapolis and St. Paul residents were likely to oppose the rule, 45 to 34 percent. Rural residents were most likely to support it, 57 to 27 percent.

■ Independent-Republicans favored the law 54 to 29 percent, DFLers split 39 to 38 percent and Independents favored it 48 to 26 percent.

A 31-year-old Martin County woman supported the rule because, she said,

their children: "Kids are too much on their own and have no respect for anything. This would give parents an opportunity to learn what they (the children) are doing."

But a 29-year-old St. Paul man was opposed because of the privacy issue: "Parents don't share their medical records with their 16 or 17 year olds, so why should the 16 and 17 year olds have to share (theirs) with them?"

(An analysis of the poll results by age showed that Minnesotans under 30 were the only group to oppose the parental notification rule.)

In Kandiyohi County a 25-year-old woman borrowed from both sides of the argument: "The parents should know, but the kids have a right to decide what they want to do with their lives."

Here is what the poll asked:

Now we want to ask you what you think about a new federal law. Most clinics will have to notify the parents of any unmarried person under 18 who receives prescription contraceptives such as birth control pills. Do you think this law is a good idea or a bad idea, or haven't you thought about it? (If answer "good" or "bad") Do you feel strongly about that or not too strongly?

Strongly for, 28 percent; moderately for, 17 percent; moderately against, 14 percent; strongly against, 19 percent; don't know, 21 percent; no answer, 1 percent.

Facts about the Minnesota Poll

The Minnesota Poll, started by the Minneapolis Tribune in 1944, measures the opinions of Minnesotans 18 and older about public issues and the quality of their lives.

Poll topics are developed by reporters and editors of the Minneapolis Star and Tribune in consultation with Minnesota Opinion Research, Inc., Minneapolis. This firm drafts and pretests the questionnaires under the newspaper's direction and helps to analyze and interpret the poll's results.

Staff writer Dan Wascow Jr. writes the Minnesota Poll articles.

The current poll was taken Feb. 9 to 14. Telephone interviews were conducted by Jeanne Drew Surveys, Minneapolis.

Several steps are taken to ensure that the sample of adult Minnesotans is as representative as possible.

First, a computer program selects Minnesota phone numbers at random. The Minnesota Public Utilities Commission staff estimates that 96 to 98 percent of state households have telephones.

Within each household, the particular respondent is determined in a statistically unbiased fashion, with no substitutions allowed. In order to reach hard-to-get respondents, each household is called up to five times, and appointments are made to interview the designated respondent at his or her convenience.

In samples this size — 608 interviews — the margin of error in 95 cases out of 100 is

RULING :

As this issue of UPDATE goes to press, a federal judge in New York granted a preliminary injunction against the regulations that would require clinics to notify parents if their minor children receive prescription contraceptives.

Judge Henry Werker threw out the rule before it could be applied because he accepted plaintiffs' premise, that it would lead to an increase in teenage pregnancies and contradict the intent of Congress in passing the family planning law. He refused to consider constitutional questions involved in the matter.

Federal attorney Susan Campbell was not immediately certain whether the effect of the decision would extend beyond New York state and said an appeal is under consideration.

ACCL President Jan Wilkins said, "It is disappointing that this court refused to recognize the need for parents to help their children carefully consider a course of action that has such serious implications for their futures. We at ACCL hope that more public, and in particular, *parent* support for the regulations will be shown soon, and that other courts will view more positively the contribution that informed parents could make toward reducing the growing numbers of teenage pregnancies and the use of contraceptives among very young teenagers."



UPDATE

February, 1983

Vol. 9, Number 1

HHS publishes Parent Notification regulations

The parental notification regulation, conceived as a safety measure for the health of young teenagers and as a means of opening meaningful communication between parents and their minor sexually active children, was printed in the Federal Register of Wednesday, January 26, and is scheduled to become law 30 days later, on Feb. 25.

The regulation was researched and introduced during 1982 by the Office of Adolescent Pregnancy Programs (OAPP) of the Department of Health and Human Services (HHS). Simply, it says that parents of teenagers who receive prescription contraceptives or devices from federally funded clinics must receive notification of the services within 10 working days. The regulation implements a 1981 amendment to Title X of the Public Health Service Act which requires family planning services funded by Title X "to encourage (emphasis ours) to the extent practical, family participation in the provision of project services."

Marjory Mecklenburg, director of OAPP, was recently named Assistant Deputy for Population Affairs by HHS Secretary Richard S. Schweiker. In her new position she will be able to coordinate the policy and the services of government family planning programs, Mecklenburg said. The parental notification regulation released through her office drew approximately 60,000 comments and a wide variety of other group responses from a broad spectrum of organizations. The total response was roughly 120,000. The Federal Register addresses the issues raised, pro and con. Excerpts from the Register follow:

In regard to family participation, "there was a wide divergence of views among the comments received regarding the choice of the parental notification requirement as the mechanism for encouraging family participation. Those who favored the regulation claimed that family relationships would improve. They main-



Marjory Mecklenburg

tained that parents and teenagers would communicate more freely because notification would make them aware of how important it is to discuss these matters in the home. This awareness, they argued, would lead in turn to more responsible behavior on the part of the parents as well as the adolescent. Teenagers may realize that parents can be sources of information, support and guidance, and the guilt caused by the minor's secrecy over obtaining contraceptives may be eliminated. Some felt family relationships would improve because authority and responsibility would return to the parents."

Others felt that "... the health considerations involved in the minors' decisions regarding sexual activity and the use of prescription drugs and devices justify the imposition of the notification requirement. Many of these writers stated that federal policy should recognize parental responsibility in an area of their children's lives which has significant health impli-

cations. They noted that, while the pill and IUD have been shown to be safe for most women, studies have cautioned against an array of harmful side effects of these methods for some women. Increased risks of ectopic pregnancy, infection of the ovaries and fallopian tubes, and infertility after discontinuance were cited as side effects of IUD use. Such side effects of bloodclotting and stroke in connection with oral contraceptive use also were of concern to these commenters.

"The commenters in favor of parental notification argued that informing parents of their children's use of contraceptive drugs or devices would enable them to monitor for any possible occurrence of these side effects. . . ."

NOTIFICATION

Continued on back page

INSIDE

Toward a new
decade Page 2

Abortion and
health Page 2-3

Hospital ethics
committees Page 4-5

Book review . . . Page 6

Reflections on abortion decade grim,

The early months of 1983 are a time for grim reflection. A decade has passed since abortion was legalized by the Supreme Court's *Roe v. Wade* decision — a time when more than 13 million unborn babies lost their lives at the hands of physicians and their mothers, a "choice" that championed reproductive rights to its obscene extreme, the denial of another's right to life itself; a time when the effects of abortion engulf other born but vulnerable members of our society — handicapped newborns, the severely retarded, the elderly poor. Potential for independence and productivity, long recognized as a good by our society has become to some people the sole standard for determining wantedness.

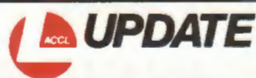
Steadily worsening economic conditions during the same period have contributed to the popularity of abortion as a "quick fix" solution. Poor women or those whose unborn children have been diagnosed as "defective" may be unduly influenced to *choose* abortion by health personnel who raise the specter of dwindling welfare funds or who suggest that another time, another baby would be "perfect."

There are those who still care for each individual life — rich or poor, young or old, ill or healthy, born or unborn. Across the nation large groups of pro-life supporters gathered on Jan. 22, the anniversary of *Roe*, to show their continuing commitment to change the abortion-on-demand bent of society. They were met on the same battleground by others committed to keeping the status quo, those convinced that "abortion rights" are necessary if women are to share equally with men in the freedoms guaranteed by our Constitution.

Ironically, while the inside pages of the daily newspaper here in Minneapolis featured "Jane Roe" and the historic beginnings of the abortion controversy, its front page carried two news stories that spoke clearly of devalued life ten years later. In one, the body of a newborn infant girl was discarded unclothed on a busy local highway where it was eventually hit by a car; in the other, a newborn boy in Lansing, MI, awaited treatment for a strep infection because he was unwanted by his mother, who believed she had served as a surrogate to the man who arranged for the baby's birth. The child has microcephaly, a physical defect that may indicate mental retardation. Results of a blood test indicated to the "father," who signed the birth certificate, that he may not have parented the child, and it was reported that he ordered doctors to take no steps or measures to treat the strep infection or otherwise care of the infant.

In both cases caring people reacted quickly during the next few days. In Minneapolis, the Kuharski family, actively involved with Human Life Alliance of Minnesota (a state-wide pro-life organization), arranged to bury the abandoned baby as an "adopted" member of their own family. The Kuharskis have ten children, five of them adopted, some with handicaps. About 500 people joined them at the funeral service that touched many more with its message of respect for human life at all stages of development. In Lansing, permission to treat the baby boy was obtained by the hospital and mother through a court order. It was later discovered that the child was fathered by the mother's husband and they have taken custody of the baby.

Jan Wilkins / Emotional effects can be deep,



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The ACCL, Inc., Education Fund is the research, education and policy analysis division of American Citizens Concerned for Life, a national citizens' action organization engaged in educational, legislative, research and service activities that promote respect and protection for human life. The Education Fund focuses its concern on the troubled mother, the family, children — born and unborn — and other vulnerable members of society.

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The physical and emotional health problems arising from induced abortion are at last being recognized. Ten years of nationwide abortion-on-demand, perhaps more in states that liberalized earlier, are causing some second thoughts about the "safe and simple" procedure.

From a physical standpoint, every abortion affects one woman and one unborn child. From an emotional or psychological standpoint abortion affects the woman having the abortion, the father of the aborted child, the family of the woman and man, the doctors and nurses involved and often other hospital or clinic personnel. In a broad sense, we are *all* emotionally involved and affected by abortion.

In the March, 1979 UPDATE, a report was given on a symposium, "The Psychiatric Aspects of Abortion," which had been held in Chicago the previous autumn. The lectures from the symposium were later published in book form, "The Psychological Aspects of Abortion," edited by David Mall and Walter F. Watts, M.D.). This is a "must read" for anyone seeking more information and answers in this area of abortion complications. The symposium brought to light many and varied cases of emotional distress caused by abortion, substantiated by medical experience and group studies. One newspaper editor stated that following the symposium he had rethought his attitude on abortion. "Evidence was presented," he said, "indicating that abortion is not only bad for the unborn, but it can also be bad for

women who experience abortion, for children and for society at large."

* * * * *

A second book for recommended reading is Ann Saltenberger's "Every Woman Has a Right to Know the Dangers of Legal Abortion." Saltenberger opens her chapter on psychological complications as follows: "Our emotions, the subconscious underpinnings of our intellectual faculties, always seem to be the last passengers on the train of progress; abortions' psychological problems *increase* as the legal barriers *decrease*." She continues exploring and documenting the trauma associated with these problems under the headings of adverse reaction, anguish, anxiety, depression, distress, emotional disorders, family feticidal syndrome, fear, grief, guilt, hurt, marital difficulties and more.

* * * * *

Teen suicides in the United States have been on the rise steadily in the last ten years. Have we been overlooking abortion as a possible cause or link to some of the suicides of *both* teenage boys and girls? One report in 1982 warned doctors that teens who abort may attempt suicide on the day (birthday) their babies would have been born. Suicides Anonymous has testified of the direct linkage between suicide attempts and abortion, stating that in a three-year period nearly one-half of all the calls were from women who were in the highest suicide rate age

but hopeful

These are only two of the real-life stories that test our values. If we are a caring people, then we will want to make our own contribution. We will want to personally help mend the fabric of our society torn apart by those who choose convenience at any expense, including the cost of violating human life.

Your contributions to ACCL are an invaluable way of participating in our educational and legislative efforts that can make the next decade a time of hope. We hope that you will continue to faithfully remember us this year, but we would like to encourage your generosity in other directions as well. Local foodshelves in every area of the country have been stripped bare by the needs of increasing numbers of the unemployed. Each of us who is sustained by a living wage can only imagine what it is like to spend each day without the income to meet basic needs. Providing for America's "new poor" is a worthy pro-life action.

The need for pro-life counseling of pregnant women, either by hotline or by direct service, is obvious. We must be there to help at the right time. One service, Womanline in Dayton, OH, served 6,671 women last year, averaging about 35 women per day, half of these through supportive services. They also operate a hotline. Their own financial needs fluctuate from month to month. Donations make all the difference.

In Minnesota, a new 22-bed facility called Mary's Shelter was licensed on Jan. 20, 1983 to serve a five state (MN, ND, SD, IA, WI) area as a maternity residence for single women in need. There is already a waiting list for Mary's Shelter and the pro-life directors of

the home recognize that facilities such as theirs, featuring love and faith, would be welcomed in other parts of the country as well. The financial needs of this home are especially high at this time since they have just opened.

There are other supportive services for women pressured by difficult pregnancies which may not be able to survive the budget cuts and donation slumps of recent years. Birthright groups need volunteers who can donate time and love, as well as clothing, supplies and furniture. While the list of those in need grows, deserving groups that could advance the cause of life work on slim budgets and some may have to close their doors. Since ACCL's longstanding goal is to foster such necessary direct services, we will mention a few that we recommend for your support, hoping that some of our members and friends may be able to "dig a little deeper" to help them this year.

Alpha, a Beginning, Inc.
Attn: Sr. Rosalie Kennedy
2811 W. Kennedy Pl. #1113
Tampa, FL 33609

Care and Counseling Center
4336 Saratoga Ave.
Downer's Grove, IL 60515

Heartbeat of Greater Flint, Inc.
Attn. Barbara Daniel
Box 887
Flint, MI 48503

Mary's Shelter
Attn. Janet Lindsay
13220 Willow Circle
Burnsville, MN 55337

Womanline
Attn. Linda Mercuri
1106 Brown St.
Dayton, OH 45409

long-lasting

Part III of a series on Abortion: A Health Issue

group (15 to 24) and that these callers all had undergone abortions. Individual experiences continue to come to light, such as the suicide note found by a young girl's father, telling that she was going to join the baby she had aborted.

One year ago in Daytona Beach, FL, a 30-year-old multiple personality victim was found wandering in the area. Newspapers reported last October that he turned out to be, as they put it, the "boy next door" — a young man from a city in Texas who had been sports editor of his high school paper and captain of the swim team. The man said he had a mental breakdown when he was a senior in high school after he *failed to talk his girlfriend out of an abortion*. "I've lived through hell" was his own description of his feelings. While this may be an extreme case, who can say how many men and women, touched by abortion in one way or another, are suffering, trying to conceal their true feelings.

And what is happening to the medical personnel involved in the abortion holocaust? Many feel they can justify what is going on by saying they have helped the woman involved. But again, some of the true facts and feelings are surfacing. In San Francisco a few months ago the associate administrator for nursing at Merritt Hospital in Oakland stated that although her nurses were not taking a stand against abortion, some were refusing to serve at "late" abortions because "their psyches just won't do it. It is difficult for them to be involved with a fetus

the same size as babies they were trying to save." We are prompted to question how many nurses are emotionally distraught by their part in the abortion but are not speaking up. My personal experiences with hospital personnel have shown me that legal abortion-on-demand has brought its own set of problems to everyone involved — the person admitting the patient, the nurses on duty. Sometimes the feelings would surface in the form of mild hostility toward the patient, others would comment at coffee break that the whole scene bothered them or that they were "finally getting used to the abortions." Could it truly be removed from one's thoughts?

Only a few in-depth studies seem to have been conducted on the psychological trauma of induced abortion for the physician performing the procedure. Many doctors will not discuss or admit any anguish experienced by repeatedly performing abortions, just as many women will deny their true feelings about aborting their unborn child. Many of us remember the studies carried out on the psychological reactions of hospital personnel involved in D & E (Dilation and Extraction) second trimester abortions. The study reported that the "advantages" to the patient in using the D & E appeared to be gained at the emotional expense of the medical and counseling staff. The report even admitted that this problem has received little attention. Respondents to the study described their feelings as ranging from "burnt out" to a "sense of horror." (Two respondents described their

dreams about the procedure in which they vomited fetuses!) As stated before, hospital and clinic personnel often try to expel their emotional distress by saying that the need of the patient to have the abortion outweighs their own stress, "a necessary evil," if you will.

Newsweek magazine, January 31, 1983 issue, in an article entitled "The Issue That Won't Go Away," stated that since 1973 abortion techniques have advanced to the point that dilation and evacuation — a *relatively simple procedure* (emphasis ours) — can be performed safely well into the second trimester . . . (statement in a paragraph discussing hospitalization for second-trimester abortions). Perhaps the reporters writing the story could use that *one sentence* for an article on the emotional aspects rather than just the technology involved in D & Es.

The nature of the D & E method may seem to cause the more severe psychological problems for medical personnel, but in varying degrees the constant participation in the deliberate taking of a life, regardless of the procedure used, must at some time take its toll.

We have progressed (??) to a point in our history when a baby who survives an abortion is referred to as "the dreaded complication." The 1981 Philadelphia Inquirer feature article by this name included some comments on the mental

HEALTH Continued on Page 7

Emergence of a good idea: Hospital

By Raymond DiBlasio, Ph.D.

The hospital auditorium was packed. The topic under discussion was DFT, hospital jargon for a Decision to Forego (life-sustaining) Treatment, or what laypeople might inelegantly call "pulling the plug" on a terminal hospital patient. The workshop audience, composed largely of physicians and other health care personnel, listened politely as the bearded professor used moral philosophy to deflate ever-so-gracefully the myth of the supremacy of "objective" medical judgment. No one seemed to flinch as the speaker gently skewered the "medical indications" mindset, in which consideration of professional opinions, cost, available technology and medical statistics seem to count for more than the patient's (or the patient's family's) beliefs and values. "Treatment-stopping decisions are always value judgments," the professor reminded his listeners, "And medical facts cannot determine judgment without being filtered through a constellation of beliefs and values."

The unspoken catch in applying this principle is that little in the professional training of most hospital personnel prepares them to process beliefs and values with the same expertise and self-assurance with which they manage medical facts. In advertising the discrepancy the speaker was making an exceptionally strong argument for the existence of hospital ethics committees. Robert Veatch, Ph.D., professor of medical ethics at the Kennedy

Institute of Ethics, had come to the Minneapolis hospital to lead what was probably the nation's first formal educational gathering of hospital ethics committees. Although only about one percent of the hospitals in this country have established such committees, three or four committees are now operational in Twin Cities hospitals, with perhaps a dozen more currently being developed.

Most hospital treatment decisions can be made through deliberation involving the patient-family-physician triad. The DFT dilemma can arise when patients are incompetent, i.e., unconscious, mentally retarded or for some reason unable to give informed consent to treatment. Sometimes incompetent patients' wishes are a matter of record, as when they have clearly expressed themselves in the past through a living will or similar document. Most often in these cases the patient's wishes must be interpreted: the family, provided that it is willing and able to participate, makes the initial decision, presenting the physician with their desired application of family beliefs and values. It should be understood that the physician does not act as sole — or even primary — decision-maker, although the physician's *professional* advice will heavily influence any decision that is made, particularly in the way that options are presented to the family. On rare occasion, a family makes highly unusual, unexpected requests, wanting to go beyond

the range of what most people would consider reasonable options. The physician, acting in the role of primary professional medical counselor, has misgivings, and an impasse is reached. In the past, many physicians have had to resolve the impasse by seeking a court judgment.

There is much that an ethics committee can do to prevent or to resolve such impasses. Most of the people serving on today's ethics committees, however, would agree that it is not the function of the committee, as many laypeople imagine, to take over the responsibility for ultimate judgment, making binding decisions in place of physicians and family. Rather, the ethics committee exists primarily to educate and to mediate, to build an intellectual and emotional climate within which hospital personnel can address moral-legal-medical problems calmly, knowledgeably, reasonably.

On the premise that one cannot share an understanding that one does not yet possess, the first task of a hospital ethics committee is self-education. There is an extensive literature to be searched in medical ethics, and there is no shortage in most communities of academics and clergy who are qualified to act as resource persons. During this period of formation, the committee functions as an in-house seminar. Thus equipped, the committee moves on to the primary task of educating others in the hospital. This

Community of Caring stresses values

If one were to wish the very *best* to a pregnant teenager today it would be that she have a successful pregnancy, give birth to a healthy baby, learn to become a loving parent, take responsibility for education and her vocation, and affirm ethical values in sexuality and family life — perhaps an ambitious wish, but the directly stated aim of a new curriculum for pregnant adolescents prepared by the Joseph P. Kennedy, Jr. Foundation.

"A Community of Caring" first appeared in 1980, under the direction of Eunice Kennedy Shriver. It was written to be used in centers that help teenagers who want to continue their pregnancies and give birth to their children. Twenty-one modules include such practical, immediate topics as labor and delivery; getting and keeping a job; nutrition and physical fitness; drugs, alcohol, and smoking in pregnancy — and after; clothes, toys and equipment, feeding your baby. Maternal and fetal development is taught, as well as feelings and thoughts about being pregnant, putting sex in perspective, family development, being a parent. There are helpful articles for counselors, notably "Adoption: An Essential Consideration," and "Fathers Are Essential," etc.

Like many similar efforts at family life education, the curriculum offers an abundance of technical and clinical data needed by young people, as well as many articles and suggested readings. But a distinctive feature of "A Community of Caring" is its emphasis on values, its ethical concern. The premise is that the decisions teens face about their health and futures are too important to be based only on technical data. They must be made within a context of moral values that guide young people to a deeper understanding of themselves and those dear to them and towards worthy human goals. In the process, values clarification is recognized as an important but limited task. Choices have to be made, and it becomes necessary in order to make them that some values be identified as valid for all time, all circumstances, all people. Those values most affecting young people, for instance, would be the value of the family as the bearer and transmitter of values, the value of truth-telling, love, the goodness of sexuality and the value of its discipline, the value of productive work and schooling, and of responsible future planning. Teachers and counselors using "A Community of Caring" combine activity, open discussion, and careful lis-

tening to guide teens toward the best choices for their own lives.

Many health care-givers worry about imposing their own values and beliefs on their vulnerable clients. This curriculum recognizes that the candid statement of the professional's own moral values can give a sense of orientation to young people. The philosophy expressed in "A Community of Caring" is based on the conclusion that like every mature person, most teenagers want rules, seek limits, and search for moral values to live by.

About 150 centers working with pregnant teens are using "A Community of Caring," according to Dr. Herbert Kramer, Director of Communications for the Kennedy Foundation, who edited the curriculum together with Barbara Delman Wolfson. Kramer said it was too early for measurable feedback since the curriculum has only been available for two years but he was sure that, once adapted to a variety of situations, it would improve the quality of care in three areas: "the interface between the care-giver and the young woman; the involvement of families, especially young fathers and their families; and a greater understanding that the

Ethics Committees



is accomplished not only through sponsorship of ethics-related lectures, seminars and courses, but also through formal consultation or informal conversation with hospital personnel. Even those in the staff who elect not to be educated in this fashion may feel secure in knowing that identified "experts" are available to them should the need arise.

Another important function of the committee is to aid in the formation of hospital policy by developing guidelines for practice in problematic situations. The prudent committee will be reluctant to rush into formulating detailed, substantive guidelines which may not be flexible enough to cover all circumstances, particularly as medical practice continues to evolve. A more useful contribution is the process guideline, e.g.: "If situation X arises, consult with persons A, B, or C."

There are many ways in which a committee can guide physician and family toward agreement and temper the frustration generated when agreement proves impossible. Counseling and information can be provided in a non-threatening manner at the early stages of physician-family conflict, before antagonism or distrust has had much chance to build. The committee can select consultants to review and confirm the prognosis in a troublesome case. The physician who feels that a family wants an unreasonable deviation from hospital policy may consult

with the ethics committee; should they concur that the family's position is unreasonable, the committee, rather than the physician, may take the case to court for judicial review.

Although national attention has been focused largely on the ethical dilemmas attending terminal care, the hospital ethics committee that lives up to its name eventually will address the entire range of ethical issues in hospital practice. There are broad issues to be explored, for example, relating to what constitutes a patient's informed consent and in what manner that consent is solicited. In hospitals housing fertility clinics, the ethical dimensions of *in vitro* fertilization may need to be explored. There is no shortage of issues relating to obstetrics and gynecology, as was dramatized in the 1982 "Indiana Baby Doe" case, in which corrective surgery was withheld from a Down's Syndrome child, bringing about death by starvation. Some, like this writer, would argue that an ethics committee should not stop at considering the ethics of a hospital's medical treatment policies. The administrative policies pursued by a hospital — in such matters as financing and planning new development, personnel management, or providing community services — also touch people's lives and present ethical issues to be resolved.

To judge from the members gathered at the Minneapolis workshop, ethics committees tend to draw their membership almost exclusively from hospital personnel. This may give the appearance of short-

sighted expediency and deprive the hospital of the richness of perspective which several well qualified "outsiders" would bring to an ethics committee.

However ethics committees might be organized, there is little doubt that any hospital — and the public it serves — is better off with a committee than without one. In hospital settings, the general unmet need for moral education and the complexity of options for medical treatment often seem to converge in a crisis of bewilderment and indecision or, what is worse, poorly informed and inadequately deliberated decisions. ACCL welcomes the emergence of hospital ethics committees as a hopeful sign of new sensitivity to moral considerations. These committees represent an eminently practical means for enhancing the ability of hospital personnel to assist patients and families responsibly in their moral as well as medical crises. We encourage *UPDATE* readers to inquire whether the hospitals in their area have established ethics committees or plan to do so in the near future. Throughout the country a certain number of hospital administrators may be waiting for public encouragement before taking on the bother or imagined risk of organizing an ethics committee; we trust that our readers will find them and give them the word.

(The workshop was held Nov. 17, 1982, at Hennepin County Medical Center, organized by Ronald E. Cranford, M.D., chairman of that hospital's ethics committee and a leader in promoting the concept.)

education

care-giver does not have to provide value-free care." Kramer said that many workshops on the project have been held around the country resulting in numerous orders for the curriculum by schools with programs for nonpregnant adolescents, but that he did not know yet how many schools had adapted it to their individual situations.

An impressive list of acknowledgements includes Dr. Robert Coles, whose several writings on teenage pregnancy, families, marriage, sexual activity and hope for the future provide inspiration and strength to families with problems. Father David Knight, Dr. Arthur Dyck, Jane Johnson, Dr. William May, Sister Mary De Sales, and many others contributed insight to the program by sharing years of experience in helping troubled adolescents.

For further information about "A Community of Caring," write to Eunice Kennedy Shriver, Joseph P. Kennedy, Jr. Foundation, 1701 K St. NW, Washington, DC 20006.

Adoption brochure debuts

A new brochure, "The Adoption Option: Is it for You?" is listed on the latest resource catalogue from the ACCL Communications Center. We hope all of our readers will want to have and use this educational tool. It is suitable for doctors' offices, clinics, hospitals, counseling settings, schools, and churches — an opportunity for individuals or groups to spread the word about adoption.

The idea for the brochure originated with a small group in Minnesota who felt that the idea of adoption "has fallen on hard times." Yet, adoption is a bonafide third alternative either to abortion or to delivering and raising the child, and it may be the preferable choice. Currently adoption

seems to be overlooked and undervalued as a solution to problem pregnancy.

The Adoption Option brochure was welcomed by state adoption agencies. Realizing that the adoption possibility is not a question of abortion versus pro-life, the group decided to incorporate independently as the Adoption Option Committee, Inc. Supporting memberships will be available for people who favor the Adoption Option.

Write to ACCL for a complimentary copy of the brochure. Quantities will be available at a nominal fee. ACCL and The National Committee For Adoption both endorse the use of this brochure.

BOOK REVIEW

Author describes nuclear peril; appeals to reason, decency

Reviewed by William Coughlin Hunt

"The Fate of the Earth," by Jonathan Schell. New York: Alfred A. Knopf, 1982. Pp. 224. Available from ACCL for \$2.50 plus postage and handling.

Picture the scene as you emerge from your shelter. A week ago the United States and the Soviet Union unleashed a 10,000 megaton exchange. Hundreds of miles from the nearest detonation site, you have escaped the initial radiation, the blast wave, the raging fires, and the local fallout. As you gaze at the steel grey sky and note the unseasonably warm weather you are struck by the silence.

Electronic communication has collapsed. There isn't even a dial tone on your phone. No radio. No television. Every solid state electrical circuit in the Northern Hemisphere has been wiped out. Society's computer base is gone. If there are any other survivors, you will have to seek them out on foot.

The animals, too, are silent — most of them dead. Those that remain stumble about aimlessly, blinded and burned, no longer protected from the sun's ultraviolet rays by the ozone layer.

Before long the radiation sickness will come, and then the famine. It may well be that the earth's carrying capacity for life has been destroyed. If not, only a few life forms highly resistant to the long-range effects of nuclear fallout will survive. The United States is on the way to becoming "a republic of insects and grass."

This plausible scenario emerges from the remarkably clear and informative first chapter of Jonathan Schell's *"The Fate of the Earth."* It is a sobering account of the shocking extent of the nuclear peril drawn in the most straightforward manner from the experience of Hiroshima and Nagasaki and the results of nuclear testing. In the second chapter which deals with the aftermath of a nuclear holocaust Schell is forced to abandon description and move on to philosophical reflection.

Paradoxically, we have the ability to cause what we cannot imagine, the extinction of the human race. Schell calls this "the second death." When we think of our own individual deaths, we trust that the human world of language and meaning, culture and art, pleasure and pain, success and failure, will continue on. An all-out nuclear conflict would mean the end of our human world along with the extinction of the human race. "The nuclear peril threatens life, above all, not at the level of individuals, who already live under the sway of death, but at



William C. Hunt

the level of everything that individuals hold in common. Death cuts off life; extinction cuts off birth."

No one would mourn our passing. There would be no one to mourn. One can only speculate whether billions of years later intelligent life would emerge again on the earth. Probably not.

How can the human race avoid this second death? In his third and final chapter Schell analyzes the causes of our predicament and lays out the choices before us. Scientific discoveries and technological innovations are not to blame. The problem lies in our absolutization of national sovereignty and in our reliance upon the use of force. However useful these may have proved in the past, they are completely outmoded as means for responding to the present crisis. There is no blueprint for success. Somehow the world must be saved from extinction by eliminating nuclear weapons and by developing a political process for resolving conflict other than war between sovereign states. "In sum the task is nothing less than to reinvent politics: to reinvent the world."

Although Schell alludes to abortion only in passing, *"The Fate of the Earth"* is filled with pro-life themes. Over and over again he expresses his concern for the unborn. He is not referring to existing unborn children; he is thinking of the unconceived generations of mankind. Drawing on Edmund Burke's notion of society as a contract "between those who are living, those who are dead, and those who are to be born" and Hannah Arendt's idea of a "common world," Schell concludes: "In

coming to terms with the peril of extinction, therefore, what we must desire first of all is that people be born, for their own sakes, and not for any other reason . . . Life comes first. The rest is secondary." Respect for human beings, born and unborn, is the first of three principles for life in the new common world he envisions.

Another theme running through the whole book is the necessity of non-violence. There is no other alternative. The threat of nuclear holocaust will not disappear. There is no way to reverse the scientific revolution that led to the Bomb. There is no way to enforce peace when the ultimate enforcer would eliminate all the participants, belligerent or not.

Ultimately, those who love life must rely on persuasion rather than force. This is nothing new. As Walther Eichrodt has observed, the founders of the Judaeo-Christian notion of law were well aware that "a national law can never attain its goal so long as it remains a system reluctantly endured and effective only by compulsion; it must be founded on the inward assent of the people." Just as laws protecting the unborn will not be effective unless the minds and hearts of people have been won over to compassion for the plight of unborn children, so also the necessary political structures to insure world peace will be impossible unless the peoples of the earth are convinced that survival is the prerequisite of every human endeavor.

The appeal to reason and decency is our only hope. It is only by calling forth what is most deeply human — fellow-feeling and goodness and caring — that we will be able to protect the lives of the unborn, whether in the wombs of their mothers or in the womb of time.

Both thoughtful and disturbing, Schell describes the nuclear peril in the most graphic terms, reflects on the roots of our human predicament, and challenges us to wake from our slumber before it is too late. The marked affinities between those who oppose war and those who oppose abortion lead one to believe that the fate of the earth may well be in their hands.

(William Coughlin Hunt holds a doctorate in theology, is a resident of Wisconsin, and serves as corporate secretary of American Citizens Concerned for Life.)

Will the U.S. Supreme Court overrule Roe v. Wade?

By Haven Bradford Gow

The U.S. Supreme Court recently heard oral arguments regarding the constitutionality of state and local laws seeking to restrict abortion and ensure that abortions will be performed only in safe and legitimate medical facilities. In July, 1982, the U.S. Department of Justice filed a brief in the case, requesting that the High Court defer to state legislatures concerning restrictions on abortion that have been enacted.

During the oral arguments, Justice Harry Blackmun, who wrote the U.S. Supreme Court's January, 1973 *Roe v. Wade* ruling, sarcastically asked U.S. Solicitor General Rex Lee whether the U.S. Department of Justice was in effect asking the High Court to overturn its *Roe v. Wade* abortion decision. But Mr. Lee really was seeking to affirm and defend a principle central to our system of government: namely, the principle of the separation of powers and need for checks and balances.

Mr. Lee's point was that the U.S. Congress and state legislatures have the constitutional right to enact certain restrictions, such as requiring parental notification before a teenager may obtain an abortion and mandating that abortions after the first three months of pregnancy be performed only in hospitals.

However, as legal scholar Hadley Arkes pointed out in an article in the Dec. 19, 1982 issue of *The Washington Post*, "when Congress and the state legislatures seek . . . to restrict the practice of abortion, their efforts are instantly branded as unconstitutional if they seem to be acting on the premise that abortion is wrong." The fact is that, even though a decade has passed since the High Court's *Roe v. Wade* ruling, the heated and violently emotional controversy over the abortion issue simply will not subside. Mr. Arkes rightly observed that "people of serious reflection have simply not found compelling or persuasive the reasons offered by the court (to justify its pro-abortion rulings). A majority of women remain convinced that life begins at conception, that the offspring of *Homo sapiens* cannot be anything other than human from its very beginning, and that the matter cannot be, as (Justice Harry) Blackmun suggested, an inscrutable religious question."

It seems all too clear that the U.S. Supreme Court will not overturn its pernicious *Roe v. Wade* abortion ruling. As a result, we need to work for the passage of anti-abortion legislation, as well as continue to educate the public regarding the moral, religious, legal, social and medical grounds for the "right-to-life" position.

Clearly, enactment of human life legislation (that would outlaw most abortions) would be morally and legally right because it would acknowledge the scientific fact that human life begins at conception; moreover, it would provide legal protection for unborn babies.

Respected medical authorities support the view that human life begins at conception. There can be little dispute that the genetic characteristics and identity of the individual are irrevocably and uniquely determined at the moment of fertilization.

Also, the popular pro-abortion argument that the fetus is simply a part of the mother's body is refuted by the medical evidence, which demonstrates that the cells of an unborn baby have a genetic code different from those of the mother. The fetus is a separate and distinct human being from the moment of conception.

True, anti-abortion laws legislate morality, but only in the same sense that we legislate morality when we outlaw voyeurism, incest, slander, rape, child prostitution, stealing and murder. When we make these activities illegal, we "impose moral, ethical and religious values" on those who engage in these acts.

Mr. Gow is a freelance writer from Arlington Heights, IL.

HEALTH

Continued from page 3

anguish of abortion: "I still have guilt feelings," said one nurse eight years after she had stood by and watched a live aborted baby die, without trying to help the infant; or "I find late abortions pretty heavy weather both for myself and for my patients," commented a physician.

* * * * *

From the families of women who have chosen abortion we are hearing of mental anguish also. Again, extensive reports and research are not available, but those of us engaged in counseling know firsthand of some of the experiences. One mother who had encouraged her teenage daughter to have an abortion told me she had feared being a "premature grandparent" but now suffers from the realization that she momentarily was not thinking of either her daughter or grandchild. "I will never forgive myself," she said. For the parents who find out their daughter has had an abortion, the experience raises many emotional feelings of guilt. How do children feel when they learn their unborn brother or sister has been aborted? These are difficult areas to document, but we know there can be emotional trauma and long-lasting effects.

From husbands or boyfriends, we are learning and hearing more about their frustrations and deep feelings when their wives/girlfriends choose abortion. It often causes problems in the relationship in addition to the personal grief of the man.

* * * * *

Surprising new studies are finding abortion can be an underlying causal factor in kleptomania, impulsive spending and psychosis. Ray Sexton, M.D., and Richard Maddock, Ph.D., contend that "abortions may be producing serious psychological problems previously overlooked by other professionals in the mental health field."

* * * * *

We are seeing the formation of support groups for women who have experienced abortion and are suffering guilt feelings. One such group is Women Exploited by Abortion (WEBA, 1553-24th Street, Des Moines, IA 50311). Two of the women who are leaders of this group related that they decided to be sterilized because of guilt feelings over their abortions. Both also became involved in drugs, one attempted suicide. Their goals of providing support

for women who have "been hurt by abortion" and to promote informed consent laws for women about to submit to abortion demonstrate a form of positive action in the area of psychological problems.

Some churches also have appropriately begun counseling and support services for women experiencing post-abortion trauma. Is there a support group in your church or city?

* * * * *

It is a tragic fact that we will not be able to significantly curb the mental health problems associated with induced abortion until the general public, as well as women seeking abortions, is informed of the situation — and this will come about only as more and more cases are brought to light. Those of us who are aware of the situation must show loving care and understanding for all who suffer the emotional complications of abortion — and we must continue to work for a reversal of the abortion-on-demand society in which we live. If we fail, the physical and emotional health of our country will be added to the list of disasters brought about by abortion.

NOTIFICATION

Continued from front page

Also, "The contention that the regulations will result in a large upswing in the number of teenage pregnancies and an overall deterioration of adolescent health because of the greater risks associated with pregnancy is misguided. As indicated above, we believe estimates of the number of additional pregnancies likely to result have been exaggerated. The contraceptive practices of teenagers may also improve as the result of parental involvement, with teenagers paying greater attention to the health consequences of the various available methods of contraception. New evidence indicates that teenagers who discontinue pill use largely do so because of experienced or feared side effects . . . Also, some teenagers may be persuaded through conversations with their parents to abstain from sexual activity, removing all health risks associated with such activity . . ."

The regulations were defended by HHS Secretary Richard Schweiker as "a reasonable balance" between the need to offer such services and the need not to undermine the role of parents.

But Planned Parenthood, the American Civil Liberties Union, New York State, and other critics contend that the regulations are an invasion of privacy, violate the U.S.

Constitution and a 1981 law funding such clinics. They are challenging the regulations in court. Hearings were held on two New York cases on February 3. A hearing on a W. Virginia case is set for Feb. 11 and Judge Thomas Flannery of the District of Columbia will hear arguments on a consolidated suit brought by Planned Parenthood Federation of America and the National Family Planning and Reproductive Health Association on Feb. 14. (ACCL will keep you informed about the progress of these suits.)

ACCL President Jan Wilkins urges pro-life people to support the regulations. She stresses the importance of doing all we can to ensure that parents who have the primary responsibility for the health care of their minor children be aided by federal support to carry out their awesome tasks. "Continuing to drive a wedge of secrecy between parents and their youngsters is to frustrate the Congressional directive that would encourage family participation in the provision of project services," she said.

A copy of ACCL's position on the regulations as printed in the April, 1981 issue of UPDATE is available upon request from ACCL.

Reagan chooses Heckler to head HHS

Margaret Heckler, former Massachusetts Republican Congresswoman, has been named by President Reagan as his choice to succeed Richard S. Schweiker as Secretary of Health and Human Services. Confirmation hearings are pending in the Senate.

Schweiker announced on Jan. 13 that he would resign his position to head the American Council on Life Insurance. He is credited with an outstanding record of resisting budget cuts within HHS, particularly for the Food and Drug Administration and the Centers for Disease Control.

Last April Heckler was one of 32 members of Congress who signed a letter to HHS opposing the Parental Notification regulations. Her position at this time is unknown. She had previously voted against federal funding for abortions.

OUR NEXT ISSUE WILL FEATURE :

1. Legislative review/preview
2. Testing your adoption "vocabulary"
3. Polls — What are they saying?



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