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1. letter	Re Abortion, 1p.	4/22/80	B6

RESTRICTIONS

- B-1 National security classified information [(b)(1) of the FOIA].
- B-2 Release could disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA].
- B-3 Release would violate a Federal statute [(b)(3) of the FOIA].
- B-4 Release would disclose trade secrets or confidential commercial or financial information [(b)(4) of the FOIA].
- B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA].
- B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA].
- B-7a Release could reasonably be expected to interfere with enforcement proceedings [(b)(7)(A) of the FOIA].
- B-7b Release would deprive an individual of the right to a fair trial or impartial adjudication [(b)(7)(B) of the FOIA].
- B-7c Release could reasonably be expected to cause unwarranted invasion or privacy [(b)(7)(C) of the FOIA].
- B-7d Release could reasonably be expected to disclose the identity of a confidential source [(b)(7)(D) of the FOIA].
- B-7e Release would disclose techniques or procedures for law enforcement investigations or prosecutions or would disclose guidelines which could reasonably be expected to risk circumvention of the law [(b)(7)(E) of the FOIA].
- B-7f Release could reasonably be expected to endanger the life or physical safety of any individual [(b)(7)(F) of the FOIA].
- B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA].
- B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA].

C. Closed in accordance with restrictions contained in donor's deed of gift.



Suite 402, 419 7th Street, N.W.
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file
July 22, 1982

Joseph S. Patti, Secretary
National Eligibility Committee for
the Combined Federal Campaign
Office of the Special Assistant
for Regional Operations
U.S. Office of Personnel Management
1900 E Street, N.W.
Washington, DC 20415

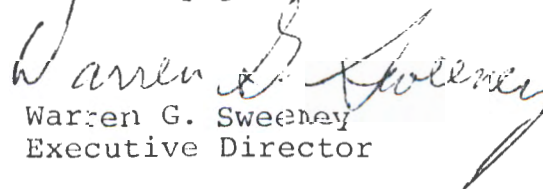
Dear Mr. Patti:

As a follow-up to our letter of yesterday regarding objections and observations about Planned Parenthood's participation in the Combined Federal Campaign as an International Service Agency, we submit the attached written comments.

We strongly object to Planned Parenthood's continued participation in the Combined Federal Campaign. These matters should be thoroughly researched to insure that the eligibility criteria are met. We would especially point to Planned Parenthood's promotion of abortion abroad in direct violation of statutory prohibitions against such activity.

As requested in our previous letter, we request permission for our General Counsel, Mr. James Bopp, to address the Committee for five minutes on this matter.

Sincerely yours,


Warren G. Sweeney
Executive Director

WGS/ir

Enclosure

***Exhibits Attached.

STATEMENT

By the National Right to Life Committee
Before the National Eligibility Committee
For the Combined Federal Campaign

By James Bopp, Esq.

July 23, 1982

I. THE FAMILY PLANNING INTERNATIONAL ASSISTANCE (FPIA) PROGRAM SHOULD ESTABLISH ELIGIBILITY ON ITS OWN MERITS.

We recommend that the Committee judge the eligibility of the Family Planning International Assistance (FPIA) program on its own merits as an international service agency separate from the domestic operations of the headquarters unit of Planned Parenthood-World Population and the Planned Parenthood affiliates. Planned Parenthood is asking the CFC to fund FPIA as an international agency, but it is using financial data from its domestic operation to justify its eligibility.

In relation to this observation, we would invite the Committee's attention to the following three points:

A. FINANCIAL DATA ON PLANNED PARENTHOOD'S DOMESTIC OPERATIONS IS IRRELEVANT TO ELIGIBILITY AS AN INTERNATIONAL AGENCY.

In the application, Planned Parenthood focuses on its local domestic affiliates' medical service, fundraising, and participation in local community affairs and the United Way as a basis for proving eligibility under national scope and public acceptance. In the application, the FPIA program receives only a relatively brief mention while the discussion focuses on domestic national and local activity. However, these are irrelevant to activities overseas, which are handled solely by FPIA out of New York.

B. THE FPIA SHOULD SUPPLY MORE FINANCIAL INFORMATION ABOUT ITS OPERATIONS BEFORE BECOMING ELIGIBLE.

We note that Planned Parenthood's application provides several sets of financial data about its operations, but none of them identify how well the FPIA, the international service arm, meets the financial eligibility criteria. The audit for 1981 describes the finances of the headquarters unit in New York but does not include the affiliates. On the other hand, the Source of Funds and Costs Report gives data for the entire organization and does include the affiliates. Neither one, however, provides either a complete

See
Exhibit 1.

list of the income and expenses for the FPIA or a list of the programs carried out by that agency. No data is supplied to show that the Family Planning International Assistance program meets the criteria of CFR 950.405(a)(2) about receiving less than 50 percent of its funding from the Federal Government and more than 20 percent from direct and/or indirect contributions.

C. FPIA IS ALMOST ENTIRELY FEDERALLY FUNDED, WHICH RAISES QUESTIONS ABOUT ITS ELIGIBILITY UNDER THE 50/20 GOVERNMENT AND PUBLIC FUNDING CRITERIA.

See
Exhibit 2.

When evaluating the FPIA financial data, we would direct the Committee's attention to "income" in Planned Parenthood's audit for 1981 which lists almost \$11 million in grants from governmental agencies, "substantially from the Agency for International Development." Under "expenses," Planned Parenthood lists \$12 million for "international assistance family planning," of which 98 percent is "restricted" funds, presumably from the Federal Government. Thus, it would appear that Planned Parenthood's international program is totally made up of Federal Government funds from the Agency for International Development and contributions from the Combined Federal Campaign.

We suggest that the Committee request that the Family Planning International Assistance provide both a Sources of Costs and Funds Report and a summary of financial activity by program income and expense."

We also suggest that the "restricted" funds be described in more detail to determine whether they are for either domestic or international programs.

II. QUESTIONS ARISE ABOUT WHETHER PLANNED PARENTHOOD MEETS THE 50/20 CRITERIA FOR GOVERNMENT AND PUBLIC SUPPORT.

If the Committee does not wish to evaluate the Family Planning International Assistance separately from the parent organization of Planned Parenthood, we would again recommend that the affiliates' operations not be included in any assessment of eligibility. We would also invite the Committee's attention to the issue of whether the Planned Parenthood headquarters organization, taken by itself, meets the requirements of CFR 950.405(a)(2)(iii) regarding the 50/20 split. In evaluating this requirement, we would point out the following four points:

A. FINANCIAL INFORMATION FROM PLANNED PARENTHOOD'S LOCAL DOMESTIC AFFILIATES SHOULD NOT BE INCLUDED IN THE HEADQUARTERS REPORTS BECAUSE FPIA WORKS SOLELY IN NEW YORK WITH NO FORMAL ASSOCIATION WITH DOMESTIC PROGRAMS.

According to the application, the Family Planning International Assistance program is operated solely by the Federation's headquarters.

B. THE PPFA HEADQUARTERS DOES NOT MEET THE GOVERNMENT SUPPORT CRITERIA BECAUSE IT IS OVER 50% FEDERALLY FUNDED.

According to the 1981 audit, federal government funds clearly make up over 50 percent of the Federation headquarters' income.

C. CFC CONTRIBUTIONS SHOULD NOT COUNT IN MEETING ELIGIBILITY CRITERIA.

In checking to determine whether at least 20 percent of the headquarters' income comes from direct or indirect public contributions, it seems reasonable that income from the Combined Federal Campaign should not be used to determine eligibility for the Campaign.

D. PPFA'S DOMESTIC RESTRICTED INCOME SHOULD NOT APPLY TOWARD ESTABLISHING INTERNATIONAL ELIGIBILITY.

Much of the "direct contributions" listed in the audit came in the form of "restricted" funds, and we suggest that the Committee determine what part of those funds is for international operations and what part is restricted to domestic operations. Since the application for the CFC is being made by an international agency, we suggest that funds earmarked as restricted to domestic operations be subtracted from the total income when the 20 percent eligibility criteria is checked.

Substantial amounts of "restricted" income and expense in the 1981 audit have no notation as to which part should be attributed to international operations. Obviously, some of it is being used for domestic operations. For example, it should be noted that the 1980 audit stated that approximately \$400,000 of the restricted funds were reserved to establish a loan fund to pay for abortions, under the name of the Abortion Fund. In testimony before Senator Denton's committee in March, 1981, Faye Waddleton, the president of Planned Parenthood, described how the money was being used to pay for abortions.

See
Exhibit 3.

III. THE FPIA, BY ITS OWN ADMISSION, PROMOTES ABORTION WITH U.S. AID FUNDS CONTRARY TO LAW.

We would call to the Committee's attention the statutory prohibition against using the U.S. Agency for International Development funds to promote abortion abroad. (U.S. Department of State, Agency for International Development, "A.I.D. Policies Relative to Abortion-Related Activities." Policy

See
Exhibits
4,5,6.

Determination, PD-56, June 10, 1974.) As noted in their application, the Family Planning International Assistance, Planned Parenthood's chief international program, is funded almost entirely by the U.S.A.I.D..

See
Exhibit 7.

We would then point to goal #5 in Planned Parenthood's "Three Year Plan," enclosed with its application, which specifically states its organizational objective from 1982 to 1984 to "support abortion and other services abroad which cannot be directly financed by the U.S. Government."

If the Family Planning International Assistance program is U.S.A.I.D.-funded and CFC-funded, then Planned Parenthood itself is stating that it is using those funds to promote abortion. This conflicts directly with CFR 950.403(a) which requires that CFC agencies provide services that are consistent with the policies of the U.S. government.

Moreover, we note that Planned Parenthood promotes the use overseas of drugs such as Depo-Povera that is considered unsafe by the Food and Drug Administration in the United States. Use of these drugs on women of developing countries is tantamount to experimentation that would be considered illegal in this country.

IV. FUNDS RAISED BY PLANNED PARENTHOOD FOR DOMESTIC LOBBYING SHOULD BE CONSIDERED "RESTRICTED FUNDS" THAT DO NOT APPLY TOWARD ESTABLISHING INTERNATIONAL ELIGIBILITY.

See
Exhibits
8,9.

We would invite the Committee's attention to the copy of the complaint filed by our General Counsel in Planned Parenthood's CFC file regarding a fundraising letter from Planned Parenthood Federation of America, in which it solicited tax-deductible funds to lobby, contrary to law. The IRS identified that the contributions were not tax-deductible.

We suggest that the Committee examine Planned Parenthood's fundraising practices to determine whether it has presented itself factually and accurately and to what extent the restricted contributions given for lobbying have been included in the "direct contributions" from the public in the financial report.

We believe that funds solicited from the public for lobbying should be considered "restricted funds" for domestic operations and are not applicable to meeting the CFC criteria for 20 percent public contributions as an international agency.

Exhibits with National Right to Life Committee Statement on
Planned Parenthood's Application for the Combined Federal Campaign

<u>Section</u>	<u>Exhibit</u>	<u>Item</u>
I-B	1.	Planned Parenthood "Source of Funds and Costs Report" 1981
I-C	2.	Notes from Planned Parenthood's 1980 Audit on Grants from A.I.D.
II-D	3.	Notes from Planned Parenthood's 1980 Audit on the Abortion Loan Fund, Testimony from Faye Waddleton about the use of the Fund before the Senate Committee on Labor and Human Services, March 31, 1981
III	4.	"A.I.D. Policies Relative to Abortion-Related Activities," June 10, 1974, Policy Determination PD-56
	5.	Excerpt from AID Handbook, December 18, 1980 on abortion policy
	6.	News Release, January 11, 1982 from A.I.D. regarding abortion policy
	7.	Excerpts from Planned Parenthood's Three Year Plan, for 1982-1984, on abortion promotion overseas.
	8.	Fundraising letter from Faye Waddleton stating that contributions for lobbying are tax-deductible.
	9.	Letter from IRS to Representative H. Caldwell Butler (VA.) stating that contributions given for lobbying are not tax-deductible.

PLANNED PARENTHOOD-WORLD POPULATION
(Planned Parenthood Federation of America, Inc.)

EXHIBIT 1

12/31/81

COMBINED SOURCES OF FUNDS AND COSTS REPORT
(Including National Headquarters and Affiliates)

For the Year Ending 12/31/81

	Nat'l HQ (Audited)	Affiliates (Estimated)	Total	% Of Income
Public Support				
Received Directly:				
Contributions-unrestricted	\$ 7,417,442	\$ 22,500,000	\$ 29,917,442	17.55
Bequests & Restricted Grants	255,680	4,000,000	4,255,680	2.50
In-Kind (Material, Space, Servs.)	-	4,300,000	4,300,000	2.52
Subtotal	<u>7,673,122</u>	<u>30,800,000</u>	<u>38,473,122</u>	<u>22.57</u>
Received Indirectly:				
United Way	-	1,500,000	1,500,000	.88
Combined Federal Campaign/ISA (Net of Related PR exp. \$84,811)	744,800	-	744,800	.44
Other Contributions	-	300,000	300,000	.18
Subtotal	<u>744,800</u>	<u>1,800,000</u>	<u>2,544,800</u>	<u>1.50</u>
Total Public Support	<u>8,417,922</u>	<u>32,600,000</u>	<u>41,017,922</u>	<u>24.07</u>
Revenue:				
Grants from Fed Gov't Agcs. (incl. in-kind) ¹	13,685,406	45,500,000	59,185,405	34.72
Grants from State or Local Gov't Agcs. (incl. Medicaid)	-	26,500,000	26,500,000	15.54
Program Service Fees (incl. Medicare)	250,459	37,300,000	37,550,459	22.05
Gain from Sale of Products	-	1,500,000	1,500,000	.88
Dues to Nat'l from Affils.	1,736,433	-	1,736,433	1.02
Rebates to Aff'l from Nat'l	-	75,000	75,000	.04
Investment Income	303,641	775,000	1,078,641	.63
Gain on Investment Transactions	(- 5,590)	250,000	244,410	.14
Other Income	50,399	1,500,000	1,550,399	.91
Total Revenue	<u>16,060,798</u>	<u>112,400,000</u>	<u>128,460,798</u>	<u>75.93</u>
TOTAL PUBLIC SUPPORT & REVENUE	<u>24,478,720</u>	<u>146,000,000</u>	<u>170,478,720</u>	<u>100.00</u>
Expenditures:				% Of Expenses
Program Services:				
Service to Affiliates	2,489,008	-	2,489,008	1.48
Service to Field of Family Planning	2,643,037	-	2,643,037	1.58
Int'l Asst. (FPIA, IPPF)	12,221,295	-	12,221,295	7.29
Medical, Education, Other Services	-	111,800,000	111,800,000	66.71
Support of Affiliated Orgs.	726,015 ²	2,500,000 ²	3,226,015 ²	1.92
Research & Development (AGI)	-	3,000,000	3,000,000	1.79
Total Program Services	<u>18,079,355</u>	<u>117,300,000</u>	<u>135,379,355</u>	<u>80.77</u>
Supporting Services:				
Management and General	2,873,328	23,800,000	26,673,328	15.91
Fund Raising	2,556,689	3,000,000	5,556,689	3.32
Total Supporting Services	<u>5,430,017</u>	<u>26,800,000</u>	<u>32,230,017</u>	<u>19.23</u>
TOTAL EXPENDITURES	<u>23,509,372</u>	<u>144,100,000</u>	<u>167,609,372</u>	<u>100.00</u>
EXCESS OF INCOME OVER EXPENSE	\$969,348	1,900,000	2,869,348	-
Ratio of Supporting Services to Total Public Support and Revenue	22.18%	18.36%	18.91%	-

¹Includes estimated \$75,000 rebates paid by National Headquarters to PP Affiliates.
²Includes \$1,736,433 dues paid by PP Affiliates to National Headquarters.

(Format: Appendix A, Subpart D, 5 CFR Part 950)

Notes to Financial Statements

EXHIBIT 2

Enclosure K/1-1 to Planned Parenthood CFC Application FY 1982-3
Financial Statement with Audit for December 31, 1980

During 1978, the Federation purchased computer equipment, with a present value of \$275,000, under a capital lease requiring 60 monthly payments of \$5,875 through September, 1983. Included in equipment and in accumulated amortization and depreciation at December 31, 1980 is \$306,800 and \$123,750, respectively, which relates to this equipment. Future minimum lease payments and the amount of imputed interest thereon is as follows:

	<u>Minimum lease payment</u>	<u>Imputed interest</u>
1981	\$ 70,500	14,674
1982	70,500	8,792
1983	<u>52,875</u>	<u>2,361</u>
	193,875	<u>25,827</u>
Less imputed interest	<u>25,827</u>	
Present value of obligation under capital lease	<u>\$ 168,048</u>	

➔ (7) Grants from the Agency for International Development (A.I.D.)

The Federation has received grants from A.I.D. for the development and support of the family planning programs of Church World Services and other charitable organizations in less developed countries.

[The grants provide that program administrative charges (indirect costs) are to be initially billed at provisional rates and final reimbursement for indirect costs are to be based upon actual costs incurred. The final rates, developed by the Federation, are subject to examination by and negotiation with A.I.D.

During 1977, a negotiated agreement was reached between the Federation and A.I.D. for grants covering the period January 1, 1971 through December 31, 1974 and revised provisional rates were established effective retroactively as of January 1, 1975 as follows:

5% on subgrant costs; and

27% on other direct costs, less
commodities, freight and
certain travel payments.

These provisional rates continued in effect through December 31, 1979. The revised provisional rates for 1980 are 5% and 18.95%.

During 1979, management submitted its proposals for final rates to A.I.D. for the years ended December 31, 1975 and 1976. These proposals were examined by A.I.D. and certain matters remain unresolved which are subject to negotiations with A.I.D. A final settlement regarding the recovery of program administrative charges under A.I.D. grants for the six years subsequent to December 31, 1974 is not presently determinable.

(Continued)

Notes to Financial Statements

EXHIBIT 3

Enclosure k/1-1 to Planned Parenthood CFC Application FY 1982-3

Financial Statement with Audit for December 31, 1980

(4) Loan Funds

An abortion loan fund was created in part by a grant from a charitable trust in the amount of \$400,000 which is to provide financing to Federation affiliates or similar organizations for abortion or pregnancy termination clinics organized by such organizations. In accordance with the terms of the grant, additional funds for such financing, equal to 150% of the grant amount, were to be provided by the Federation either through public donations or bank financing. Accordingly, a \$400,000 revolving line of credit was obtained, and the Board of Directors has authorized the President to increase this line to \$600,000 as needed. At December 31, 1980, \$33,000 was drawn down against this line of credit, bearing interest at an average rate of 13.56% and maturing on April 14, 1981.

In 1977, the Federation received an interest free loan from a charitable trust in the amount of \$75,000 which is available to provide financing through March 31, 1981 to the Federation's affiliates or similar organizations for voluntary sterilization clinics. As a condition for this loan, the Federation must match these funds. Approval to apply up to \$150,000 of the abortion loan funds to sterilization loans has been received.

(5) Funds Designated by the Board of Directors

The following is a summary of activity of the designated funds for the year ended December 31, 1980:

Balance, beginning of year		\$ 1,812,483
Additions:		
Bequests received	\$ 537,281	
Investment income	<u>37,855</u>	<u>575,136</u>
		2,387,619
Deductions:		
Funds utilized for current operations	324,550	
Leasehold improvements and equipment acquisitions	<u>158,108</u>	<u>482,658</u>
Balance, end of year		\$ <u>1,904,961</u>

(6) Leases

The Federation has an outstanding commitment for a long-term lease for its office facilities expiring June 13, 1983, at an annual rental of \$364,339 plus utilities and real estate tax assessment through June 30, 1980, at which time the annual rental became \$547,910 plus utilities and real estate tax assessments in excess of amounts for the base year ended June 30, 1980.

(Continued)

OVERSIGHT OF FAMILY PLANNING PROGRAMS, 1981

HEARING
BEFORE THE
COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE
NINETY-SEVENTH CONGRESS

FIRST SESSION

ON

EXAMINATION ON THE ROLE OF THE FEDERAL GOVERNMENT
IN BIRTH CONTROL, ABORTION REFERRAL, AND SEX EDUCA-
TION PROGRAMS

MARCH 31, 1981



Printed for the use of the Committee on Labor and Human Resources

U.S. GOVERNMENT PRINTING OFFICE

WASHINGTON : 1981

82-489 O

The Hon. Jeremiah Denton, Jr.
June 11, 1981
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- D-22. The National Office of the Federation participated in two federally funded research projects under the direction of the Program for Applied Research in Fertility Regulation of Northwestern University during 1977 and 1978. The Federation is not currently involved in the development or testing of birth control devices.
- Some Planned Parenthood affiliates participate in such research, involving FDA-approved products or devices. Information about these research projects may be obtained from the affiliates directly.
- D-23. The Planned Parenthood Federation has no current or past affiliation with the drug companies which manufacture the pill or the IUD; indeed, we have no affiliation with any profit-making organization.
- D-24. Our data do not indicate the number of AFDC-recipient mothers whose pregnancies were intended. However, the most recent available data indicate that, of the 1.1 million pregnancies that occurred among teenagers in 1978, 847,000 were unintended, including 86 percent of 749,000 pregnancies among unmarried teens and 51 percent of the 394,000 pregnancies among those who were married. Of the 554,000 pregnancies that resulted in birth to teenage mothers, 56 percent were unintended. (Figures from "Teenage Pregnancy: The Problem That Hasn't Gone Away," a publication of the Alan Guttmacher Institute, 1981.) It is reasonable to presume that these proportions would apply to teenagers who are AFDC recipients. Data concerning the length of time that these families remained on the welfare rolls is not available to us; however, the "Teenage Pregnancy" study pointed out that in 1975 alone, about half of the \$4.9 billion invested in the national AFDC program went to families in which the woman had given birth as a teenager. A Stamford Research Institute study published in February 1979, found that AFDC and government medical costs as a result of the 576,000 births to teenagers in 1976 would amount to \$8.3 billion over the subsequent 20 years.
- D-25. The statement, "dependency on AFDC is costly to society" is simply a fact, regardless of the length of time a family remains on AFDC. Further, the sum of \$4.6 billion in a fiscal year represents a large public outlay, even if it constitutes only 2-4 percent of all public expenditures.
- D-26. Our nation has not yet found a solution for the complex problem of teenage pregnancy. There were 1.1 million teenage pregnancies in 1978, the last year for which we have accurate data. From 1972 to 1978, the percentage of teenage women who became pregnant rose from 9.5 to 10.7. The services provided under Title X have, however, prevented an estimated 2.6 million unplanned teenage pregnancies and an estimated 5.4 million unplanned pregnancies among all women served by the program.

Responses to Senator Nickles' Questions

- N-1. As I indicated in response to questions D-14, 15, and 16, women who come to Planned Parenthood affiliates and who are found to be pregnant receive counseling about the choices they can make, and referrals to prenatal, adoption,

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June 11, 1981
Page Seven

- or abortion services as appropriate. We do not maintain statistics as to the outcome of these referrals, which would require an invasion of patients' privacy. The few Planned Parenthood affiliates which do offer prenatal services can provide you with their service statistics. However, most affiliates do not provide prenatal services and refer patients to other prenatal care providers.
- N-2. Planned Parenthood has carried out a loan program for poor women who seek abortions. (See Attachment N-2.)
- N-3. My statement referred to data for the period 1970-75, presented in a study by the Alan Guttmacher Institute in November, 1977. The figure of 1.4 million births averted referred to births averted among low-income and teenage women as a result of the provision of family planning clinic services-- that is, by contraception. Separate figures were not given in that study for the number of abortions averted, as against averted births and miscarriages. However, an updated analysis of the national family planning program just released by the Guttmacher Institute indicates that in the calendar year 1979, the family planning program enabled its patients to prevent nearly 800,000 unintended pregnancies. If these pregnancies had occurred, they could have been expected to result in 275,000 births, 420,000 abortions, and 98,000 miscarriages. Because of federal requirements, no Title X funds are used for abortions.
- N-4. We do not require affiliates to maintain patient data in a form that enables us to answer this question.
- N-5. See N-1, above.
- N-6. Adolescents who come to Planned Parenthood for contraceptive information are counseled about the various methods of birth control. Your parenthetical reference to "role play" is unclear and we are unable to respond. Abortion counseling and referral are provided as appropriate. (See D-14, 15, 16.)
- N-7. The Planned Parenthood Federation supports the decision of young people who choose to abstain from sexual activity. Attached is a copy of our pamphlet, "It's Okay to Say No Way." However, we believe that many young people will continue to engage in sexual activity and that, for them, birth control is vital in order to prevent the tragedy of unwanted teenage pregnancy. (See Attachment N-7.)
- N-8. I do not have Senator Nickles' opening statement before me. Planned Parenthood believes that discussions between parents and children of the choices that children will face about sexuality, childbearing and marriage and their relationship to the family's ethical and moral values, are vital to the development of American families. Planned Parenthood supports parents in their role as primary sexuality educators of their children; many of our educational programs are designed specifically for parents.
- N-9. The United States Supreme Court has ruled that teenagers, like adults, have privacy rights under the United States Constitution (Planned Parenthood of

A.I.D. POLICIES
RELATIVE TO ABORTION-RELATED ACTIVITIES

PD-50
June 10, 1974

INTRODUCTION:

Section 114 of the Foreign Assistance Act of 1961, as amended, adds for the first time to this legislation restrictions on the use of funds relative to abortions. The new provision reads as follows:

"Section 114. Limiting use of funds for abortion--
None of the funds made available to carry out this part (Part I of the Act) shall be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions."

The indicated policy positions represent the best legal and policy judgment in A. I. D. on a desirable stance the Agency should have at this time relative to this subject. The A. I. D. policies relative to abortion dealt with here involve the following programmatic aspects-- Procurement and Distribution of Equipment; Institutional and Program Development; Motivation, Promotion, and Training; Research; Fees for Abortion Services; and Coercion.

1. Procurement and Distribution of Equipment

A. I. D. Policy - No funds available to carry out the Foreign Assistance Act will be used to procure or distribute equipment provided for the purpose of inducing abortions as a method of family planning.

2. Institutional and Program Development

A. I. D. Policy - A. I. D. funds will not be used for the direct support of abortion activities in LDC's. However, A. I. D. may provide general population assistance program support to LDC's and institutions so long as A. I. D. funds are wholly attributable to the permissible aspects of such programs.

June 10, 1974

3. Motivation, Promotion, and Training

A.I.D. Policy - A.I.D. does not and will not fund information, education, training, or communication programs that seek to promote abortion as a method of family planning. A.I.D. will finance training of developing country doctors in the latest techniques used in OB-GYN practice. A.I.D. will not disqualify such training programs if they include pregnancy termination within the overall curriculum. However, A.I.D. funds will not be used to initiate or expand the pregnancy termination component of such programs, and A.I.D. will pay only the extra costs of financing the participation of developing country doctors in existing programs. Such training is provided only at the election of the participants.

4. Research

A.I.D. Policy - A.I.D. will continue to support research programs designed to identify safer, simpler, and more effective means of fertility control. This work includes research on both foresight and hindsight methods of fertility control. }

NB

5. Fees for Abortion Services

A.I.D. Policy - A.I.D. funds are not and will not be used to pay women in the less developed countries to have abortions as a method of family planning. Likewise, A.I.D. funds are not and will not be used to pay persons to perform abortions or to solicit persons to undergo abortions.

6. Coercion

A.I.D. Policy - Pursuant to the Foreign Assistance Act and A.I.D. policy, A.I.D. activities in family planning and population assistance to developing countries cannot incorporate coercive features relative to the practice of family planning or any mode thereof.

Approved: Daniel Parker
Daniel Parker
Administrator

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4D3b

activities to permit funding for the control of international crime such as narcotics traffic. The extension of this policy to Section 607 activities is based upon a GC Memorandum to the Administrator dated June 4, 1976.

c. Implementation of Policy

AID has discontinued, as required by Section 660 of the FAA, all assistance for police training. The project review and approval process should assure that projects for police training other than for narcotics control will not be approved. In the case of narcotics control, the project agreements provide for Mission surveillance of the end-use of all goods and services procured to assure that assistance to police forces does not go beyond that for narcotics control. AID relies on prior approval of commodities and the audit review process to assure compliance in nonproject assistance procurement with Section 660.

d. Waivers

Waivers of the policy set forth in this Section may be authorized only by the President in accordance with Section 614(a) of the FAA.

4. Abortion Equipment and Services

a. Policy

(1) General

AID funds may not be used to purchase or distribute commodities or equipment for the purpose of inducing abortions as a method of family planning, nor will AID finance services for the performance of abortions as a method of family planning or motivate or coerce any person to practice abortions.

(2) Nonproject Assistance

For nonproject assistance, the policy is simple and clear. Equipment or supplies for the purpose of inducing abortions as a method of family planning are ineligible for inclusion in a commodity import program.

(3) Project Assistance

(a) AID funds will not be used for the direct support of abortion activities in cooperating countries. However, AID may provide general population assistance program support to cooperating countries and institutions so long as AID funds are wholly attributable to the permissible aspects of such programs.

AID HANDBOOK 1, Sup B	TRANS. MEMO NO. 1B;28	EFFECTIVE DATE December 18, 1980	PAGE NO. 4-23
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4D4a(3)

(b) AID does not and will not fund information, education, training, or communication programs that seek to promote abortion as a method of family planning. AID will finance training of doctors of developing countries in the latest techniques used in obstetrics-gynecology practice. AID will not disqualify such training programs if they include pregnancy termination within the overall curriculum. However, AID funds will not be used to expand the pregnancy termination component of such programs, and AID will pay only the extra cost of financing the participation in existing programs of doctors of developing countries. Such training is provided only at the election of the participants.

(c) AID funds are not and will not be used to pay women in the less developed countries to have abortions as a method of family planning. Likewise, AID funds are not and will not be used to pay persons to perform abortions or to solicit persons to undergo abortions.

b. Source of Policy

Section 104(f) of the Foreign Assistance Act. Policy Determination No. 56 of June 10, 1974, Supplement D4 of Handbook 2.

c. Implementation of Policy

Handbook 15, Chapter 2; Handbook 14, Part 7-7; and Handbook 13.

d. Waivers

Waivers of the policy set forth in this section may be authorized only by the President in accordance with Section 614(a) of the FAA.

5. Luxury Goods and Gambling Equipment

a. Policy

(1) General

It is AID policy not to finance, either for project or nonproject assistance, commodities that are normally considered luxury goods. Luxury goods include such commodities as alcoholic beverages and equipment for their production and use, equipment and supplies for gambling facilities, certain recreational supplies and equipment, jewelry, stamps, coins, furs, and the more expensive textiles.

(2) Project Assistance

Under project assistance, financing certain types of goods that would normally fall within the luxury category as set forth in the AID



News Release

From the Office of Public Affairs

EXHIBIT 6

Agency for International Development Washington, D.C. 20523

FOR RELEASE
MONDAY, JANUARY 11, 1982

0003
Contact: Rich Miller
(202) 632-4200

NEWS RELEASE

STATEMENT BY M. PETER MCPHERSON
Administrator, Agency for International Development
January 11, 1982

In light of recent news reports concerning a study which advocates the use of abortion in foreign assistance programs, I would like to make the following statement:

➔ The Agency for International Development and other agencies of the U.S. government involved with foreign aid do not have and will not provide funds for the performance of abortions, for research on abortion methods and procedures, or for training to perform abortions. I have assured Congress and the President that our Agency will not advocate or endorse abortion as a means for controlling population growth. All studies and research which conclude to the contrary are in direct contradiction to Reagan Administration policy.

We remain committed to that policy in practice and philosophy.

#

DRAFT

DATE

Approved
AUGUST 27, 1981

THREE-YEAR PLAN

EXHIBIT 7

'TIL VICTORY IS WON...
AN ACTION AGENDA FOR 1982-84

PPWF

Planned Parenthood Federation of America, Inc.
810 Seventh Avenue, New York, New York 10019

During the period 1982-84, six goals will give direction to our national movement.

- * To address the unmet need for fertility regulation services in the United States, regardless of age or ability to pay.
- * To reduce the incidence of unwanted pregnancies and births among adolescents.
- * To preserve the legality of and assure equal access to safe abortion services and pregnancy-options counseling for all women, regardless of age or ability to pay.
- * To further biomedical and behavioral research in fertility regulation methods.
- * To address the unmet need for fertility regulation services around the world.
- * To affirm human sexual learning as a lifelong educational process which influences personal development, social responsibility, and community well-being.

PURPOSE

This three year plan is designed to focus our commitment and our energies on issues and opportunities affecting the future of our movement. It is consistent with our deeply held commitment to freedom of choice, the rights of children, and strong American families. It is our action agenda to mobilize our constituency to protect our constitutionally guaranteed rights and to sustain and expand our service base.

Planned Parenthood Federation of America, Inc.

A Report on the Medical Services Grant Program

With the Supreme Court decision permitting Congress' denial of public funding for abortion, Planned Parenthood Federation of America reviewed applications for disbursements of funds under the Medical Services Grant Program. Assisted primarily by grants from the Eleanor Roosevelt Institute, the Educational Foundation of America, and the Field Foundation, the fund received pledges in 1980 totaling \$270,000. A portion of the grant from the Eleanor Roosevelt Institute will be received in 1981, thus making additional funds available for the program.

The Justice Fund is a source of financial support for poor women in need of elective abortion services. The fund provides the means that allows indigent women to exercise their legal right to abortion. Planned Parenthood Federation of America regards the Medical Services Grant Program as an interim emergency measure, rather than as a substitute for the constitutional responsibilities of the Federal and state governments. With the changing political climate and the adoption of Medicaid restrictions by more and more states, the demands on our fund program are increasing. In recognition of the increased need, the Review Committee found it necessary to reduce the amount of each grant/loan available to an affiliate from \$10,000 to \$5,000. This measure will allow us to receive and review applications from affiliates again in early 1981, and to make a new round of grants to applicants.

The procedure for the disbursements made at PPFA's November 26, 1980 meeting began some months earlier when we invited all 187 affiliates to apply for funds. We distributed packets of information explaining procedures and asked that applicants match the amount requested with a minimum of ten percent of the grant through local fund raising efforts. By encouraging affiliates to do their own fund raising, we hope to close the gap between need and availability of funds, and encourage community interests and support on a variety of levels.

Planned Parenthood requires that all affiliate procedures comply with the Federation's Medical Standards. We have established rigorous standards to govern the Medical Services Grant Program, including careful protection of the patients' confidentiality, and special procedures for management of the fund. For example, administrative and interest charges are never made to the fund, so that the entire amount is used for direct patient services. Affiliates always make funds available directly to the women in need, rather than to clinics and service providers. Attachments A, B, and C explain our eligibility and accountability requirements in greater detail. The Federation requires that each application to the Medical Service Grant Program contains:

- a. a cover letter indicating the affiliate's acceptance of the grant conditions;
- b. completed application form;
- c. written procedure for abortion and list of abortion referral sources;
- d. proposed loan fund protocol.

The Committee reviewed the applications for eligibility and for appropriateness of the grant amount requested. Awards were determined based on:

- o the numbers of people served
- o the statistical profile of each affiliate
- o the comparability among affiliates
- o the availability of grant funds.

Affiliates with grants in place were asked to complete and submit a reporting form, and to indicate their need for additional grant monies.

The Review Committee met on November 26, 1980 to determine grant awards. PPFA received twenty-six new applications and twenty-five requests for additional funds from affiliates with established loan funds. The total amount requested was \$501,500. Of this amount,

\$270,000 was pledged for the purpose of providing grants to affiliates. The Committee awarded a total of \$155,400 in 1980, reserving \$114,000. The Committee also determined that the maximum grant needed to be reduced from \$10,000 to \$5,000. Because of the tenuous nature of funding in several states, a reasonable portion of the fund was reserved for distribution to affiliates in states that are expected to discontinue funding shortly.

The following is a list of the grant recipients, the amount of the award and the portion of the grant issued prior to the end of December 1980, and the amount due the affiliate in 1981. At the present time, we are reviewing new applications from affiliates for additional grants to be considered in 1981.

RENEWAL GRANTS

<u>Affiliate</u>	<u>Total Award</u>	<u>1980 Award</u>	<u>1981 Award</u>
Phoenix, AZ	\$ 5,000	\$ 3,000	\$ 2,000
Washington, D.C.	2,000	2,000	---
Sarasota, FL	3,000	2,000	1,000
Boise, ID	3,000	2,000	1,000
Des Moines, IA	3,000	2,000	1,000
Sioux City, IA	2,000	2,000	---
Bloomington, IN	3,000	2,000	1,000
Indianapolis, IN	5,000	3,000	2,000
Merrillville, IN	4,000	2,500	1,500
Wichita, KS	3,000	2,000	1,000
Louisville, KY	2,000	2,000	---
Kansas City, MO	5,000	3,000	2,000
Camden, NJ	3,000	2,000	1,000
Morristown, NJ	3,000	2,000	1,000
Albuquerque, NM	3,000	2,000	1,000
Las Vegas, NV	3,000	2,000	1,000
Reno, NV	2,000	2,000	---
Hamilton, OH	2,000	2,000	---
Youngstown, OH	4,000	2,500	1,500
Columbia, SC	4,000	2,500	1,500
Memphis, TN	5,000	3,000	2,000
Nashville, TN	3,000	2,000	1,000
Houston, TX	5,000	3,000	2,000
Salt Lake City, UT	4,000	2,500	1,500
Hampton, VA	1,400	1,400	---

NEW APPLICATIONS

<u>Affiliate</u>	<u>Total Award</u>	<u>1980 Award</u>	<u>1981 Award</u>
Champaign, IL	\$ 3,000	\$ 2,000	\$ 1,000
Decatur, IL	1,000	1,000	---
Springfield, IL	1,000	1,000	---
Lafayette, IN	1,000	1,000	---
Muncie, IN	2,000	2,000	---
St. Paul, MN	5,000	3,000	2,000
Akron, OH	3,000	2,000	1,000
Canton, OH	3,000	2,000	1,000
Cleveland, OH	2,000	2,000	---
Cincinnati, OH	5,000	3,000	2,000
Columbus, OH	4,000	2,500	1,500
Dayton, OH	2,500	2,500	---
Toledo, OH	2,500	2,500	---
Milwaukee, WI	3,000	2,000	1,000
Birmingham, AL	5,000	3,000	2,000
Atlanta, GA	3,000	2,000	1,000
Richmond, VA	2,500	2,500	---
Wilmington, DE	2,500	2,500	---
Baltimore, MD	5,000	3,000	2,000
Lebanon, NH	2,000	2,000	---
Paterson, NJ	4,000	2,500	1,500
Plainfield, NJ	1,000	1,000	---
Lincoln, NE	1,000	1,000	---
Lincoln, NE	4,000	2,500	1,500
Oklahoma City, OK	1,000	1,000	---
Austin, TX	4,000	2,500	1,500
Billings, MT	---	---	---
TOTAL	\$ 155,400	\$ 110,400	\$ 44,000

GOAL #5

- * To address the unmet need for fertility regulation services around the world.

Objective

To assist in providing voluntary fertility regulation services throughout the world.

Direct Medical Services

- Promote, initiate, maintain, and expand family planning services in other countries around the world.
- Support abortion and other services abroad which cannot be directly financed by the U.S. Government.
- Support the programs and policies of the IPPF.

Advocacy and Public Information

- Raise the level of awareness, both at home and abroad, about the magnitude of the population problem, the role that the United States must play in meeting it, the relationship between population growth and the role of women, and the need for increased support for these programs.



Planned Parenthood-World Population

EXHIBIT 8

The Moral Majority doesn't think you've been living a righteous enough life. So they've decided to use the U.S. Constitution to make you shape up by legislating your morality.

They've introduced their so-called Human Life Amendment which says the unborn fetus cannot be aborted from the moment of fertilization.

Sounds like yet another attempt to turn back the clock on abortions, right?

Wrong! It's much worse. The HLA would outlaw the IUD and some other safe birth control methods. It would turn back the clock on your right to plan your own family. And on your right to privacy, because it would require the government to police your bedroom.

What is so terrifying is that it stands a good chance of passage. If that prospect scares you too, maybe you'll support this all-out war against the Radical Religious Right.

Dear "Fellow Sinner":

You may not be aware of it, but you, your family and your friends are what's wrong with America these days. I am too.

Because all these years we've been under the impression that it was OK not to have children if we didn't want to, or to limit the size of our families. We thought that what we did in our bedrooms was nobody else's business -- especially not the government's.

Now come the self-appointed custodians of the Truth and their grand design for their image of nineteenth-century America. They are absolutely certain of what is right and what is wrong; now they're going to tell you. They're determined that you will listen and act accordingly, under penalty of law.

There have always been plenty of people who want to impose their values and religious beliefs on you and everyone else. Until recently, you were free to ignore them and decide for yourself what is right for you and your family. But now your rights are threatened. Now these guardians of other people's morals have political clout.

Don't get me wrong. There are people who hold deep religious beliefs which forbid abortion. But they conduct their own lives according to their beliefs and do not attempt to impose their beliefs on the rest of us. Those are not the people who pose a danger to individual rights.

(over, please)

But right now there is a zealous minority which is using whatever political power they can muster to make their point of view prevail.

We must oppose these zealots. If we remain passive, they will surely win.

They fervently believe they were put into office to "protect" our nation by cleaning up the American Sodom and Gomorrah. And if you don't see the light -- the light revealed to them -- they're determined to declare you a criminal.

For years, Planned Parenthood -- the oldest and most respected family planning organization in America -- has fought for a woman's right to conceive or not conceive, according to her personal preferences and the dictates of her conscience.

Being alarmist has never been our style. Instead, we have worked quietly and diligently to gather the facts and make accurate information on birth control freely available to everyone who wants it.

We've backed research for safer, more effective birth control methods. We offer family planning counseling services to two million people -- mostly poor -- who otherwise have no access to them.

But, today, the alarm must not only be sounded but shouted because, suddenly, self-moralizing forces are dangerously close to winning control. They've decided, by means of a so-called Human Life Amendment, to sweep away over sixty years of medical progress and a few centuries of enlightenment. And to severely limit every American's freedom of choice and right to privacy in this most personal matter.

Because this unholy alliance of religion and politics managed to defeat many of the legislators who would have opposed it, HLA could cruise smoothly through Congress, despite the two-thirds vote required to pass a Constitutional Amendment. Or a "Human Life Statute," drafted in an attempt to circumvent the constitutional amendment process, could pass Congress by a simple majority.

If the amendment passes Congress, then it will be up to the states, twenty-one of which have already passed pro-HLA resolutions. Once two-thirds (34) of the states vote to ratify, which could happen as soon as mid-1982, the Twenty-Sixth Amendment -- the Human Life Amendment -- will be law. And the New Right and their radical religious allies will have succeeded in forcing you to live your life and plan your family the way they think you should. They will have accomplished that which our Founding Fathers so greatly feared: they will have merged church and state and imposed their prejudices on the entire country thus eliminating religious freedom as we know it. All this despite the fact that 80% of Americans oppose prohibition of abortion.

(next page, please)

What then? For starters, the HLA would substitute cold, impersonal law for the medical advice of a woman's personal physician. It would prevent the use of the IUD and some types of the pill because they prevent the implantation of the fertilized egg.

Which means that you and the rest of us will become criminals if we continue to use particular birth control methods. For you and countless others, this will be a source of enormous physical pain, frustration and anger. But for some, the consequences will be far more tragic. Because this is what will happen if the HLA becomes law:

- ** No abortions for women who have been exposed to X-rays or medication which have been proven to cause fetal deformities or brain damage.
- ** No abortion, for example, for a 14-year old girl impregnated by her father.
- ** No abortion for a woman who already has several children and whose husband's brutality has caused her severe physical and emotional problems.
- ** No abortion for a high-school student who has no prospect for a stable home and whose pregnancy would end her chance for an education.
- ** No medically safe abortions -- a situation which would create a climate for back-alley butchery, and dangerous self-induced procedures of desperate women.
- ** The HLA would force women to flee to foreign countries because their individual freedom for a medically advised abortion had been denied -- an ironic twist of history for a nation founded to protect the individual.

This is the vision of America that would be forced on us all. The self-appointed moralists believe that an unwanted pregnancy -- with all its implications and potential complications -- is the penalty that must be exacted from a woman in exchange for an act of love. Because after all, isn't punishment due -- aren't women to blame for stirring up sinful thoughts in the hearts of men? It is a vision of the Dark Ages, of the Inquisition, of a time no person -- man or woman -- should have to face.

The forces we must mobilize against are made up of people who are unwavering in their belief that they are holier than thee or me.

Perhaps now you understand why we're so alarmed. And why Planned Parenthood has concluded it must mobilize -- as it has never mobilized before -- for this war against ignorance and repression.

(over, please)

We're raising a \$3.6 million emergency fund to finance a massive campaign to alert, inform and organize the public on this crucial issue. This unprecedented effort -- known as the Public Impact Program -- will employ a national television and newspaper advertising campaign as well as a highly organized grassroots lobbying effort in key states.

If the Public Impact Program is to succeed, it needs your generous support. Today.

The questions you must ask yourself are these: are you going to allow the "Moral Majority" to pervert the Constitution in order to take control of your life . . . take away your personal liberty, your freedom of choice, your right to plan your own family, your right to control your own destiny?

All in the name of their God? A God they assert has assured them that they are right. A God that has instructed them to wage war on personal rights, on the U.S. Constitution, on anyone else who refuses to accept their beliefs.

Are we going to let them cloak themselves in righteousness and nationalism while taking the first critical step toward imposing a religious dictatorship on America?

Your way of life is at stake. The very lives of countless unfortunate women are at stake -- women the Religious Right would offer up as sacrifices to their own religious beliefs.

We can't let it happen. They must be stopped. We need your help desperately -- and believe me, the word "desperate" doesn't overstate the case. Let me suggest a contribution of \$20, but please don't feel limited by that. We need as much as you can give.

Sincerely,



Faye Wattleton
President

P.S. Your contribution in support of Planned Parenthood's efforts to stop the Human Life Amendment is tax-deductible.

FW/rmc

I'm angry, too.

The Religious Right must be stopped: the HLA must be defeated. I realize it will be defeated only if we succeed in overcoming apathy and alert the majority of Americans to this threat. Please use my tax-deductible contribution as I've indicated below, in this crucial battle to protect my freedom of choice and my right to privacy against those who would pervert the U.S. Constitution to force their beliefs on me and my family.

- \$20 \$25 \$30 \$50 \$100 \$250 \$500 \$1000 \$2500 Other \$_____

A copy of the last report filed with the New York Department of State may be obtained by writing to the New York Department of State, Office of Charities Registration, Albany, New York 12231, or to Planned Parenthood Federation of America, Inc.

Please make corrections to your name and address on the label

Please return this form, with your check made out to Planned Parenthood Federation of America, in the postage-paid reply envelope. Your contribution is tax-deductible.
Planned Parenthood Federation of America, Inc. / 810 Seventh Avenue, Box 5687 / New York, New York 10249

Washington, DC 20224

The Honorable M. Caldwell Butler
United States House of Representatives
Washington, D.C. 20515

Person to Contact:
Robert A. Berkovsky

Telephone Number:
(202) 566-3626

Refer Reply to:

T:I:I:3:2

Date: NOV 17 1981

Dear Mr. Butler:

This is in reply to your letter dated October 16, 1981, in which you enclosed a letter from your constituent, Mr. John C. Kepley. Mr. Kepley enclosed a letter from the Planned Parenthood Federation of America, Inc., soliciting funds for their Public Impact Program. The Public Impact Program is described as an emergency fund to finance a campaign to educate the public and lobby for defeat of the passage of the proposed Human Life Amendment. The letter from Planned Parenthood states that contributions sent to support Planned Parenthood's efforts to stop the Human Life Amendment are tax-deductible.

Your constituent inquires: (1) whether charitable organizations may solicit funds for a political purpose; (2) whether such contributions are tax deductible; and (3) whether a charitable organization that solicits funds for a political purpose may maintain its tax-exempt status. We believe the following general information will be helpful to your constituent.

Section 170(a) of the Internal Revenue Code provides, subject to certain limitations, a deduction for contributions and gifts to or for the use of organizations described in section 170(c), payment of which is made within the taxable year.

Section 170(c)(2) of the Code defines a charitable contribution, in part, as a contribution to or for the use of a domestic corporation organized and operated exclusively for religious, charitable, scientific, literary, or educational purposes, no part of the net earnings of which inures to the benefit of any private shareholder or individual, and which is not disqualified for tax exemption under section 501(c)(3) by reason of attempting to influence legislation, and which does not participate or intervene in any political campaign on behalf of any candidate for public office.

Generally, section 501(a) of the Code exempts from taxation organizations described in section 501(c). Section 501(c)(3) refers, in part, to a corporation organized and operated exclusively for religious, charitable, scientific, literary, or educational purposes, no part of the net earnings of which inures to the benefit of any private shareholder or individual, no substantial part of the activities of which is carrying on propaganda or otherwise attempting to influence legislation (except as otherwise provided in section 501(h)), and which does not participate or intervene in any political campaign on behalf of any candidate for public office.

NOV 20 1981

The Honorable M. Caldwell Butler

Section 501(h)(1) of the Code provides, generally, that exemption from taxation under section 501(a) shall be denied to an organization otherwise entitled to the exemption if a substantial part of its activities consists of carrying on propaganda or otherwise attempting to influence legislation, but only if the organization normally makes expenditures for the purpose of influencing legislation in excess of certain ceiling amounts. Section 501(h) applies to a particular organization only if elected by the organization. If section 501(h) is not elected, the general rules of 501(c)(3) apply with regard to influencing legislation, that is, no substantial part of the activities of a tax exempt organization may be the carrying on of propaganda or otherwise attempting to influence legislation.

The Service's position regarding the deductibility, under section 170 of the Code, of contributions earmarked for use in influencing specific legislation is set forth in Rev. Rul. 80-275, 1980-2 C.B. 69. Under the facts set forth in the revenue ruling, an organization exempt from taxation under section 501(c)(3) and described in section 170 became concerned with proposed legislation under consideration in the United States Congress. The organization mailed out literature that described the proposed legislation and requested contributions to be used to lobby members of Congress to help defeat it. The revenue ruling holds that a deduction is not allowable under section 170 for contributions to the organization that were earmarked for use in, or in connection with, attempting to influence the proposed legislation.

In summary, there is no absolute prohibition against an exempt organization soliciting and using funds to influence legislation. However, under certain circumstances, an organization's exemption from taxation may be revoked for attempting to influence legislation or for making expenditures for that purpose. Even though an organization is described in section 170(c)(2) of the Code, contributions to it which are earmarked for use in influencing specific legislation are not deductible.

We hope this information is helpful to your constituent.

Sincerely yours,

Anthony Manzanares, Jr.

Chief, Individual Income Tax Branch



**national
RIGHT TO LIFE**
committee, inc.

Suite 402, 419 7th Street, N.W.
Washington D.C. 20004 — (202) 638-4396

July 23, 1982

The President
The White House
Washington, DC 20500

Dear Mr. President:

As President of the National Right to Life Committee, I am in constant communication with the fifty states which comprise the largest aggregate of right to life groups in the nation. Within these groups are almost 2,000 affiliated chapters with over 11 million individual members. Many of them are federal employees, citizens who desire to continue to donate to the Combined Federal Campaign for what they regard as essential humanitarian purposes. I strongly urge you to consider the point of view of these citizens and refuse the participation of Planned Parenthood-World Population in the Combined Federal Campaign.

Planned Parenthood affiliates in America operate over 35 free-standing abortion clinics, making the Planned Parenthood Federation under the leadership of its national headquarters, Planned Parenthood-World Population, the largest single provider of abortion on demand in the United States. Its tax-deductible status has been used to arrange for an "Abortion Fund" to be set up for loans to operate abortion clinics. PP-WP is the kind of agency which should not enjoy the automatic benefit of federal solicitations for charitable contributions.

The people of the United States have spoken through their representatives in the Congress on the issue of abortion. The funding and promotion of abortion as a matter of social policy in the nation as a whole has been rejected. It is clear that wherever Congress has elected to provide funds for programs or agencies which provide family planning services, it has simultaneously and explicitly refused to authorize expenditure of public funds for abortion.

The appropriate forum for resolution of such complex matters of policy as those affecting families, population resources and the unborn is a legislature. The long-term viability of the Combined Federal Campaign, the success of its program to bring the generosity of the federal employee to bear upon the urgent needs of


The President
July 23, 1982
Page Two

the refugee and the homeless, fairly demands a sensitivity to issues which provoke such sharp dissent.

Enclosed is our statement to the Combined Federal Campaign's Eligibility Committee.

On behalf of the Board of Directors and the members of the National Right to Life Committee I ask you to give serious consideration to this matter and act on our request.

Sincerely yours,



J.C. Willke, M.D.
President

JCW/ir

Enclosure

United States Coalition for Life

Box 315 · Export, Pennsylvania · 412/327-7379

FOR IMMEDIATE RELEASE

FRIDAY, JANUARY 21, 1983

Defund and Dismantle U.S.A.I.D.

Population Control Empire Reagan Advised

Washington, DC...President Reagan has been advised by prolife leaders meeting at the White House that despite divergent views on domestic policies and strategy relating to a Human Life Amendment, the Prolife Movement stands united in its insistence that the Office of Population Affairs of the Agency for International Development (State Department) be dismantled and defunded beginning with the replacement of J. Joseph Speidel, a well known abortion advocate, as Deputy Director of the USAID/OFA.

According to Randy Engel, National Director of the U.S. Coalition for Life and a leading critic of USAID's population control programs and policies, "Our immediate five primary anti-life targets are:

- . The International Fertility Research Program (IFRP) of Chapel Hill, NC and its pro-abortion team of Leonard Laufe, Malcolm Potts, Elton Kessel and Stephen Mumford.
- . The Pathfinder Fund



- . The United Nations Fund for Population Activities

- . The International Planned Parenthood Federation

- . The Futures Group

"It's time these organizations be made to stop feeding out of the American taxpayer's trough," Mrs. Engel said. "Zero funding for USAID's Office of Population Affairs in the President's third budget to Congress would effectively dismantle the State Department's anti-life empire."

On the positive side, the Coalition Director urged President Reagan to send a pro-life United States team to the 1984 World Population Conference in Mexico and asked that his State of the Union address to the American people include a new pro-natalist, pro-family commitment for the United States, where twenty years of Federal anti-life propaganda and policies have resulted in the death of millions of pre-born children and have wrought havoc with Social Security and national defense.

Mrs. Engel presented the President with three major documents on USAID's population control programs including:

- . The Structure of Genocide - Detailing USAID's population assault on Columbia.

- . The Worldwide Campaign Against Depo-Provera

- The International Population Control Machine and the Pathfinder Fund - A USCL White Paper documenting USAID's abortion abuses.

"The Pro-life Movement knows its responsibilities and challenges it faces in Congress. We are asking President Reagan to carry out his share of the responsibilities with regard to the State Department and the Agency for International Development." Mrs. Engel concluded.

Contact: Randy Engel

U.S. Coalition for Life

Export, PA 15632

412-327-7379

412-327-8878

PRO-LIFE REPORTER

Taxpayers Guide to Federal Anti-Life Programs

PART I US-AID Funded Foreign Population Control Programs

TITLE X—PROGRAMS RELATING TO POPULATION GROWTH¹²³

SEC. 291.¹²⁴ GENERAL PROVISIONS.—(a) It is the sense of the Congress that, while every nation is and should be free to determine its own policies and procedures with respect to problems of population growth and family planning within its own boundaries, nevertheless, voluntary family planning programs to provide individual couples with the knowledge and medical facilities to plan their family size in accordance with their own moral convictions and the latest medical information, can make a substantial contribution to improve health, family stability, greater individual opportunity, economic development, a sufficiency of food, and a higher standard of living.

(b) To carry out the intent of Congress as expressed in subsection (a), the President is authorized to provide assistance for programs relating to population growth in friendly foreign countries and areas, on such terms and conditions as he shall determine, to foreign governments, the United Nations, its specialized agencies, and other interna-

tional organizations and programs, United States and foreign nonprofit organizations, universities, hospitals, accredited health institutions, and voluntary health or other qualified organizations.

(c) In carrying out programs authorized in this title, the President shall establish reasonable procedures to insure, whenever family-planning assistance from the United States is involved, that no individual will be coerced to practice methods of family planning inconsistent with his or her moral, philosophical, or religious beliefs.

(d) As used in this title, the term "programs relating to population growth" includes but is not limited to demographic studies, medical, psychological, and sociological research and voluntary family planning programs, including personnel training, the construction and staffing of clinics and rural health centers, specialized training of doctors and paramedical personnel, the manufacture of medical supplies, and the dissemination of family-planning information, and provision of medical assistance and supplies.

SEC. 292.¹²⁵ AUTHORIZATION.—Of the funds provided to carry out the provisions of part I of this Act for the fiscal year 1969, \$50,000,000 shall be available only to carry out the purposes of this title and, notwithstanding any other provision of this Act, funds used for such purposes may be used on a loan or grant basis.

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**TESTIMONY OF
RANDY V. ENGEL
EXECUTIVE DIRECTOR
UNITED STATES COALITION FOR LIFE**

**COMMITTEE ON
INTERNATIONAL
RELATIONS**

**UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.**

**FOREIGN ASSISTANCE PROGRAM
FY.-1978
APRIL 18, 1977**

Mr. Chairman and Members of the Committee:

I am Randy Engel, Executive Director of the United States Coalition for Life, an international research agency founded in 1972 for the purpose of monitoring American population control programs at home and abroad. Our agency which is headquartered in Export (Pittsburgh) Pennsylvania has an outstanding board of more than thirty national and international advisors and experts in a wide variety of fields including demography, economics, agriculture, medicine, law and all aspects of population control including contraception, abortion and sterilization. This unique composition makes possible the continuous monitoring and evaluation of population control programs funded by the Agency for International Development of the Department of State under Title X — Programs Relating to Population Growth Sec. 291 of the Foreign Assistance Act of 1961 as amended in 1968.

INDIA:

The Prototype AID Program?

Mr. Chairman, I should like to open my testimony by presenting an overview and an update on a research project carried out by the Coalition in the Fall of 1976 designed to document the role of the Agency for International Development in the population control programs and policies of the Indian Government under Indira Gandhi and her Congress Party which culminated in the adoption of State laws mandating sterilization and in specific cases compulsory abortion.

The findings of our research were subsequently published in the November issue of **The Linacre Quarterly** under the title "India: The Great Population Control Experiment".

It might be of interest to this Committee that the Indian project was initiated by Indian physicians opposed to the programs of forced sterilization and who suspected that the core of the Indian population control movement was being financed by American interests with U.S.-A.I.D. dollars channeled through so called private international and quasi-governmental agencies in order to maintain what Ambassador Marshall Green, Coordinator of Population Affairs, Department of State so eloquently refers to as "a low profile". Our research verified and documented these suspicions as fact that is to say that American U.S.-A.I.D. dollars were and had been used for over the last ten years to finance and promote India's population control program and services both directly and indirectly through the United Nations Fund for Population, The World Health Organization, the World Bank and the International Planned Parenthood Federation and Population Council. I ask that the attached article be entered in its entirety into the public record of this hearing on U.S.-A.I.D. foreign assistance programs. (Attachment #1)

A second matter of interest to this Committee related to the findings of the Coalition on the Indian project is the fact that the Indian program represents the **PROTOTYPE** of AID's ultimate population control objectives in the developing nations of the world. Thus, India's "Final Solution" to her expanding population i.e. compulsory sterilization (and abortion) was not opposed to but rather the logical outcome of Title X programs carried out under the direction of R.T. Ravenholt and his Malthusian cohorts both within the State Department and in the quasi-governmental and 'private' sphere.

Total press censorship during the critical buildup of India's population control program of compulsory sterilization made any real appreciation of the brutality of the program impossible for outsiders. However, in March 1977, one of our international advisors from India was able to send me some details on the bloody riots which took place in several States which undertook programs of compulsory sterilization. I think you all will find the incidents unforgettable.

✓ • In the village of Peepli in the State of Haryana a Block Development Officer and sterilization medical team accompanied by the police dragged off the local pahlwan to be vasectomized. Thousands of peasants armed with sickles and shovels and knives converged on the sterilization compound demanding the release of the pahlwan. In the meantime, the victim's sister entered the facility and was slapped by the Block Officer and told to get out. The woman retaliated with a blow of her sickle and in the melee which followed the police were forced to take flight for their lives. Later when Congress Party leaders came to tell the villagers that the forced sterilization campaign was called to a halt they were beaten and their cars burnt down.

✓ • In both Haryana and Delhi the State Administrators had been asked to provide sterilization "incentives" but when the officials did not meet their quotas by voluntary means they instituted a system of "decentives" and ruthlessly enforced them. Salaries were withheld, rations denied to adults and their families including the children, and medical and educational benefits suspended. Police action was widespread and numerous deaths of both peasants and sterilization officials were reported.

✓ • In Pratapgarh District, two villagers trapped for sterilization and kept in custody, ran away. One of them was drowned in the nearby river in his escape attempt.

• In Allahabad, a police constable was forced to get himself sterilized at a time when his only son, age five, was dying of typhoid. Upon the child's death the anguished father took the body of his son to the Police Station resulting in an immediate police strike in protest of the sterilization program.

✓ • The worst blood bath however took place in Uttar Pradesh where on October 18, the District Magistrate angered by the low turn out of volunteers for the sterilization program ordered the occupants from two densely populated mohalas into the sterilization tent area. There was a mini-uprising and before the day was over more than forty persons were dead. News of the event was blacked out and the district officer quickly transferred by the Government.

✓ • In the national Capital, the forced sterilization program around the historic Jama Masjid went hand-in-hand with the demolition at Turkman Gate where the people were awaiting the rebuilding of their ancestral homes. The officials had the demolition crew move in and then announced that the people must submit to sterilization before the

Government would rebuild their homes. The resistance was led by burqa-clad women and by the end of the day twenty-five persons were dead, many bodies were buried under the debris and at least one was crushed under a bulldozer.

Against this partial background, it is significant to note that during the recent Indian elections, the northern State of Haryana whose public officials were boasting of 20,000 sterilizations a month in December of 1976, members of the ruling Congress Party **LOST EVERY SEAT** to the opposition. One can only regret that un-elected AID population bureaucrats were not on the scene to taste the bitter fruit of their population programs and policies.

As this Committee I am sure knows, India's new Minister of Health and Family Planning has announced the end of all compulsory sterilization programs and has ordered all programs of "cash incentives" for sterilization which he called bribes to be halted. Minister Raj Nardin has renewed programs of birth control through self-control and stable family life. Abortion has been ruled out completely. Thus the events in India have proven to be a temporary setback to the world-wide Neo-Malthusian Movement which has as its ultimate objective the regulation of births and deaths by the State in accordance with the fluctuation of the needs of Society. Thus the human person becomes a mere commodity designed to be regulated as any other commodity in the employment of efficient management by the State.

Last Fall, the Population Crisis Committee which is generally a reliable bellwether of the sentiment of the Population Control Establishment on Capital Hill, ran a special issue on the Draper World Population Fund Report on "Voluntary Sterilization" containing an article on the Indian program titled "Compulsory Sterilization: A New Dimension in India's Population Policy" by Kaval Gulhati.

Ms. Gulhati's conclusion is extremely interesting . . .

Any decision to move toward compulsory sterilization for family planning is a momentous one. It is an attempt to revolutionize fertility while other developmental factors

remain at an evolutionary pace. Some policymakers view the use of coercive laws to reduce fertility as a necessary intervention. Maharashtra's leaders seem to regard compulsory sterilization as an easy, short-cut way to success. But legislative measures in other socio-economic matters, such as the Prohibition of Dowry Act or the Tenancy Act, have been completely ineffective in practice. For a coercive program to work, a hugely expanded commitment of administrative and financial resources will be necessary. The world will be watching India's policy closely to see if, and how, state governments follow up their new legislation with bigger budgets and more effective action.

On the back cover of the PCC Report a complete listing of both Population Crisis Committee leaders and sponsors of the Draper World Population Fund are given. (Attachment #2). I draw the attention of the members of this Committee to the fact that key congressmen and Senators who control and influence foreign and domestic birth control funds are included in the listing as well as a number of former AID administrators including William S. Gaud and John A. Hannah. The well-known process of cross bureaucratic fertilization between AID and other State Department officials and key population control agencies including the Population Crisis Committee, the Population Council and similar agencies insure an ongoing and uninterrupted flow of federal dollars to the Population Control Establishment at home and abroad. A number of these individuals are former Hugh Moore Ad signatories — a complete list of which is provided in Attachment #3.

Earlier I mentioned that it is likely that the results of the forced sterilization program in India are likely to prove merely a temporary setback for the Population Control Establishment. How "temporary" may be judged by the fact that shortly after the Indian elections and the routing of the Congress Party, the Environmental Fund and the Rockefeller Brothers' Fund an-

nounced their support for foreign assistance programs tied directly to population control strings in the developing nations of the world. The statements were entered into the Congressional Record on March 30, 1977, by the Hon. Frederick Richmond of New York.

According to the Rockefeller Brothers' Fund findings, "This condition (i.e. no aid without population control) for population sterilization may interfere with some freedoms, but it lets each government accomplish that interference as it sees fit . . ."

But what perhaps is more chilling in the Fund statement is the comment attributed to Senator Sparkman, chairman of the Senate Foreign Relations Committee who expresses approval of the Fund policy and states that he (Sparkman) will urge the Carter Administration to establish a direct correlation between economic assistance and effective population control measures.

However, given the intimate association and loyalty of the Carter Administration to the Rockefeller family and the personal messianic support of Miss Lillian to population control as evidenced in her **Playboy** interview with Robert Scheer, it is quite unlikely that this Administration will need any push from the House or Senate to embark on a new and expanded program of population control both in the United States and abroad.

On the way over from Pittsburgh, I read, re-read I should say, a copy of, "Something Beautiful for God," which is Mother Theresa's famous work in India, where she preaches the gospel of Christ and she sees that all men are brothers and she loves the poor because the poor enable us to serve them.

Now we have heard statements today of another kind of gospel issued with the same missionary zeal. It is the Malthusian gospel for the males and the Sangerite gospels for the females. It is basically that they love the poor so much that they simply wish there were less of them.



Cartoons are used in Pakistan to draw attention to the growing burden of overpopulation and to encourage family planning.

The main function, and if you will at this point — I make that point only to show that the ideology which AID backs is, indeed, an ideology carried out with religious fervor and it really should in no way find expression in public policy.

There would be no objection to promoting those particular gospels if they used their own money and then we could fight them on the same level. We, proliferators of course, have to

fight such agencies which are tax subsidized.

If the committee will turn now to the part two of my testimony, which I am going to indicate some objections that have come up with regard to the violations of the Helms Amendment and also the general topic of Title X, funding with regard to volunteerism.

In the past, as you know, Congressman Zablocki, we have taken the position that we would offer

recommendations within the framework of Title X, but because the Helms Amendment has been so intensely violated and because Title X funds are used by groups who promote abortion abroad as well as contraception and sterilization and population control, which is the whole three, we, therefore, must take the position in complete opposition to any and all continued support for Title X funding.

INDIA:

The Great Population Control Experiment*

In his classic work, *Catholic Viewpoint on Over-Population*,¹ priest-demographer Anthony Zimmerman, S.V.D. offers a memorable anecdote on one Indian's reaction to initial population control efforts in his country during the 1950's.

Warning that newly developing nations are not so naïve as to be unable to distinguish between authentic assistance programs and those directed at birth prevention, Zimmerman tells of a hostile reception given to the late Sangerite disciple, Dr. Abraham Stone, by an Indian host who apparently was not pleased with his role as host and introduced Dr. Stone to an audience as follows: "We asked the United States for bread; instead they have sent to us — and I present to you — Stone."

Thus the government of India prepared to embark on the world's largest and first population control experiment in modern times.

In less than a quarter of a century the nation would be transformed into an international birth control laboratory and India's poor used as guinea pigs for the biocracy and technocrats of the New World Order in which the quantity and quality of births are regulated as any other commodity to meet the demands of the State.

So thoroughly has the inevitability and necessity of expansion of Indian's Great Experiment penetrated the international con-

science, that when the Bombay monthly magazine *Fulcrum*² carried a feature article last spring on a compulsory sterilization program in the town of Barsi in Maharashtra in which visitors to the small village were forcibly loaded into municipal dump trucks and hauled into the local hospital to be sterilized under order of high-handed panchayats eager to meet their 1000 quota of vasectomies and tubectomies by the deadline date, nary a yawn was heard from the world court of public opinion at the United Nations nor in the halls of Congress where alleged violations of human rights in India have been a frequent topic of discussion.

Yet, despite the deafening silence, the brutal reality of Barsi remains a human tragedy not only for India but for the world — and that most explicitly and assuredly includes the United States which has been the primary propagandist and financial backer of India's current assault on the human person — indeed life itself!

This article is based in part on a lengthy document to be published this fall by the United States Coalition for Life on the foreign population control policies of the United States from 1966-1976 under the Agency for International Development of the State Department.

To the extent that this review of India's Great Experiment is an accurate reflection of America's

official population control policies and programs abroad, surely the Ugly American never looked uglier in the eyes of the world's poor and needy.

1951-1965: The Early Years

For the first half of the century, ground breaking neo-Malthusian efforts in India were limited to a small but influential number of private interest groups, such as the Family Planning Association of India formed in 1949 by the Indian counterpart of our Margaret Sanger: Lady Dhanvanthi Rama Rau.

For the most part however, the official attitude of government was reflected in the writings of Mohandas Gandhi who expressed confidence in the virtue of sexual restraint and positive alternatives of agricultural and economic development to accommodate India's growing population.

By the mid-50's under the leadership of Prime Minister Nehru the hole in the dike established by the Family Planning Association of India gradually expanded through a series of National Congresses in which "family planning" was tied to improved maternal-child health care and the red flag given to research for the development of cheap and safe birth control methods suitable to the masses.³

By the conclusion of the third Five Year Plan in 1966, the Gov-

ernment budget had risen from 6.50 million Rs. to 269.76 million Rs. (Note: the current fifth Five Year Plan, 1974-1979, allocates a population control budget of 5,160.00 Rs. or 688 million in U. S. dollars.)⁴

This new availability of massive public funds supplemented by grants from American foundations encouraged the growth of a quickly expanding bureaucracy with a vested interest in continued support for birth control programs at local, state and the national level. Today the Indian birth patrol is a virtual army — some 5,200 physicians, 20,000 auxiliary nurses/midwives, 3,500 public health nurses, 13,500 health assistants, 12,000 statistical workers and an unknown legion of quasi-governmental condom vendors, pill and IUD pushers and sterilization prompters.⁵

During this 14 year period there was a dramatic shift away from the official approval and encouragement of periodic abstinence and prolonged lactation for the spacing and regulation of births which was held to be incompatible with mass movements and towards more "effective" and financially lucrative methods of birth prevention including sterilization, condoms, and IUDs (Lippes loop). Thousands of small clinics and mobile units spreading the Sangerite gospel dotted the Indian countryside. In 1961 Maharashtra opened its first "sterilization camp" for the benefit of the rural masses. Yet, despite the growing campaign few clients showed up at the clinic door and even fewer at the sterilization medical stockyard.

1966 can be called the year that India reached a turning point; the year that marked the official entrance of the United States Government and various U. S. "front" groups into the war against the proliferation of people in the developing nations of the world, including India. The

military headquarters would be the Agency for International Development; the general — Reimert Thoroff Ravenholt, the sixth of ten children, father of four and a dedicated disciple of Parson Malthus.

U. S. Tax Dollars at War

Between 1966-1972, the Agency for International Development (AID) contributed approximately \$30,000,000 to India's population control efforts in the form of advisory and research teams, contraceptive supplies and abortive devices and machines, vehicles, facilities and Madison Avenue campaigns. When AID terminated its direct grant pro-

gram in 1973, U.S. funds were channeled through national and international "front" groups such as the United Nations Fund for Population Activities, the International Planned Parenthood Federation and the World Bank. This latter fiscal arrangement proved to be more efficient and workable particularly in those nations of Asia, South America and Africa which were known to be hostile to foreign domination and the "Made in U.S.A." label.

The following chart covers a portion of total AID fiscal commitment over the last ten years to agencies and institutions active in the India program.⁶

CHART I

	Totals
University of North Carolina (Chapel Hill)	\$11,348,000
Johns Hopkins University	9,322,000
Family Planning International Assistance (PP-WP, N.Y.) — Church World Services	15,284,000
International Planned Parenthood Federation (London) ..	60,772,000
Pathfinder Fund	23,592,000
Population Council	23,594,000
World Assembly of Youth	2,342,000
World Bank — International Development Authority ...	3,000,000
U.N. Fund for Population Activities* **	97,000,000

*UNFPA executing agencies include UNICEF, WHO, UNESCO, etc.
 **Under a new five year contract with India the Fund will contribute \$40,000,000 to be used for medical research, training, and population education.

CHART II

(Indicates by totals and percentage how AID spent its \$732 million between fiscal years 1965-1975.⁷)

Program Goal	U.S. Dollars	Percent
1. Development of demographic data	\$ 62,222,000	8
2. Development of population policies and research	37,187,000	6
3. Fertility control research (contraception, sterilization and abortion)	66,740,000	9
4. Purchase commodities (orals, condoms, IUDs, jellies)*	103,962,000	14
5. Service programs	229,213,000	31
6. Information programs	81,657,000	11
7. Manpower training — institutional development	117,317,000	16
8. AID operational expenses	34,048,000	5
	<u>\$732,344,000**</u>	<u>100</u>

*US-AID is frequently known as the world's largest prophylactic and Pill dispensary. These figures show why.
 **It is important to note that over one-half of the total US-AID budget expended between 1965-75 never left the United States. Thus the U.S. domestic lobby of drug companies, university-based research centers, foundations, and non-profit groups like their counterparts abroad have a large financial investment in US-AID population control activities.

When asked about the impact of the anti-abortion protagonists, he called them "a malignant remanent of the Medieval Mediterranean inquisition which seeks to keep the poor on the uterine rack forever."

*Dr. Reimert T. Ravenholt
Alumni News, 1976 November
University of Minnesota*



THE AID-RAVENHOLT PHILOSOPHY

On Feb. 1, 1968, William S. Gaud, AID administrator enunciated the four basic principles of AID's population control-family planning programs and policies under Title X of the Foreign Assistance Act of 1961 before the Gruening hearings on Foreign Aid Expenditures.

According to Mr. Gaud, (1) the first principle is that overpopulation and underdevelopment go hand-in-hand, thereby making the neo-Malthusian cause official U.S. policy; (2) the second principle is that the U.S. is committed to the spread of "family planning" knowledge and practices in developing nations as a basic right; (3) the third principle is that the sovereignty and sensibilities of nations will be respected as the U.S. carries out principle (2); (4) the fourth principle is that all programs shall be "voluntary" and not tied to aid of any kind.

Title X, Sec. 291 (c) provides ". . . That no individual will be coerced to practice methods of family planning inconsistent with his or her moral, philosophical or religious beliefs."

In 1973, the Foreign Assistance Act was amended by Sen. Jesse Helms, (R-N.C.) to forbid the use of Title X funds for

abortion thus preventing AID from continuing its overt abortion activities abroad. Unfortunately, since AID cut off its *direct* funding to India in 1973, the Helms prohibition would have little effect on AID's indirect funding through such agencies as the UNFPA and the IPPF in India.

However accurately AID's four principles for action concerning "voluntarism" and "self-determination" reflected Congressional intention, in *practical operation* AID programs and policies over the last ten years have been the creation of a single man — Dr. R. T. Ravenholt, the virtually autonomous and untouchable director of AID's Population Office.

Through a series of sage alliances with the American foundation establishment, drug and abortion lobbies, and "family planning" non-governmental organizations combined with relatives who tie into key senatorial offices charged with AID appropriations, Ravenholt has propelled his program into a billion dollar empire.⁸

In order to understand US-AID operations in India one must at least attempt to understand the Ravenholt mindset and missionary-like vision for the devel-

oping nations of the world. The following statements by Ravenholt and some of the programs being carried out under his administration will assist in this task.

In the fall of 1973, Dr. Ravenholt and his research colleague, Dr. J. J. Speidel, delivered a paper on "Fertility Control Technology — Current Status and Future Prospect" to the International Planned Parenthood Federation Conference in Brighton, England. According to the AID team: "Since its inception in 1968, a foremost goal of AID's research program has been a *non-toxic and completely effective substance or method which when self-administered on a single occasion, would insure the non-pregnant state at completion of a monthly cycle.*" AID has given special attention thusly to (1) luteolysis/antiprogestins; (2) prostaglandins, and (3) uterine aspiration techniques.

On the matter of natural family planning or "rhythm," Ravenholt and Speidel suggest ". . . methods requiring an intensive exercise of foresight, vaginal soundings, use of temperature charts, etc., before expressions of love and passion can hardly be considered 'natural'".

On the issue of the Pill: . . . "For young women on the threshold of their reproductive lives . . . there is no satisfactory alternative to oral contraceptives."

On menstrual regulation (i.e., mini-abortion): . . . "The relative simplicity and safety of the mini-suction technique makes it very likely that it will become a popular clinical practice throughout the world."

In summary: . . . "The great task immediately before us is to make the most effective means of fertility control fully available throughout the developing world, where less than 20% have yet gained full access to this great boon to their health, their economic and social development, and to their familial and social well being."

In 1972 US-AID funded under Title X the cost of printing a Panamanian "responsible parenthood" comic book entitled *Los Supermachos* which featured on its cover a blasphemous drawing of a little old woman kneeling before a statue of the Blessed Mother praying: "Little Virgin, you who conceived without sin teach me to sin without conceiving."⁹

Innovation is the hallmark of Ravenholt administration such as:

- non-medical distribution of oral contraceptives in urban gum-ball machines in Pakistan;
- saturation multi-condom campaigns in Ceylon with condoms doubling for children's balloons or braid ties;
- sterilization "festivals" with illuminated scoreboards in Kerala State, India;
- combined malaria-child prevention house-to-house programs in Ecuador;
- Karman coil abortions in war-torn Bangladesh;
- belly-button sterilization programs in Nepal.

In AID's 1971 annual report on "*Population Program Assistance*"¹⁰, there is a specific reference to India and the future of abortion in that nation ". . . as legal restrictions on postconceptive fertility control are removed, for example, India in 1971, it is foreseeable that family planning program strategy will center upon the early diagnosis and relief of unwanted pregnancy, followed by provision of the contraceptive information and services needed to prevent subsequent unwanted pregnancies.

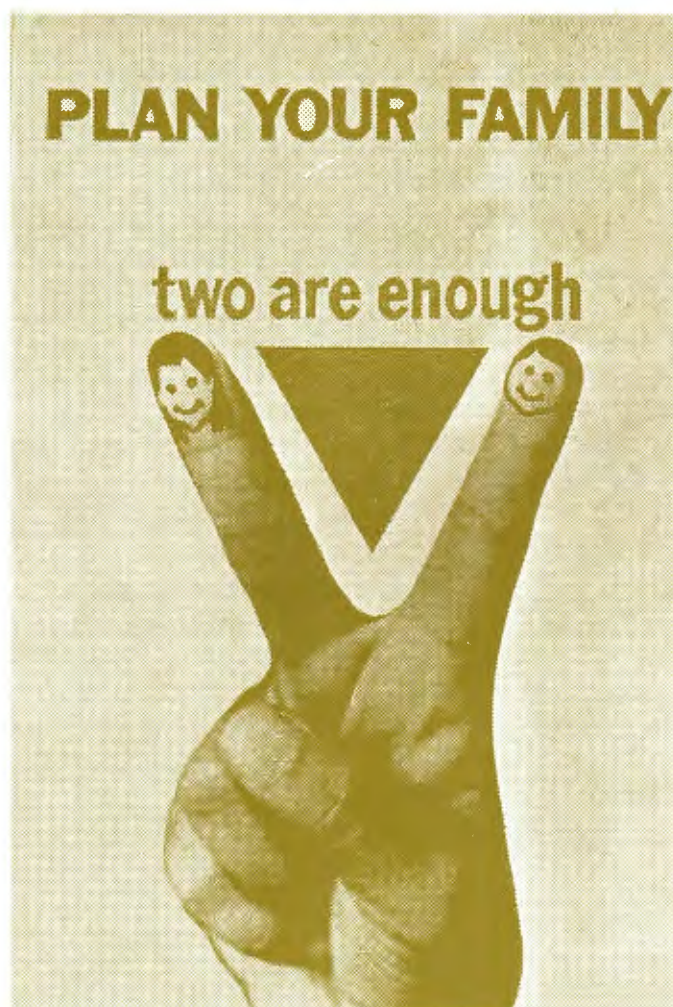
"Such pregnancy-centered programs can be much more efficient than ordinary family planning programs because women who believe they may have an unwanted pregnancy will actively seek out any facility offering relief, and hence educational and promotional costs of the f.p. program

can be greatly reduced, and the time from inception of the program to reduction of fertility can be minimized.

"Provision of relief of unwanted pregnancy plus effective contraception, for example, sterilization, can achieve fertility reduction of more than one birth per clinic acceptor and have a powerful and rapid effect upon fertility patterns."

Thus in these few samples, we encounter the repeated themes which occur throughout Ravenholt's writing, programs and policies, i.e. the primacy of abortion as the method of choice; the mockery of sexual continence and purity as virtues; the idea that developing nations will find their salvation in birth control technology and so forth.

It cannot be emphasized enough that AID is the *primary*



source of birth prevention and life destruction programs in India, whatever mask or disguise the American dollar wears, for such key agencies as the World Bank, the UN Fund for Population Activities and the International Planned Parenthood Federation. Here is a sampling of each of these programs with specific references to India wherever possible.¹¹

The World Bank — International Development Association. In the summer of 1972, the International Development Association (IDA) arm of the World Bank, supported in part by the United States, joined with the Swedish Government to launch a cooperative effort with the Indian government at a total cost of \$44 million for the purpose of developing “. . . what promises to be the most advanced systems approach to population problems in any developing country. It will provide the essential analysis required to shape the overall massive effort India is making to reduce its current population growth.”¹²

Mysore (Karnataka) State and Uttar Pradesh State were selected for the mass experiment.

Under the World Bank project, “hardware” items such as buildings, vehicles and equipment, and “software” items such as training, research and pilot programs would be provided with heavy emphasis on post-partum pro-

grams, rural delivery services, nurses’ training and motivational services to insure that the population adheres to the newspeak “Make love not babies,” “Loop before you leap” and other Madison Avenue imports.

Heavy emphasis would also be placed on the most efficient tools and devices suitable for population control of the masses — the Pill, IUDs, sterilization and, most importantly, abortion — via implants, hormones, and prostaglandins which “requires no regulation of sexual activity and greatly reduces the need for education.”¹³ Natural methods of birth regulation and spacing are not considered useful nor effective.¹⁴

In June, 1976, India’s Secretary for Health and Family Planning visited the United States to seek World Bank support for research into the development of a nine-month single shot injectable to insure that wombs remain tombs for human life.

According to a World Bank report on population control issued in 1972, the biggest obstacle to population reduction programs in the developing nations is the lack of popular support, not foreign exchange. Such “obstacles,” however, are overcome by the Bank’s capability for fact-finding, of which the poor and ignorant are obviously incapable. Governments don’t have to be enthusiastic about the Bank linking

population control with food and economic aid dollars; acquiescence is sufficient.¹⁵ All Bank economic reports now require statements by recipients as to their national population policies and programs.

U.N. Fund for Population Activities. Like the World Bank, the United Nations Fund for Population Activities, founded in 1967, acts as a major funnel for AID dollars. The Fund, in turn, uses the executing agencies of the United Nations including UNICEF, FAO, ILO, UNESCO and the World Health Organization, a major research agency for the development of new abortion techniques including prostaglandins.

Like the Bank, the Fund favors the importation of abortion and sterilization into the developing nations. The All-India Institute of Medical Sciences in New Delhi is an international center for abortion research under the auspices of the World Health Organization’s Expanded Programme of Research Development and Research Training in Human Reproduction supported by the Fund and the Ford Foundation.

Again one must cross-check banking accounts to verify that of the \$238.6 million in the Fund account from over 78 nations, the U.S. has contributed \$97 million.

‘Family planning is more important than going to mass’

Rev. Jeronimo de Sa Cavalcante at the annual Western Hemisphere Region meeting of IPPF in Rio de Janeiro, Brazil in September 1973.

International Planned Parenthood Federation. AID grants to the London-based International Planned Parenthood Federation through fiscal year 1975 totaled over \$60 million. Of the IPPF’s total calendar year budget for 1974 (\$41.5 million) and 1975 (\$44.3 million), AID grants totaled \$12 million each year.

The IPPF’s world-wide network of affiliates and regional offices permits AID funds to work “indigenously” in those nations

where it would be politically embarrassing for the U.S. to do so, as with the massive IUD campaign in Colombia, IUDs being primarily abortifacients.

In return, the IPPF receives millions of American tax dollars to cover the expenses of the Central Office in London and to provide sub-grants to its affiliates. Until recently, the IPPF fought off attempts by the U.S. General Accounting Office for an accurate fiscal auditing of U.S. funds on grounds that such procedures are "burdensome" and infringe upon the independence of the "private" agency. The IPPF maintained also that once AID funds are commingled with other donations it becomes impossible for the IPPF to separate restricted from non-restricted funds.

On Sept. 14, 1973 the GAO issued a special report on "U.S. Support of the IPPF Needs Better Oversight," in which the fascinating question was asked: How could AID assure itself that the American taxpayer's money was being used in an efficient, economic and proscribed manner by the IPPF given the reality of Federation's poor financial record keeping? How indeed? The question is more than academic to be sure for researchers like myself trying to track down the use of American tax dollars by the IPPF.

As noted earlier, Title X funds which the IPPF receives cannot be used to violate an individual's religious or moral beliefs.

Yet when the former Medical Director of the IPPF, Malcolm Potts, delivers an appeal at an International Conference of the IPPF for a return to Onanism combined with abortion as a substitute for daily ingestion of dangerous oral contraceptives, is he not violating the spirit if not the letter of the law?¹⁶

When Dr. Fred T. Sai, IPPF Secretary General, puts forth IPPF recommendations at an

Abortion Conference in Africa which are designed to bring about abortion on demand in Black Africa, is the Helms Amendment violated?¹⁷

The Family Planning Association of India, an affiliate of the IPPF, operates 30 branches throughout India. Since its beginning some 23 years ago, it has assisted the Indian population control movement with about \$3.7 million in the operation of clinics and advanced courses in surgical techniques of fertility control. If the FPAI permits its facilities or medical personnel to be used for compulsory sterilization programs in Maharashtra, West Bengal, Haryana or Delhi, shall Title X funds be cut off at the FPAI headquarters or at the IPPF Central Office in London?

Fortunately the GAO has been investigating the matter with regard to abortion and the results look helpful. Stricter auditing of IPPF funds will enable opponents of the IPPF to monitor the agency's activities in developing nations and to file protests within the State Department for alleged IPPF violations of Title X funds.

AID and Birth Control Technology

Providing funds — directly or indirectly — is one matter. Finding the technology to use those funds in the birth prevention field is another.

With the exception of traditional methods of natural regulation of births, recently backed up by the marvelous work in this field by Mother Teresa and the Missionaries of Charity who have won praises even from Indira Gandhi herself, India's birth control methods — pills, coils, condoms, sterilization and abortion — have been imported primarily from the United States.

Mass sterilizations, backed by what Ravenholt refers to as incentives and disincentives ranging from free tickets to the na-

tional soccer championships,¹⁸ to CARE-US-public Law 480-Food for Peace parcels containing a shopping bag, rice and clothing,¹⁹ to threats of loss of jobs, housing, drinking or irrigation water for crops to outright compulsory sterilization under penalty of fine or imprisonment or both,²⁰ have met with apparent approval by the AID Population Office and State Department.

An extensive review of India's population control program in general and of sterilization in general is provided in the May, 1976 issue of the Population Council's *Country Profiles*.²¹ The authors, Visaria and Jain, make some interesting observations concerning sterilization complications such as tetanus and death.²² They also note that in India sterilization is reserved primarily for the poor while the rich prefer such methods as orals, foams and jelly with a diaphragm.²³

This observation is backed by strong public pressures by leading Indian social workers such as Tara Ali Baig of New Delhi who favors the compulsory sterilization of parents who are "mentally, physically or emotionally unfit." Mrs. Baig believes that a child has a right *not to be born* to "irresponsible" parents and incredibly invokes the United Nations Declaration on the Child as the authority for compulsory sterilization legislation in India.²⁴

On the other hand there is ample evidence that the poor of India do not look with total favor on Indira Gandhi's national-backed state compulsory sterilization programs as a "final solution" to the Indian problem. Health Minister Karan Singh got the message quite clearly when government bulldozers leveled a slum section of Delhi and refused to relocate the residents, primarily Muslims, unless the latter submitted to sterilization. The bloody battle against the local police left six dead, 19 injured

and 453 arrested. Singh subsequently issued a warning to overeager sterilization prompters and officials but noted that government was going to reduce the birth rate no matter what the obstacles. His intention was clear.

Thus far, the compulsory sterilization incidents at Balsi and other parts of India have brought no comments from either the State Department or Ravenholt.

The Indian Medical Termination of Pregnancy Act of 1971 went into effect on April 1, 1972. Within the year government officials reported that 23,000 induced abortions had been carried out. By September, 1975, more than a quarter of a million babies were killed under the law at approved government aboritoriums and private clinics.²⁵

Under the original legislation abortion was permitted for life or health of the mother. Contraceptive failure was considered to cause mental anguish and therefore be an indication for an abortion. Twenty weeks was the time limit. However in case of an "emergency" the mother could be aborted at any time, anywhere, by anyone.²⁶

The April 1976 issue of the IPPF medical bulletin indicates that the Indian law has been revised again to do away with time-consuming certifying procedures for abortionists and to provide doctors with on-the-spot training.

As with sterilization, induced abortion is viewed by many members of the Indian medical profession as a means of improving maternal and child health care.²⁷

Physicians who object to abortions, on the other hand, are being looked upon more and more as anti-social. This writer has seen no evidence to support the fact that there will be room for conscientious objector status on abortion in India. As a matter of fact, I understand that more than two years ago some State officials were telling Catholic and Muslim doctors to leave govern-

ment service if they were unprepared or unwilling to do their share of abortions-on-demand.

Advanced Training in Death Technology

One of the most revealing programs sponsored by AID for foreign doctors which should be of great interest to our Indian readers is a program called "Advanced Training in Fertility Management." Of the 134 physicians trained under the ATFM course, please note that 50 were from India.

The ATFM was begun as a pilot program at Johns Hopkins in 1972 and later expanded to West Penn Hospital in Pennsylvania, the American University in Beirut, and Washington University in 1973. Its main purpose was "to strengthen the teaching and practice of obstetrics and gynecology in developing nations," at a cost of about \$30,000.00 per doctor for the six weeks course. Special care is taken in the selection of candidates from the developing nations with an eye on the doctors' attitudes on abortion, sterilization and contraception.

When the physician completes his ATFM he receives from AID all the equipment necessary to carry on the fertility training in his own nation. Once the equipment is received at the home institution, the doctor is visited by US-AID medical field workers to make sure all equipment and the physician are functioning to capacity.

The following is a description of the ATFM program at West Penn in Pittsburgh and is based on authentic hospital schedules for the student doctors in the program.

First Week — Orientation/lectures and exams/sterilization demonstration and *Women's Health Services* (all trainees)

Second Week — Planned Parenthood visits/infertility lectures/Out-Patient Clinic (OPC)/orals and injectables (Depo-Provera) and *Women's Health*

Services.

Third Week — sterilization and hysterectomy procedures/*Women's Health Services*, prostaglandin abortions, first trimester abortions, and incomplete abortions/OPC.

Fourth Week — midtrimester abortions/Planned Parenthood/sterilization and IUDs/fetal monitoring and OPC.

Fifth Week — sterilization/*Women's Health Services*/foams/jellies/creams/diaphragms/and condoms*/*Women's Health Services*/prostaglandin abortions.

Sixth Week — sterilization/*Women's Health Services*/forceps/vasectomies and prostaglandin and mid-trimester abortions/graduation.

*Note: Natural methods of family planning are not indicated on the training chart although they are understood to be covered in lectures. Description of complications resulting from childbirth are *not* listed on the six week training chart in terms of practical demonstration and application.

In reviewing the training chart program for the six week period, one notes that almost all of the practical medical-hospital demonstration and practical training program is in either *sterilization* and/or *abortions*. *Women's Health Services*, it should be noted, is Pittsburgh's largest abortion mill.

The project director for the AID-ATFM program at West Penn was Dr. Leonard Laufe, a medical director of WHS, a long-time associate of Planned Parenthood Pittsburgh, an advisor to the International Program of the Association for Voluntary Sterilization, and a researcher for Upjohn prostaglandin drugs used by Dr. Laufe in second trimester abortions. Dr. Laufe is currently on the AID-Chapel Hill, N.C. payroll of the International Fertility Research Program where he is working on new and improved

IUDs with a fiscal year '75 and fiscal year '76 contract of \$410,000.00.

During the period in which Dr. Laufe was director of the ATFM program, he became the key figure of one of the most controversial trials ever held in Pittsburgh. Following an inquest, Dr. Laufe was found innocent of killing baby Jane Doe whom he had attempted to abort via a vaginal hysterectomy. Baby Jane Doe weighed more than three pounds and was more than 6 months old at the time of the abortion.

Under the ATFM program, *there is no time limit after which an abortion may not be done.* Dr. Laufe was merely carrying out, in the presence of a camera and ATFM students, a procedure outlined in the ATFM manual as a "surgical technique required in the presence of intact pregnancies" and associated with sterilization at the time of the abortion.

In truth, the Advanced Training in Fertility Management is a course in training doctors to take human life up to the time of birth via a wide selection of techniques for abortion.

As noted earlier, 50 physicians

from India have completed the ATFM in the United States and have been returned home to train others in death technology.

The Heart of the Matter

This writer has attempted to document the all-pervasive influence of AID policies, programs and technology on the Indian population control program.

It may be argued that the Indian government would have reached its current destination alone without American prodding and funding and technology, but I think such an argument is weak in light of all the evidence I have seen.

From a purely philosophical viewpoint, however, I think the answer would be less clear.

Some months ago, the Prime Minister, as head of the all-India Congress Committee, addressed the National Legislature on the question of compulsory sterilization, and declared she would tolerate no opposition to the program. When later questioned by the press on the matter of religious objections from Catholics and Muslims, Mrs. Gandhi is reported to have replied that re-

ligion has nothing to do with birth control!

Such a statement is in keeping with the Marxist revolution which reduces the individual to the slave of the State even at his most intimate level of existence. As the democratic order is dependent upon family solidarity, sexual discipline and the dignity of the human person, so is totalitarianism dependent on sexual chaos, the destruction of the family and supremacy of the State and its needs.

To the extent that American people have, through ignorance and apathy, permitted the Agency for International Development of the State Department to continue its anti-life and anti-family campaign against the developing nations of the world, it is our national shame.

Our Lord has said, "What you do for the least of My brethren, that you do unto Me." How long God will hold back the hand of judgment on our land I do not know, but perhaps there is a message for us in the fact that India has given the world a living saint in Mother Teresa and the United States has given it an R. T. Ravenholt.

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At last an American President has acknowledged that it is his Administration's "clear responsibility to provide essential leadership" to control the flood of humanity that threatens to engulf the earth. President Nixon's July 18th message to Congress on the hazards of unchecked population growth brings the U.S. one step closer to meeting the most far-reaching crisis of our time.

"Today the world population is three and a half billion persons," the President told Congress. "It took many thousands of years to produce the first billion people; the next billion took a century; the third billion came after 30 years; the fourth will be produced in just 15... Over the next 30 years... the world's population could double!... With birth rates remaining high and with death rates dropping sharply, many countries of Latin America, Asia and Africa now grow 10 times as fast as they did a century ago."

There will be a hundred million more people in our own country in another 30 years or so. Whatever your present cause, it is a lost cause unless we check the population ex-

plosion. Good causes such as schools, churches, colleges, hospitals, museums, libraries, community chests, heart funds, and conservation will inevitably be swamped by too many people.

President Nixon's Proposals

The President has proposed that Congress set up a commission on "population growth and the American future." He has directed government agencies to:

1. Undertake additional research on birth-control methods of all types.
2. Train more people to work in population and family-planning programs, both in this country and abroad.
3. Give the highest priority to new techniques that can help safeguard the environment.
4. Establish as a national goal the provision of adequate family-planning services in the United States within the next five years for all who want them but cannot afford them.

The President pointed out that will, therefore, "have to increase

amount we are spending on population and family planning." Our Government currently spends on population programs less than 3% of the amount it spends on space explorations. And far less than 1% of the amount it spends on the military.

We will also have to break down barriers of illiteracy and misinformation by utilizing fully the modern communication techniques of television and other mass media.

Write President Nixon in your own words telling him you applaud his plans and ask him to implement them without delay. Also contact anyone else in Washington you think might be helpful. Write your newspaper editor and talk to your friends, asking them to help. Your Government needs everyone's support in taking this courageous step in controlling population.

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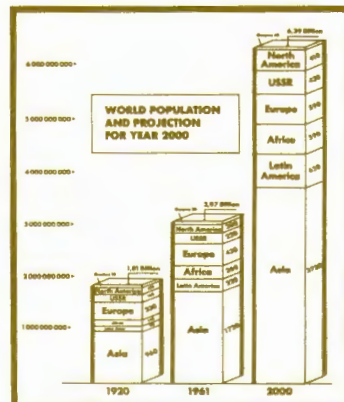
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"Every marriage act must remain open to the transmission of life," said Pope Paul in his recent encyclical. He ruled out every action which proposes "to render procreation impossible."

The Pope denounced artificial contraception — the only practical means of controlling population. He held that it is not reasonable "to have recourse to artificial birth control" even though "we secure the harmony and peace of the family, and better conditions for the education of the children already born."

By his edicts the Pope has struck a crushing blow against current efforts to reduce the flood of people now engulfing the earth. In the advanced countries most couples—Catholics as well as Protestants—already practice birth control. But in the underdeveloped countries, such as in Latin America, the Pope's

teaching may result in the birth of hordes of children who will not have enough to eat.

Famine already stalks the earth. Half of humanity goes to bed hungry every night. Ten thousand or more people are dying of starvation every day. This means that more than three and a half million starve to death every year. (The present tragic Biafra toll is in addition to these figures.)

As recently as 1953 there were 2½ billion people on earth. Today only 15 years later there are 3½ billion. A generation from now that number will approximately double at the present rate of increase, as the chart shows.

The Pope dismissed the population explosion with a few brief words, merely saying that it should be met by greater

social and economic progress, rather than to resort to "artificially materialistic" measures to limit births.

The encyclical appears to millions of Catholics and Protestants as a rather incredible document, considering the eminence of the author and his access to the world's leading demographic, agricultural and other authorities. It is viewed by many as one of the most fateful blunders of modern times.

For there can be no doubt that unless population is brought under control at an early date the resulting human misery and social tensions will inevitably lead to chaos and strife—to revolutions and wars, the dimensions of which it would be hard to predict.

Nothing less than survival of the human race is at stake.

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TESTIMONY OF
UNITED STATES
COALITION FOR LIFE

PART II

“AN OVERVIEW OF
AID-POPULATION CONTROL
PROGRAMS”



(EVALUATING) TITLE X

POPULATION CONTROL FUNDING ABROAD



Indonesian poster emphasizes trials of oversize families

Congressional hearings such as these generally are ill-suited to an in depth evaluation of programs under consideration. Generally, once omnibus programs such as AID's population control program become part of the public law, the major emphasis is shifted to authorization levels and discussions of new and expanded programs and services funded under the provision with less and less attention focused on the merits or lack of merits of the original bill.

Since 1965 when the State Department embarked on a modest program of population

assistance the United States Congress has become the world's foremost Pill and prophylactic provider and the most prominent international channel for the promotion of abortion, sterilization and contraception in the developing nations. Further, Title X funds have become a principal factor in the violation of basic human rights including the most fundamental right - that of life - as well as those rights related to the integrity of the family and the inviolability of the right of generation.

Whereas in the past, the U.S. Coalition for Life has

attempted to offer recommendations within the framework of Title X, such a position can no longer be justified in light of the continuous violations of the Helms anti-abortion provision to the Foreign Assistance Act and the use of Title X funds to manipulate and deform national consciences in the sphere of human reproduction and other familial decisions.

The Coalition therefore wishes to express publicly its complete opposition to any and all continued Congressional support for population control programs carried out under Title X of the Foreign

Assistance Act, and to present evidence to this Committee in support of our position. In doing so, it is necessary to examine the very basic principles upon which

Title X was based and to offer an alternative set of programs which place emphasis on positive human values and programs which enhance the welfare of both the individual

and his family and contribute toward the common good of the developing nations of the world.

A SECOND LOOK AT THE PUBLIC HEALTH ASPECTS OF POPULATION CONTROL

One of the alleged benefits of AID's population control program as specified in Sec. 291. General Provisions is the improvement of the health of Title X recipients and their families.

In the area of maternal and child health care it is known, though not always appreciated, that the art of breastfeeding can do more to cut down infant mortality via better nutrition and promote natural child spacing than all the efforts of international family planning groups combined. Yet Mother Nature's prescription for healthy infants is frequently superseded by birth control prescriptions for the Pill thereby exposing the newborn child to a host of diseases and infections and the mother to the ever increasing dangers posed by iatrogenic (i.e. physician caused) illnesses some of which may result in severe disability and even death.

As noted earlier, the United States Government is the largest promoter and provider of the Pill in the world. If one views the Pill as

a form of chemical warfare on women the role of Congress and this Committee which has jurisdiction over House authorization for federal foreign birth control programs, takes on a somewhat sinister complexion.

One of the glaring omissions of the Title X provision is that it contains no mandatory provision for the informed consent of patients in birth control programs. Without such a provision backed by practical guidelines and stringent penalties for failure to comply by the attending family planning agent or health officer, illiterate and impoverished women in developing nations are transformed into mere spectators in their own health care and are at the mercy of population control experimenters who are willing to sacrifice the welfare of clients for the abstract so called 'higher good' of society.

The phenomenon of putting population growth concerns before the health and well being of the patient is illustrated below in the two

sets of birth control pill inserts distributed by physicians and/or family planning workers.

In the new pill packet designed for **American** women, the Food and Drug Administration has mandated six specific precautionary statements to be listed:

-
1. Should not be taken by women over the age of 40 because of the increased risk of heart attacks.
 2. Should never be taken by pregnant women because they may injure the fetus.
 3. Should be discontinued three months before a woman tries to become pregnant to avoid potential birth defects.
 4. Should be discontinued at least four weeks before any type of surgery that would involve an increased risk of blood clotting or prolonged bed rest, because pill users are four to six times more likely to have blood clots after surgery than those not on the pill.
 5. Appear to be associated with nonmalignant liver tumors that, although rare, could be fatal if they rupture and result in internal bleeding.
 6. Have not been linked to cancer, although women should be carefully monitored by their physicians for abnormal uterine bleeding and lumps in the breasts.
-

Any woman experiencing nausea, dizziness, vertigo or vomiting is urged to report the information to her physician as soon as possible. A six month checkup for women on the Pill has also been recommended.

The directions for use of oral contraceptives by women

in **Pakistan** however are quite different. Note that in the pamphlet reproduced below which is distributed by the Pakistan Population Planning Council, women who experience the above symptoms are instructed not to worry, and that these are merely temporary occurrences which will disappear with regular use of

the pills. No mention is made of temporary and in some cases permanent sterility associated with oral contraceptives. The possible abortifacient action of the oral contraceptives are not stated - merely the assurance that "use of female pills is the best way to space child birth"

(TRANSLATION)

Directions For Use of Oral Pills

Use of female pills is the best way to space child birth. One hundred percent success can be guaranteed only if use remains continuous and regular. This packet contains 28 pills—21 of these are white and the remaining seven are either colored or different in size. On the fifth day after menses take the first pill (marked by an arrow). Then take one pill each day with water. After 21 pills have been taken, take one colored or different size pill each day for the remaining seven days. After one entire packet has been emptied, start another the next day. Pregnancy does not occur if these pills are taken continuously. Whenever you want to have a baby, stop using the pills. It is good practice to set a specific time to take a pill each day. If some day you forget to take a pill, take the regular pill at the same fixed time the next day along with the previous day's forgotten pill. If, by chance, you forget to take pills for two consecutive days, on the third day take that day's pill at the same fixed time along with the previous two days' forgotten pills. If, for three consecutive days pills were not taken for some reason, stop taking the pill and use another method of family planning. When menses begin once again, wait five days and then begin using pills from a new packet. Don't worry if during the use of these pills some signs similar to pregnancy occur—like nausea, vomiting, vertigo or dizziness. These are temporary occurrences and will disappear with regular use of pills. If bleeding or spotting should occur during this period, don't be alarmed—regular use of the pills stops this. During pregnancy and breast-feeding do not use these pills. For any further questions, please come to the nearest clinic where you see our insignia displayed. The price for one packet of female pills is only 25 paisas.



*Fig. 2. This pamphlet printed in Urdu and Sindhi is available wherever oral contraceptives are distributed.

— Pakistan Population Planning Council

The non-medical distribution of oral contraceptives in developing nations as a part of national population control programs has been approved by AID and pushed by AID population administrators including Dr. Ravenholt. Such a policy is indicative of the exploitative nature of population control programs, and the above criticisms would

apply equally well to other mass fertility control drugs and devices including IUDs, Deop-Provera, "the morning-after pill", and various implants - all of which are primarily abortifacient in nature but which continue to be distributed widely in AID's population control programs.

It is deceptive to promote

programs of population control under the guise of maternal and child care programs as is generally done in Latin America and other Catholic areas of the world, since the underlying premise of the national population control program is primarily based on the urgent need to limit population growth - at all costs.

THE MYTH OF VOLUNTARISM

Several months ago Jose Clemente Cardinal Maurer of Sucre, president of the Bolivian Bishops Conference (CEB) presented to President Hugo Banzer 300 pages of documentation to support charges made by the bishops that foreign agencies were imposing birth control on the Bolivian people. President Banzer has ordered the Ministry of Health headed by Jorge Torres Navarro to report the findings of the investigation of the charges to him.

According to the **Latin American Press** three of the agencies named in the bishops' documenta-

tion were the Agency for International Development, the Pathfinder Foundation (Fund) and the Population Council. Other financial channels for AID funds for birth control in Bolivia include the UNFPA and the World Assembly of Youth.

The US-AID current level of funding in Bolivia for so-called "responsible parenthood programs" is about \$2.5 million. As the late Sangerite leader Dr. Alan F. Guttmacher once quipped - first we will teach them responsible parenthood - then we teach them how!

According to Cardinal

Maurer, "crates" of contraceptive devices were being distributed throughout the country, with propaganda and well disguised funds described as maternal-child care funds.

Commenting on Bolivia's small population of 5.5 million people which has been stagnant for the last decade, Archbishop Marrisgue of LaPaz has stated that "We are a poor nation with small numbers of inhabitants. We cannot allow this new birth control outrage which would leave us without any people and (open to) social and economic absorption by the surrounding nations."

°Mr. Chairman, I ask that you instruct the Committee staff to contact Cardinal Maurer and request a copy of the 300-page document in order that the charges leveled against AID and the agencies using AID funds for operations and services be examined first hand.

A similar incident erupted in February of this year in Costa Rica where President Daniel Oduber has ordered a judicial inquiry into charges that forced sterilization is occurring in some hospitals and that foreign funds are being used as bribes to lure physicians to perform sterilizations. A government official has pointed out that more than \$9 million has been spent in Costa Rica on sterilization promotion and services. As a result, the number of contraceptive sterilizations has risen from 80 in 1960 to 6,000

in 1976.

The largest donor of birth control funds including funds for sterilization in Costa Rica is US-AID. Other AID-funded agencies such as the IPPF and the UNFPA are also active in Costa Rica.

°Again, Mr. Chairman, I ask that you direct the Committee staff to contact President Oduber's office and establish the facts on the Costa Rican sterilization program funded either directly or indirectly through US-AID.

The above two illustrations of current charges against AID and AID-funded agencies do not represent isolated cases. Indeed, if the definition of "coercion" and its legal cousins duress and undue influence are considered within the broad spectrum of meaning in the law to include not only objective acts of compulsion but also attendant circumstances such as age, sex, capacity, and relation of parties and so forth, it may be logically argued that population control programs are by their very nature "coercive" and pose a threat to individual liberty and the family.

By this I mean to say that the poor - through the compulsion of poverty - are dependent upon the goodwill of the State for many of their basic provisions of life - food, clothing etc. - and while they are in this state of total dependency, they are more susceptible to pressures from government or government agents than those who are self-sufficient and are free to accept or reject the state's birth control services as they see fit.

While the General Provisions clause Sec. 291 (a) provides that the United States recognizes that every nation is and should be free to determine its own population policy, it nevertheless explicitly advocates the establishment of national programs of "voluntary family planning" for those who wish to avail themselves of such benefits. Sec. (c) also provides that the President shall establish reasonable procedures to insure

freedom from coercion and respect for the family planning client's "moral, philosophical, or religious beliefs."

In sections (a) and (c) however, there appears to be an irreconcilable contradiction. On one hand we are told that Title X funds are to be used to induce foreign governments to initiate and maintain a national program of population control which, as noted above - contain by nature certain coercive elements to a greater or lesser degree. On the other hand, we are told that such programs must be totally voluntary and free from any pressures which might violate the family planning client's beliefs. Further, that the President shall establish provisions and issue guidelines which will insure such protection of rights and consciences.

But where Mr. Chairman, are these procedures actually spelled out in black and white? Where do we find in any AID document or publication practical and meaningful protective provisions as suggested in Title X? Certainly mere Congressional or Presidential recitations on voluntarism do not automatically insure the fact of voluntarism. Wishing does not make it so!

It should be noted that while the terms "family planning" and "population control" are frequently used interchangeably in Congressional debates they are generally not held to be the same by the more aggressive proponents of population limitation and/or reduction including Dr. Kingsley Davis of the University of California

who states that family planning by everyone is population control by no one.

In a recent Gallop/Kettering Global Survey on Human Needs and Satisfaction, the majority of Third World people interviewed favored increased population growth and moderate to large size families.

Thus if the majority of these families pursue their personal preferences related to family size, most will have from three to six children or more. This number even if we use the lower limit of the three child family remains above the 2.2 - 2.3 child family required for so called "population stabilization" which is the primary objective of most current national population control programs.

On the other hand if the will of the population control establishment is considered to reflect the will of the state, then obviously pressures of all kinds will have to be brought to bear on the fertility-conscious populace in order to bring about a reduction in the number of children wanted by the average family.

Plainly, the choice is either "family planning" where the family is given the right to determine family size or it is "population control" where the state sets reproductive limits enforced by sanctions and penalties to assure compliance. No discussion of Title X is rational until the above terms are defined and the primary and secondary purposes of the measure clearly set forth.

EXPORTING THE SEXUAL REVOLUTION

In examining the general provisions of Title X it is of the utmost importance to note that among the alleged benefits of national birth control efforts is the increase in "family stability" and we can infer I think the general enhancement of family life. The underlying assumption is that birth control is a positive good and therefore it is an area which government may promote in pursuit of the common good.

Western Europe and the United States are currently classical examples of the Malthusian state. All forms of birth control including abortion and sterilization are sanctioned.

The important consequences of the decrease of births in these countries include: heavy demographic aging, social aging, employ-

ment problems, and overloading of Social Security costs in regards to active population.

In the sphere of national sexual mores the principal maxim is: sexual activity without consequences is morally good and should be sanctioned by society either with legal precepts, or with technical proceedings. And in the separation of the sexual act from procreative consequences man has to a large degree lost the transcendental vision of life.

The result has not however been an increase in national virtue and an increase in family stability but rather just the opposite.

Since 1965 the U.S. Government has been a leader in the promotion of the Sangerite or birth control ethic and has expended

hundreds of millions of dollars in exporting both the philosophy and the technical assistance to implement that philosophy to the developing nations. Clearly such a policy is **not** morally "neutral" since there are many Americans who hold moral and religious beliefs which oppose such a policy.

Yet despite the great outlay of funds year after year by Congress for the promotion of what might be termed "the sexualization" of developing nations little attention has been focused on the consequences of such programs and policies on the quality of family life in these countries where the spirit of work, sacrifice and self-control are necessary for national development and family stability.

I suggest that the developing nations of the world do not need the type of foreign population control assistance which has become the hallmark of Title X programs as designed by Dr. R. T. Ravenholt and his associates. And I charge that what Title X funds are doing in fact is exporting a form of institutionalized degradation and contributing to the destruction of the family unit and the lowering of the national moral climate of these nations so vital for their national development.

VIOLATIONS OF THE HELMS ANTI-ABORTION AMENDMENT

In 1973, Section 114 of the Foreign Assistance Act of 1961, as amended, added legislative restrictions on the use of funds relative to abortion. The restriction is popularly known as the Helms Amendment.

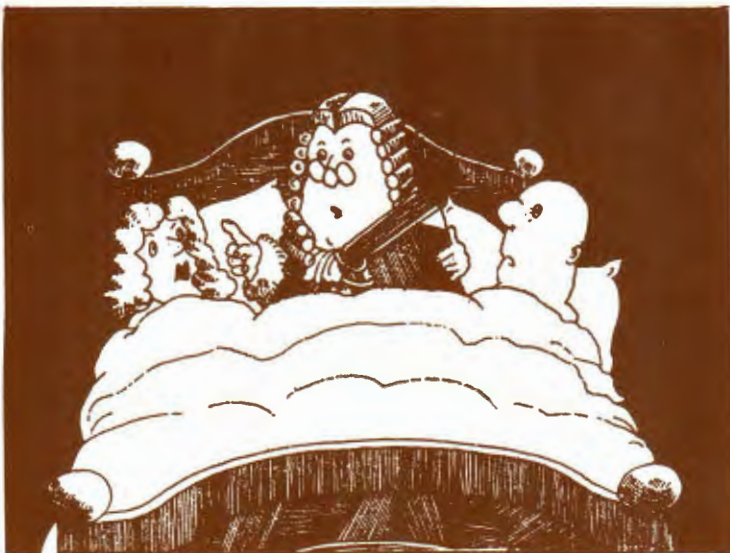
Prior to its passage, it is well known that staff members and administrators of the State Department lobbied against the abortion restriction going so far as to use AID-funded publications to stimulate public opposition to the measure.

Commenting on the impact of the anti-abortion protagonists on government population activities in an interview in the November 1976 issue of the University of Minnesota's Alumni News, Ravenholt called them "a malignant remnant of the medieval Mediterrean inquisition which seeks to keep the poor on the uterine rack forever."

"Section 114. Limiting use of funds for abortion-None of the funds made available to carry out this part [Part 1 of the Act] shall be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions."

Even after the passage of the Helms Amendment such opposition has not abated, and there is the very good possibility that we will see in 1977-78 an attempt by AID to as Dr. Ravenholt so picturesquely put it at a NARAL wine and cheese dinner in August of last year, "get rid of the damn Helms Amendment!"

PROMOTING ABORTION LAW 'REFORM' IN DEVELOPING NATIONS



In 1972 AID established a multi-million dollar Law and Population Programme at the Fletcher School of Law at Tufts University. The key administrator of the program is Dr. Luke T. Lee - an articulate pro-abortion advocate.

The Law and Population Programme is under the direction of an International Advisory Committee on Population and the Law whose names are listed below

The Committee includes key internationally known

abortion advocates such as Harriet Pilpel, Rafael Salas, R. T. Ravenholt, Julia Henderson, Phil Claxton and Saran G. Singh.

In cooperation with AID and the IPPF and UNFPA, the Programme initiates what is called "a country project" to determine the legal position of various developing nations on topics related to population including laws related to abortion, sterilization and contraception. The Programme operates numerous workshops and seminars and publishes its findings and studies in monographs which are subsequently distributed at home and abroad. Such studies usually form the basis for reproductive law reform in the country where the research was carried out.

For example, in a monograph titled **LAW AND POPULATION IN UGANDA** which was funded by the Programme, the author concludes his study of Uganda's laws relating to population by recommending the government change its current restrictive laws on abortion as well as laws which prevent the distribution of birth control to unmarried persons.

This study carried out by Professor of Law Abraham Kiapi at Makerere University in Uganda, an institution which has received millions of dollars in US-AID abortion research funds for the development of prostaglandins, is the prototype of almost every Programme 'country project'. Once completed, the pro-abortion-sterilization-contraception monograph is used as a lever or wedge by local IPPF affiliates to begin liberalizing national laws in these and related areas.

Given the total Malthusian composition of the Programme's board of directors the results of these studies financed by the American

taxpayer through AID and/or its international associates - the IPPF and the UNFPA - is hardly surprising.

°Mr. Chairman, I ask that you direct your staff to investigate the pro-abortion activities of the Law and Population Programme at Tufts to determine the extent to which this agency has promoted abortion legislation abroad and has supported via travel funds etc. the work of its board of directors for the purpose of promoting abortion and sterilization 'reform' in the developing nations where it has or is currently conducting its country projects or has contracted research which will be used to undermine restrictive abortion and sterilization and contraception laws in these nations.

Mr. Chairman, I know, for example (#A) that the GAO has asked the IPPF for a financial statement to show that it is in keeping with the Helms Amendment. Do you know if the same procedure is followed for all agencies receiving AID population money, for example, the Population Council and so forth, or is it just the IPPF?

Chairman Zablocki. Under the law, I believe all agencies receiving any Federal funds would have to comply.

STANDARD CLAUSE INCLUDED IN IPPF GRANTS

Abortion-Related Activities

No funds made available under this grant will be used for the following family planning and population assistance activities:

1. procurement or distribution of equipment provided for the purpose of inducing abortions as a method of family planning;
 2. information, education, training, or communication programs that seek to promote abortion as a method of family planning;
 3. payments to women in less developed countries to have abortions as a method of family planning;
 4. payments to persons to perform abortions or to solicit persons to undergo abortions.
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International Advisory Committee on Population and Law

The Programme is under the general supervision of the International Advisory Committee on Population and Law, which is a nongovernmental organization accredited to ECOSOC and UNICEF. Its members are:

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Dr. Jean Mayer (President, Tufts University)
Chief Justice Keba Mbaye (Supreme Court, Senegal)
The Reverend Arthur McCormack (Population and Development Office, Rome)
Dr. J. N. Monie (Minister of Transport, Cameroon)
Mr. Bradford Morse (U.N. Development Programme)
Dr. Minoru Muramatsu (Institute of Public Health, Japan)
Mrs. Harriet F. Pilpel (U.S. Planned Parenthood-World Population)
Dr. K. A. A. Quamruddin (Institute of Law and International Affairs, Bangladesh)
Dr. R. T. Ravenholt (U.S. Agency for International Development)
Dr. Rafael Salas (U.N. Fund for Population Activities)
Mr. Marc Schreiber (U.N. Human Rights Division)
Dr. Saran G. Singh (University of Jammu, India)
Mrs. Helvi Sipila (Assistant Secretary-General for Social Development and Humanitarian Affairs)
Mr. Leon Tabah (U.N. Population Division)
Mr. Steven Tokarski (Fletcher School of Law and Diplomacy)**
Professor U. U. Uche (University of Nairobi, Kenya)
Mr. Carl Wahren (Swedish International Development Authority)
***Executive Secretary**
****Rapporteur**

BREAKING THROUGH THE US-AID ANTI-LIFE INTERLOCKING DIRECTORY

A Case Study

One of the difficulties in implementing the provisions set forth in the Helms anti-abortion amendment is the fact that almost every agency receiving AID population grants or contracts is vigorously pro-abortion including the IPPF, the UNFPA, the Population Council, the Pathfinder Fund, and the PPFA. (See attachment #4 for a listing of major AID grantees).

°Mr. Chairman, I understand that the GAO has requested the IPPF in London to separate its funds which are used for abortion from its regular program funds, thus attempting to insure that the provisions of the Helms Amendment are carried out. The IPPF report to the GAO on its abortion finances should be very interesting since the IPPF is the largest quasi-governmental agency promoting abortion around the world through its extensive chain of affiliates and clinics.

For the record Mr. Chairman would you state if the same procedure is required by the GAO for the agencies which are listed in attachment #2? Or is the IPPF the only agency thus far which has been asked to separate its abortion financial figures in its accounting procedures?

I think that our agency will be able to expand on the above matter concerning the

People Volume 3 Number 2 1976



Administration: \$34 million.

Research and development of means of fertility control: \$46 million.

IPPF: \$60 million.

Pathfinder Fund, Population Council, Family Planning International Assistance, Association for Voluntary Sterilization: \$75 million.

UNFPA: \$97 million.

Contraceptives and clinic supplies: \$99 million.

Development of demographic data, research on fertility determinants and consequences, policy development, evaluation: \$105 million.

Bilateral assistance (excluding contraceptives): \$216 million.

US Agency for International Development provided \$732 million for population programme assistance 1965-75. Diagram shows how the money was spent.

abortion activities of the IPPF once we can take a look at the GAO report which it was to have filed months ago.

Certainly the 2% ball park figure it gave to the GAO to indicate the amount of its total budget spent on abortion

and the promotion of abortion is ridiculously low.

In monitoring the use of Title X funds, the GAO faces a very real difficulty in even determining which agencies to monitor in the first place since AID funds for promoting abortion or purchasing abortion equipment may be channeled through a dummy corporation as in the case of the two programs I am about to highlight below.

THE INTERNATIONAL FERTILITY RESEARCH PROGRAM (IFRP)

The IFRP is one of a number of AID fertility control enterprises at Chapel Hill, N.C. The Director of the program is **Dr. Elton Kessel** and the Principal Investigator is **Dr. Leonard Lafe** who is mentioned in attachment #1 of this testimony.

Funding of IFRP programs to date by the Agency for International Development has been as follows:

1. Contract AID/csd-2979 -- International Fertility Research Program; Dr. Elton Kessel, Program Director, IFRP:
 - FY 1970
 - FY 1971 \$3,106,000
 - FY 1972 \$1,800,000
 - FY 1973
 - FY 1974 \$1,500,000
 - FY 1975 \$2,695,000
 - FY 1976 \$3,000,000 (est)
2. Contract AID/pha-C-111 -- Development of New and Improved IUDs; Dr. Leonard Lafe, Principal Investigator, IFRP:
 - FY 1970 - 74
 - FY 1975 \$210,000
 - FY 1976 \$200,000

ATTACHMENT 4

WHERE AID'S POPULATION MONEY GOES:

Some Recipients of AID Population Funds in the Past Ten Years

UNIVERSITIES

American University in Beirut	\$ 5,000
American University of Cairo	2,892,000
University of California, Berkeley	693,000
University of California, Los Angeles	3,305,000
University of California, Santa Cruz	3,201,000
California Institute of Technology	2,022,000
University of Chicago	1,961,000
University of Colorado	76,000
Columbia University	2,343,000
University of Connecticut	257,000
George Washington University	3,198,000
Harvard University	1,827,000
East-West Population Institute	6,606,000
East-West Communications Institute	2,206,000
University of Hawaii	2,187,000
University of Illinois	1,427,000
Johns Hopkins University	9,322,000
Loma Linda University	4,744,000
Meharry College of Medicine	3,027,000
University of Michigan	5,212,000
University of Minnesota	3,350,000
State University of New York, Brooklyn	1,697,000
State University of New York, Buffalo	5,432,000
Northwestern University	3,350,000
University of North Carolina	11,348,000
University of Notre Dame	513,000
Pennsylvania State University	223,000
University of Pittsburgh	730,000
University of Puerto Rico	18,000
Singapore University	475,000
Tufts University	1,116,000
Tulane University	90,000
Wake Forest University	364,000
Washington University	616,000
University of Wisconsin	337,000
Subtotal	\$86,170,000

PRIVATE

Airie Foundation	\$ 3,838,000
American Association for the Advancement of Science	3,930,000
American Home Economics Association	1,500,000
American Institutes for Research	842,000
American Public Health Association	1,744,000
Asia Foundation	1,757,000
Association of American Medical Colleges	93,000
Association for Voluntary Sterilization	1,626,000
Battelle Memorial Institute	1,711,000
Center for Cultural and Technical Interchange Between East and West	1,047,000
Council on Social Work Education	160,000
Design Center of Washington, D.C.	2,000
Dick Young Productions	100,000
Family Health Incorporated	1,366,000
Family Planning International Assistance Programs	15,284,000
General Electric Corporation	2,068,000
Governmental Affairs Institute	771,000
International Association of Schools of Social Work	1,547,000
International Confederation of Midwives	993,000
International Planned Parenthood Federation	60,772,000

International Statistical Institute	3,893,000
International Union for a Scientific Study of Population	10,000
Management Services for Health, Inc.	561,000
Margaret Sanger Research Bureau	1,145,000
Medical Assistance Programs, Inc.	107,000
National Association of Foreign Student Advisors	135,000
National Data Use and Accesslabs	798,000
National Institute for Community Development	653,000
New York Academy of Sciences	60,000
Organization for Economic Cooperation and Development	309,000
Organization for Rehabilitation Through Training	1,489,000
Pan American Federation of Associations of Medical Schools	2,133,000
The Pathfinder Fund	23,592,000
The Population Council	23,594,000
Population Reference Bureau (May 1975-1976)	202,000
Planned Parenthood of Chicago	763,000
Planned Parenthood of Metropolitan Washington	346,000
Planned Parenthood Federation of America	13,500,000
Population Services International	2,552,000
Rand Corporation	557,000
Research Triangle Institute	757,000
Salk Institute	4,405,000
64th World Congress on Gynecology and Obstetrics	94,000
Southwest Foundation for Research and Education	2,139,000
Westinghouse Electric Company	534,000
Worcester Foundation for Experimental Biology	3,188,000
World Assembly of Youth	2,342,000
World Education, Inc.	3,261,000
Subtotal	\$194,270,000
U.S. GOVERNMENT	
U.S. Bureau of the Census, Department of Commerce	\$7,192,000
General Services Administration	13,500,000
Center for Population Research, National Institute of Child and Human Development, HEW	1,593,000
Children's Bureau, Welfare Administration, HEW	40,000
National Academy of Sciences	429,000
National Center for Health Statistics, U.S. Public Health Service, HEW	434,000
National Communicable Disease Center, U.S. Public Health Service, HEW	10,000
Smithsonian Institution	3,930,000
U.S. Center for Disease Control	300,000
Subtotal	\$27,428,000
OTHER	
International Development Authority	\$3,000,000
United Nations Fund for Population Activities	97,040,000
Subtotal	\$100,040,000
Total	\$405,908,000

There are no agencies or institutions other than Chapel Hill in the IFRP. The IFRP provides standard data collection instruments and research protocols enabling an international network of independent clinicians to participate in the evaluation of newer developments in fertility control. Computer assisted analysis through sets of programmed standard tables permits rapid feedback of study results. In this way, the generation time is shortened for a new concept in fertility control to be tested under use conditions and modified for a next trial.

To date the IFRP has collected data on fertility control - contraception, sterilization and abortion - from 30 nations and had prepared more than 250 papers on its findings for presentation at population and fertility control international seminars and workshops.

A typical IFRP project titled "Menstrual Regulation - A Community Service in Howrah, India" was carried out in 1973 in conjunction with the India Fertility Research Programme in Calcutta. According to the IFRP 'study' Muslims and poor and rural residents do not make use of the mini-abortion service to the extent that Hindu residents and urban dwellers do. According to the conclusions reached by the IFRP research team menstrual regulation or early abortion termination is a safe,

Population Program Assistance, Fiscal Year 1973, GPO #4401-00039, Agency For International Development, pages 168-194.

Population Program Assistance, Fiscal Year 1975, unpublished as of 2/9/76, pages 9, 10 and 19-30. To be published by GPO.

Foreign Assistance and Related Agencies Appropriations for 1976 Hearings before House Subcommittee on Appropriations, Tables of Organizations, pages 685-687 and 699-701.

*Source - SPECIAL REPORT: Questioning the Source—No. 1, the Environmental Fund - May 1976



simple, economical and efficient method of fertility control. However it was stated that more investigation might be conducted on why some religious groups do not make use out of the service while others do.

INTERNATIONAL PREGNANCY ADVISORY SERVICES

The IPAS is a non-profit, tax-exempt organization also

located at Chapel Hill, N.C. It was incorporated on October 17, 1973 at about the same time that the battle over the Helms Amendment had reached fever pitch.

The names of the incorporators and initial board of directors of the IPAS as they appear on the official documents are listed below along with information on the purposes and classes of membership of the IPAS.

Published by the
United Nations Association
of the United States of America.

ARTICLES OF INCORPORATION

*Note the identification IFRP following each name.

7. The number of directors constituting the initial board of directors shall be three (3) and the names and address (including street and number, if any) of the persons who are to serve as directors until the first meeting of the corporation or until their successors are elected and qualified are:

NAME	STREET ADDRESS (If none, so state)	CITY OR TOWN
Elton Kessel, IFRP,	NCNB Plaza, 136 E. Rosemary St., Chapel Hill, N.C.	27514
George H. Stathes, IFRP,	NCNB Plaza, 136 E. Rosemary St., Chapel Hill, N.C.	27514
J. Harvey Lucas, IFRP,	NCNB Plaza, 136 E. Rosemary St., Chapel Hill, N.C.	17514

8. The names and address (including street and number, if any) of all the incorporators are:

NAME	STREET ADDRESS (If none, so state)	CITY OR TOWN
Elton Kessel, IFRP,	NCNB Plaza, 136 E. Rosemary St., Chapel Hill, N.C.	27514
George H. Stathes, IFRP,	NCNB Plaza, 136 E. Rosemary St., Chapel Hill, N.C.	27514
J. Harvey Lucas, IFRP,	NCNB Plaza, 136 E. Rosemary St., Chapel Hill, N.C.	27514

3. The purposes for which the corporation is organized are:

- a.) To promote and support the extension of private fertility control services;
- b.) To establish standards for the provision of fertility control services;
- c.) To provide consultation in the organization of fertility control services;
- d.) To disseminate information concerning the provision of fertility control services; and
- e.) To develop, organize, finance and support systems for fertility control services.

4. The corporation is to have the following class or classes of members: (If there are to be no members, so state.

- a.) Regular members;
 - b.) Affiliate members; and
 - c.) Institutional members.
- All members shall be non-voting members.

5. Directors of the corporation shall be elected in the following manner:

By majority vote of Directors then holding office.

6. The address of the initial registered office of the corporation is as follows:

Street address, (if none, so state) NCNB Plaza, 136 E. Rosemary Street
City of Town - Chapel Hill, North Carolina, 27514
County - Orange County

The name of the initial registered agent of the corporation at the above address is J. Harvey Lucas

IPAS Board of Directors:

Donald A. Collins,
Chairman
John B. Tomaro, Ph.D.,
Executive Director
D. Malcolm Potts, M.D.
Leonard E. Laufe, M.D.
T. Harry Lean, Esq.
Jorgen R. Jenk, M.B.E.

The IPAS designs and distributes all forms of surgical birth control equipment including sterilization clips and mini-abortion kits for early suspected pregnancy termination which have been distributed to more than 65 nations. The IPAS also has a clinic loan program. These clinics which to date total

fourteen perform all forms of fertility control procedures including abortion.

The IPAS is not a donor organization. It maintains a close working relationship with numerous inter-governmental and private agencies and foundations.

The IPAS is supported by contributions from the following groups:

°Agencies receiving US-AID funds.

IPAS support:

Fred H. Bixby
Foundation
Sunnen Foundation

Scaife Family Charitable Trusts

- °Family Planning International Assistance
- °International Fertility Research Programme
- °Planned Parenthood Federation of America
- °The Pathfinder Fund
- °Population Services International
- Cordelia S. May Charitable Trust**
- Planned Parenthood of Los Angeles**
- The Scherman Foundation, Inc.**
- Eaton Laboratories**
- The International Foundation**
- The Forest Fund**



AID CONNECTIONS WITH IPAS DENIED

In a letter of February 15, 1977 responding to an inquiry from the Coalition on the IPAS, Denis M. Neill, Assistant Administrator for Legislative Affairs for AID stated that AID has not given the IPAS any funds either directly or indirectly for its programs or services.

Now this is obviously not true since as noted above three IFRP personnel, Kessel, Stathes, and Lucas **INCORPORATED** the IPAS. Further, the IFRP is listed in the IPAS

brochure giving the names of financial contributors.

It is also important to note that while the articles of incorporation provide for various types of membership to date not even a membership committee has been set up within the IPAS.

● Mr. Chairman, I believe that we have here a situation where in an attempt to circumvent the anti-abortion Helms Amendment a dummy agency i.e. the IPAS was

established to enable AID funds to be channeled to developing nations for the purpose of promoting abortion and abortion services including menstrual regulation and early pregnancy termination. We therefore ask for a full investigation not only of the IFRP and the IPAS but also of funds given to the IPAS by AID grant recipients such as the UNFPA and the IPPF.

PSI '\$m abortion concern'

Population Services International, which proposes to set up an abortion clinic in the ACT, had an annual cash flow of \$1 million, Senator Harradine (Ind. Tas) said yesterday.

Senator Harradine was quoting the project director of PSI, Dr. Geoffrey Davis.

Senator Harradine said PSI's investment in Australia "must rank as one of the more successful foreign investments of the decade".

The other directors of the company were Dr. Robert Gordon and Miss Henriette Nerichow, both of Sydney, who were also directors of another company, Merlin LeFay Pty Ltd. the lessor of PSI's Potts Point clinic.

The Potts Point clinic performed abortions from conception to three months, and that later abortions, up to 22 weeks, were carried out at an

Arncliffe clinic.

Opposite the Arncliffe clinic was the Posslyn Private Hospital which contained about 50 beds, most of which were abortion cases.

In the year before PSI opened its Arncliffe clinic the Rosslyn Private Hospital made a profit of \$975, and in the year the clinic opened, 1975, the Rosslyn Private Hospital made a profit of \$58,945 after tax.

The Rosslyn Private Hospital owned the Arncliffe clinic and received \$54,000 for it in 1975-76. A director of the hospital, Mr. John Carmody, used to be a director of PSI.

The hospital received \$156,000 in bed fees from PSI in 1975-76. If patients were covered by private insurance, they assigned benefits to the Rosslyn Private Hospital. If they were not, PSI met the difference.

In the 1976 accounts of PSI (Australasia) a \$15,600 administration fee was recorded as being paid to Miss Nerichow, and \$8,204 in bad debts.

It was said that for the next year "the directors do not consider it necessary to create a provision for doubtful debts in view of the introduction of the Medibank scheme".

During 1976 Dr. Davis had shared in the \$188,420 medical fees received by PSI and the \$38,168 rent for the Potts Point clinic.

"PSI is a 'non-profit' organization and therefore does not pay income tax or a dividend", Senator Harradine said. "However, those involved with PSI do not appear to be financially disadvantaged".

PSI had sought funds from the First National City Bank in the US to establish the Canberra clinic.

"There you have it: a multinational corporation, whose project director is the abortion king of Sydney, seeking foreign loans to establish a free-standing abortion clinic in this city" against the expressed wishes of the Parliament in May, 1973.

The Minister for Health, Mr. Hunt, repeated his warning to PSI not to go ahead at this stage with the clinic.

Replying to Mr. Stewart (Lab, NSW) he said PSI would open its clinic in about 10 days' time.

The government believed that the Legislative Assembly should consider both the political and social consequences of the clinic as soon as possible.

Editorial—Page 2

POPULATION SERVICES INTERNATIONAL (PSI)

Mr. Chairman, the PSI was established in 1970 in Chapel Hill, N.C. as a non-profit family planning firm specializing in the application of business techniques to solve social problems, in this case the so-called "population explosion".

The first PSI grant came from the Office of Economic Opportunity under the Department of Health, Education and Welfare. The grant was for \$100,000 for the purpose of setting up a condom-stamp program for teenage boys using OEO youth mailing lists to mail the coupons to the young boys.

PSI is the creature of Timothy Black of England and Philip Harvey formerly with

CARE. Dr. Black believes in the non-medical, hard sell, Madison Avenue approach to fertility control including contraception, sterilization and most importantly abortion.

After the condom-stamp program was suspended by government officials, PSI began collecting AID grants and contracts for fertility control enterprises abroad. As of 1975, PSI has received over \$3 million in US-AID funds for such projects.

PSI now has an international network of affiliates all tied to the parent PSI group which has moved its headquarters to New York City.

Among its directors is Malcolm Potts, a long time associate of the IPPF and a current director of the Inter-

national Pregnancy Advisory Services mentioned earlier.

PSI (AUSTRALIA)

The latest PSI office to open is PSI (Australia) directed by Dr. Geoffrey Davis of Sydney. It is the current subject of an intensive debate within the Australian government because of its abortion activities in that country.

According to Senator Harradine of Tasmania, PSI (Australia) has an annual cash flow of \$1 million. In 1976 it made a profit of \$173,575, which makes it one of the most successful foreign investments of the decade.

PSI (Australia) currently runs a national abortion

service. Abortions are carried out in the second trimester as well as first trimester of pregnancy.

One of the methods used in late abortions at the PSI (Australia) clinic is called exsanguination.

Exsanguination involves the rupture of the amniotic sac and the curving of the umbilical cord causing the preborn child to bleed to death. After a 12-hour waiting period the fetus is dismembered via a D&C. This technique was used by the PSI in Bangladesh RIGHT UP TO TERM.

Mr. Chairman, the largest AID contract to PSI was for fertility control activities in **Bangladesh** in 1975, where the technique of exsanguination was perfected.

PSI (INDIA)

The PSI also runs an office and fertility control facility in Bombay in cooperation with the Indian Government and other international agencies engaged in population control work in that country. Approximately 10-20 physicians have been shipped to PSI (Australia) for training including training in first and second trimester abortions. In India the former government of Indira Ghandi was interested

Population Services International (Australasia) A Non-Profit Fertility Control Organization A Member of the International Council of Voluntary Agencies

Limited Liability

Non-profit professional counselling and services in

- contraception — all options
- menstrual regulation
- interception of pregnancy
- abortion — first and mid-trimester — hospital & outpatient
- sterilisation — male and female
- VD diagnosis and treatment
- diagnosis and treatment of all related minor gynaecological conditions

PSI is a completely international non-profit professional fertility control organisation. It delivers services on a multinational basis with government participation and acknowledgement of varying political and legal sensitivities. It was founded in the US in 1970 and incorporated in Australia in November 1973.

in picking up on abortion services last year in order to offset some of the sterilization pressures it was putting forth.

°Mr. Chairman, in only a few years the PSI has become a multi-million dollar international abortion and fertility control enterprise. Once again, I must request that you investigate the role of US-AID funds in the establishment and promotion of the agency

i.e. the Population Services International.

As with the case of the IFRP-IPAS, our research office is at your service. I know that you are a long time supporter of the Helms Amendment and that you will take every step to see that it is not violated and that U.S. funds are not used to spread the abortion plague throughout the world.



SUMMARY OF REMARKS

Although this testimony is rather lengthy, it covers only a small portion of AID's many anti-life projects and services under Title X of the Foreign Assistance Act.

Clearly what is needed is a set of hearings by this Committee for the sole purpose of reviewing Title X itself as well as all those programs carried out with Title X funds including those which I have highlighted today.

As I stated earlier, the Coalition can no longer justify the continued existence of Title X funds. We therefore would recommend a zero-budget allocation for population control funds. Certainly we cannot say that X-million dollars is satisfactory since we do not approve of the program.

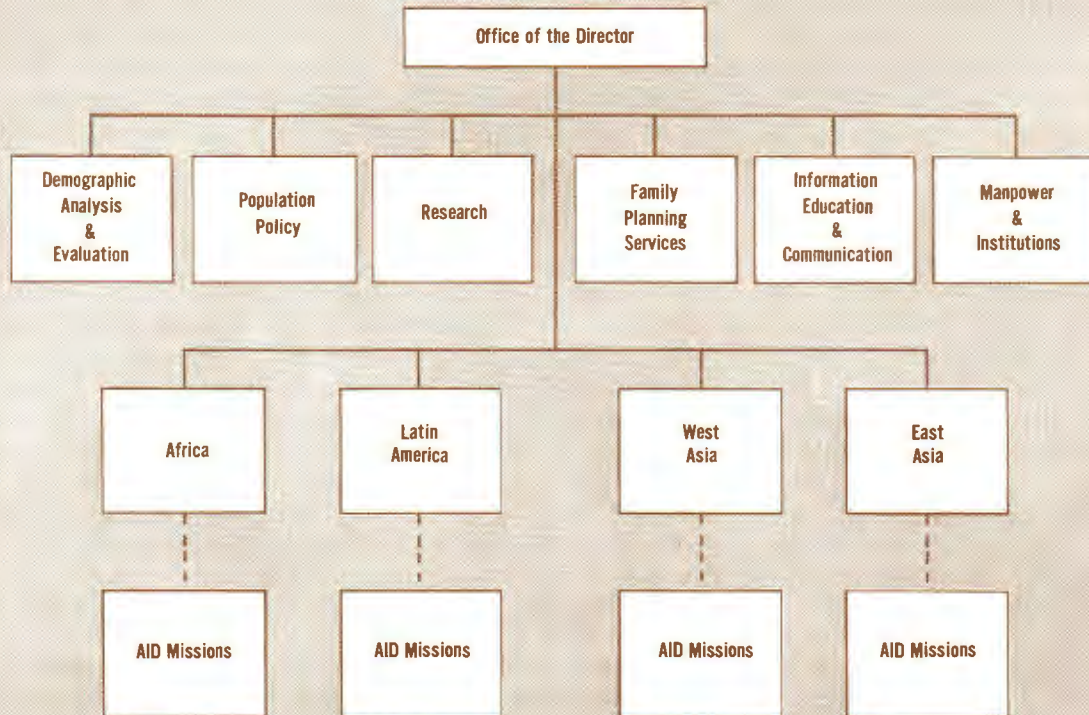
Still I know that until public opinion is brought to bear on the matter it is likely that Title X funds will continue to be authorized although with perhaps better oversight of the Helms Admendment. In this case, we would like to see as much of these funds diverted to true health care programs **not** associated with any population control provisions. We would like to see a build up in the Food for Peach program again, with no population control strings attached.

It is known, that if you wish to seek a cure for a disease you must first understand the nature of the malady. This has been my primary purpose here today, i.e. to expose the anti-life nature and philosophy of AID's population control program. Perhaps next time I can concentrate more on the cure for this disorder.

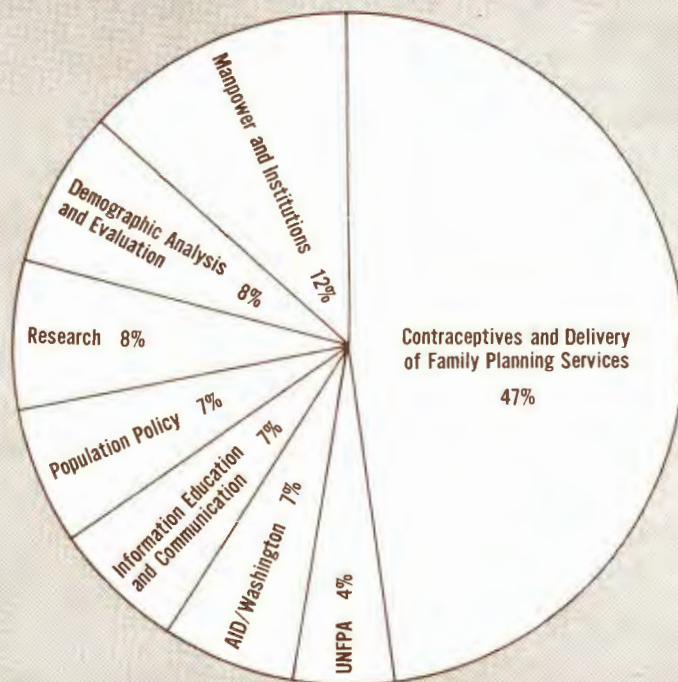
Thankyou Mr. Chairman.



Office of Population



AID Assistance to Population Programs
Resources allocated by major work goals, fiscal year 1973



AID/PHA/POP T3-2

Delivery of family planning services in developing countries, including provision of contraceptives, is currently the prime goal in AID's population program. But attainment of this goal requires substantial supportive effort in related fields.

***Following Mrs. Engel's testimony. Congressman Clement Zablocki, Chairman of the Committee on International Relations and other members of the Committee commented and questioned the representatives of agencies testifying on AID population programs including Mrs. Engel (U.S.C.L.) William Gaud and Julia Henderson (IPPF) and Phil Claxton (Population Crisis Committee). Below are some excerpts taken from the verbatim transcript of the April 18, 1977 hearings.**

Chairman Zablocki. Thank you, Mrs. Engel. You have given me a very large charge. I do not think I have enough hours, weeks, days, months, years to investigate AID alone. But I do want to say thank you for an enlightening adversary and interesting presentation. Certainly you have studied your point of view very well.

As all of you know, particularly you, Mr. Claxton, over the years since you do know I was never a very strong enthusiast for population control, and although realizing the need for family planning, we were instrumental in having this section put in where the choice would be voluntary. I was somewhat heartened when I heard you quote Dr. Ravenholt insisting that there be a voluntary and choice but hearing Mrs. Engel, I wonder who is right. However, this Committee and the Congress has clearly by the Helms amendment stated that public funds must not be used for abortion. It is not very clear as to where sterilization was included. Some had hoped it would.

I think, however, in dealing with this very highly emotional and difficult subject, we have to look at it in what is in our country's best interest and I have always maintained that overreacting one way or the other in this area is not good for our country.

Mrs. Engel. Mr. Chairman, did you note, for example, that of the population control supporters--here I am talking about national supporters--for example, the United States, the countries in Western Europe, England and so forth--that the Soviet Union is not a supporter of these population control programs. I think it is quite interesting because generally they do quite a good job in public relations abroad. I think the main reason is because they do not see population control as being an enhancement of their foreign policy and I would, at this point say it is certainly not an enhancement of our foreign policy. I think that is one reason why you do not see the Soviet Union supporting, for example, the activities of the UN Fund for Population Activity and so forth.

Chairman Zablocki. They probably have other ways and means of population control, probably even much more or certainly less desirable.

My general question to all of us, as you will know and I believe Dr. Henderson, you have at least implied there should not be an isolation of population programs.....

..... in Mr. Sullivan's report which leaned very heavily on the audit report for 1974 -- all of the allegations and criticisms that are in that report, Mr. Chairman, have been successfully replied to by the IPPF and changes have been made.

Chairman Zablocki. Could we have those for the record?

Dr. Henderson. Yes, indeed, you can. This is all available in AID. We have replied to the audit as we always do. They spend some six weeks, the AID auditors, every year. And if I may say, Mr. Chairman, since a critical question in that report of course was the Helms amendment and whether or not the IPPF was violating the Helms amendment, two things I would like to say particularly in light of the allegation here that the IPPF isn't an abortion promoting agency. We would categorically (deny?) that, Mr. Chairman.

Chairman Zablocki. None of your funds are used for abortion?

Dr. Henderson. None of the funds of USAID are used for abortion.

Mrs. Engel. Are funds released?

Chairman Zablocki. How do you keep them separate? Do you have two purses or two pockets?.....

Mr. Winn. I will just ask Dr. Henderson, should the US population programs encourage the use of incentive payments to expedite the wider implementation of family planning efforts?

Dr. Henderson. Mr. Chairman, we are not in favor as an organization of incentive payments to individuals for doctors who are performing on some kind of regular incentive basis according to the numbers of people they bring in for sterilization or other forms of contraception. We have made studies in the past about incentive payments and we think there may be room under certain circumstances for what I would call community incentives, if a national government is pursuing a policy of

reducing its birth rates to provide a community over and above the things that national governments already are financing, an extra well or an extra health clinic or whatever, but not to individuals because we think when you are telling people that this is something that is good for them, for their health and welfare, you shouldn't also have to pay them to take advantage of it.

Mr. Winn. Has your organization furnished any incentive funding that you know of?

Dr. Henderson. No sir. To my knowledge, we have not furnished incentive funding.

Mr. Winn. What countries or areas have been the most resistant to or have lagged behind in their adoption of meaningful population planning measures?

Mrs. Engel. Excuse me, I would have liked to have responded to that question.

Mr. Winn. On the first one?

Mrs. Engel. Yes. You had asked about the incentive program.

Congressman Zablocki, do you remember--well, actually it was almost two years ago--I brought to your attention an AID housing development project in Seoul, Korea, in which one of the requirements for getting an apartment was that the individual be sterilized and the response from AID to you (they are still looking into the program) was that the sterilization project was not their suggestion. It was the suggestion of the International Planned Parenthood Federation affiliate in Korea? So I would say I seriously disagree with Mrs. Henderson's evaluation of her own programs and that incentives and decentives are really a hallmark of many of the IPPF programs abroad.

Mr. Winn. You addressed it to the Chairman, but he had to leave, and I have got the time over the new Chairman.

Mrs. Engel. They are still investigating that situation.

Mr. Winn. That is what I was going to ask you.

Mrs. Engel. Two years later AID had not gotten around to providing the details on the Korean housing project. I think probably every one would have moved in by the time they do.

Mr. Winn. That question should be on record if you brought it to the Chairman's attention.

Mrs. Engel. It was. Almost 18 months later AID had not replied as yet. They had "forgotten"--quite conveniently I'd say.....

Mr. Solarz. Based on the information available to you, do you think the UNFPA generally does a good job?

Mr. Gaud. Yes.

Mrs. Engel. We would, of course, take exception with that because the UN Fund for

Population Activities, of course, is a major provider and promoter of abortion and in the past has not been willing to abide by the provisions of the Helms amendment despite the fact they do receive aid. The one question I would ask, is there anyone here who would object to U.S. --

Mr. Solarz. Mrs. Engel, if you will excuse me, I only have five minutes and I have a group of people waiting.

Mrs. Engel. I would like to make one point. That is, would there be anyone here in the Committee or anyone sitting here of the speakers who would object to an agency such as U.S. Coalition for Life receiving comparable funds to promote our particular philosophy which would favor the moderate to large sized families, or are we limiting AID funding simply to a particular ethic?

Mr. Solarz. It is an interesting question. I think it ought to be given some thought. But for the remaining amount of time to me, I would like to propound a question of my own.....

Mrs. Engel. Mr. Chairman, unless there has been a new way of doing it, I do not think that children are "hatched." It seems to me that what we have in every circumstance is a man and a woman preferably in the unity of marriage giving birth to what is called a child. You say you see poverty and so forth. Well perhaps that is material poverty, yes. But perhaps they - the poor - have other qualities which are a form of riches, while members sitting here today suffer from spiritual poverty. For example, Mother Theresa says you Americans are impoverished because in order to live the way you like you kill your own children. So I think it is a very presumptive situation here. I agree we have to help our brothers feed and clothe them to the best of our ability. But we talk about how can we control who is to be born.

The fact is, I don't think we can control who is born any more than we can control who is going to die. That is in the hands of God. Our mission on the earth is to feed and clothe those whom we can and to carry out what I would call the Christian gospel as opposed to the Sangerite or Malthusian gospel.

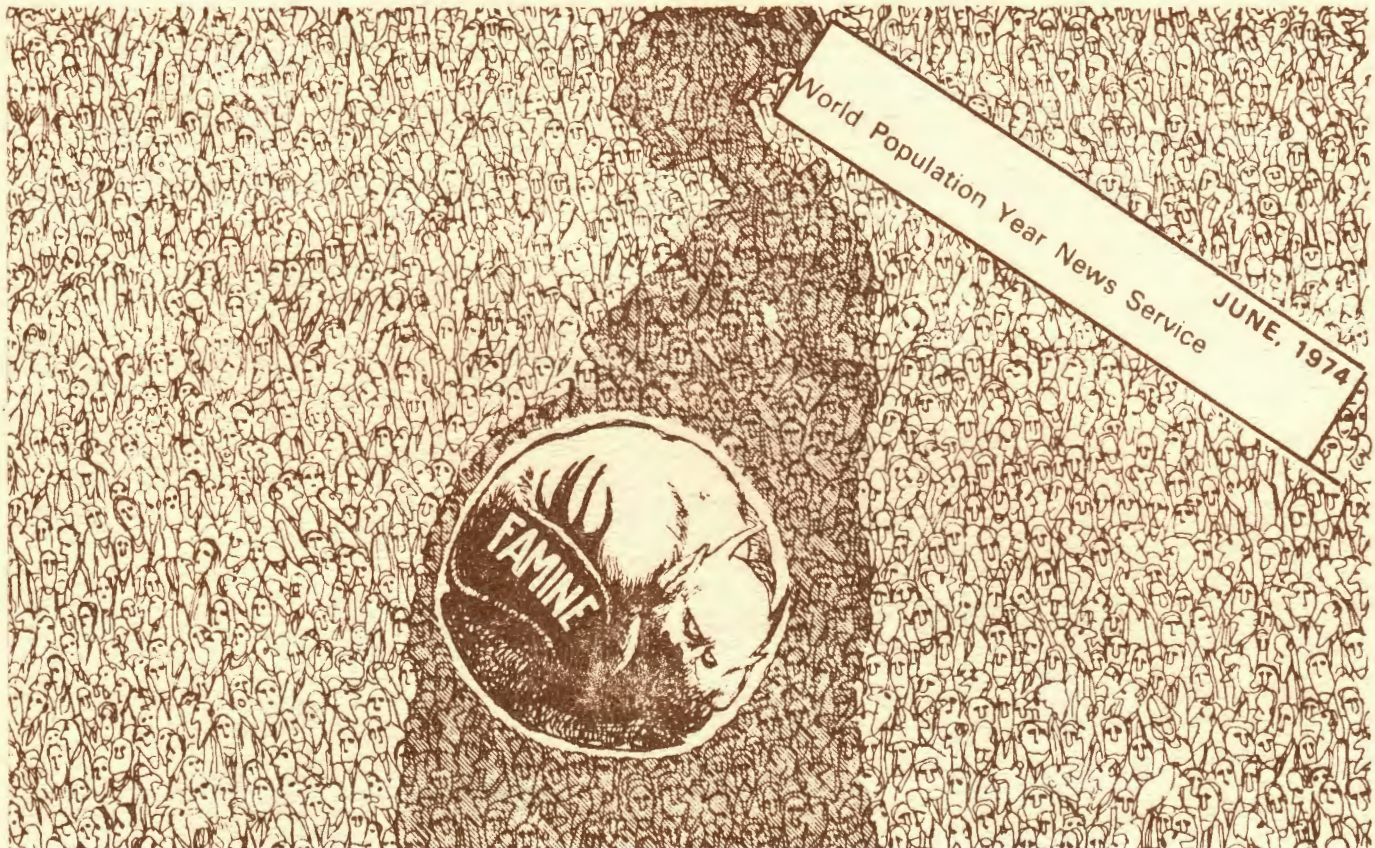
Mr. Goodling. The purpose of Christ coming on this earth was to give us a choice.

Mrs. Engle. And he said choose life, not death.....

notes

U.S. Coalition for Life was created to serve as a national and international clearing house for Pro-Life organizations and individuals seeking information, documentation, research materials in the areas of population control euthanasia, genetic engineering, abortion and related areas. Its primary function is that of documentation and research.

Wright, in the Miami, Fla. "News"



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HAVE YOU HAD YOUR PILL TODAY



3rd class mail

April 26, 1982

Lin Ludwick
1105 S.E. 4th
Gresham, Oregon 97030

The Hon. Richard S. Schweiker
Secretary, U.S. Department of Health
and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

file

Dear Secretary Schweiker:

In the course of the past few months, several local citizens including myself have attempted to obtain certain items of information from the Portland office of Planned Parenthood, an organization which receives more than a third of its operating funds from a series of federal programs.

Much to our dismay, the Planned Parenthood people have adamantly refused to render the materials we seek, which we feel are public information.

Specifically, the Planned Parenthood office has refused to provide us with a schedule of their interactions in the Portland Public School system. We have also requested copies of the organization's various grant applications, including their data-grant application (which we seek as a means of determining Planned Parenthood's role in government statistic collections).

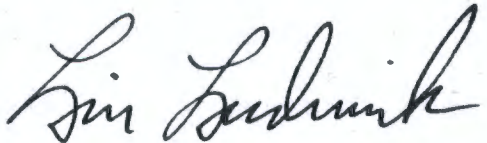
The Director of Portland Planned Parenthood, Jesalee Fosterling, has refused to render these and other materials, despite their public nature, and has insisted that we seek them through the Region-10 office in Seattle. In addition to obvious communication difficulties, this would require the payment of large fees, which we don't feel we are capable of paying.

Secretary Schweiker, we would like to know what means of recourse we have for obtaining these public materials. Will you help us in this matter?

Thank you for your consideration.

Best regards,

Lin Ludwick



cc: Sen. Mark O. Hatfield
Rep. Denny Smith
Morton Blackwell, Ass't to the President
Marjory Mecklenburg, Dept. of H.H.S.
Mr. Earl Wantland, United Way Chmn, 1982
Mr. Charles Davis, Portland City Club



THE DISTRICT OF COLUMBIA
WASHINGTON, D. C. 20004

PLANNED PARENTHOOD WEEK

FEBRUARY 14-20, 1982

BY THE MAYOR OF THE DISTRICT OF COLUMBIA

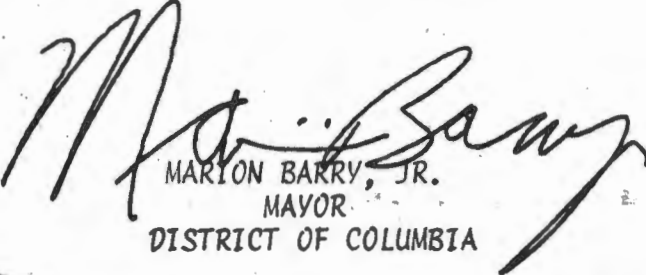
A PROCLAMATION

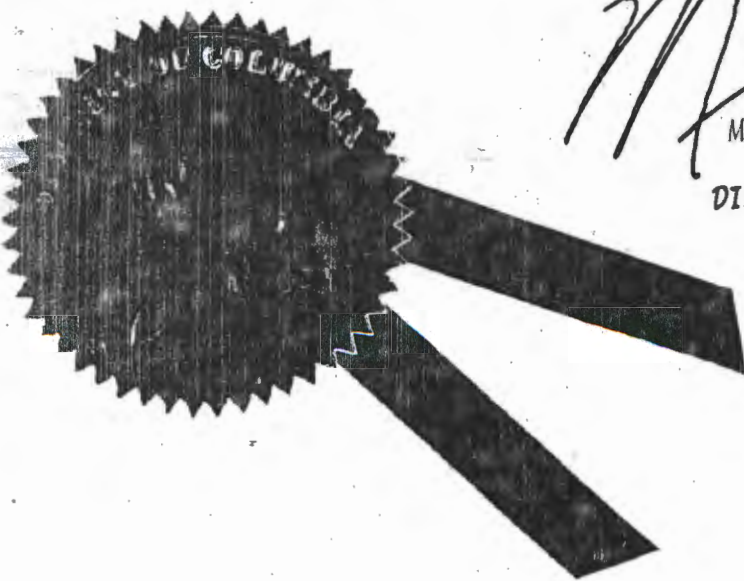
WHEREAS, Planned Parenthood of Metropolitan Washington, D.C. in cooperation with other national groups, has designated the week of February 14-20, 1982 as "National Condom Week" to focus on education for planned parenthood; and

WHEREAS, during this week focus will be on education to reduce many of the socio-economic problems caused by unplanned parenthood, dissemination of this information to everyone of childbearing age and on health education; and

WHEREAS, there is a need for a greater awareness of aids to reduce social problems of infant mortality, unwanted pregnancies and venereal disease:

NOW, THEREFORE, I, THE MAYOR OF THE DISTRICT OF COLUMBIA, do hereby proclaim the week of February 14-20, 1982 as "PLANNED PARENTHOOD WEEK" in Washington, D.C., and call upon the civic, medical, educational, voluntary, and health care professions and organizations of our city to join with me in supporting the aims, goals and programs of Planned Parenthood of Metropolitan Washington, D.C. for the benefit of our community.


MARION BARRY, JR.
MAYOR
DISTRICT OF COLUMBIA



President voices support
for Hatch and Helms
proposals.
See page 4.

Here's to
Moms everywhere
See page 12.

Movement loses
Congressman John
Ashbrook at 53.
See Back Cover.



national RIGHT TO LIFE NEWS

May 10, 1982

Vol. 9 No. 9

OFFICIAL PUBLICATION OF THE NATIONAL RIGHT TO LIFE COMMITTEE, INC.

PRICE \$1.00

A Chronology of Infanticide

The Life and Death of Infant Doe

By Joseph Rebone with Dave Andrusko

April 9, Good Friday

A Down's Syndrome baby is born in Indiana.

At 8:20 a.m. "Infant Doe," a six-pound baby boy enters this world in the usual way. His birth will be the only ordinary thing about his all-too-brief life.

Following the delivery, the obstetric team of Dr. Walter Owens, Dr. James Schaffer, and Dr. Paul Wenzler diagnose Down's Syndrome, an affliction that results in varying degrees of mental retardation. The child also has a condition known as tracheoesophageal fistula, which means the stomach cannot receive food taken orally. Although the corrective surgery is by no means minor, there is every expectation the baby would survive the operation.

In the next six days, this fact will be glossed over, misrepresented, and incorrectly used to give a veneer of justification to the decision not to feed the child or to correct his problem.

Owens, Schaffer and Wenzler call upon a consulting physician, Dr. James Laughlin, a pediatrician who has spent four years at Riley Children's Hospital in Indianapolis and who has handled a number of similar cases. He confirms the diagnosis and recommends immediate further diagnosis and treatment at Riley. He finds no other clinically evident problems.

[Later, Dr. Laughlin would state in a newspaper interview, that the baby did not get the chance to live it deserved. He was also upset with the way some of the facts had been reported.]

For example, Laughlin said there was no evidence of congenital heart disease or other physical defects. The chances of a successful operation to correct the esophageal problem were about 90%, not 50-50 as had been reported (most frequently by

Andrew Mallor, the parents' attorney.)

Laughlin reminded people there was no way to determine the severity or particular type of Down's Syndrome that early. In most cases, he said, mild or moderate—not severe—retardation results. Some patients are severely retarded but some have normal

Judge Spencer says late Thursday night that there is no probable cause to suspect neglect. Why? Because the parents have made their decision not to treat the baby after lengthy consultations with physicians and others.

intelligence. More than 90% learn to speak.]

According to news reports, the parents are told by their obstetrician Dr. Walter Owens that their medical options are (a) to allow the baby to undergo surgery to correct the esophageal condition or (b) to allow the infant to die without corrective surgery, intravenous feeding or other life support. The parents choose to let the baby die.

What must be remembered is that throughout the tragically short life of Infant Doe, Attorney Mallor repeatedly asserts that the parents have been told by doctors their baby has severe mental retardation and multiple physical problems. He

also plays fast and loose with the facts about the chances of the baby surviving the esophageal surgery, which he claims are no better than 50-50.

Mallor also claims that the parents have been told the baby would never have even a minimal quality of life. There is of course, no way to know what is told privately to the parents. But it is important to note that there has never been confirmation of these "facts" by either the prosecutor's office or by the coroner. In fact, one specialist disagrees entirely with Mallor's statement.

Saturday, April 10

Hospital lawyer seeks judicial approval

The decision has been made not to feed the child intravenously nor give him the operation that will allow him to eat for himself. Perhaps all parties involved in that decision—the parents, the obstetric team, and the hospital—are looking to protect themselves in case the news leaks out.

Whatever the motivation, the hospital attorney Len Bunker contacts Judge John Baker late Saturday.

Baker convenes a hearing on the case late Saturday night in a sixth-floor hospital meeting room, where he hears the medical evidence from six physicians involved.

Baker says the legal issue is whether the parents had the right to make the decision to let the child die, and, based on what he heard that night, he says they do. Obviously, this quasi-hearing is an attempt on the hospital's part to gain some sort of judicial immunity. However, the interest of the child is not represented by anyone at that meeting. Baker orally orders the hospital not to intervene in the parents' decision.

(See LIFE AND DEATH, p.11)

George Will

The Killing Will Not Stop

The baby was born in Bloomington, Ind., the sort of academic community where medical facilities are more apt to be excellent than moral judgments are. Like one of every 700 or so babies, this one had Down's syndrome, a genetic defect involving varying degrees of retardation and, sometimes, serious physical defects.

The baby needed serious but feasible surgery to enable food to reach its stomach. The parents refused the surgery, and presumably refused to yield custody to any of the couples eager to become the baby's guardians. The parents chose to starve their baby to death.

Their lawyer concocted an Orwellian euphemism for this refusal of potentially life-saving treatment—"Treatment to do nothing." It is an old story; language must be mutilated when a perfumed rationalization of an act is incompatible with a straightforward descrip-

tion of the act.

Indiana courts, accommodating the law to the *Zeitgeist*, refused to order surgery, and thus sanctioned the homicide. Common sense and common usage require use of the word "homicide." The law usually encompasses homicides by negligence. The Indiana killing was worse. It was the result of premeditated, aggressive, tenacious action, in the hospital and in courts.

Such homicides can no longer be considered aberrations, or culturally incongruous. They are part of a social program to serve the convenience of adults by authorizing adults to destroy inconvenient young life. The parents' legal arguments, conducted in private, reportedly emphasized—what else?—"freedom of choice." The freedom to choose to kill

(See KILLING, p.13)

Sandra Faucher

Judge Rules Fetus a Person



By Sandra Faucher

A Superior Court judge in Maine has ruled that a fetus about to be born is a person, allowing a young Clinton, Maine, couple to sue the Waterville Osteopathic Hospital and two doctors for the stillbirth of their first child. Their baby girl died during 27 hours of labor from a prolapsed umbilical cord.

The defense attorneys attempted to have the entire case dismissed citing the

U.S. Supreme Court *Roe v. Wade* decision that a fetus is not a person, therefore there was no death.

Justice Robert Clifford rejected these arguments and ruled in favor of allowing the couple to sue for damages under Maine's wrongful death law, not only for the child's death, but also for pain and suffering by the unborn child. Maine's Wrongful Death Statute reads as follows:

Whenever the death of a person shall be caused by a wrongful act, neglect or default, and the act, neglect or default is such as would, if death had not ensued, have entitled the party injured to maintain an action and recover damages in respect thereof, then the person or the corporation that would have been liable if death had not ensued shall be liable for

(See LEGAL PERSON, p.13)



Official Publication of the
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GELINE WILLIAMS JACK C. WILLKE, M.D. DAVE ANDRUSKO
Chairman of the Board Publisher Editor

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Editorials

A New Battle, Same War

(The above letter, in a slightly different form, was sent to the Washington Post.)

Editor:

One way or another, the death of "Infant Doe" undoubtedly represents a turning point in the debate over infanticide. For those who find the deliberate starvation of a handicapped newborn a hideous mockery of what this country stands for, the temptation is to be angry at the physicians or the parents of the baby boy. But what should not be forgotten is that the deliberate killing of "imperfect" humans like Infant Doe could never have come to pass without the distinction-blurring apologetics of people like Post columnist Richard Cohen.

In my ten years as a sympathetic observer, later activist in the prolife movement, I have never encountered any rationale for death as cunning as Cohen's April 20 column. In the hands of this accomplished stylist, ordinary human compassion toward the handicapped, those unable to fend for themselves, is twisted and bent and mocked until it is unrecognizable as a sample of what is best in human nature.

A formidable rhetorician, Cohen blurs, inverts, or omits all the relevant factual and ethical considerations. For example, nowhere does he let on that at least ten couples volunteered to adopt the child, including the parents of a three-year-old Down's Syndrome girl. Nor does he demonstrate the faintest understanding that if the principle of killing newborns is accepted, the only question that can ever be at issue is whether any limits can be imposed on parental and/or medical discretion.

But it is more than Cohen's selective choice of facts and sneering tone that is so disturbing. So eager is he to justify killing the imperfect that Cohen is reduced to ridiculing and trivializing the motives and sincerity of those who tried desperately to save a defenseless baby. Thus proliferers are caricatured as immature, howling sloganeers, too simple-minded to understand that their wish to feed a starving infant is a "simple answer to a complex question." The local prosecutor, whose heroic efforts to save Infant Doe ultimately failed, "might" have been motivated by career considerations.

Finally, as was the case with the Post reporters who did the news story, Cohen seems genuinely perplexed that here in twentieth-century America there actually exist people so hopelessly out of touch as to believe in the absolute sanctity of life. Well, Mr. Cohen, we do exist and thanks to you and the special brand of sophisticated nihilism that you articulate so powerfully, our numbers are growing.

We fought your ethic when it was the lives of unborn babies that hung in the balance. We are fighting you now that it is the lives of handicapped newborns that you have decided no longer deserve protection. When the day comes, as it surely will, when it is the lives of the elderly whose quality does not meet your standards, we shall fight you yet again.

Now this may sound like brave but foolish talk coming from a perspective that has been losing for ten years. One could ask, Where does he come off believing his side will persevere until it wins?

Because I know the kind of people who make up the prolife movement. Because I know that no matter how many defenseless lives Mr. Cohen's ethic snuffs out, it will never extinguish the principle that the truest test of any society is how it treats its weakest members, as the late Hubert Humphrey so compassionately explained. Because I know that no matter how mired in the darkness the American people may be now, some day they will remember those words.

So sneer and mock and ridicule those who understand you better than you do yourself. The day will come when people like yourself will be asked to make an account of what they did to those whose voices they so blithely stilled. For your sake, I hope you are as convincing then as you are unfeeling now.

Dave Andrusko, NRL News editor

DUPLICATE COPIES

We would like to know ASAP if you are receiving duplicate copies of the NRL News. Our circulation has jumped so much so quickly we are experiencing some problems with the production of our computer labels. PLEASE... If we're sending you more than one paper, send us back both labels and we will stop one of the papers.

To: Dave Andrusko, NRL News Editor
Suite 402, 419-7th St. N.W., Washington, D.C. 20004.

Yes Dave, I would like to make a small donation to help NRL News continue to keep proliferers informed. I understand that my gift will help maintain subscription costs at \$12 per year. (Please make checks out to NRL News.)

\$3.00 \$5.00 \$10.00 Other

Name _____

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News 70,000 Member Staff

A good rule-of-thumb ordinarily for editorial writers is not to try to tackle too many items in one swoop. But the News is in debt to its readers for so many things that I must ignore the conventional wisdom this once. First, I wish to thank most sincerely the hundreds of our readers who have sent us donations to tide us over some very rough financial times. We have a long ways to go, but your contributions, large and small, have been enormously helpful. Without them we could not, for example, have utilized the services of syndicated columnist Nick Thimmesch to document the tragedy of the thousands of aborted fetuses stored in an abandoned storage container in California. Nor could we have run the definitive essay, a twelve-page insert explaining what the abortion polls really mean. Nor could we have run this 16-page issue on the disgusting spread of infanticide. Your extra help made this all possible. We're including the return form for contributions one last time for those of you who meant to send in a few dollars but who have forgotten.

Second, I wish to express my gratitude to those thousands of readers who have right along been renewing their subscriptions to NRL News. You might be interested to know that last month we had the highest percentage of renewals for any time in the last eighteen months. But it still was only around 50 percent. Let me reiterate something I may have unfairly ignored in our rush to find new readers. The single greatest contribution you can make to NRL News is to renew your subscription yearly. Over the next three months, an huge number of subscriptions will come up for renewal. Please heed the reminders we send out to you. I ask you simply, Where in the world could you have found out the real, the complete story of Infant Doe, except in NRL News?

And third, Bette Moore and I would especially like to thank the dozens of readers who over the past six months have sent us innumerable good news clips, tips, and story suggestions. Many of our very best stories have come directly out of information provided by you. To name just a few: The Democratic National Committee fund-raising letter that was loaded down with favorable comments about abortion; NARAL's use of Newsweek's mailing lists to solicit money; Senator Ted Kennedy's prolife remarks... in 1971; and the Florida abortion clinic chain. Finally, because of your devotion, the contribution to saving unborn and born babies that the News is making grows geometrically. None of all this could ever have happened without your financial, informational, and spiritual contributions.

Thank you so very much.

dha

Letters

Reader Sees Double

To the Editor:

I note your editorial "The Postman Always Sings Twice". In my case that is literally true. We are on your mailing list twice. Once each in the following labels.

By deleting one address you can save a substantial amount.

I do appreciate your paper. Enclosed is \$20 to help out with your operating costs. Please don't use it to send me two copies.

To Life,
Bill Johns
Albany, NY

(Editor's Note: See Duplicate Copies.)

Attention... Attention

Even before this issue began to take rough form, NRL News was already flooded with requests from proliferers eager to purchase extra copies to distribute not only to other proliferers but to anyone with a heart. As a result, we've run an extra 20,000 copies. This cost a lot of money. I did it because I believe we will be swamped with requests for this 16-page issue, devoted almost exclusively to Infant Doe and the ramifications of his death for American society.

Everyone you know should have this issue. Enough said. Prices are slightly higher than previous reprints because the paper is four extra pages larger. Minimum order: 50.

Prices
50—\$15.00
100—\$20.00
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From the President's Desk

By Jack Willke, M.D.



As Night Follows Day

this high level that infanticide was given official sanction. While not as final as the U.S. Supreme Court, it was, as our children would say, a "heavy" decision.

But it was entirely logical, for an abortion-laden culture. After all, the March of Dimes and others have spent the last ten years teaching a nation how to search out and identify handicapped babies in the womb. The reason for this has been crystal clear, for there are no genetic problems known to medical science that can be treated in the mid-trimester when this testing (amniocentesis) is done. The reason is to detect and pinpoint those who are handicapped.

Then with frighteningly few exceptions, such babies are killed. Why? For exactly the same reason that Infant Doe was killed. They and he were killed because they didn't measure up to someone else's standard of mental and physical perfection. They were killed because

someone else didn't want that baby who would be a "burden."

In effect, they were told, "Look, little guy, we're too busy. There's no room in this world for you. We don't want to extend ourselves to love and care for you, so we'll kill you."

The bottom line is that much of our nation has embraced the practice of killing the handicapped because they are handicapped. What is this but killing the patient to cure the disease?

So, if a society has agreed to this... and a diagnosis is missed... and a handicapped baby is born... then what?

The baby would have been killed if his condition had been known. He should have been killed, many would say. Somehow he was missed. He slipped through the detection net.

Now we're faced with the same patient and the same problem. What difference does a few days make? He's been alive and growing for almost nine months; what's another week? What difference does change of nutritional status make? He's been fed by his mother through his umbilical cord, now we must feed him directly or intravenously. What difference does place of residence make? He did live in the watery world of the womb. He's just moved out into the air world of the nursery.

- Same patient.
- Same problem.
- Same solution.

Something's got to be done, or this will continue its inexorable logic and extend beyond today's 7 days to years to 70 times 7 days to 70 plus years. Something has got to be done.

Infanticide and euthanasia, I mean, they follow abortion like night follows day. It's been happening all over the country, but privately, without publicity or official sanction.

The case of "Infant Doe" was different. This went to court, a local court and then to a state supreme court. It was at

Letters

"Moralistic Weeping" About Infant Doe

[Editor's note: The following letter appeared in the *Washington Post* in response to an editorial critical of the decision to starve Infant Doe.]

So, the much-publicized Bloomington Baby is dead, and the handkerchief jockeys are about to take us through another display of moralistic—dare I say sentimental?—weeping and wailing.

Isn't anyone going to sound a vigorous note of support for the sensible parents who refused to burden the world, themselves, and, not least of all, their own infant with the undignified misery of a life made redundant by Down's Syndrome?

Anyone who takes a rational view of the situation must agree that afflictions such as spina bifida and severe mental retardation render the victim's existence a burden to parents, community and self. In cases where the infant would never survive without ridiculous medical heroics, as in Bloomington, a quiet death is far preferable to expensive and bank-breaking efforts.

We will fork out the unthinking, while we maintain the defective, while educational statistics from all over tell us unequivocally that the brilliant are being wasted; bored senseless by rubber-stamp curricula or degenerating into delinquency through neglect of their capacities. If more parents were as sensible and sacrificing as the Bloomington mother, and perhaps more money and resources could be spent on cultivating human genius, an undertaking which presently gets a pitiful drop of the amount spent on maintaining human retardation. Or have democratic ideals become so perverted to the service of mediocrity, that excellence is automati-

cally suspect, and only the defective, who represent no threat to anyone, are considered worthy of sacrifice?

Karen E. Murray
Arlington, VA

Ugly Offshoot

To the Editor:

The bizarre abortion ethic espoused by Planned Parenthood, the American Civil Liberties Union, NOW, and other radical interest groups, now reared still another ugly offshoot. A philosophy has silently invaded even the artificial standards of viability conjured from thin air by the majority of non-elected appointed-for-life Supreme Court judges—and nobody seems to be doing anything about it.

In Indiana, an infant was born alive, but because he wasn't "normal," corrective surgery connecting his esophagus to his stomach was not performed and feeding was withheld. I ask, whose constitutional right did feeding and caring for a baby interfere with this time?

The abortionists want us to compare the miraculous process of conception and birth to a fishing trip. If the fish is large enough, it's a keeper. But if the fish is too small or not the right kind, it's thrown away.

While it is natural to hope that children won't be brought into the world with handicaps or imperfections, the handicapped have as much right to live and seek their fullest potential as the non-handicapped. No organization of parents of mentally retarded children has ever endorsed abortion. Furthermore, great progress has been made in treating diseases and deformities that

were "incurable" only a few years ago.

Corrective surgery was deliberately withheld in Indiana. In many ways, abortion is undermining the need for further research and effort by creating the attitude that these children are "misfits" that never should have lived.

Please consider the logical extensions of choosing the "quality of life." Where is the line drawn and who has the power to decide? Is a distinction made as to degrees of retardation? If the retarded are not allowed to live, what about the elderly? How long should someone live? If a person is not a "benefit to society" (whatever that means), should that person live? If a child's parents are on welfare, should we kill their children because they might be a "burden" on society?

As repulsive as the "Infant Doe" death is, we must be reminded that this grotesque and tragic destruction of human life is repeated many thousands of times every day in the abortion mills throughout our nation. When the time comes for passage of a constitutional amendment to protect human life, cast your vote YES.

David C. Drury
President of
LAWYERS FOR LIFE
Bellevue, Missouri

Generous Words for NRL News

Dear Mr. Andrasko:

Quite fittingly, your editorial column heading of the April 8, 1982 issue, stated boldly: "Write Write Write." At least, it moved me to do a little writing to you and your staff and congratulate you on the splendid publication you are producing issue after issue. (I realize that the heading was not intended to solicit correspondence for the paper. However, the words happened to strike a cord in me and prompted me to this letter.)

You are to be commended on the

content and style of the paper. The matter is always an interesting selection of solid stories, highly informative and, most important, so balanced in expression and tone.

In this past issue, by the way, I enjoyed the Denyse Handler piece: U.S. Prolife Disagreements. It is a problem that has bothered me for these past many years and for the solution of which, I pray constantly.

May your work prosper and its effectiveness expand. God bless you and your zealous helpers.

Sincerely,
Rev. James F. Finley
Oak Ridge, N.J.

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A Rose that Lasts.—for Life!

Front Line Update

Arizona Murder Law Does Not Apply to Unborn

BISBEE, AZ—Two men who allegedly shot and killed a pregnant woman on the day she was scheduled to give birth will be tried only for the murder of the woman. On April 15, Superior Court Judge Matthew Borowiec ruled that the state's murder law does not apply to an unborn child. He added, though, that the "court feels the live birth rule is an anachronism in light of modern science," but that the statute "cannot be expanded before a clear intent of the legislature."

Selective Abortion Fails

Dr. Thomas Kerenyi, who was the subject of international media attention when he successfully aborted only one of a set of twins last year, told reporters earlier this month that a second such operation has failed. A News brief in the *New York Times* (April 11) said that Kerenyi "counseled a medical team in the South on the procedure," but that the selective abortion attempt destroyed both babies.

In early 1981, Kerenyi, along with Dr. Usha Chitkara of the Mt. Sinai Medical Center in Manhattan, surgically killed a fetus affected with Down's Syndrome while leaving a second twin unharmed. The "normal" child was born slightly over a year ago.

Feticide Law Opposed By Pro-abortionist Lobby

By Elizabeth Moore

Advocates of legalized abortion sometimes find themselves in a sticky situation when they attempt to explain the vast technical distinctions between "wanted" and "unwanted" children that exist under the present abortion law.

Georgia pro-abortion leaders are now agonizing over a pending court case and a feticide statute — each of which has the potential to make the destruction of a "wanted" fetus a crime. GARAL [Georgia Abortion Rights Action League], which opposed the feticide legislation, may now be placed in the even more unenviable position of trying to articulate how one "wanted" fetus differs from another.

The Georgia feticide bill, passed in both houses of the state legislature, and signed into law by the Governor April 22, allows a felony charge of feticide to be brought against an assailant whose actions result in the death of a "quick" unborn child (i.e. an unborn child capable of bodily movement). The bill was introduced following criminal attacks on two pregnant women who subsequently lost the children they carried. Prosecutors in these two cases could only base charges against the attackers on actual injuries sustained by the women.

GARAL's March newsletter notes that the pro-abortion group lobbied for an amendment to the bill specifically exempting doctors and patients undergoing abortions. When that effort failed, the organization actively, but unsuccessfully, worked to defeat the bill in committee.

Study on Fertility, Abortion Measures Done for Congress

WASHINGTON, DC—A little-known Congressional study group, the Office of Technology Assessment, has issued a report on futuristic birth control forms. The report concludes that barrier methods, with abortions available in cases of failure, remain the safest fertility control measure.

The report, which was summarized in the *Washington Post* on March 29, also concluded that 90 percent of anticipated population growth between now and the year 2000 will occur in "less developed" nations.

The OTA study predicted the creation and use of a hormone capsule which could be planted in a woman's arm, a reversible "antipregnancy vaccine," and "sperm suppression" drugs for men. "Drugs that induce abortion in the first eight weeks of pregnancy are also being tested," the *Post* commented.

The Office of Technology Assessment (OTA) is a Congressional agency which has been in existence since 1974. Its purpose is to study the impact of various technologies and to issue reports to Congress, upon formal request, which are then used in "long-range planning."

An OTA spokesperson told *NRL News* that this report is the agency's first effort in the population control field. However, OTA has examined a number of other controversial topics such as MX Missile basing plans and energy development.

Equally perplexing to abortion supporters is a case now under consideration by the Georgia Supreme Court. The case stems from the arrest and conviction of a man who shot and killed his pregnant girlfriend. The man was eventually found guilty on two murder counts, and appealed his conviction, on the assumption that a fetus cannot legally be the object of a "murder."

GARAL warns that, although an affirmation of the conviction might later be overturned at the federal level, it could (at least temporarily) negatively impact on the "right of abortion."

"If the conviction of Victor Ranger for the murder of a fetus... is allowed to stand by the Georgia Supreme Court," writes attorney and GARAL board member Torin Togut, "then a 'Pandora's Box' may be opened allowing prosecution of physicians, clinics, hospitals and others for causing the unlawful death of an unborn fetus. A horrible thought indeed, one may add, in view of our constitutionally protected right of abortion."

Togut's article stresses the seriousness with which some pro-abortionists view attempts to prosecute the unsolicited destruction of a fetus during an assault on its mother. "Lobbying... to stop any attempt to add fetus to the murder statute, or to prevent enactment of a feticide statute may be the most useful tool we have at this moment," Togut writes.

Apparently sensing that the task at hand may be distasteful even to "pro-choicers," Togut concludes with an inspirational passage: "As stated before, we must never let our guard down..."

Reagan Supports Both Hatch and Helms Proposals

The letter received by NRLC's president, Dr. Wilke, (pg. 1, April 22 issue) and other pro-life leaders was a major step toward reuniting the pro-life movement. It did not specify by name, however, which initiative the President preferred, or whether he meant both. Happily, he has since been quite specific. He will offer his full support to the Hatch-Ashbrook Amendment and to the Helms HLB(s).

A meeting was held last week chaired by Mr. Morton Blackwell, Special Assistant to the President. To it were invited a number of pro-life leaders including Mrs. Sandra Faucher, Director of NRLC-PAC; Mr. Douglas Johnson, NRLC Legislative Director; and Dr. Wilke.

All of the possible legislative initia-

Sheriff's Deputy Charged in Fetus Killing

LOS ANGELES, CA—A Los Angeles County sheriff's deputy was indicted April 26 on second-degree murder charges after he allegedly shot a pregnant woman and killed her unborn baby during an illegal raid on her home. The woman has been hospitalized in critical condition with gunshot wounds in the chest and abdomen. The infant, a nearly full-term boy, died with a bullet in his head.

According to a statement by Sheriff's Department officials, Deputy Robert Armstrong, a 7½ year veteran of the force, initiated a phony disturbance call on April 16 to the home of 22-year-old Dolores Young. He then proceeded to raid the home, firing three shots at the woman, according to an Associated

Press story. Armstrong reportedly placed the false disturbance call because he suspected drugs were being sold at the residence. He also claimed that Young was holding a rifle when she went to the door.

The President is in favor of each of the major proposed remedies. So far as I know, there is no Administration plan to advance one in preference over another."

He was asked, "If one comes up for a vote and is defeated, despite support by the Administration, will the Administration then support the other when it comes up for a vote?" His answer was "Emphatically, yes! The President's record in support of both."

We thank Mr. Blackwell, and we thank the President. This should lay to rest any doubt that anyone had.

Press story.

Three other deputies thought to be involved in the fake disturbance call have been relieved of duty but will not face criminal charges, a sheriff's department spokesperson said.

The indictment charges Armstrong with second degree murder in the death of the baby, with attempted assault on the woman, and with obstruction of justice.

The rifle involved was unloaded, according to police sources, and no narcotics were found on the premises.

The indictment charges Armstrong with second degree murder in the death of the baby, with attempted assault on the woman, and with obstruction of justice.

Action Box

Write your Senators, Congressmen, and the President to demand that appropriate steps be taken that there can never again be another sanctioned case like Infant Doe. The address for all Representatives is Representative — U.S. House of Representatives, Washington, D.C. 20515. For the President, the address is President Ronald Reagan, the White House, 1600 Pennsylvania Ave., Washington, D.C. 20500.

Order additional copies of this issue of *NRL News*. Send copies to every pro-lifer you know and to your elected officials. (See page 2.)

Write letters of support for the Hatch Amendment (SJR 110) and the Helms HLB (S 2148). The address for all senators is Senator — Senate Office Building, Washington, D.C. 20515.

Patronize *NRL News* advertisers. Their advertisements are a crucial source of revenue.

Write *Family Circle* magazine

and request equal space for a pro-life personality to respond to pro-abortionist Kathrine Hepburn's column. Write Arthur Hettich, 488 Madison Ave., New York, NY 10022.

Send *NRL News* clips from newspapers and magazines that contain information you feel other pro-lifers would like to read about.

Read your *NRL News* and pass it on to a friend.

Establish support systems to care for and assist women with untimely pregnancies. Know who to contact at your local Birthright or other group offering alternatives to abortion.

Contact *NRL News* if you know of television or radio stations broadcasting pro-abortion ads.

Respond to Voter Identification Project Director Felicia Goeken's request to volunteer time to locate pro-life voters.

File N. R.T.L.C.

The Triumph of the Quality of Life Ethic

By Henry Hyde

(Editor's note: The following are excerpts from remarks entered into the Congressional Record Tuesday, April 20, 1982 by the Honorable Henry Hyde, Representative from Illinois.)

Mr. HYDE. Mr. Speaker, on April 15, last Thursday, a little newborn baby starved to death in Bloomington, Ind.

How can such an outrage occur; you might well ask, in a Nation that by all counts is the most wealthy, most affluent in recorded history?

Oh, yes, the courts of Indiana, those temples of justice which delude people into thinking that no man is above nor beneath the law, sanctioned this act of eugenic infanticide in a 3-to-1 ruling.

Why? Do not the courts order blood transfusions for babies even yet in their mother's womb when religious scruples forbid the mother consenting to such a procedure? Of course, time and time again.

This child, Baby Boy Doe, was not even given the dignity of a name. Do you know why? In war, abortion or its logical refinement, infanticide, it is always more convenient to dehumanize the enemy. Here the enemy was an infant boy. They could hardly call him a fetus, so call him Baby Boy Doe.

I suggest to you that Baby Boy Doe is the Bloomington martyr, a triumph of the quality of life ethic over the sanctity

of life ethic, an affirmation of the monstrous doctrine that if you are not planned and perfect, you are not privileged to live, if you do not pass the physical or mental examination society establishes for you, you must be killed—either in the womb or out of the womb.

Why was this infant abandoned by his parents and the courts? Because he suffered from Down's syndrome which meant a form of mental retardation. This affliction is not uncommon; 1 in about 700 to 800 births suffer from it.

This much is true:

First. A tiny fraction of Down's syndrome children are severely retarded.

Second. Medical science cannot know at birth the degree of retardation.

Third. We have learned a lot recently that Down's syndrome children are radically responsive to early intervention such as infant stimulation programs.

Many Down's syndrome people lead extremely useful lives and are employed and employable. The Down's syndrome person can teach us a lot about love, and unselfishness and giving.

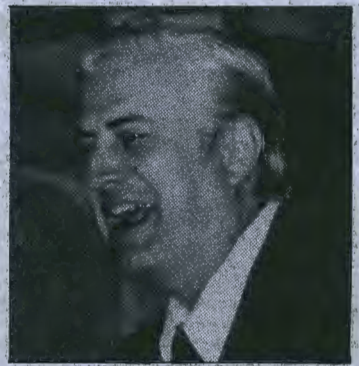
Those parents that wanted to adopt this starving infant must try and understand that their love and compassion would have been a lifelong reproach to those others who felt starvation a humane treatment for this little infant, and who would define their guilt feelings as kindness toward a little retarded citizen. "We cannot love him, and so you may not love him" is their sad rationale. Section 504 of the Rehabilitation

Act of 1973 prohibits any discrimination against the handicapped under programs or activities receiving Federal assistance. I have asked the President and Secretary Schweiker to clarify the regulations in this area so the refusal of life-saving treatment to a person because of his or her handicap will be recognized as an unconscionable violation of the letter as well as the spirit of the law and no more Federal funds can be allocated to such a program or institution.

I weep for Baby Boy Doe. I weep for his parents. I weep for the hospital, a place to cure and heal and alleviate suffering. And for the doctors and for the courts. But mostly for us, if we tolerate this regression of our society to barbarism.

The Jewish people, who know something about suffering, have a saying: "He that saves one life saves all humanity."

Today, as we commemorate the Holocaust, those words have a special meaning.



Henry Hyde

I would presume to formulate a corollary. That he who deliberately destroys one life assaults all humanity.

Baby Boy Doe committed no crime, no unkindness. He had the misfortune to be born where there was not enough love to go around.

Surely his suffering and his death have placed him today next to the One who told his Disciples 2,000 years ago, "For I was hungry and you gave me food; I was thirsty and you gave me drink." They crucified him, too.

Stop Repeat of Infant Doe, President Asked

President Ronald Reagan
The White House
Washington, D.C. 20500
Dear Mr. President:

Last week a tragedy, which many believe has quietly become commonplace in the United States, pushed its way into our national conscience via the front page of the *Washington Post* and other major media. A newborn child afflicted with Down's Syndrome and a digestive tract disorder (which could have been corrected by routine surgery) was, at the insistence of his own parents and with the approval of the Indiana Supreme Court, allowed to die of starvation in the very hospital in which he was born only a week earlier.

This selective destruction of handicapped children is morally and ethically repugnant to our very way of life and cannot be tolerated in a society which cherishes the sanctity of human life and the intrinsic worth of each individual. The very idea that a court of law would sanction a parental demand to destroy a child which, for whatever reason, they did not want is an affront to the principles upon which our legal system was built and must be corrected immediately before this, too, becomes somehow acceptable.

This deliberate starvation of an infant is all the more abhorrent while there were other families eager to adopt and love this defenseless handicapped baby.

All of the academic controversies about when a human life begins and when that human life becomes a person pale into insignificance in the face of this act of eugenic infanticide. We believe the crucial factor here was that this baby was afflicted with Down's Syndrome, and hence his right to life—his Constitutional right to equal protection of the laws—was deemed forfeit. Such a doctrine is totally contrary to the traditional view that every human life has intrinsic worth. This example of the triumph of the Quality of Life Ethic at the expense of the Sanctity of Life Ethic has implications far beyond this case.

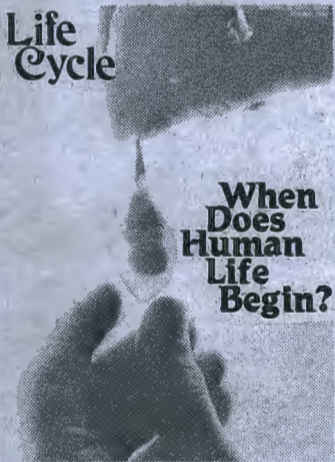
We implore you, Mr. President, to act now to insure the equal protection of our laws to handicapped children. The statutory basis for such action already exists under Section 504 of the Rehabilitation Act of 1973 which prohibits any discrimination against the handicapped under programs or activities receiving federal financial assistance. You need only clarify existing regulations enforcing such a prohibition to expressly forbid the denial of any treatment which would be provided to normal babies in hospitals under similar circumstances. Certainly the refusal of nourishment and routine surgery to an infant because of his handicap is an unconscionable violation of the letter and spirit of the law and cannot be allowed to happen to other children like the Bloomington Baby.

In closing, Mr. President, we cannot too strongly stress the importance of prompt action in this matter. Every day can mean the difference of life or death for a newborn Down's Syndrome or other handicapped baby.

Thank you, Mr. President, for your consideration of this request.

Sincerely,
Henry J. Hyde, M.C.
Jesse Helms, U.S.S.
Orrin G. Hatch, U.S.S.
Mark O. Hatfield, U.S.S.

150,000 School Teachers Receive Pro-life Mailing



By Richard Glasow

Over 150,000 secondary school teachers across the United States recently received an eight-page pro-life brochure entitled "When Does Human Life Begin?" through a joint program of the National Right to Life (NRL) Educational Trust Fund and the Wisconsin Citizens Concerned for Life (WCCL) Education Fund. This brochure from the "Life Cycle" series published by WCCL during the last seven years featured stories such as when human life begins written by Dr. Jerome Lejeune and Dr. Jack Willke; George Will's column entitled "The Case of the Unborn Patient," an account of the stabbing of the Down's Syndrome child in utero; and a description of a medical center in Wisconsin where handicapped

children are helped to lead productive lives.

The brochures were distributed by the NRL Educational Trust Fund to over 30,000 public and private secondary schools in all fifty states and the District of Columbia and were addressed to the teachers by title. They were invited to write the Trust Fund for free information on right to life issues and to order additional copies of the "Life Cycle" at a minimal cost.

Nineteen state affiliates of the National Right to Life Committee also contributed to the financial support of the mailing: New Jersey, West Virginia, Michigan, Nebraska, Louisiana, Rhode Island, Ohio, Illinois, Iowa, Nevada, Massachusetts, Maine, Montana, Wisconsin, Minnesota, Oklahoma, Wyoming, Virginia and Oregon. One copy of the brochure was also mailed to local right to life chapters across the country. A copy of the pamphlet can be obtained by writing the National Right to Life Educational Trust Fund, 419 7th St., N.W., Suite 402, Washington, D.C. 20004.

In Memoriam

JAMES KINNEY

by Mrs. Hames Kinney, Soldiers Grove, Wisconsin

JULIAN OBSTAR

by Julie Rossignol, Great Falls, Montana

Solving Problems by Killing People

By Jack Wiltrakis, Esq.

On April 14 the wire services relayed the news. The Indiana Supreme Court had let stand a lower court's decision allowing the continued withholding of food and liquid from a Down's syndrome baby born with an opening in his esophagus. The next day, as lawyers flew to Washington to defend his right to live before the U.S. Supreme Court, the six-day-old infant died.

What happened to that baby is not unique. In the October 1973 issue of *The New England Journal of Medicine* pediatrician Raymond Duff documented the deaths of 43 infants caused by or related to the intentional withholding of treatment at Yale-New Haven Hospital.

Last summer the parents and doctor of Siamese twins were charged with attempting to starve them to death in a Danville, Illinois hospital. Similar incidents occurred at Johns Hopkins and Scottsdale Memorial hospitals.

The *Hartford Courant* reported last June that some doctors at Yale-New Haven Hospital have withheld life-saving medication or surgery from newborns, allowed other infants to starve to death and, in some cases, doctors "have helped parents give their defective infants lethal drug overdoses."

As a result of these reports, the Connecticut legislature held hearings to determine whether legislation is needed to protect infants from those who may decide that they would be better off dead. At those hearings Mrs. Holly Angers of East Hartford testified that she was advised that her newborn son, Kevin, should be put to sleep because he was born with one missing and one shortened arm.

It is neither compassionate nor responsible to insist that the parents of

a dying newborn resort to extraordinary medical procedures which will not substantially benefit the baby. But that was not the situation in the Indiana case nor in so many others that have come to light.

"If the Indiana infant had not been a Down's syndrome baby, the courts would have required that he be fed and that the relatively minor surgery needed to correct the esophagus opening be performed. However, this baby did have Down's syndrome and was condemned to death solely because of this non-fatal handicap."

Jack Wiltrakis

In the Indiana case the child's Mongolism did not pose any imminent threat to his life. Down's syndrome children, though limited to varying degrees in their capabilities, have the capacity for long and happy lives. Unquestionably the Indiana couple would have faced difficult and expensive problems in rearing that baby, but they also had readily available options. More than a dozen loving families offered to adopt the baby boy.

Instead, the parents and his doctor chose to deny him intravenous feeding resulting in dehydration and death.

The Indiana case focuses on the civil rights aspect of the right to life controversy. At first, it concerned the abortion issue but now it is steadily broadening to cover infanticide and euthanasia practices. The easy acceptance of letting "defective" infants die is society's way of avoiding dealing humanely with the handicapped.

If the Indiana infant had not been a

Down's syndrome baby, the courts would have required that he be fed and that the relatively minor surgery needed to correct the esophagus opening be performed. However, this baby did have Down's syndrome and was condemned

to death solely because of his non-fatal handicap. In a blatant example of discrimination his parents, doctor and the judges decided that since he did not meet some arbitrary standard of physical or mental perfection he did not deserve to live.

What is unique about the Indiana incident is the fact that the courts cooperated in the child's death by giving it the blessing of the law. The logic of what happened to that baby flows directly from the law's approval of abortion.

In the August 8, 1981 edition of the *Hartford Courant*, Robert L. Harris, Director of Newborn Services at Hartford Hospital, explained the obvious connection:

"But we see a society that states it is moral to destroy a normal healthy fetus but it is immoral to fail to use all of our skill to preserve a malformed defective newborn. Society has thus failed to realize what every high school bio-

logy student knows: that birth is not the onset of life. If it is moral to destroy the healthy fetus it is certainly moral to fail to save the incurably deformed and defective newborn."

The progressive acceptance of killing to solve social problems is predictable. The next step may be a court decision that the use of a lethal injection to actively end the life of a "defective" newborn or terminally ill adult is legal. After all, if the passive starving of a Down's syndrome baby is legal, all the more reason why the more humane and speedier use of the poisonous needle should also be.

All of this has happened before. When the horror of the officially sanctioned killing in the 1930's and 1940's became known the cry went up, "Never Again!" But it is happening again and in far greater numbers than even then. Almost two million innocent babies are killed by abortion in America each year. An unestimable number of less-than-perfect infants, like the Indiana and Connecticut newborns, are denied food and ordinary medical treatment because they are burdensome and unwanted.

The Right To Life movement exists for the purpose of reversing this growing acceptance of killing as an answer to society's problems. Love and sacrifice, not killing, will enable us to cope with these problems.

Unless this truth is soon recognized the tragic trend toward repeating the horrors of the past will only accelerate and "Never Again" will be no more than a hollow echo of what should have been.

(Mr. Wiltrakis is the Connecticut Director of the National Right To Life Committee.)

A Peaceful Stand for Life In Australia

By Fr. Eugene Ahern

"We have only just begun."

After nine years of active involvement in the prolife cause that remains my strong impression.

The enormity of the assault on human life not from outside but from within the community and the new challenges being posed by the galloping scientific discoveries and radical philosophy cannot be exaggerated.

Few people may realize the seriousness of what is happening around them today. Few may grasp that we are living in revolutionary times when man is reshaping his vision of who he is and the value of each human life.

Against this background among those who do grasp just what is going on there is the temptation to try to escape from the problem; to pretend that it is not there, to close one's eyes and wish that it would just go away.

I must admit to being affected by that temptation. When I read not just about the tragedy of huge numbers of babies killed by abortion, but also of the growing practice of leaving newly born disabled babies to die and of the test excesses of genetic engineering, I want to close the door and run away.

I feel so overwhelmed by the huge tides of challenge and buffeted by each fresh report that I want to get away from it all to calmer waters.

Frankly I feel so inadequate in the face of the challenges that I want, not to surrender, but to simply crawl away.

When I read last week of the mating

of human gametes with other species and in particular the mating of human chromosomes with denuded hamster eggs I just want to say, "It's all too much!" The news that a human gene has been synthesized in the laboratory does not frighten me so much as overwhelm me.

While the huge medico-scientific machine generates a never ending stream of fresh challenges to my world view, there is so little in the way of response from the community.

Maybe it is that others are like me. They have been shocked into a paralysis of inaction because the very problems seem just too big for them.

I am not saying that I and others are cowards but rather that the dimensions of the questions demanding responses generate a certain hopelessness in us.

When I hear of a pediatrician at the Women's Hospital proposing to parents that their daughter with a spina bifida condition not be treated and be "allowed" to die, my reaction would once have been of anger and then of some purposeful intervention. Today faced with the situation and aware of the callousness of the hospital board members, the political cynicism of a pragmatic government and the eroded values of the medical profession, I just do not want to know. It is only one more intractable problem.

And yet deep within me there is a voice which says "Eugene, you cannot just let things happen."

However numbed I feel, there is also

a nagging sense of injustice being done to my fellow humans and a defense mechanism which makes me want to defend the family of man against the self-made gods of medicine and science.

I know that I would not be true to my conscience if I just walked away or gave up the struggle because it was too hard. Though I may wish that I could wake up in the morning and discover that my traumas were nothing more than the shadows of a medical nightmare, when morning comes, I cannot turn away.

The figure of Mother Teresa standing on the stage of the Melbourne Town Hall and pleading for her tiniest brothers and sisters is a constant prickle to my conscience.

Just when I think I can slip out the back door without anybody noticing I remember John Powell standing there and saying:

"They are going to bury me wearing this prolife bracelet."

I look at the prolife bracelet which I wear and realize that I would not be true to myself if I took it off.

So it seems that there is no escape, no getting away from what the eminent American law professor John Noonan has described as one of those issues which only arise once or twice in a century and which ultimately must be resolved.

At the start of this essay I said that we had only just begun. I do believe that this is true.

When Fr. John Powell says that the



Fr. Eugene Ahern

right to life issue will become the great issue of the twentieth century, many would believe he is kidding himself. Up until now they would be justified.

Yet in the United States at last there is serious reason to believe that the issue will dominate the last two decades of the century, now that the real political battle has begun in congress and in the media. It is up to me and others to develop prolife momentum in this country. I have got no guarantee that I am right in making a stand other than in the last analysis the voice of my own conscience which says, "Thou Shalt Not Kill!"

The voice which also says, "Treat others as you would have them treat you."

The voice which picks up the words of Jesus "Whatever you did to the least of these my brothers you did unto me." I am haunted by the thought that on the Last Day Jesus may say to me, "Eugene, I was a tiny baby and you let them kill me."

(See PEACFUL, p. 12)

Grand Jury Clears Parents of Neglect Charges

By Dave Andrusko

DANVILLE, ILLINOIS—A grand jury in Danville, Illinois chose not to indict the parents of Siamese twin boys, accused by the state's attorney of attempting to starve the boys to death a year ago.

Vermilion County State's Attorney Ed Litak told *NRL News* that the grand jury's April 16 decision "represents the end of the line barring the appearance of some unusual evidence." He said he was not dropping the case because he was afraid, or because he didn't feel the evidence was adequate.

"But if I can't get half the grand jury to indict, how am I going to win a trial, where the jurors have to agree unanimously?" Litak said.

The case of Robert Mueller and his wife Pamela Schnopp attracted enormous media attention (See *NRL News* Sept. 28, 1981). On June 12, Mueller, a doctor, and Schnopp, a registered nurse, were charged with attempted murder, child neglect, conspiracy to commit

murder, and soliciting to commit murder. However, in July, Judge Robert Scott dismissed the charges, citing what he said was insufficient evidence.

That the twins were neglected was never at issue. Born May 5, the boys weighed ten pounds at birth. By the time the Illinois Department of Children and Family Services (DCFS) received an anonymous tip the children were being starved, their weight had dropped to less than 7 pounds.

Many major media outlets painted the case as one of "mercy killing" because the boys share a lower body and three legs.

What was at dispute was who ordered the withholding of care. Not only did the children not receive food or water, Jeffrey, who had trouble breathing, was denied oxygen. Both the attending physician and the parents denied ordering staff not to treat or feed the boys.

Evidence that allegedly might have connected the parents and/or the doctor was ruled inadmissible. In September,

less than two months after charges were dropped, Judge John Meyer gave the custody of the twins back to the parents.

Asked why he thought the grand jury did not indict either the parents or the attending physician, Litak cited several factors. He noted that an article defending the decision not to feed the children had appeared in a major journal and had been featured prominently in the local paper.

Since the parents reassumed custody, "A great many articles have appeared about what fond and loving attention the parents are now lavishing on the children," Litak said.

"And, of course, the children are not dead." (Litak said Scott was doing just fine. However Jeff, the one who had breathing difficulties but received no oxygen, shows evidence of being mentally retarded.)

The Danville case is instructive in the way it differs from the plight of Infant Doe. The Illinois DCFS took immediate custody as soon as they checked out the tip that the children were being

starved on the commonsensical grounds that the twins were being neglected.

In Indiana, less than one year later, several judges accepted the Orwellian doublespeak that the decision not to treat was a legitimate optional form of treatment.

Litak said he didn't know what could be done to stop the practice of not treating handicapped newborns. "I'll tell you, we're running into a strange phenomena now," he said.

"Sympathy of the jurors for the apparent criminal," for one thing he said. "You'd also be surprised at the number of calls I have received from people who tell me, Why are you prosecuting these people. Look at what terrible conditions these children were in. And look how unhappy they would be, and all that," Litak said.

"I take the position, whether you are happy or unhappy, you will live as long as nature gives you life," Litak said. "And I will do nothing to artificially shorten the life because, basically, murder is nothing but shortening a life."

The Killing Won't Stop: Handicapped Newest Victims

(From p.1)

"The freedom to kill inconvenient life is being extended beyond fetal life to categories of infants such as Down's syndrome babies."

George Will

was killed because it was retarded. I defy the parents and their medical and legal accomplices to explain why, by the principles affirmed in this case, parents do not have a right to kill by calculated neglect any Down's syndrome child—regardless of any medical need—or any other baby that parents decide would be inconvenient.

Indeed, the parents' lawyer implied as much when, justifying the starvation, he emphasized that even if successful the surgery would not have corrected the retardation. That is, the Down's syndrome was sufficient reason for starving the baby. But the broader message of this case is that being an unwanted baby is a capital offense.

In 1973 the Supreme Court created a virtually unrestricted right to kill fetuses. Critics of the ruling were alarmed because the court failed to dispatch the burden of saying why the fetus, which unquestionably is alive, is not protectable life. Critics were alarmed also because the court, having incoherently emphasized "viability," offered no

intelligible, let alone serious, reason why birth should be the point at which discretionary killing stops. Critics feared what the Indiana homicide demonstrates: the killing will not stop.

The values and passions, as well as the logic of some portions of the "abortion rights" movement, have always pointed beyond abortion, toward something like the Indiana outcome, which affirms a broader right to kill. Some people have used the silly argument that it is impossible to know when life begins. (The serious argument is about when a "person" protectable by law should be said to exist.) So what could be done about the awkward fact that a newborn, even a retarded newborn, is so incontestably alive?

The trick is to argue that the lives of certain kinds of newborns, like the lives of fetuses, are not sufficiently "meaningful"—a word that figured in the 1973 ruling—to merit any protection that inconveniences an adult's freedom of choice.

The Indiana parents consulted with doctors about the "treatment" they chose. But this was not at any point, in any sense, a medical decision. Such homicides in hospitals are common and will become more so now that a state's courts have given them an imprimatur. There should be interesting litigation now that Indiana courts—whether they understand this or not—are going to decide which categories of newborns (besides Down's syndrome children) can be killed by mandatory neglect.

Hours after the baby died, the parents' lawyer was on the "CBS Morning News" praising his clients' "courage." He said, "The easiest thing would have been to defer, let somebody else make that decision." Oh? Someone had to deliberate about whether or not to starve the baby? When did it become natural, even necessary, in Indiana for parents to sit around debating whether to love or starve their newborns?

The lawyer said it was a "no-win situation" because "there would have been horrific trauma—trauma to the child who would never have enjoyed a quality of life of any sort, trauma to the family, trauma to society." In this "no-

win" situation, the parents won: the county was prevented from ordering surgery; prospective adopters were frustrated; the baby is dead. Furthermore, how is society traumatized whenever a Down's syndrome baby is not killed? It was, I believe, George Orwell who warned that insincerity is the enemy of sensible language.

Someone should counsel the counselor to stop babbling about Down's syndrome children not having "any sort" of quality of life. The task of convincing communities to provide services and human sympathy for the retarded is difficult enough without incoherent lawyers laying down the law about whose life does and whose does not have "meaning."

The *Washington Post* headlined its report: "The Demise of 'Infant Doe'" (the name used in court). "Demise," indeed. That suggests an event unplanned, even perhaps unexplained. ("The Demise of Abraham Lincoln"?) The *Post's* story began: "An Indiana couple, backed by the state's highest court and the family doctor, allowed their severely retarded newborn baby to die last Thursday night..."

But "severely retarded" is a misjudgment (also appearing in *The New York Times*) that is both a cause and an effect of cases like the one in Indiana.

George Will

"Severely retarded" is a misjudgment that is both a cause and an effect of cases like the one in Indiana.

and other early interventions. But, like other children, they need to eat.

When a commentator has a direct personal interest in an issue, it behooves him to say so. Some of my best friends are Down's syndrome citizens. (Citizens is what Down's syndrome children are if they avoid being homicide victims in hospitals.)

Jonathan Will, 10, fourth-grader and Orioles fan (and the best Wiffle-ball hitter in southern Maryland), has Down's syndrome. He does not "suffer from" (as newspapers are wont to say) Down's syndrome. He suffers from nothing, except anxiety about the Orioles' lousy start.

He is doing nicely, thank you. But he is bound to have quite enough problems dealing with society—receiving rights, let alone empathy. He can do without people like Infant Doe's parents, and courts like Indiana's asserting by their actions the principle that people like him are less than fully human. On the evidence, Down's syndrome citizens have little to learn about being human from the people responsible for the death of Infant Doe.

George Will is the distinguished conservative columnist. This column is reprinted with permission.

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Beyond Abortion: Death as a Cure for the Handicapped



By Charles Fiore, O.P.

Let's be absolutely clear about it. In the recent death of "Infant Doe," as was the case last year with the Danville twins, as is the case with the many instances that go unreported, what is now taking place in America is the second phase of the "Grave New World" proliferated predicted.

Time passes so quickly, and although in some ways it seems like centuries ago, in fact it is only fifteen years ago that we were first being ridiculed for predicting that euthanasia would follow abortion as B follows A.

And as the death by starvation of the six-day-old Bloomington, Indiana boy graphically illustrates, euthanasia has arrived. It is here whether we euphemize this second phase as the "refusal to confer (sic) personhood after birth" (in the words of former Nobel laureate, Dr. James Watson), or label it infanticide (infans = infant, or babe in arms; occidere = to kill), or subtly link it with personal self-determination as Oscar-winner Richard Dreyfus did in the film, "Whose Life is it Anyway?"

Whether the euthanasia is active (as when one directly kills a helpless human) or passive (when ordinary means to sustain life, such as food, medicine, or routine surgery are withheld), this anti-life act remains the old-fashioned, "mercy-killing" dressed up in new rhetoric.

Now for the record, let me interject a personal note. I'm not writing from a theological or philosophical ivory tower.

In less than 20 years, I have helplessly watched my father, my brother and my sister die painful, extended, expensive deaths (the latter two in the past six years alone); two died of amyotrophic lateral sclerosis (the "Lou Gehrig disease," and the other of a metastasized melanoma (cancer). I do understand.

But with the attempt, as in the Indiana case (a Down's Syndrome baby with a malformed but operable esophagus), to "erase God's mistakes," the yawning chasm opened in our social structures by abortion-on-demand continues to widen. What we are witnessing is a nightmare come true, foreshadowed in the famous editorial in the July 1970 *Journal of the California Medical Association*: The destruction of "the Judeo-Christian ethic." Where once abortion was proposed as a cure for "unwanted" pregnancies, euthanasia now is tendered as a remedy for "unwanted" births!

All too often when considering the fate of a "defective" child or a terminally ill patient doctors and technologists simply offer families fabulous machines and technical expertise. All too often they underscore the expense and the "wear and tear" on the rest of the family in caring for Papa, Mama or sibling. In

so doing, they and their equipment may exacerbate the moral problem by pushing families hastily towards ethical forks-in-the-road whose destinations are perilously unclear or clearly perilous rather than encouraging people to lovingly care for the sick and the dying.

Unfortunately, society's only answer thus far has been a legal one. "Definitions of death" and "right to die/death with dignity" legislation may protect hospitals and medical personnel, but they evade the essential human question, "Why suffer, and if suffering is part of the human condition, what use is it?"

And that, as I see it, is the very question the pro-life movement should be raising and pro-life lawyers contesting through the courts: where do families derive the legal right to discard their weak and imperfect members?

We must be asking the truly important question, Doesn't the larger society also have a vested interest in protecting its weakest and most vulnerable members? It is not at all, coincidental that although ten couples (God bless them!) offered to adopt the Indiana baby, the Court ruled the parents' right to starve "their" child superceded the baby's very right to live. Outrageous! One wonders why the judge didn't also sentence the baby to exposure on the hospital lawn while starving, as did the pagans of old.

Individuals and families will certainly turn to themselves, their loved ones and to God in dealing with tragedy at home. This was brought home to me by a dying man who told me, "Father, give my wife and kids how to live; now I intend to teach them how to die with real faith and dignity, because

even this damned pain and weakness can say something valuable to them about me, about God, and about life!"

But there is also a "public" morality, rooted indeed in the Judeo-Christian ethic (as virtually all of our law is). This public morality demands that society protect basic human rights even if it must interfere in family rights to do so, or else any pretense we still maintain of civilization will finally shatter.

The codification of this public morality is law. And without the protection of law, the weak and the dependent among us will always be mistreated. The state cannot be "neutral" with respect to the intrinsic worth of life. While individuals can personalize and humanize the delivery of loving care in the presence of suffering, it is the state that must establish and maintain the basic sanctity of all human life without which we, ultimately, are all fair game.

The tragedy of "Infant Doe" is no longer an isolated one in America. The lesson, if we still need to be reminded, is that once life is devalued at one stage, soon life will be seen as less precious at another stage. And so on and so on.

"Infant Doe" was mercilessly starved to death because in the eyes of his parents and his physicians, his life lacked sufficient merit to bear protecting. Although he never had the chance, I think we all know that had he been able to speak, this baby boy would have shouted to the rooftops, "My life is important, too."

Fr. Fiore is a Dominican of the Chicago Province, and the founder and Chairman of IDEA, Inc. (Information from the Dominican Educational Association).

Infanticide: The Second Domino Falls

By Erma Craven

NRLC at-large director

(Editor's note. Mrs. Craven's article first appeared in the Dec. 7, 1981 issue of *NRL News*. The following is an abbreviated version, but one whose lessons seem all the more relevant with the death of "Infant Doe.")

Few words ever galvanized the consciences of liberals quite like the opening sentences of the now-famous U.S. Advisory Commission on Civil Disturbances, popularly known as the Kerner Report. Established to probe the origins of the urban riots of the sixties, the Kerner Report prophetically warned that America was rapidly becoming two separate but unequal societies, one black, one white.

Aside from what this augured for future violence, what gave the Report its enormous impact was that this conclusion inverted one of our most cherished values; no longer could we assume that America is an upwardly mobile society, where one's status is achieved by effort, not ascribed by color.

Liberals were understandably horrified, partly out of guilt, but more, I suspect, out of a genuine disbelief that it had required the taking of human life, and the sacking of large sections of several cities to make Americans acknowledge the brutal realities of life in urban ghettos.

Yet less than fifteen years later, liberals are a major party to the establishment of an even more insidious division. It is a separation that transcends color and is based on a cluster of ideas and assumptions completely at odds with the core values of our culture. It is based not on a visible stigma like color, but on

an invisible stigma imputed to human beings—whether one is wanted or unwanted.

Let this be taken as another special plea for the lives of the unborn let me say both yes and no. Yes, in the sense that I will never miss the opportunity to affirm the value of the lives of those who have yet to survive the temporary way station of the womb; but no, in that what I will examine here is promoting an ethic that, if accepted, will render the abortion debate obsolete. I refer to infanticide.

While combatants on both sides of the abortion issue were busy debating the humanity of the unborn, ethicists (!), pediatricians and pediatric surgeons were quietly, inexorably carrying the logic of abortion one grisly step further. In America today, we are experiencing on an ever widening scale the deliberate killing of babies, not in the womb, but AFTER they are born, provided they are sufficiently "defective."

Understandably, this is not the kind of topic widely discussed. Indeed, it required one indictment and the publication of two interviews with parents who had deliberately killed their "defective" babies to strip away the layers of medical doublethink and hypocrisy that have served to hide the increasing acceptance of infanticide.

(Indeed, so difficult is this for anyone to believe, that until a few months ago, many proliferators scoffed at the warnings of one of their own, Surgeon General C. Everett Koop, that infanticide was becoming commonplace.)

Like all victims, before babies born with handicaps can be disposed of their humanity must be compromised. And,

as always, this is accomplished through language. If we view these newborns as injured children, our first instinct is to care for and assist them.

But let that same infant be labeled "deformed," "abnormal," or "defective," and the burden is shifted to the helpless baby to prove why it should not be thrown onto the biological junkpile.

But just let someone whisper the incantation "choice" and liberals abruptly tuck away their feelings for the child and beat a hasty retreat to the higher ground of "respect for pluralism."

What jumps out at anyone who takes the time to read the published accounts of infanticide proponents is the world-weary pose they adopt which allows them to portray themselves as victims, forced to spend precious time defending their self-evidently correct ideas against the onslaught of proliferators and others irrationally committed to the medieval dogma of the absolute value of life.

The champions of infanticide (they prefer to say they want merely the "option" of infanticide, or as they call it, "benevolent euthanasia") go so far as to say it is cowardly to treat "mere biological life" with the same reverence one ascribes to Life (Capital L). In their Alice-in-Wonderland world, the truly courageous position becomes the refusal

to let the tragedy of a "defective child" get in the way—and one does this by refusing to allow the necessary care to be administered.

Warming to the subject, proponents intimate that by withholding treatment, parents are grabbing Death by the lapels, so to speak, and spitting in His face. That it is the baby's life, not theirs, that is being sacrificed in this gritty act of defiance gets lost in the rush to void a biological mistake.

As a black woman, I know firsthand the absolute tyranny of slogans. I ask my fellow liberals, "Who pays for our miserable cowardice in the face of such question-begging, discussion-ending clichés as 'imposing morality'?"

For starters, there are the millions of unborn babies who can be aborted up until the day before their birth... if the mother so chooses. There are the children born with serious physical and mental handicaps who will not be treated... if their parents and doctors so choose. And there are the adolescent Down's Syndrome children like Phillip Becker, born with a fatal but correctable heart defect who can be denied life-saving surgery... if their parents so choose.

The scenario is depressingly familiar for one whose life-span covers history's bloodiest half-century. The justification is always the same. The victim flunks the criterion for Life (capital L) test as determined for him by his "superiors." In its mature form, this argument posits the insane notion that the victim's death is really for his own good.

Where the value of human life is relative, just "one value among many,"

(See **SECOND DOMINO**, p.13)

A Spirited Critique of Euthanasia

In Defense of Life
by A.R. Saqueton, M.D.
(ARS Publishing Company, 1981,
232 pages, \$24.95)

Reviewed by
Felicia Goeken, NRLC
Director from Illinois

My review of the book *In Defense of Life* is, admittedly, from a prejudiced viewpoint. Having written a lengthy article in the '70s for the *National Right to Life News*, titled, "Brain Death Definition—The Fear That Won't Go Away," my concern then, as now, is that the right to life movement is not adequately addressing the rapid movement towards euthanasia.

Dr. Saqueton has ably covered the realities of the slippery slope created by "Living Wills," "The Right to Die" and "Definitions of Death." His involvement began when he was alerted to California's (more explicitly Assemblyman Barry Keene's) Assembly Bill 3060. Saqueton studied Keene's bill and reached the conclusion that it was an euthanasia bill.

His appendix gives exact and complete wording of Living Will and Natural Death Acts, in ten different states, enacted in the 1970s—and updates states that have had such legislation introduced in 1981.

The author did not write this book in medical terminology, although he does include the complete wording of the Harvard Criteria and reasonable explanations of medical situations that will interest lay people, especially in the chapter titled, "When is a Terminal Condition Terminal?"

Dr. Saqueton is alarmed and concerned with his own profession's failure, first, to recognize the dangers of legisla-



Felicia Goeken

chapters. Senator Roberti says, "To my way of thinking, Assembly Bill 3060 is part of a growing pattern in our society to shove the elderly aside. First, their will to live is taken away from them by warehousing them in nursing homes where all spiritual and moral props are withdrawn from them.

"Then as they physically deteriorate, the next step is to obtain their permission to remove the physical props at a certain predetermined moment. With extremely weakened willpower, large numbers of old people will sign their death warrants fearing financial consequences to their relatives, or even worse, fearing the disapproval of the authority figure who suggests that the document be signed."

Saqueton adroitly combines logic, hope, and a great respect for life in his discussion of "patients." And he addresses the reality of the involvement of

the book itself is beautifully bound but is priced at \$24.95. Therefore it would help to publish a paper-back edition if it is to be widely read. The 89 pages of references itself makes the book worthwhile, but its price will sorely inhibit its distribution.

unbelievable.

However, with 89 pages of the Appendix, bibliography, and totally documented references, the doctor has presented a challenge to those who doubt. Readers have an opportunity to read the full text of the existing bills passed in

***In Defense of Life* touches on some of the life-style situations that create a climate where the "death-wish" present in unhappy relationships could indeed be a reality should specific laws be passed.**

In Defense of Life touches on some of the life-style situations that create a climate where the "death-wish" present in unhappy relationships could indeed be a reality should specific laws be in effect.

Because Dr. Saqueton is alarmed and concerned he expresses himself in strong language. To the reader who is aware of the great strides made in recent years by euthanasia proponents, this will be a refreshing change. To those readers who do not yet believe, or do not want to believe, that the Right To Die Society (formerly named the Euthanasia Educational Council) has infiltrated and influenced state legislators, the strong expressions may "turn them off" as being

the 1970s and judge the danger for themselves.

Saqueton views the present technology of organ transplants as an argument against Living Will legislation, citing some of his own patients who might not have been "saved" if they had signed a Living Will.

Dubbing the Living Will a "death certificate," the author says, "As a medical doctor who respects life, I strongly believe it is unfair for the citizenry to be unnecessarily subjected to the hazards of the 'Living Will.' It can lead to the premature deaths of the helpless sick. It encourages more disrespect for life and gives an additional weapon to those with criminal tendencies."

"With extremely weakened willpower, large numbers of old people will sign their death warrants . . . fearing the disapproval of the authority figure who suggests that the document be signed."

Calif. State Senator David A. Roberti

tion in the "death with dignity" areas, and, second, its failure to clean its own house, which he amply explains in a chapter titled, "Doctors Are Not Saints".

A letter to the author from the Senate President Pro Tempore of California, David A. Roberti regarding Assembly Bill 3060 sets the tone for the author's

politics in the area of health. This would be an excellent beginning handbook to introduce a crash course on the "foot in the door" philosophy of promoting euthanasia (just as a "little bit of abortion for hard cases" APPEARED to be the goal of the pro-aborts in the late '60s). But one recommendation must be noted:

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IN DEFENSE OF LIFE

232 Pages

By A. R. Saqueton, M.D.

This book is a call for a peaceful uprising against the increasing dehumanization of American society. It exposes the evils behind the so-called "living will" or "right to die" laws in America which encourage more disrespect for life and allow the indirect killing of the helpless sick. Such sugar-coated laws legalize murder, are passports to premature deaths and prelude Hitlerism. This book is a must reading for doctors, lawyers, legislators, ministers and all those who believe in a person's unalienable RIGHT TO LIFE!

- The Right to Die? Suicide, Indignities of Death, Gary Gilmore
- The Same Dog With A Different Collar: Euthanasia, Setting the Stage, Home Bitter Home, Do Aged Patients Deserve Less?
- Hope Springs Eternal: Cancer, The Fountain of Youth, Organ Transplantation, Faith and Miracles, The Senior Years, Karen Quinlan
- Language and Intelligence Barriers: "Se Habla Espanol", Johnny Cannot Read, Intelligence Quotient, Informed Consent
- When Is A Terminal Condition Terminal? Death, Mt. Sinai Hospital of New York, Presbyterian University Hospital of Pennsylvania, Coma
- Doctors Are Not Saints: Thirty-Five Thousand Problem Doctors, Malpractice Crisis, Medical Greed and Fraud, Judge Not A Hospital by Its Cover
- Of Unsound Minds: Madness Surrounds Us, Crazy "Gasses" Within Us, Aladex Syndrome, Alice in Wonderland, Politics and Mental Health
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In the April 22 educational insert, "Abortion and Public Opinion in the United States," errors were made in two of the graphs: the two which illustrate results found in Table 1.

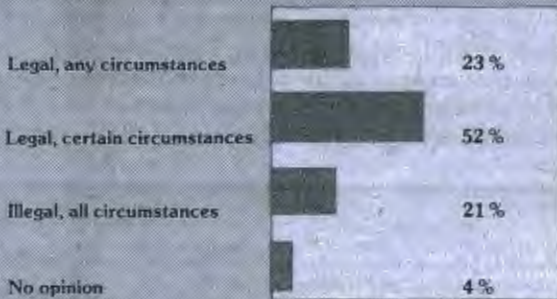
For your convenience, we have reprinted the corrected page. If you have

saved the insert, please clip out this page and attach it to the insert.

Please remember that this article is being reprinted on quality paper as well as summarized in a flyer. Refer to April 22 issue for order prices.

From Table 4 (p-4)

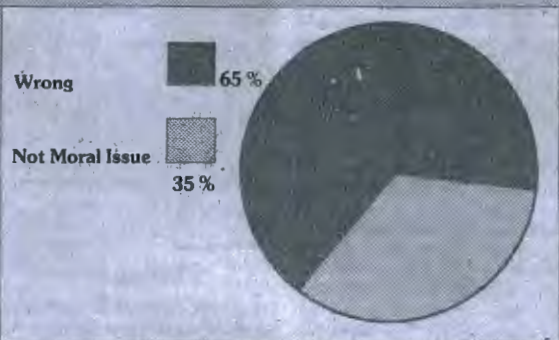
Do you think abortion should be legal under any circumstances, legal under only certain circumstances, or illegal in all circumstances?



The Gallup Report, 1981

From Table 2 (p-3)

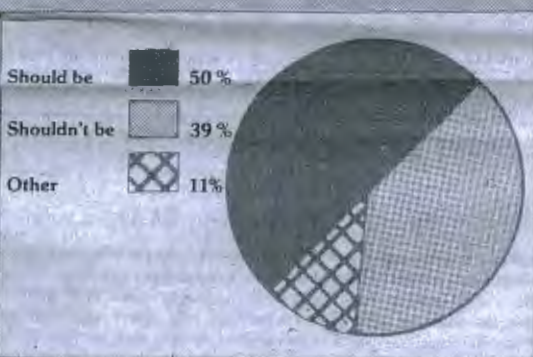
Which of the following do you believe are morally wrong, and which do you think are not moral issues? Abortion.



The Connecticut Mutual Life Report on American Values 1981

From Table 1 (p-2)

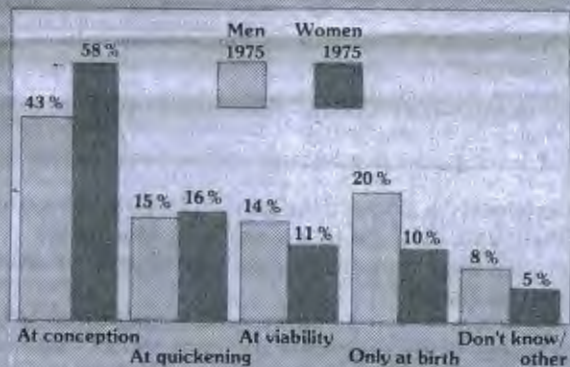
Do you believe there should be an amendment to the Constitution protecting the life of the unborn child, or shouldn't there be such an amendment?



New York Times, August 18, 1980

From Table 7 (p-6)

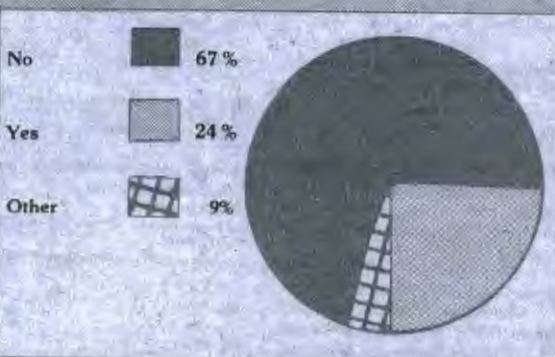
It is sometimes said that the morality of abortion rests on the question of when one thinks human life begins. Which of these alternatives best expresses your views? Human life begins.



Judith Blake, 1977, "The Supreme Court's Abortion Decisions and Public Opinion in the United States," *Population and Development Review* 1 and 2:45-62.

From Table 1 (p-2)

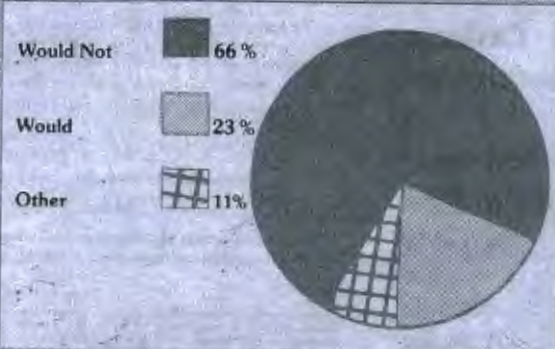
Do you think it should be lawful for a woman to be able to get an abortion without her husband's consent?



Judith Blake, 1973, "Elective Abortion and Our Reluctant Citizenry,"

From Table 2 (p-3)

Suppose you had a fifteen-year-old, unmarried daughter who told you she had recently become pregnant. Would you advise her to have an abortion or not?



ABC News/Washington Post poll, 1981

The Life and Death of Infant Doe



Shirley and Bobby Wright with their three-year-old Down's Syndrome daughter. The Wrights vainly sought to adopt "Infant Doe."

(From p.1)

Easter Sunday, April 11 Neglect Continues

The best evidence is that no one outside the hospital and Judge Baker knows of Infant Doe's fate. He is now two days old and has received no food and no water for over sixty hours. By now, toxins have begun to build up in his tiny body.

Monday, April 12 Welfare Department decides not to intervene

Judge Baker's order to the hospital not to intervene is written up. Though it is not clear from reports, that same morning Baker also appoints the Monroe County Welfare Department as guardians for Infant Doe. The Welfare Department's six-member Child Protection Team meets that night to discuss their position. They decide, after hearing the evidence not to appeal Baker's ruling. The die is cast.

Tuesday, April 13 The outside world learns of Infant Doe's starvation

The mystery man in this human drama appears. Local attorney Phil Hill informs the Monroe County Prosecutor's office of the plight of Infant Doe. [Hill has been unavailable for comment and efforts to contact him have been futile.]

By 3:30 p.m. Prosecutor Barry Brown files a petition with Monroe Juvenile Court for an emergency detention order. Brown wants the baby taken from the custody of the parents until it can be determined whether the baby is a "child in need of services" under the Indiana Juvenile Code.

Juvenile Referee Pro-Tem Thomas Spencer hears the case late Tuesday afternoon. At that hearing, Spencer rehears all the evidence presented to Baker the previous Saturday night.

Again, he states that the specific legal issue to be resolved is not the child's right to life, although both Spencer and Baker say it is implicit at both hearings. But rather, the legal question to be resolved whether there is probable cause to believe that the baby is in need of services because of his parents' "inability, refusal or neglect" to meet his medical or nutritional needs.

The key issue is whether the parents'

actions constituted "neglect." Spencer says late Tuesday night that there is no probable cause to suspect neglect. Why? Because the parents have made their decision not to treat the baby after lengthy consultation with physicians and others. They are choosing one of two medical options. (Note that this option—a choice—is between medical and nutritional treatment and no treatment; between life and death.)

[Baker is later quoted as saying "If there is a law, I wish somebody would point it out to me." He says no specific law to the contrary can be cited, only the law that the parents have the legal right to exercise jurisdiction over the care of their children.]

Meanwhile, at 5:30 p.m. on that same Tuesday, Judge Baker appoints Bloomington attorney Phil Hill as new guardian. Baker does this, surely knowing that the effect will be that Hill will file a petition for a temporary-restraining order. Hill does exactly that and later that night Baker denies Hill's request.

Barry Brown and Deputy Prosecutor Larry Brodeur work all Tuesday night on an emergency appeal to the Indiana Supreme Court. Phil Hill also prepares an appeal. Both seek a writ of mandamus, which allows the court to take jurisdiction in cases where a lower court had a clear duty to act and failed to do so. Brown and Brodeur appeal Spencer's ruling that there is no parental neglect, while Hill appeals Baker's order denying a restraining order.

Wednesday, April 14 Attorneys take Infant Doe's case to Indiana Supreme Court

Hill, Brown, and Brodeur obtain Supreme Court approval for a hearing. That afternoon Justices Roger O. DeBruler, Alfred J. Pivarnik and Dixon W. Prentice hear their appeals.

Brown and Brodeur argue that Judge Spencer has an obligation to remove the child from his parents' custody but didn't, and that the baby's right to life supersedes all other legal issues in the case.

(Note that the mandamus writ, which attacks the discretion of a lower court judge, is considered hard to obtain. Brodeur also asks the court to hear a direct appeal on the merits, but the court

takes no action on that request. In other words, the court only acts on the easiest request to deny, the writ of mandamus.)

Hill argues that the justices hold the power of life and death over the infant. The parents' attorney, Andrew Mallor, responds that the parents are acting within their rights in choosing between two medically proposed options. He also states that the baby has many physical problems.

The three justices are joined in deliberations by Chief Justice Richard Givan. Later in the afternoon they vote 3 to 1 with DeBruler in the minority to stay out of the dispute. Brown says that he has received a fair hearing but that the case is going to be pursued as long as he feels the baby has even a "one percent" chance of being saved.

At this time, the media becomes aware of the plight of Infant Doe. Instantly, his story becomes the top news item.

At 7 p.m. on Wednesday my wife, president of Monroe County Right to Life, and I first learn of the situation (we live in Bloomington). I immediately call Indiana Right to Life's counsel, Jim Bopp.

Upon his advice, and within the next two hours, we are able to locate a northern Indiana couple willing to adopt the child (with the assistance of the Indianapolis Right to Life). We secure the assistance of a local pediatrician, Dr. James Schaffer, who agrees to take over care of the child if we can successfully get custody. The stage is set for an attempt by Bopp to gain custody of Infant Doe.

9:00 a.m. Thursday, April 15 Furious last-ditch legal efforts begin to try to save Infant Doe.

Brown announces at a news conference that the baby is slipping. He says that according to his information the baby had had a 50-50 chance of survival as late as Tuesday when the prosecutor's office was first contacted.

Brown tells reporters that Infant Doe requires relatively simple surgery to separate the esophagus from the trachea. Ordinarily, the operation is likely to succeed if performed within 24 hours of birth.

Brown says Infant Doe's chances are now lower because the baby is not being fed. Nor is the baby being administered antibiotics. His body is now full of toxins.

That same morning, Brown and Brodeur seek an injunction to force Bloomington hospital officials to keep the now 6-day-old baby alive. (Brodeur has just been appointed as new guardian for appeal purposes.) They argue that if they are to be allowed the chance for a meaningful appeal of the case, the boy's life must be preserved. They also again argue the baby's right to life.

However, Judge Pro-Tem Thomas Spencer rejects the injunction, ruling that he does not have the type of new evidence needed to reverse his previous ruling. Brown and Brodeur also prepare appeals seeking temporary restraining orders in both Monroe County Superior Court and Monroe County Juvenile Court. These would require the parents of the infant to provide nutritional and medical care and treatment necessary to keep the baby alive.

Both legal paths are blocked shortly after noon.

Thursday Afternoon, April 15 Requests to help flood in.

Brown reads us the latest report of Doe's condition:

At 1 p.m. Infant Doe suffers a respiratory arrest but comes out of it on his own. He is also suffering from pneumonia and gross dehydration (no liquids since Friday); his muscle tone is worse; his lactic acid level is irreversible. The hospital source indicates that it is most probable that the child will not survive the night.

With that grim report in mind, Jim Bopp, Professor Bill Hicks of Indiana University Law School, and myself quickly bring a petition to intervene on behalf of Bobby and Shirley Wright of Evansville, Indiana. (This couple has independently sought to adopt the child, and because they have already obtained organizational support, they are substituted for the adoptive parents originally located. By this time, both the prosecutor's office and the Indiana Right to Life Office are being deluged with callers begging to adopt the baby.)

The intervention is sought in order to allow the filing of still another motion to appoint the Wrights as successor guardians preparatory to filing a petition for adoption. Also, intervention will allow time for a request to the Court that it order appropriate medical care so that Infant Doe would not die before the adoption is effectuated.

Bopp argues that the baby has been totally abandoned and deserted by his parents or, at least, is being severely neglected inasmuch as he is not being fed nor given fluids.

Mallor, counsel for the parents, argues initially, under technical grounds, that the Wrights do not have the "interest" required by Indiana Trial Procedure Rules. However, he goes on to state that the baby is not abandoned because his parents have seen him and have seen to his baptism. Left unsaid is that the parents are still letting Infant Doe starve to death.

Moreover, Mallor contends that the baby is being given medical treatment. Mallor argues that the "no treatment" option is, indeed, treatment, and that the baby is being given some medication so as to ease the pain.

Most astonishingly, Mallor also mentions that Infant Doe is already probably beyond saving. This seems to hint that the court should not now allow treatment because it would do no good and would make the court look foolish. Judge Baker, without comment, denies the petition to intervene, thus making moot the petition to appoint successor guardians.

In the meantime, Brown and Brodeur are furiously working on an emergency appeal to U.S. Supreme Court Justice John Paul Stevens which is scheduled for 9 a.m. Friday morning. They bring in Indiana University law professor and constitutional law expert Patrick Baude, who begins working feverishly on the appeal. With information received from the AUL on recent cases, Baude is basing his appeal on three grounds.

He maintains, first, that the baby has a right to life guaranteed by the 14th Amendment. Second, that even a mass murderer can get a stay of execution to as to preserve an appeal. The same should apply to a child who is guilty of no crime himself. Such convicts also have a right to medical treatment. And, third, Baude says an equal protection argument can be raised because this child is not being given the protection of the laws that other infants are customarily given.

Later, Attorney Mallor and Judge Baker are both reported as saying the

(See FINAL HOURS, p.13)

Here's to You, Mothers Everywhere

By Nancy Koster

Recently a local magazine profiled a young mother of a large family of small children. She and her husband wanted their kids and are providing well for them, although their lives understandably are hectic and money isn't in overabundant supply. Photos showed her to be a fresh-faced, attractive woman and her kids as clean, bright and happy.

But not all readers were impressed. The next issue carried several less-than-complimentary letters. One chided the magazine for featuring a woman content to have been pregnant most of her married life, and insinuated that she had no right to "produce" a baby every year.

The letter said it would be better to reserve praise for "women who limit the number of children they will give birth to" and urged the publication to be more "selective" about whom it chooses to profile in future issues.

Motherhood really is not all that highly regarded anymore. Although society gives a lot of lip service to women's new-found "freedom to choose their lifestyles," many people don't think choosing full-time motherhood—specializing in it, so to speak—is too smart or, for that matter, very good manners.

Full-time mothers are not considered healthy role models for young children and, since they are not financially compensated, their work isn't considered very valuable. Some suggest it's slightly demeaning not to have one's own income, to be "dependent" on a man.

Further, women who have more than the socially acceptable two children and stay at home to raise them often are regarded as too simple to know better, too stupid to hold down a "real" job, or too brainwashed by the patriarchal system to assert themselves.

And, in a country where the birth rate is below replacement level and schools are closing right and left, the ghost of Thomas Malthus still is invoked to make such mothers feel guilty for somehow depleting our natural resources and being detrimental to the social order.

Come to think of it, mothers of smaller families often don't fare too well either, especially if they happen to be single or if they need to work outside the home to support their kids. And our society saves a special opprobrium for mothers whose circumstances force them to depend on tax-funded programs to make ends meet.

more so if they have the effrontery to give birth to "too many" children instead of saving us all money by having abortions.

Then there's the teen-aged mother. Every stimulus in popular culture tells teens it's normal, even healthy, to be "sexually active," but when they get pregnant it becomes abnormal, unhealthy and just plain dumb to have babies when abortion is such an easy answer.

And what of the mother of the handicapped child? Now that prenatal detection followed by abortion is so available and acceptable, her burden is made even heavier by those who suggest it would have been better for the child and everyone else if she had eliminated the "problem" when she had the chance.

Yet it is impossible to suppress the desire of women to be mothers. Even those who think they will find total fulfillment in their careers often have second thoughts as their biological clocks tick closer to menopause. *Time* magazine even devoted a recent cover story to a number of famous actresses and successful executives who exemplify the current "baby bloom" among women over thirty.

Also exhibiting what *Time* called a "fervency of desire" for motherhood are those who, for one reason or another, are unable to have their own biological children. Many spend long years, tens of thousands of dollars and immeasurable emotional energy in the quest for a child to adopt—any child, almost—foreign born, multi-racial, handicapped.

And what about those who, after expensive and painful fertility workups end in bitter disappointment, yet cling to the slim hope of having a child by in vitro fertilization or even surrogate motherhood?

So here's to mothers everywhere, of every kind; the "just a housewife" stay-at-homes, the valiant single moms, those who combine career and family, the adoptive mothers and the technologically assisted variety.

If, as it is said, a baby is God's opinion that the world should go on, He must hold mothers in very high regard indeed.

So who cares if society doesn't?

Mrs. Koster is a frequent contributor to *NRL News*. She is the editor of the *MGCL Newsletter*.

Erma Bombeck One in Every Crowd

There's at least one in every crowd—
I needed someone to want to bring
a child into this lousy, mixed-up world."

I met one the other night who said children were just "ego trips" for parents who liked to see their own image staring back at them over the breakfast table. She added, "I can't come up with one reason for having them."

What a pity. According to my children, there were a lot of reasons for my having them.

I needed a personal slave . . . someone to answer the phone, get my sweater, find my glasses, get my keys out of the door, unload the groceries, go to the store, let the dog out and move the hose.

I needed someone around the house to eat the leftovers the dog wouldn't touch.

I needed someone to shove out of the car to throw their body over the last picnic table while we found a place to park.

I needed a live-in who would assist in raising a younger brother or sister by taking them to the bathroom every five minutes and sitting with them for free on New Year's Eve.

I needed an excuse for my saddlebag hips and flabby upper arms.

I needed "material" for the Christmas newsletter and a three-times-a-week column.

I needed someone to mail letters for me when it rained.

I needed someone to practice medicine on. ("Turn down that record or you'll go deaf!")

I needed someone to spy on and make me feel important.

That's their story. Mine is even more biased.

I brought children into this lousy, mixed-up world because when you love someone and they love you back, the world doesn't look that lousy or seem that mixed-up.

I gave them life because they have the same right I was given to make up

mine. I can't think of what makes a good or bad mother.

More than an image over the breakfast table, they are special to this universe now and will be long after I am gone.

Some parents must take the risks . . . if we don't, who will be left to listen to the young people who lament, "I don't want to bring children into this lousy, mixed-up world"?

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Peaceful Stand

(From p.8)

I have decided to fast outside the Women's Hospital. I will be there to save and not to condemn. I deeply want to save the Royal Women's Hospital from the violence of abortion and the degradation of other forms of destruction of human life.

This is my response. It is by no means a total or the only answer. Rather, given my circumstances, it is my way of saying to my fellow citizens that I regard this issue of the highest importance and that I am completely stopping my usual lifestyle and ministry to witness to my convictions.

For my fasting seems particularly appropriate in the context of destruction of the most weak and vulnerable humans. By my assuming the conditions of weakness in fasting from food and leaving my normally secure house, I am sharing in a small way in the weakness of the tiny babies. Likewise, by leaving my usually secure and protected environment to spend a week out in a public place is to become somewhat vulnerable in the way the babies are vulnerable.

Yes there are those voices from deep within me as well as the clear teachings of my own religion and the commanding example of the wonderful leaders of the

prolife movement.

Where does it all leave me?

Having decided that I cannot slip away or allow myself to be swallowed up by the tide of events, where and how do I stand up for life?

All along the value of public witness has been recognized as important even if it ranked as the poor cousin.

Fortunately the prolife movement in Victoria has a great record of strong non-violent protests in response to abortion killings.

At first these were aimed mainly at political occasions but quickly attention was given to the abortionists. It is now eight years since the first picketing at Dr. Weiner's abortion clinic.

In 1975 we staged the five month "sit-in" in the foyer of the Queen Victoria, stirred up by the use of prostaglandins to kill babies there.

The visit of Mother Teresa last October provided a fresh stimulus to public witness. For five months valiant proliferers have been picketing the Royal Women's Hospital. These modern day prophets are proclaiming by their presence that the destruction of human life is a serious issue.

What is to be my response?

I know that my seven day fast in Melbourne's City Square last year brought me much closer to my tiniest brothers and sisters. As a result of my experience their condition was put into much sharper focus for me.

Now, as then, I want to emphasize my commitment to making a non-violent response to the violence of abortion.

Abortion in all its forms is a violent attack on defenseless human life, the powerful with brutal weapons. It has been appropriately compared to the "search and destroy" raids of the Vietnam war.

The simple act of fasting renounces the pretensions of power as understood in material terms. Its very non-violence contrasts with the violence of abortion. It completely avoids meeting violence with violence and responds with peace and passivity.

Some people may wonder why I should have chosen the Royal Women's Hospital for this fast. The answer is


very simple. I am deeply troubled and even afflicted by the fact that a hospital spokesman, Dr. Clifford Flower, should admit that abortion has reached "saturation point" at the Women's Hospital. I see the institutionalisation of killing in public establishments as a very grave development.

Unless we stand and protest, killing in such circumstances will acquire an added cloak of respectability and legitimacy.

So it is that I go to fast in a spirit of commitment to stand up for life by renouncing the violence of the abortionists.

Father Ahern is a prominent Australian proliferer.

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**national
RIGHT TO LIFE
NEWS**

Infant Doe's Final Hours

(From p.11)

best legal analogy is the Karen Quinlin case. The court in that case ruled that the parents have the right to have their daughter's life support system disconnected.

When asked to comment, Professor Baude states that Infant Doe might not have grown up to receive a graduate degree in astronomy, but he is going to be able to see and feel, to love and be loved; there will be a twinkle in his eyes. Baude says that this is not a case of someone who could be characterized as a "vegetable."

Late Thursday night, Brodeur and Baude are driven to the Indianapolis airport to catch their 10:10 p.m. flight to Washington, D.C. by way of Atlanta. In Atlanta, Brodeur calls Brown. He is told that Baby Doe has died just 7 minutes before their flight left Indianapolis.

Post Script

As of Saturday, April 17, further investigation is needed to determine the exact cause of Infant Doe's death, according to Dr. John Pless, Monroe County Coroner. Pless' preliminary autopsy confirms the diagnoses of Down's Syndrome and tracheo-esophageal fistula. (His report mentions nothing of any other physical abnormalities.)

Prosecutor Barry Brown had not decided whether any further action would be taken in this matter. Attorney Mallor, after hearing of the baby's death, was quoted as saying, "This baby was doomed by God before it was born."

That certainly seems to sum up the judicial response to Infant Doe's plight. Such a statement illustrates why Infant Doe was allowed to starve to death and how it was that the judiciary could fail to find in the common law, the God-given right to life.

Both Brown and Brodeur are to be highly commended for their courageous

and at times heroic efforts to save Infant Doe in the race against the clock. Special thanks go to Jim Bopp for his level-headed advice in a time of crisis and for his effort to save the baby, and to Patrick Baude for his willingness to drop everything to work on the emergency appeal to the U.S. Supreme Court. My wife and I personally owe a debt of gratitude to all the Right to Life chapters who assisted us in these very hectic hours, especially Indianapolis Right to Life and Phyllis Holt, President of Greene County Right to Life.

Joseph Rebone

Mr. Rebone, a third-year law student, is a member of the Board of Indi-

ana Right to Life.

(Editor's note. Since Mr. Rebone sent us his story, a more complete autopsy was performed. The report was that the baby did not die "directly" because of starvation but because of "multiple congenital abnormalities.")

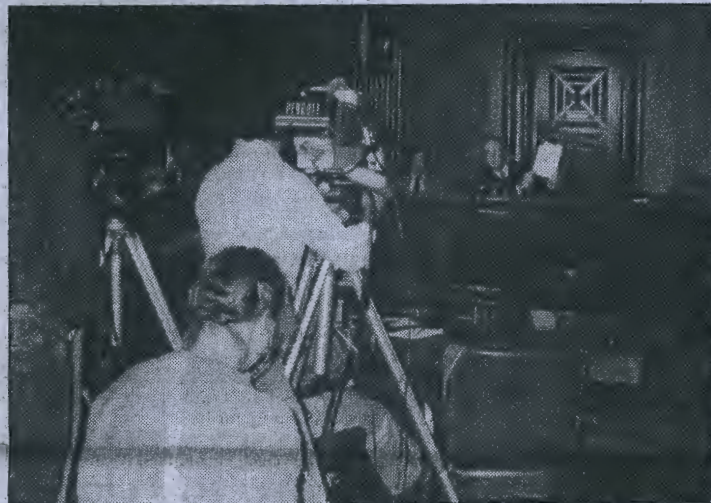
It should be noted that nothing beyond the Down's Syndrome and the tracheo-esophageal fistula appeared in the preliminary autopsy, nor in the final report did the coroner explain when or why these other abnormalities appeared. For example, it is not hard to understand that starved for six days, a newborn baby would develop "multiple congenital abnormalities."

The point simply being that there is

a preponderance of evidence that the child's medical problems, while not trivial, were eminently correctable and that the reason he was starved to death was because he was a Down's Syndrome baby.

Two final notes. The local diocesan paper reported that the parents had a "Catholic background" and that a priest baptized the baby on Monday, April 12, the day after Easter.

Rebone said he and his wife, who has dealt with handicapped children, found it very difficult to believe press reports that the parents of Infant Doe had worked with retarded children. "If they had," Rebone said, "they could never have made the decision they did."



Dr. J.C. Willke (right) explains Infant Doe's physical problems to a room of reporters. At left is NRLC Legal Counsel James Bopp.

VOLUNTEERS' MANUAL

A "Service Manual for Volunteers" has been developed by Lifeline of S/W PA. It includes guidelines for training volunteers in Emergency Pregnancy Centers; office procedures and forms; client information and recommended resource materials.

Available through Lifeline of SW PA, Dept. L., Suite 1013 Empire Bldg., Pittsburgh, PA 15222.

Suggested donation is \$4.00 per copy; in quantities of 5 or more—\$3.00 per copy.

Second Domino

(From p.8)



Erma Cravan

then one's value becomes "relative to expectancy of life, state of health, usefulness to society, or any other arbitrary criterion," as Rabbi Immanuel Jakobovitz has shown us.

As a life-long liberal Democrat, it grieves me that it is my liberal compatriots who have violated what should be the prime directive for any liberal: to defend the powerless and to uphold the dignity of every human life, regardless of age, color, sex, condition of dependency or physical handicap.

How bitterly ironic that in the International Year of the Disabled, the year of "The Elephant Man," an incredibly moving testimony to the common human-

ity of us all, that infanticide should make its public debut.

John Updike has observed in his novel *Couples* that "Death, once invited in, leaves his muddy bootprints everywhere." I fear that if we do not reinstate the "not for sale" sign on human life, it is only a matter of a very short time before the bargain basement sale of life comes into our house.

Legal Person

(From p.1)

damages as provided in this section, notwithstanding the death of the person injured and although the death shall have been caused under such circumstances as shall amount to a felony.

"A clear majority of states now recognize that a wrongful death action may be maintained for an unborn child viable when the injury causing death occurs," said Clifford's seven-page opinion.

That decision also fits Maine law, he wrote, since the law would apply had the fetus been injured but born alive.

"To rule otherwise would be to immunize the perpetration of the greater harm resulting in death, while allowing an action to be maintained against the person whose wrong resulted in injury but not death."

Justice Clifford quoted several sections of Maine law which were put in place previously through prolife legisla-

tive efforts as part of the basis for his decision.

Attorneys for the defendants are now attempting to settle out of court, but the plaintiffs' attorney intends to

seek a jury trial. Attorneys for both sides agree, however, that the case will ultimately be decided by the Maine Supreme Judicial Court.

"Sing for Choice" Benefit Musical "Condemnment" of Life

NASHVILLE, TN—A musical benefit for legal abortion held in Nashville has been described by its sponsors as "not the financial success we had hoped." The January 22 concert was organized by Tennesseans Keeping Abortion Legal and Safe (TKALS; the state NARAL affiliate), and featured such household names as Cee Vee Dyson and Rattlesnake Annie McGowan.

Billed "Nashville Women Sing for Choice," the event offered listeners a chance to hear a unique composition by Judy Eron entitled "The Human Life Amendment." "We're all assembled to give our condemnation (sic) to those who oppose abortion," the song began.

The last verse says reams about the pro-abortion mind: "A fetus may be human, but I would not let my kid marry one."

The fundraising event "received many comments, compliments, and criticisms," reports a recent TKALS newsletter in which the words of Eron's song are reprinted. "Although the benefit was not the financial success we had hoped, we feel it had more important positive aspects."

The newsletter said that, because of the musical program, Nashville abortionists were able to get some of the press attention previously reserved for prolife groups every January 22.

Coming In the Next Issue

Jim Bopp gives a moving insider's recollection of the events surrounding the death of Infant Doe.

Lynn Wardle and Rita Radich review two books which take diametrically opposing positions on the issue of "judicial activism."

Stephen Chapman

From Abortion to Infanticide

After losing in court last week, prosecutors for Monroe County, Indiana, tried to put a good face on things. True, the state Supreme Court had upheld a couple's refusal to allow surgery on their week-old infant, a victim of Down's Syndrome, to repair his deformed esophagus. But, one prosecutor noted, the decision was "narrowly drawn."

It nonetheless led to a child's prompt death from starvation. We may be grateful that the court restrained itself from a broad decision.

The right-to-life movement has long been ridiculed for its contention that a society which tolerates the indiscriminate killing of fetuses must sooner or later come to accept even worse—such as euthanasia for the elderly and terminally ill. It used to be easy to dismiss these analogies as hysterical. But probably not even the most vociferous critic of legalized abortion could have imagined that we would proceed, in nine short years, from allowing abortion to sanctioning infanticide.

The evolution, of course, is a natural one. The difference between a fetus and "Baby Doe"—the parents' names were kept secret to protect the guilty—is one of degree, not of kind. Both are recognizably human; both are incapable of sustaining existence on their own

both are unable to comprehend the world about them.

The "pro-choice" movement seeks to portray us all as recognizably human only on the day we spring forth from the womb, denying any meaningful resemblance between today's infant and yesterday's fetus. But human life is a continuum. It does not begin at birth, or even at the start of the third trimester, Justice Harry Blackmun notwithstanding.

A living, unmistakably human organism exists from the moment the ovum is fertilized. It will not develop into a cat, or a plant, or a cyst—only a person, because it already is a person.

To draw an arbitrary distinction between a fetus and a baby to justify treating them in radically different ways is to invite similar distinctions, and different treatment, among different groups of people—between one-week-olds and one-month-olds, or one-month-olds and one-year-olds. As of last week, such distinctions carry the imprimatur of the Indiana Supreme Court.

The theologian Paul Ramsey once noted that there is no argument for abortion that cannot serve just as well to rationalize infanticide. This case emphatically validates his suspicion. But Ramsey's point was to dramatize the culpability of abortion, not to con-

done the killing of babies. Unfortunately, the sort of thinking that accommodates abortion cannot easily resist the logic of infanticide.

Presumably Mr. and Mrs. Doe would have aborted their child had they known he would be born deformed and retarded. No pro-abortionist would have questioned their decision. Why bring a defective child into the world, with no prospect but great financial expense and continual heartache? Preventing the birth of abnormal children is one reason for the growing use of amniocentesis to detect fetal disorders.

No one, least of all the organizations favoring legal abortion, has been heard to defend the Indiana court's decision (though they have not been heard to condemn it; either). But the difference between aborting a defective fetus and allowing an abnormal infant to die of starvation is, to put it charitably, an exceedingly subtle one.

Surely it is unreasonable to expect the parents to endure all the costs imposed by a handicapped child merely because they weren't lucky enough to know in advance. If a defect can't be discovered beforehand, why should the mere technicality of birth condemn parents and child to living with it?

Then there is the "unwanted child" argument: Better to dispose of a child in the womb than to force

him on an unwilling and resentful mother and father. "Baby Doe" aptly fits this category. Parents who would choose to let their own flesh and blood die painfully of starvation aren't models for a loving household. If a fetus is better off dead than unwanted, how much more so a newborn infant.

But the most striking thing about this case is that the court not only allowed the parents to escape the ordinary obligations of producing a child, but also refused to let anyone else assume them. At last ten couples offered to adopt Baby Doe (including one which already has a child with Down's Syndrome). No matter. The court decreed that the right of the parents to let their infant die outweighed any rights the child might possess.

It is a measure of abortion's effect on our thinking that in at least one state it is now permissible to do to a deformed, retarded infant what would be illegal if done to a dog or a cat. The eagerness of so many couples to adopt Baby Doe offers a vision of what we might be. But the death sentence given him by our duly ordained courts offers a glimpse of what we are becoming.

(Copyright 1982 Chicago Tribune. Used with permission.)

Stabbing of Unborn Child "Falls Between the Cracks"

By Pat Trueman and Burke Balch

Newspapers nationally have carried the story of the brutal rape of a six-months pregnant woman in New York City. The assailant allegedly asked the woman whether she was pregnant and, when she said she was, stabbed her in the abdomen, killing the unborn child.

According to a copyrighted story in the *New York Daily News* of February 13, the unidentified woman "was raped at gunpoint and stabbed in the stomach early [February 10] after getting into what she thought was a gypsy cab . . . in the Bronx.

"After about 20 blocks, the driver ordered her to undress and then raped her," police said. He produced a knife, asked her if she was pregnant, and stabbed her when she said she was.

"The woman cried out, 'Oh, please, my baby! My baby!' and was stabbed in the hand as she tried to prevent the attacker from stabbing her a second time, police said. Then she was shoved, naked, into the street, and passersby took her to a hospital."

The Bronx district attorney's office announced that, under New York law, the attacker could not be charged with any crime as a result of killing the unborn, although the assault, rape, and attempted murder of the woman could be punished. According to a spokesman for that office, the crime "falls between the cracks": only an unborn child over six months is protected by the law.

The prosecutor is correct that the perpetrator cannot be prosecuted for murder or manslaughter, because those offenses require the killing of a "person," and New York's penal law defines a "person" as including only "a human

being who has been born." However, it seems that the attacker could be prosecuted for "abortion in the second degree," regardless of the stage of pregnancy, because all abortifacient acts are felonies carrying a sentence of up to between 2 and 4 years in prison unless they are: (1) Done with the consent of the female and (2) by either a licensed physician or by

child did so without her consent, and it is unlikely that he was a physician. He committed an illegal abortion under New York law. Unfortunately, the Bronx district attorney's office has repeatedly rebuffed efforts to discuss the application of this law.

Even though the Supreme Court has said that the state cannot protect unborn

without their mothers' consent. Indeed, the Court has frequently reaffirmed that there is a strong and legitimate state interest in the unborn throughout pregnancy. Thus, the New York law is surely constitutional.

No suspect has been identified in the brutal New York City crime. But the incident should prompt pro-life workers everywhere to check their state laws to see if they protect the unborn against such attacks. Where statutory protection is lacking, pro-life workers may want to consider urging their state legislatures to adopt such laws.

We may not now be able to protect unborn children whose mothers are willing to consent to their deaths. But, since there are no judicially-created constitutional obstacles, we should surely see to it that the law protects their lives against those who, like the New York rapist, seek to harm or kill them against the will of their mothers.

Even though the Supreme Court has said that the state cannot protect unborn children against their mothers who wish to abort them, it has never said that the state cannot protect unborn children against others who seek to kill them without their mothers' consent.

the female herself when she acts on the advice of a licensed physician.

Of course, the unknown man who stabbed the pregnant woman's unborn

children against their mothers who wish to abort them, it has never said that the state cannot protect unborn children against others who seek to kill them

Organ Transplant Rule Arouses Suspicions

CHICAGO, IL — Illinois pro-life groups are preparing to challenge a proposed statute that would authorize the Cook County medical examiner to remove reusable human organs from recently deceased persons. The bill, still in the draft stage, would apply only in Cook County.

Prolifers' main objection to the intended policy change, according to Felicia Goeken of the Illinois Federation for the Right to Life, is a lack of consent.

The state's Anatomical Gift Act provides that a person may donate his or her body to science for post-mortem use. It also permits a person's next-of-kin to authorize such a donation.

Furthermore, the Anatomical Gift Act was amended in 1975 to include a "brain death" clause and to permit the licensing of facilities for the storage of bodies and transplantable organs.

Similarly, under a recent revision of the state's motor vehicle code, any person who signs his or her driver's license automatically consents to becoming an organ donor. (Previously, prospective donors were required to sign a formal document and then were given a special stamp which could be attached to the back of the license.)

The Cook County approach goes beyond the present limits of the Anatomical Gift Act to the extent that it

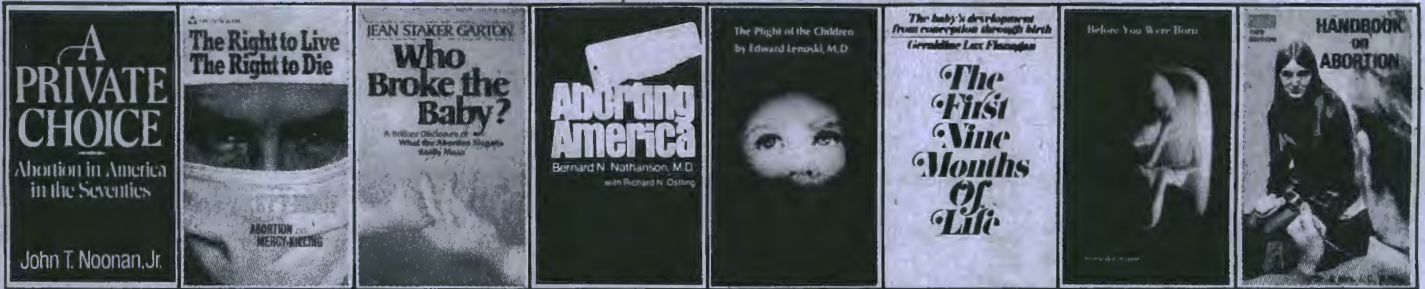
specifically enables the county medical examiner to approve an organ transplant when a person's relatives cannot be located.

"Lack of consent is the big thing" that prolifers find wrong with the bill, Goeken told *NRI News*. But the "brain death" provision, too, raises serious ethical problems. Dead people in Illinois aren't always dead, Goeken added. "Dying could be (the same as) dead if you are an organ donor."

Goeken said her organization had not yet been able to determine whether or not the bill will prohibit the actual sale of human organs.

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	Who Broke the Baby?		
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Ashbrook passes away April 24

Congressman John Ashbrook —R.I.P.—

He was my congressman and all of us Ohio proliferers were very proud of him. Yesterday he was with us. Today he is gone and we share the grief of his dear wife Jean and his children.

Why does He take the good ones? And so young? This is not ours to answer, but we cannot help but ask. Only last week when I flew into Washington with him I had told him that if he won Ohio's senatorial seat this November, he would probably serve two terms beyond this one. Think of what he could have accomplished, for our cause and for others.

But it was not to be.

Perhaps we should rather look back and be grateful to Almighty God for giving him the talents and leadership, the character and dedication that so distinguished him, and be grateful to John for using those gifts wisely and well.

He was friendly, usually smiling and always busy. He was courteous and concerned about others, and we all knew it and felt better for it. Above all he had real character. He had principles, worked for them, stuck to them, and did his best



to convince others to follow him. As Senator Humphrey stated before the Senate, "John Ashbrook surely wore himself out in service to his country. His death should remind us that we can be called away at any time and should stick to principle, for tomorrow we may not have the opportunity to make amends."

To a great congressman who was a credit to his country—and to a personal friend—goodbye, and may you rest in peace, John.

J.C. Willke



Love and Let Live

FOUR PAGE COLOR BROCHURE...

Four page color brochure with Nilsson photos of developing fetus. Accompanying text concerns beginning of life and the rights of the unborn child. Recommended for educational and political mailings.

Material suitable for all ages. For free sample send self-addressed, stamped envelope to **Right to Life of Vanderburgh/Warrick Counties, Inc.**, P. O. Box 255, Evansville, IN 47702.

Rates: 1-1000 copies—12½¢ each;
over 1000 copies—10¢ each.

Life and Death
of Infant-Dog

NRL News

May 10, 1982

Mother's Day
Photo Contest Winner



Non-Profit Organization
U.S. Postage Paid
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Arlington, VA
Permit # 487

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

March 26, 1982

Statement by
Richard S. Schweiker
Secretary of Health and Human Services

"The use of federal family planning grant dollars to pay for so-called 'National Condom Week Rubber Disco' is tasteless and a flagrant example of irresponsibility and bad judgment at any time, but especially in these times of budget restraint.

"Federal family planning funds are to be spent to educate the public in the proper and safe use of contraceptives, including condoms. But this outrageously crude promotion reflects a callous disregard of the need to use precious taxpayers' dollars most effectively to help the needy.

"This program was a continuation of one funded by the last administration for several years and mention of it was buried in an application approved by a regional employee. I am directing that steps be taken to prevent any recurrence and have asked the Inspector General to investigate."

The National Condom Week Rubber Disco, according to promotional leaflets, was sponsored by Planned Parenthood of Metropolitan Washington.

#

Local/Region

Schweiker asks probe of Condom Week funds

By Henry Christopher
WASHINGTON TIMES STAFF

"Tasteless" and "outrageously crude," said Health and Human Services Secretary Richard S. Schweiker about Planned Parenthood's use of federal tax dollars for the funding of the National Condom Week last February.

Schweiker also said last Friday that he asked the HHS inspector general to investigate Planned Parenthood of Metropolitan Washington's sponsorship of a "Rubber Disco" dance which concluded the weeks' activities on Feb. 19.

Promotional literature for the National Condom Week advertised the "Rubber Disco" as a "fabulous dance [to be] held at the Beret Discotech decorated with a rainbow of different colored, blown up condoms. The height of the festivities will culminate with a condom blowing up contest, the winner of which is to receive a prize of \$35."

"Federal family planning funds are to be spent to educate the public in the proper and safe use of contraceptives, including condoms. But this outrageously crude promotion reflects a callous disregard of the need to use precious taxpayers' dollars most effectively to help the needy," said Schweiker. He

said, "this program was a continuation of one funded by the last administration ... [the program] is a tasteless and flagrant example of irresponsibility and bad judgment."

Congressmen Denounce Week

In Congress, Rep. Robert Walker, R-Pa., called the National Condom Week "unbelievable," and Rep. John Rousselot, R-Calif., denounced it as a "misuse of federal funds."

"Unbelievable-unbelievable that Federal money should be used in this way, that taxpayers have worked hard and sent their money to Washington to pay for something of this type ... If ever there was a case of waste, this is it," Walker said.

"I was assured by the financial director [of Planned Parenthood], title X funding was used in this enterprise ... It was some portion of \$161,000", Walker said.

According to Planned Parenthood, no more than \$1,000 was spent on the entire week. Gary Simpson, a director of the National

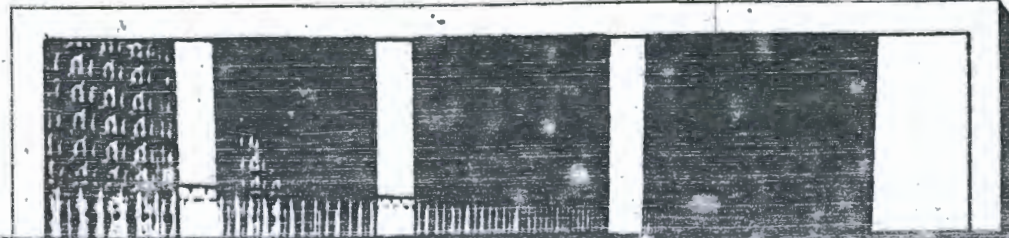
Condom Week, said, "Federal money was used for the Rubber Disco."

Charge for Catering

Leroy Washington, of the Beret Discotech, confirmed that Planned Parenthood was not charged for the use of the dance hall, but they were billed "about \$200" for catering services provided by the disco.

This year's National Condom Week was the fourth one sponsored by Planned Parenthood. According to their literature, it was declared an official week in the District of Columbia by Mayor Marion Barry's mayoral proclamation.

However, the mayors' press secretary, Annette Samuels, said "the mayor did not endorse National Condom Week." Although the proclamation mentions National Condom Week, the mayor proclaimed the week as Planned Parenthood Week. The mayor has no authority to make national proclamations, Samuels said.





Suite 402, 419 7th Street, N.W.
Washington D.C. 20004 - (202) 638-4396

February 18, 1983

Financial Management Division
Office of Management and Budget
Washington, D.C. 20503

Dear Sirs:

The National Right to Life Committee strongly supports the proposed Cost Principles for Nonprofit Organizations (Circular A-122), published for comment in the January 24 Federal Register.

We applaud the broad definition of "political advocacy" in section 1 of the circular, and believe that it would curb many current abuses. For example, affiliates of the Planned Parenthood Federation of America (PPFA), which are among the leading recipients of Title X family planning funds, are also heavily engaged in lobbying against specific legislative proposals currently pending in Congress. PPFA deems many of these political activities to be "education."

PPFA has strongly urged its affiliates to encourage patients at family planning clinics to lobby their legislators, or to authorize the affiliates to do so on behalf of the patients. PPFA's Public Affairs Manual encourages PPFA affiliates to utilize clinic staff to "encourage and assist patients to communicate with their legislators." In our view, persons seeking federally subsidized medical services should not be subjected to such political manipulation.

A recent Government Accounting Office report (GAO/HRD-82-106, published Sept. 24, 1982) described how Title X recipients were using federal funds both to lobby directly and to pay dues to lobbying organizations.

Other such examples could be given. The commingling of federal and private contributions has invited such abuses. The proposed Cost Principles for Nonprofit Organizations would do much to correct the problem by requiring federally funded organizations to completely separate their federally funded activities from their lobbying activities.

Sincerely,

A handwritten signature in cursive script, appearing to read "Douglas Johnson".

Douglas Johnson
Legislative Director

cc: The President

*Helms Amendment
Pro Life*

Mr. President, I commend the Senator from Rhode Island for introducing this legislation and for continuing to press for the best possible language. Like him, I recognize that if we are to deter effectively those who would destroy legitimate American activities, we must have an effective law. ●

ROUTINE MORNING BUSINESS

Mr. BAKER. Mr. President, I ask unanimous consent that there now be a brief period for the transaction of routine morning business, extending not more than 10 minutes in length, in which Senators may speak for not more than 3 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

APPOINTMENT BY THE VICE PRESIDENT

The PRESIDING OFFICER. The Chair, on behalf of the Vice President, pursuant to Public Law 84-944, appoints the Senator from Washington (Mr. GORRAN) to the Senate Office Building Commission.

S. 2148—TO PROTECT UNBORN HUMAN BEINGS

Mr. HELMS. Mr. President, I introduce today a bill whose purpose is to protect unborn human beings from the violence of abortion. Many of us in this body, including a number elected in 1980, have made a public commitment to seek legal protection for the unborn. The end of the 97th Congress is but months away, and we have not yet been able to act on this crucial commitment.

With tens of thousands of unborn babies being killed by abortions every week, I suggest to my distinguished colleagues in the Senate that the time is now.

The bill I introduce today, Mr. President, can be divided into four basic parts. Part I—section 1—contains findings from treaties, international bodies, American history, and Senate hearings concerning the unborn and the right to life.

Part II—sections 2 through 6—gets the Federal Government totally out of the abortion business. Instead of tying up Congress every year during the appropriations process over the Hyde amendment, part II would make Hyde permanent law. Among other things, it also contains a freedom-of-conscience clause to protect medical personnel from discrimination because of their prolife convictions.

Part III—sections 7 through 9—applies the bill's findings to constitutional protections over which Congress has enforcement powers. This part also provides for certain expedited Supreme Court review. Part IV—section 10—is a severability clause which should assure maximum support within Congress from those approaching the abortion subject with different legal concerns.

Mr. President, in concluding my comments on this bill I call my colleagues' attention to the January 11, 1982, edition of Newsweek magazine. On the cover of that issue was a picture of an 8-week old unborn baby. I challenge any honest observer to study that picture and the nature of prenatal development, and then try to refute the fact that the unborn, just like those of us who have been born, are living individual human beings. Newsweek knows when human life begins and, I submit, this Congress knows. It is time for us to act and to protect that precious gift which we all share, that precious divine gift—individual human life.

Mr. President, today marks the beginning of March and both Houses of the Congress are preparing for a prolonged debate over the Federal budget and the levels of appropriation for the various Federal departments and agencies. Before we embark on that, it is necessary that we begin with the consideration of this issue in a timely fashion that will permit consideration of it also in the House of Representatives. Therefore, I am introducing this legislation today and objecting to its being referred to committee. It is my intent that the Senate proceed to the consideration of this bill at the earliest possible date. Two subcommittees of the Judiciary Committee have held extensive hearings on this subject. It is a subject which has been extensively debated by the Senate and the time for action is now.

Mr. President, I ask unanimous consent that the full text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 2148

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That title 42 of the United States Code shall be amended at the end thereof by adding the following new chapter:

"CHAPTER 101

"SECTION 1. The Congress finds that—

(a) The American Convention on Human Rights of the Organization of American States in 1969 affirmed that every person has the right to have his life protected by law from the moment of conception and that no one shall be arbitrarily deprived of life;

(b) The Declaration of Human Rights of the United Nations in 1959 affirmed that every child needs appropriate legal protection before as well as after birth;

(c) The Nuremberg International Military Tribunal for the trial of war criminals declared the promotion of abortion among minority populations, especially the denial of the protection of the law to the unborn children of Russian and Polish women, as a crime against humanity;

(d) The Federal Constitutional Court of the Federal Republic of Germany in 1975 ruled that the life which is developing itself in the womb of the mother is an independent legal value which enjoys the protection of the constitution and the state's duty to protect human life before birth forbids not only direct state attacks, but also requires

the state to protect this life from other persons;

(e) The Declaration of Independence affirmed that all human beings are endowed by their Creator with certain unalienable rights among which is the right to life.

(f) As early as 1857 the American medical profession affirmed the independent and actual existence of the child before birth as a living being and condemned the practice of abortion at every period of gestation as the destruction of human life;

(g) Before 1973, each of the several states had enacted laws to restrict the performance of abortion;

(h) Agencies of the United States continue to protect human life before birth from workplace hazards, the effects of dangerous pharmaceuticals, and other hazardous substances;

(i) It is a fundamental principle of American law to recognize and affirm the intrinsic value of all human life; and

(j) Scientific evidence demonstrates the life of each human being begins at conception.

SEC. 2. No agency of the United States shall perform abortions, except when the life of the mother would be endangered if the child were carried to term.

SEC. 3. No funds appropriated by Congress shall be used directly or indirectly to perform abortions, to reimburse or pay for abortions, or to refer for abortions, except when the life of the mother would be endangered if the child were carried to term.

SEC. 4. No funds appropriated by Congress shall be used to give training in the techniques for performing abortions, to finance research related to abortion, or to finance experimentation on aborted children.

SEC. 5. The United States shall not enter into any contract for insurance that provides, directly or indirectly, for payment or reimbursement for abortions other than when the life of the mother would be endangered if the child were carried to term.

SEC. 6. No institution that receives federal financial assistance shall discriminate against any employee, applicant for employment, student, or applicant for admission as a student, on the basis of that person's opposition to abortion or refusal to counsel or assist in the performance of abortions.

SEC. 7. Upon the basis of the findings herein, and in the exercise of the powers of Congress, including its power under section 5 of the Fourteenth Amendment to the Constitution of the United States, the Congress hereby recognizes that for the purpose of enforcing the obligation of the States under the Fourteenth Amendment not to deprive persons of life without due process of law, each human life exists from conception, without regard to race, sex, age, health, defect, or condition of dependency, and for this purpose "person" includes all human beings.

SEC. 8. Congress further recognizes that each State has a compelling interest, independent of the status of unborn children under the Fourteenth Amendment, in protecting the lives of those within the State's jurisdiction whom the State rationally regards as human beings.

SEC. 9. Any party may appeal to the Supreme Court of the United States from an interlocutory or final judgment, decree, or order of any court of the United States regarding the enforcement of this Act, or of any State law or municipal ordinance based on this Act, or which adjudicates the constitutionality of this Act, or of any such law or ordinance. Any party to such case shall have a right to direct appeal to the Supreme Court of the United States on the same terms as govern appeals pursuant to 28

Next Meet

9 a.m.

Sen

Program for Tuesday: a speech and the transaction (at 9:30 a.m.), Sen S. 951, Department of J ing is Johnston Amendment for the Department of Justice require mandatory busing to order busing, on wh of debate.

Upon disposition of vote will occur in rel 1235, to provide that t be prevented from pe remove or reduce the court decrees or judge the bill.

HOUSE

Aspin, Lea, Wis., E822
Bafalla, L. A. (Skip), Fla., E81
Bailey, Don, Pa., E811
Broomfield, Wm. S., Mich., E
Collins, James M., Tex., E820
Corcoran, Tom, Ill., E813
Dornan, Robert K., Calif., E8
Dougherty, Charles F., Pa., E
Edwards, Don, Calif., E821



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U.S.C. 1253, notwithstanding the absence of the United States as a party to such case.

Sec. 10. If any provision of this Act or the application thereof to any person or circumstance is judicially determined to be invalid, the validity of the remainder of the Act and the application of such provision to other persons and circumstances shall not be affected by such determination."

Mr. HELMS. Mr. President, I send the bill to the desk and I ask for its immediate consideration.

Mr. STENNIS. Mr. President, reserving the right to object, and I shall object. This request has not received proper clearance on this side of the aisle. I object to further consideration of the bill at this time.

The PRESIDING OFFICER. Objection is heard.

Mr. HELMS. Mr. President, a parliamentary inquiry.

The PRESIDING OFFICER. The Senator will state it.

Mr. HELMS. Will the bill be considered as having been read once?

The PRESIDING OFFICER. As of this moment, the bill has not been read once, but the Senator can ask unanimous consent that it be read.

Mr. HELMS. Mr. President, I request that it be read.

The PRESIDING OFFICER. The clerk will state the bill by title.

The legislative clerk read as follows: A bill (S. 2148) to protect unborn human beings.

Mr. BAKER. Mr. President, I thank the Senator from North Carolina and the Senator from Mississippi.

Mr. STENNIS. If the leader will yield, Mr. President, the bill now stands as objected to, is that correct?

The PRESIDING OFFICER. The status is that the bill has been read one time by title and further consideration has been objected to. That is correct.

Mr. STENNIS. I thank the Chair.

U.S. COAL CAN CONTRIBUTE TO FOREIGN SYN-FUEL DEVELOPMENT

Mr. RANDOLPH. Mr. President, some persons contend the Arab nations are using their oil reserves to keep supply large enough so prices remain below a level at which synfuels could become competitive. The U.S. corporate and Federal Government policy reaction to an oil oversupply has been too slow to the development of synthetic fuels.

Faced with this situation, companies planning to market coal to our new gasification and liquefaction plants, have turned to foreign markets which are continuing to do research and development on synfuels to avoid "crash efforts," bringing alternative fuels programs together when crude oil prices rise again.

Recently, samples of West Virginia, high-sulfur coal were rated outstanding by West German and Scottish facilities being built by government-private industry partnerships. Those samples are typical of billions of tons

of reserves in Appalachia, and signal a potential new market opening for coal from the northern portion of our State.

The unfortunate part of this news, of course, is that we are moving our most valuable domestic product into a foreign-based synthetic fuels industry, instead of using it for the same purpose at home.

Mr. President, I submit for the RECORD a well reasoned article from the Charleston Gazette of February 18. Is it really true that synfuels in this country do not pay yet? Or is there an immediate need to assure that a synthetic fuels industry can replace a natural petroleum based industry here before the domestic coal reserves necessary for these efforts are displaced through long-term contracts by foreign buyers?

The article follows:

[From the Charleston Gazette, Feb. 18, 1982]

FOREIGN SYN-FUELS PLANTS PRAISE STATE COAL'S QUALITY

(By Edward Peeks)

Efforts to convert coal to liquid fuels continue with promising results, despite de-emphasis and budget cuts for synfuels by the Reagan administration.

Coal research and other energy programs will get the ax in the 1983 budget, according to coal industry sources. An Energy Department internal document lists \$94 million proposed for coal research in fiscal 1983, down 87 percent from the same figure for fiscal 1981 under the final budget of the Carter administration.

Some gasification and liquefaction projects, already off and running ahead of the budget ax, are keeping hope alive for synfuels. They are projects built on government-private industry partnerships. One new development is important to the market of West Virginia high-sulfur coal.

The performance of Pittsburgh Seam No. 8 coal, mined in the Northern Panhandle, was rated outstanding in a monthlong gasification test in West Germany, reports Conoco Coal Development Co., a subsidiary of Conoco Inc.

The coal came from Shoemaker Mine near Moundsville, which is operated by Consolidation Coal Co. Officials say the coal is typical of billions of tons of reserves in Appalachia.

The West German test used 4,000 tons of coal in a 165-ton-a-day prototype plant licensed by Texaco Development Corp. and operated jointly by Ruhrchemie AG and Ruhrkohle AG in Oberhausen, West Germany. The plant employed the Texaco gasification process and used contributions made by Ruhrchemie and Ruhrkohle.

"The test significantly demonstrated that Pittsburgh 8 is an ideal feedstock for the Texaco gasifier," said Jerry McClesky, president of CCDC. "New markets may now be developed for this high-sulfur coal."

The West German firms say the performance of the Pittsburgh 8 is among the best of many coals successively gasified at the plant in the past four years. The coal, they say, gave "very high conversion efficiency at relatively low temperature and high feed rates." The coal gas produced during the last half of the run was used as the sole feedstock for a commercial alcohol plant.

The coal-water slurry used by the entrained bed gasifier in the process contained a high concentration of the test coal, officials said. The low rate of oxygen consump-

*Be Right
to Life*

WHITE HOUSE STAFFING MEMORANDUM

DATE: 5/4/82 ACTION/CONCURRENCE/COMMENT DUE BY: -----

SUBJECT: DRAFT Legislation Proposed by Senator Hatfield Re Abortion

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	GERGEN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MEESE	<input type="checkbox"/>	<input type="checkbox"/>	HARPER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BAKER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	JAMES	<input type="checkbox"/>	<input type="checkbox"/>
DEAVER	<input type="checkbox"/>	<input type="checkbox"/>	JENKINS	<input type="checkbox"/>	<input type="checkbox"/>
STOCKMAN	<input type="checkbox"/>	<input type="checkbox"/>	MURPHY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CLARK	<input type="checkbox"/>	<input type="checkbox"/>	ROLLINS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DARMAN	<input type="checkbox"/> P	<input checked="" type="checkbox"/> SS	WILLIAMSON	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DOLE	<input type="checkbox"/> →	<input checked="" type="checkbox"/>	WEIDENBAUM	<input type="checkbox"/>	<input type="checkbox"/>
DUBERSTEIN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BRADY/SPEAKES	<input type="checkbox"/>	<input type="checkbox"/>
FIELDING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ROGERS	<input type="checkbox"/>	<input type="checkbox"/>
FULLER	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

For your information only.

Richard G. Darman
Assistant to the President
(x2702)

Response:



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

April 26, 1982

LEGISLATIVE REFERRAL MEMORANDUM

TO: Legislative Liaison Officer
Department of Justice
Department of Health and Human Services
Department of Defense
Veterans Administration
Office of Personnel Management
Office of Science and Technology Policy

SUBJECT: Sen. Hatfield's proposed legislation entitled
"Federal Abortion Funding Restriction Bill".

The Office of Management and Budget requests the views of your agency on the above subject before advising on its relationship to the program of the President, in accordance with OMB Circular A-19.

A response to this request for your views is needed no later than May 10, 1982.

Questions should be referred to Bob Pellicci
(395-4702) ~~or to~~ -----
the legislative analyst in this office.

(Signed) Naomi R. Sweeney
Naomi R. Sweeney for
Assistant Director for
Legislative Reference

Enclosures

cc: ✓ Craig Fuller
Mike Uhlmann
Mike Horowitz
Ken Clarkson
George Strauss, BRD

Lynn Etheredge
✓ Morton Blackwell
Gary Bauer
Dave Kleinberg

97th CONGRESS

2nd SESSION

S. _____

(Note.—Fill in all blank lines except those provided for the date, number, and reference of bill.)

IN THE SENATE OF THE UNITED STATES

Mr. Hatfield

introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

FEDERAL ABORTION FUNDING RESTRICTION BILL

(Insert title of bill here)

To affirm the intrinsic value of all human life, to recognize the humanity of unborn children, and to ensure that the federal government not participate in or support abortions.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, that title 42 of the United States Code shall be amended at the end thereof by adding the following new chapter:

Chapter 101

Section 1. The Congress finds that:

(a) It is a fundamental principle of American law to recognize and affirm the intrinsic value of all human life;

(b) Unborn children who are subjected to abortion are living members of the human species;

(c) There is an urgent need to bring the federal government into compliance with the principle of the intrinsic value of all human life, regarding all matters affecting the lives of unborn children."

"Section 2. In light of the above findings, and pursuant to the duty of Congress to ensure that the federal government not kill innocent human beings or assist others to do so,

(a) No agency of the federal government shall perform abortions, except when the life of the mother would be endangered if the child were carried to term.

(b) No funds appropriated by Congress shall be used to perform abortions, to reimburse or pay for abortions, to refer for abortions, except when the life of the mother would be endangered if the child were carried to term.

(c) No funds appropriated by Congress shall be used to give training in the techniques for performing abortions, or to finance experimentation on aborted children.

(d) The federal government shall not enter into any contract for insurance that provides for payment or reimbursement for abortions other than when 1) the life of the mother would be endangered if the child were carried to term, or 2) by means of a special rider financed by the employee.

(e) No institution that receives federal financial assistance shall discriminate against any employee, applicant for employment, medical student, or applicant for admission as a medical student, on the basis of that person's opposition to abortion or refusal to counsel or assist in the performance of abortions."

"Section 3. Any person may commence a civil action, on his own behalf or on behalf of unborn children, against any party, including a recipient of federal funds, who is alleged to be in violation of Section 2(a), (b), (c), (d) above. Any person or class which alleges it is aggrieved by conduct in violation of Section 2(e) may commence an action for appropriate redress. The district courts shall have jurisdiction, without regard to the amount in controversy, to enforce compliance with the provisions of Section 2."

"Section 4. In light of the above findings, and to expedite Supreme Court consideration of the interest of the States in protecting the lives of all human beings within their jurisdiction, if any State enacts legislation which prohibits or restricts abortions and which is expressly based on the findings in Section 1 of this Act, and such legislation is invalidated by final order of any court of the United States, any party to such case shall have a right to direct appeal to the Supreme Court of the United States, under the same provisions as govern appeals pursuant to 28 U.S.C. Section 1252, notwithstanding the absence of the United States as a party to such case."

"Section 5. If any provision of this Act or the application thereof to any person or circumstance is judicially determined to be invalid, the validity of the remainder of the Act and the application of such provision to other persons and circumstances shall not be affected by such determination."