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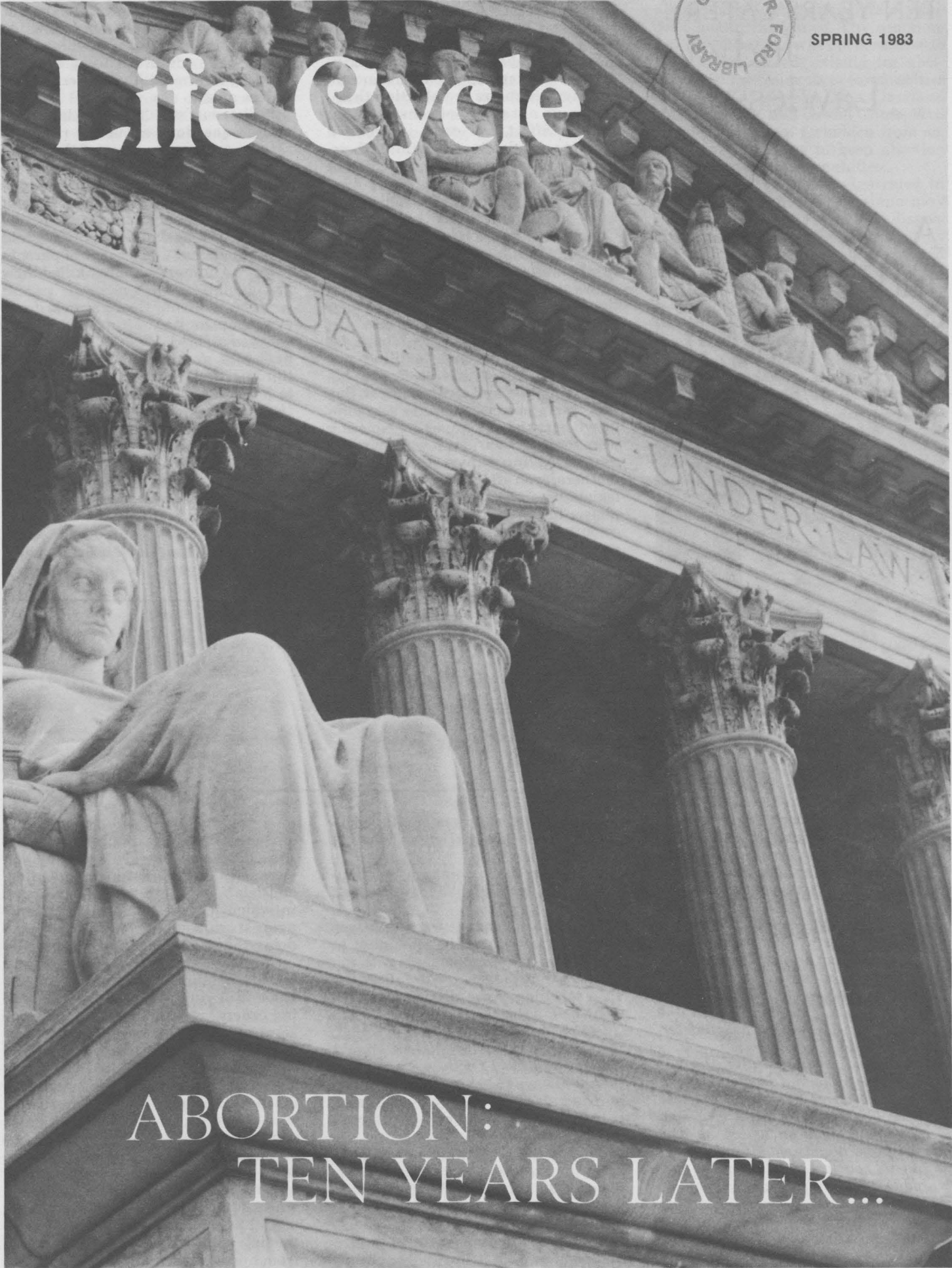
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SPRING 1983

Life Cycle

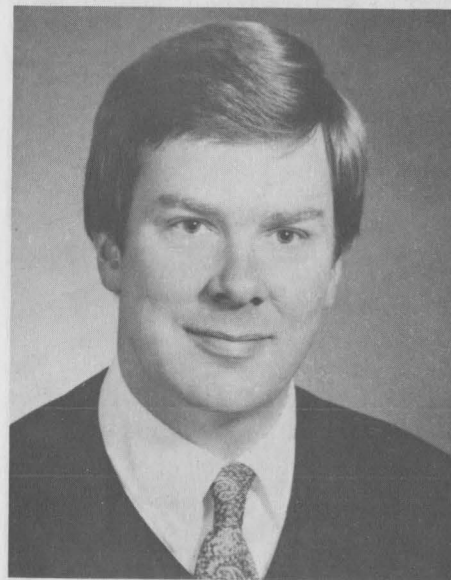


ABORTION:
TEN YEARS LATER...

TEN YEARS LATER...

Judicial Lawlessness

A Judge Speaks Out



The following remarkable letter from Kent County, Michigan, Probate Judge Randall J. Hekman was printed in the Grand Rapids (Michigan) Press on November 19, 1982 in response to an editorial highly critical of Judge Hekman.

Hekman had refused to allow a 13-year-old girl to have an abortion, ruling it was not in her best interest. The girl successfully appealed Hekman's decision to a circuit judge who ordered a new hearing on the grounds that Hekman was predetermined in his decision.

However, a few days later, the girl changed her mind and decided to bring the baby to term. Hekman, the Press accused, "is guilty of failure to step aside from a case on which he was biased and probably of blatant pandering to his political constituents."

Judge Hekman's response read as follows.

The Press editorial of Nov. 7, regarding a 13-year-old pregnant girl whose

The Supreme Court's abortion decisions of 1973 have been regularly criticized by eminent legal scholars, including many who are pro-abortion themselves, as a travesty of constitutional law. In effect, the court invented a "right to abortion" out of nothing, thereby contradicting the entire tradition of American law.

Reading its own personal views into the Constitution, the Supreme Court changed abortion from a crime to a right. As law builds on itself, and one bad precedent leads to another, a whole stream of unjust and unconstitutional court actions have been set in motion.

In 1973, the Supreme Court declared that the decision to kill an unborn baby was a private matter between a mother and an abortionist. But this "private" matter became very public when taxpayers all across America were forced by various lower courts to pay for killing babies of low-income mothers, even after Congress and state legislatures took action to stop this abuse. Finally, in 1979, faced with a constitutional crisis when Congress asserted its sole right to appropriate federal funds, the Supreme Court "permit-

ted" Congress to end such payments. Even so, courts in California, New Jersey, Pennsylvania, and several other states have continued to compel tax funding for the killing of over 200,000 babies a year.

The court's 1973 decision left unanswered questions about the rights of fathers to save the lives of their children, and of parents of pregnant minors to protect their daughters from exploitation by abortionists. So the state of Missouri passed a law requiring the consent of a husband before his child was killed, and the consent of parents before an unmarried minor killed their grandchild.

The Supreme Court struck down even these limitations in *Planned Parenthood v. Danforth* in 1976, declaring husbands and parents to be "outside third parties" who could not intervene to protect their own children *because they receive their parental rights from the government.*

Three years later, in the case of *Bellotti v. Baird*, the Supreme Court said that parents do not even have a right to know that abortions are to be performed on their minor daughters. The high court empowered local judges to order abortions on teenagers without the knowledge of their parents.

on a case involving a runaway slave, disagrees with the Supreme Court's 1857 decision in which black slaves were ruled to be nothing more than chattels? Are these not all instances in which judges should take a stand against unjust laws for the sake of doing that which is ultimately right?

Can the judges in these cases escape moral culpability either by obeying the law and saying they were "just following orders" or by disqualifying themselves so that other judges without their scruples can issue the unjust decrees?

Certainly the "just following orders" defense did not work to excuse Nazi war criminals — nor should it have worked.

How about disqualification? If a judge steps aside from a case knowing full well that another judge will be found who is appropriately "unbiased" and who thus will enforce the unjust law, the first judge does not absolve himself from his moral dilemma.

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Abortion is supposed to be a matter of "choice." But in 1979, an Oklahoma judge ordered an abortion on a 13-year-old girl against her will, and in 1981, a Michigan judge was almost driven out of office for refusing to order an abortion that the minor child did not want.

The courts have also tended to expand the right to abortion to include a guarantee to a dead baby, even if that baby survives the abortion. In 1975, after Massachusetts abortionist Kenneth Edelin was convicted of manslaughter in a jury trial for strangling to death an infant who had survived an abortion, an appeal court acquitted Edelin, claiming that he had followed good medical practice. Since that time, at least three other abortionists have been acquitted by courts for killing babies born alive after abortion attempts.

In 1978, in the case of *Floyd v. Anders*, a South Carolina abortionist went free after leaving a baby to die of exposure after the child was born alive following an abortion attempt. Judge Clement Haynsworth (who was named to the Supreme Court by President Nixon, but rejected by the Senate) ruled that the baby was not "viable", and therefore *never really alive*, because it had died after just 28 days.

In 1979, the Supreme Court struck down a Pennsylvania law that required life-supporting medical treatment for babies born alive following abortions. The justices did not like that law because, they said, it was both "too specific" and "too vague".

More recently, the law has withdrawn protection of the right to life of handicapped persons already born. In 1982, the Supreme Court of Indiana authorized the death by starvation of an infant born with Down's syndrome. He was not wanted by his parents.

In 1973, the Supreme Court chose to regard abortion as an ordinary medical procedure. Justice Blackmun has referred to it as "lancing a carbuncle." However, when cities and states passed laws requiring "informed consent" before abortion, as in any ordinary medical procedure, courts struck those laws down. Women have a "right" to commit an abortion, but do not have a right to be told what they are doing. The Supreme Court will rule on the constitutionality of such "informed consent" laws in 1983.

Citizens are supposedly free to object to abortion, but many have been thrown into jail for protesting. Students at the University of California have been forced by a court to pay for

abortions through their mandatory student health insurance. The commonwealth of Virginia was not permitted to prohibit public advertising for abortion. And the residents of communities such as Youngstown, Ohio, Overland Park, Kansas, and Grand Chute, Wisconsin, have been forbidden from enacting zoning laws to keep abortion mills out of their communities.

Finally, a federal judge ruled in 1982 that the state of Louisiana may not even require the "humane disposal" of the bodies of babies killed by abortion. The judge in that case argued that because the Supreme Court said such babies were not "persons," they were therefore not human beings, so the state was not permitted to treat them as if they were by requiring their burial or cremation. By this ruling, the people of Louisiana are encouraged to look officially upon the victims of abortion as so much garbage, rather than as the slain human babies they are.

Ten years after the abortion decisions, it is clear that judicial lawlessness has a momentum of its own. The courts have turned themselves into tools of the abortion industry, and are striving to twist the law so as to expand that industry and compel all citizens to give approval to killing as social policy.

*"...are there ever instances in which, for the sake of justice, judges should disobey the law?...
Certainly the 'just following orders' defense did not work to excuse Nazi war criminals..."*

Randall J. Hekman

The judge who is required by law to order the execution of an innocent man and who deliberately gives the case to another judge remains a knowing and willing part of the ultimate injustice. However, if the case is taken out of the judge's grasp through the appeal process he cannot morally be faulted; he has done what he could do.

Do these principles apply in a case where a judge is asked to order the killing of an unborn child because the 13-year-old mother, who is five months pregnant, feels this is what she wants? I believe, without question, they do. Let me explain why.

Ten years ago a judge in Michigan would be guilty of a felony crime if he encouraged, much less ordered, that a pregnant girl obtain an abortion. Then, in 1973, the U.S. Supreme Court ruled that all state laws making abortion a crime were unconstitutional. In one day, that which had been a reprehensible crime became a sacred right protected by the Constitution itself.

But not only has the Supreme Court made what was formerly illegal and unthinkable a constitutionally revered and protected right, it has given to trial judges such as myself the responsibility not merely to protect this right for women but actually to order the killing of the unborn.

The Supreme Court never had to order that an abortion take place, only that women could choose an abortion if they so desired. But we juvenile court judges, whose statutory responsibility is the protection of children from abuse, must perform the "hatchet job" of assigning unborn children to a cruel and merciless death when their mothers are immature and cannot legally make the decision for themselves.

What is equally absurd is that in considering whether to order the demise of an unborn baby, judges are required to engage in the mental fiction that the baby is a non-entity.

In the above discussion, I have used the words "unborn baby" and "killing"

to describe abortion. Obviously, the whole argument against abortion would fade into nothingness if, in fact, unborn children were only lifeless collections of tissue. However, the more medical science discovers about the development of human beings in the womb the more it describes a jumping, sucking, thriving young boy or girl who, of all the living creatures in the world, most closely resembles a human baby.

In fact, in the very first cell that everyone reading these words once was is contained all the specific information about our ultimate height, color of hair, eyes, our tendency to become diabetic, etc.

The Supreme Court was able to disregard the rights of unborn children by calling the fetus "potential human life" and by saying that this "potential life" is really only a part of the mother's body until approximately the 7th month of pregnancy.

But who can rationally deny that what the Supreme Court has called

continued on next page

Hekman, continued

only "potentially" alive is truly and totally alive as opposed to being in the opposite category of dead? And, medically, there is no question but that this child — even from the first cell being formed — is a foreign body to the mother which must eventually leave her or kill her.

Perhaps abortionists can hide from the truth through the use of euphemisms. But courts cannot do other than face the facts — especially when they are asked to order a deliberate killing of a fellow human being (albeit a rather small person). Since when do we discriminate against people on the basis of their size or attained intelligence or verbal ability or ability to care for themselves?

Since when is the taking of human life merely at the whim of another other than a classical case of injustice?

Is not the case where a judge is asked to order the killing of an unborn child almost identical to our earlier example where a judge is asked to order the execution of a totally innocent man? I say it is. When faced with this issue, a judge should courageously do what is ultimately right and just by resisting the action which is requested. Transferring the case to another judge will only make the first judge an "aider and abetter" of the ultimate injustice.

While my own decision actually rested on the above principles, there is a plausible legal argument why what I did was not only the ultimately just decision but it was legally correct as well.

Space limitations do not permit me to fully develop my argument. However, the basic question is whether a Supreme Court decision that runs so contrary to the letter and spirit of the Constitution and contrary to the fundamental absolutes upon which our system of laws is based is, nonetheless, a decision that must legally be honored by all lower courts.

There is some legal precedent to support answering this question in the negative. That is to say, an arbitrary decision of a higher court that originates solely in the subjective feelings of those on that court but is contrary to fundamental laws carries with it no force of law whatsoever. This argument had particular force in an age when courts acknowledged the reality of external absolutes; however, in our relativistic society, such is more likely to fall on deaf ears.

Regardless, when a judge is faced with the option of doing that which is ultimately just versus that which is merely legal, he ought to choose the just and be willing to suffer, if need be, the consequences of doing so.

RANDALL J. HEKMAN
Judge of Probate

TEN YEARS LATER...

Damaged Bodies

For many women the pain of abortion has only begun when the operation is finished. Physical and emotional complications — many serious, some life-threatening — often follow a "safe" legal abortion.

No abortionist can guarantee a woman that she will experience no serious complications after the abortion; no doctor can even promise a woman that she will survive the abortion. Women do die from legal abortions.

Among the more frequent life-threatening abortion complications are the following:

- Damage to the womb, ovaries or other internal organs, including cuts, tears and perforations;
- Hemorrhage or massive internal bleeding;
- Infection (the leading cause of death following legal abortions);
- Embolism, or blocking of a blood

vessel by air, blood clot, tissue or other foreign matter.

These complications become even more serious when they occur in combination; bleeding or infection can result from a perforated uterus. The curette or suction tube which pierces the womb can also sever an artery or puncture a section of bowel. Singly, or jointly, these combinations are serious. Women who do not die from these abortion-related conditions often face a long and difficult period of recovery.

Women, especially young women, who have abortions, may have difficulty having a "wanted child" later on due to the increased chances of sterility, ectopic (tubal) pregnancy, miscarriage, and premature delivery as a result of damage done by a previous induced abortion.

Adapted from *Every Woman Has a Right to Know the Dangers of Legal Abortion*, by Ann Saltenberger.

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

— Marjory Mecklenburg
Director, Office of Adolescent Pregnancy Programs,
United States Department of Health and Human Services

A Woman's Remembrance

The following descriptions of her abortion experience were written by a woman after her abortion.

What was it like in the abortion clinic?

"Sitting in a crowded waiting room, studying the anxious, fearful faces of other women . . . holding your swollen belly and telling your baby you're sorry . . . signing a death certificate for what is very much alive within you . . . being examined as an object, not a person . . . being listed as a statistic . . . being asked 'necessary' questions and filling out forms so your baby can be legally listed in the growing number of abortions . . . crying, screaming, bleeding women being given tranquilizers and sent home to recuperate and 'forget' (Why wasn't there someone there to say, 'In a day or two it will begin?')"

"The responsibility of carrying a child for nine months and mothering him through life is far less than the responsibility of having taken someone's life."

What were your thoughts and feelings after your abortion?

"Never hearing a baby cry without crying within yourself . . . counting days to see how old your baby would have been . . . never watching a sunrise without thinking, my baby will never experience this . . . looking at other children and wondering, what would my baby have looked like? . . . wondering what contributions my baby could have made to our desperate society . . . wondering if your baby suffered physical pain in serving her death sentence . . . wondering if your baby listens and hears when you speak to her . . . still . . . wondering if you'll ever have another chance at motherhood."

— woman who had an abortion

Women As Victims

Troubled Minds

Pregnancy Aftermath Helpline, a 24-hour telephone hotline based in Milwaukee, Wisconsin, counsels people with problems following an abortion, miscarriage or placement of a child in an adoptive home. Trained volunteers provide free, non-judgmental support and, when appropriate, refer callers to sensitive community resources.

Helpline volunteers maintain anonymous data sheets on each call. During a two year period, 83% of the women calling after an abortion reported various psychological problems which they themselves linked to their abortion. According to *Helpline* statistics, the most common psychological problems after abortion are:

- Guilt
- Anxiety
- Depression
- Sense of loss
- Anger
- Change in relationship with father of child

A *Helpline* study of women who called after an abortion revealed "that women experienced varied reactions to their abortions that were both immediate and long term. These sequelae have threatened the woman's view of herself, her relationships, and her future, as well as her emotional stability and well-being, and have impaired her ability to cope effectively with the present."

"What can we expect from a society that can rationalize away the most fundamental of human values — the value of life? What is to become of a medical profession that substitutes self-serving cliches for its ethics? What is to become of women who would ask the courts to institutionalize death as a legitimate tool for solving personal problems? Such a society is doomed to an unending spiral of violence if women do not change it. Women must deny violence a legitimate place in our society by rejecting the first violence — abortion."

— Gloria V. Heffernan, M.D.
Ft. Lauderdale Physician

A Physician's Experience

Dr. M. Bulfin, an obstetrician/gynecologist in private practice in Miami, noticing that a number of his patients were experiencing physical and emotional problems as a result of legal abortions, began to keep a log of these complications. He recorded the name, age and type of complication for each patient who had a legal abortion. During a 7½ year period, this doctor saw 802 patients who had undergone legal abortions. Almost 1/5 of these women (159 or 19.9%) suffered physical or mental complications "of such magnitude or duration as to be considered significantly disabling." Even those women who did not suffer from such severe complications, this doctor writes, found their abortion experience to be "painful, traumatic, and one that they would like to forget."

"Besides often causing serious harm to women's bodies and minds, abortion encourages society to think of a woman's child as a disposable piece of property. It reinforces the old image of women as property and reusable sex objects."

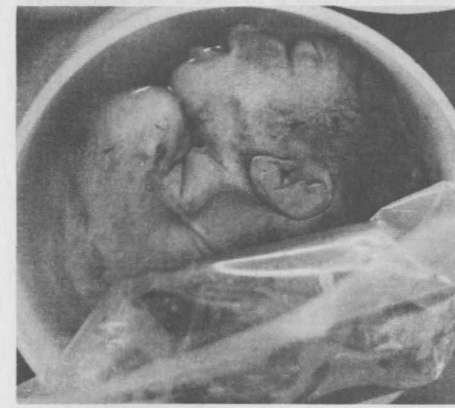
— Gail Grenier Sweet
founder, Hope House, Milwaukee

Quotes and statistics from "Complications of Legal Abortion: A Perspective from Private Practice" by Matthew J. Bulfin, M.D. in *New Perspectives on Human Abortion*.





Autopsies were performed (above) on the largest of more than 16,000 aborted babies discovered in a 20-foot long trailer in Woodland Hills, California, a Los Angeles suburb. (story below) A typical report: Case #82-1901-5, baby girl (photo, far right), 1 lb., 15 oz., age 25-28 weeks gestation, length 16 inches, cause of death — massive hemorrhaging as the result of salt poisoning, abortionist — Dr. Scott Rieke. The bodies are shown here as they awaited autopsy in the original plastic containers labeled with the name of the abortionist.



TEN YEARS LATER...

Abortion On A Mass Scale

The ten years since January 22, 1973, have seen the development of a large scale abortion industry. A grotesque indication of just how vast that business is, was the 1982 discovery in California of over 16,000 mutilated bodies of aborted babies stored in a 20-foot long metal shipping container. The container was parked in the backyard of a Los Angeles pathologist who serviced a number of abortion clinics. However, the more than 16,000 victims whose bodies were found in this single container are just a small portion of the quarter million abortions per year in California.

Upon the shocking discovery, public health officials promptly moved the bodies to the Los Angeles County Coroner's office. The Los Angeles County Board of Supervisors thereafter unanimously requested the District Attorney to determine if laws had been violated and asked the Health Department to arrange for burial, but bureaucratic

foot dragging followed. Autopsies were delayed, and the bodies remained unburied.

The delays triggered a mixed response. California pro-life politicians stunned the public by releasing photos of the victims, some of which are reprinted on this page. A generally hostile press reacted by implying that the photos were illegally obtained. This prompted one California state senator to exclaim, "They took pictures at Auschwitz!" The American Civil Liberties Union reacted by initiating legal action to prevent burial of the 16,000 bodies. The ACLU's argument was that a religious service and burial for the aborted babies would violate the constitutional principle of separation of church and state.

The court maneuverings have continued and to this day the victims remain unburied.

Abortion is an industry in Wisconsin, as well. In Madison, the University

of Wisconsin Hospital has become an abortion center for the midwest, performing abortions up to at least 24 weeks of pregnancy. (The Obstetrics and Gynecology Department delivers no babies at U.W. Hospital.)

The usual abortion procedure in the fifth and sixth months of pregnancy involves injecting a poisonous solution (urea) to decrease the chances of the baby being born alive.

In the past year, at least six babies have been born alive following abortions in Madison, two at University Hospital and four at Madison General. Both are public hospitals. None of the babies lived more than 27 hours.

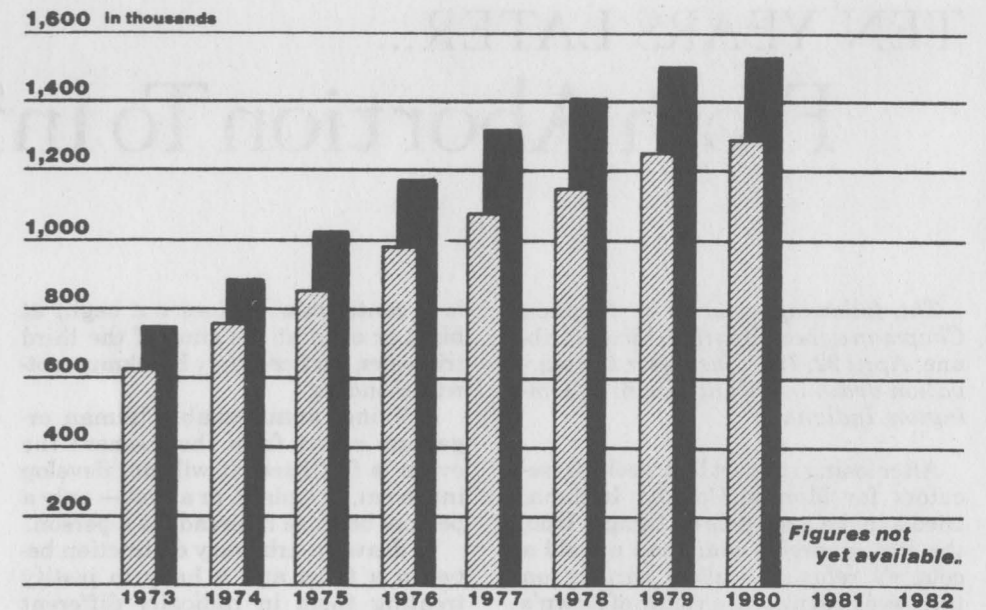
Dr. Ben Peckham, chief abortionist at U.W. Hospital, made the following statements to the Dane County coroner following two of the live births:

"For our own reasons we don't like to exceed 23 weeks gestational age, mostly because of the emotional feelings of the staff. No one likes to do them, particu-

larly when the fetus gets large. Restricting the size is simply done for the emotional health of the staff and we do them as a team. This is a group assignment and we do it because we have agreed to do it and no one has to do it.

"While some form of movement (of the baby after birth) is common, these may be reflexes and not active movement. Observers accept these as not being indicative of life. Where there is something more than movements of muscles, but real signs of life such as heartbeat or real clear cut respiratory efforts, no one takes a chance but goes ahead to preserve life as that is the most important step from the legal aspect."

Planned Parenthood of Wisconsin has lobbied intensively against all efforts to restrict even these late abortions at public hospitals. Governor Earl has recently repeated his opposition to any legislative attempts to restrict these late abortions.



The chart above shows, year by year, the number of abortions performed in the United States since the Supreme Court decision of 1973.

Two estimates are given. The lower figures represent the official total compiled by the Center for Disease Control, the government agency responsible for monitoring abortions. Many observers believe that the CDC figures seriously underestimate the number of abortions.

The higher figures come from the Alan Guttmacher Institute, the research division of Planned Parenthood. Since Planned Parenthood gets its data directly from abortion providers, the AGI figures are generally considered more accurate than those of the CDC.

Whichever source is consulted, one fact that emerges very clearly is that the number of abortions has increased steadily since legalization.

Life Cycle is a publication of the WCCL Education Fund, Inc., the educational arm of Wisconsin Citizens Concerned for Life, and an affiliate of the National Right to Life Committee. Opinions expressed in *Life Cycle* articles do not necessarily reflect the policy of the WCCL Education Fund.

The WCCL Education Fund, Inc., recognizes the fact that each human life is a continuum from fertilization to natural death, and is working to foster respect for human life and to defend the right to life of all human beings, born and unborn, primarily through educational activities.

The Education Fund believes that many people are unaware of the growing anti-life trends of abortion, infanticide, and mercy killing, and that the pro-life message, well presented, not only changes people's minds, but also their hearts. Pro-life educational efforts save lives.

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TEN YEARS LATER...

From Abortion To Infanticide

The following column by Stephen Chapman appeared in the Chicago Tribune, April 22, 1982, just after the starvation death of Infant Doe in Bloomington, Indiana.

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 the 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. 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 callousness of abortion, not to condone 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 least 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.

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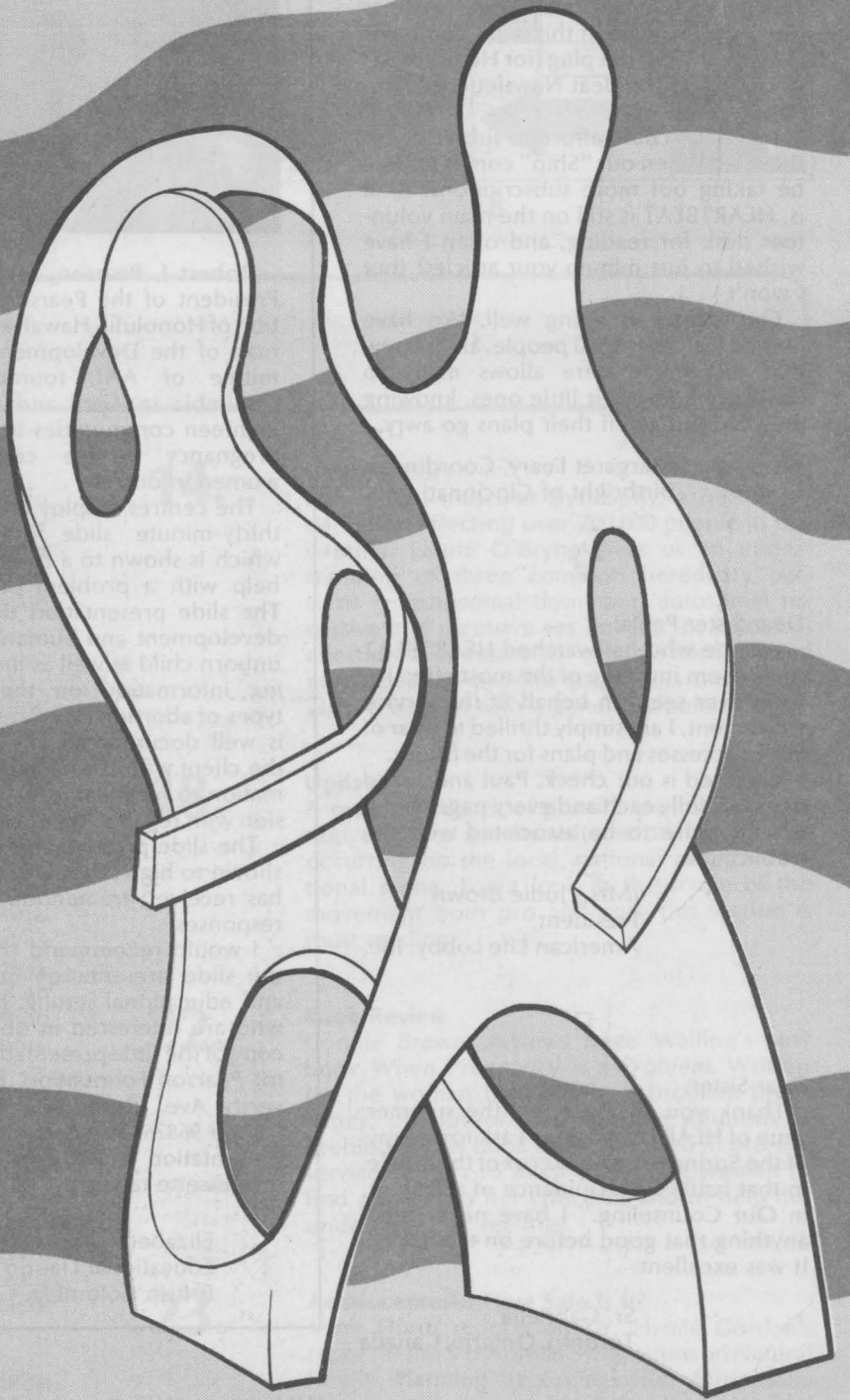
HEARTBEAT

Alternatives to Abortion International

Fall 1980

Vol. 3, No. 3

**Voices of the 80's
The positive future
of pro-life
in a new decade**



Letters

Dear Sister Paula,

God love you — you write so beautifully — directly addressing our needs as only one involved in this work could do!

I recently put the plug (for HEARTBEAT) in our Keep the Beat Newsletter for our volunteers.

I wish we could afford to subscribe for them all. When our "Ship" comes in I will be taking out more subscriptions. As it is, HEARTBEAT is still on the main volunteer desk for reading, and often I have wished to just mimeo your articles! (but I won't . . .).

Our center is going well. We have helped well over 6500 people, and I know that just being here allows many to choose life for their little ones, knowing they can just call if their plans go awry.

Margaret Leary, Coordinator
Birthright of Cincinnati, Inc.



Dear Sister Paula,

As one who has watched HEARTBEAT mushroom into one of the most effective tools ever seen on behalf of the service movement, I am simply thrilled to hear of your successes and plans for the future.

Enclosed is our check. Paul and I read very carefully each and every page, and it is a pleasure to be associated with the publication.

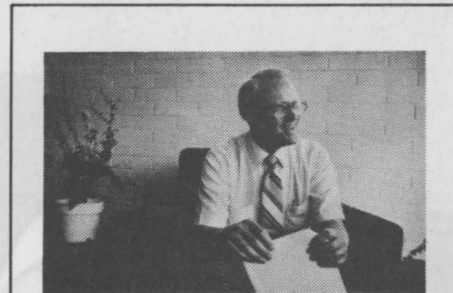
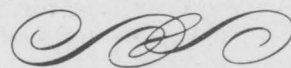
(Mrs.) Judie Brown
President,
American Life Lobby, Inc.



Dear Sister,

Thank you so much for the summer issue of HEARTBEAT. May I ask for a copy of the Spring issue or a xerox of the article in that issue "The Guidance of the Spirit in Our Counseling." I have never read anything that good before on that topic. It was excellent.

Sr. Gabriella
Toronto, Ontario, Canada



Robert J. Pearson, founder and President of the Pearson Foundation of Honolulu, Hawaii and Chairman of the Developmental Committee of AAI, toured British Columbia in April and met with eighteen communities to establish pregnancy service centres for women in distress.

The centres employ the use of a thirty-minute slide presentation which is shown to a client seeking help with a problem pregnancy. The slide presentation details the development and humanity of the unborn child as well as incorporating information on the various types of abortion. The presentation is well documented and provides the client with the necessary information to make an informed decision with regards to her pregnancy.

The slide presentation has been shown to high school students and has received tremendous positive responses.

I would recommend the use of the slide presentation in a client and educational setting. For those who are interested in obtaining a copy of the slide presentation, write to: *Pearson Foundation, 1019 University Ave., Room 8A, Honolulu, Hawaii 96826.* The cost of the slide presentation is \$45, plus \$3.75 for the cassette tape.

Elizabeth MacAdams
Educational Liaison Officer
British Columbia, Canada

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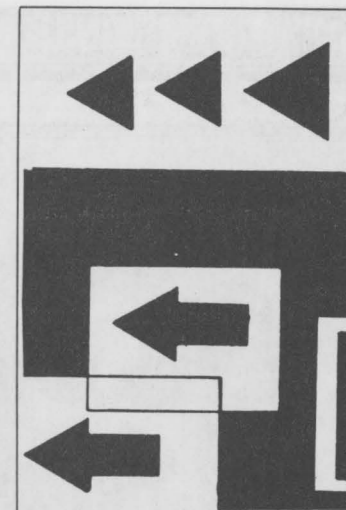
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- 6. Voices of the 80's**
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- 23. Amniocentesis: How Safe Is It?**
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A Legacy of Love

by Sr. Paula Vandegaer, S.S.S.

Sr. Katherine died this June. She was 90 years old and for five years had been very ill. She was like hundreds of thousands of other elderly, sick people requiring total care and seemingly making no visible contribution to society. Why is it that this elderly Sister who could hardly speak, had difficulty completing a sentence and was completely helpless for such a long time had such a tremendous impact on all of us in our community? Is there another reality to life that needs to be recognized, seen and understood? What is this reality? How can we verbalize it?

One of the interesting things about human interaction is that we rely on words to get our feelings and ideas across. We rely on actions to make productive things happen. But whether we are conscious of it or not, much of our action is non-verbal and much of how we effect each other is in symbolic form.

The woman with five or six children brings forth a symbolic image. The man in a trim business suit carrying a briefcase brings forth a symbolic image. A small child fondling a little kitty will bring forth a symbolic image. All of these visual images call to mind interior feelings, attitude and values.

Have you ever wondered why an elderly, old woman, helpless and uncommunicative will bring forth from people comments such as; she would be better off dead; isn't that a shame she is alive; it would be so much more merciful for her if her life could be terminated quickly and easily; look at how much she must be suffering; isn't it terrible that she is nothing more than a vegetable; that is not really human life.

I wonder what images, values and feelings the sight of a helpless, old woman calls forth from the people who say these words.

To answer that question, I must share with you some of the impact that Sr. Katherine's life had on me, personally. You see, I lived with her for many years. When she was younger and very

strong, I was a young Sister, and we lived in many houses together. The last five years of her life, she lived in a small infirmary in the house where I lived. She was cared for by nurses 24 hours a day, and many of the Sisters in our house assisted with this care. I was so privileged many times.

I learned more from Sr. Katherine in the last five years of her life than I learned in all the other 15 years that I knew her, and it was she who taught me the deepest understandings that I have of pro-life work and the value of human life. Sr. Katherine taught me without saying a single word about any of these things. She taught me through a SENSE that can be called sixth sense, intuitive sense, spiritual sense, psychic sense — what the word is I don't know. It is a sense that has been written about in many different religions, many different psychologies, and no one has really quite come up with a good explanation of it. It is being studied in parapsychology, and theologians have written about it for years. It is a sense of deep communication, vibrations between people, extra sensory perception.

It was experienced by going into Sr. Katherine's room and feeling a tremendous, positive spirit. I would call it the Holy Spirit. A warmth, a good feeling that made me leave the room in better condition than when I came in. Sometimes Sr. Katherine would be able to smile, talk a little; sometimes we would pray together; sometimes I would just chat with her about what I was doing and she would smile lovingly as a response. It was interesting that although much of her physical capability had been taken away, had been diminished, there was one thing that would remain and that was her capacity to love. I find this very frequently in elderly and handicapped people; the great capacity of love is not diminished, and that love can communicate itself strongly and clearly. This was what was so enriching about my contact with Sr. Katherine.

In the house where Sr. Katherine and I lived there are many young women in training to become Sisters of Social Service. Each one found Sr. Katherine's influence on her personal life very strong. They spoke of her frequently and were able to pick up the strong "vibrations" from her. They spoke often of the great learning that they received from her.

It is curious to me when people discount the value of this kind of life. Is it because to see an elderly, helpless person is a reminder that we, too, will one day be diminished? God has asked of this person the supreme gift — the gift of energy, mind and body, but God always leaves the gift of love that is the gift of Himself. These elderly and handicapped witness to society in a very profound way that we are not gods; that the greatness of our human person consists only in our ability to love -- not in our ability to accomplish. Beauty, strength, vigor and productivity will all one day be taken from us and the only thing that will remain is our love. The handicapped are a prophetic sign of this. Is that why as a society we tend to shut them off from our view because we cannot stand to be reminded of our own vulnerability?

I feel badly for people who have not put themselves in contact with a "Sr. Katherine" in their lives; who have never developed the ability to sense the loving heart and the symbolic witness of the sick and the elderly. What a shame not to be able to walk into another person's room and walk out feeling better. What a shame for people who do not develop within their own personality that meta-communication, that sixth sense, that is so strong, so powerful and so able to produce internal growth. I thank God for my five years with Sr. Katherine, and I thank God that she required of me that I develop a greater sensitiveness. I thank God for the times that she strengthened me, and I encourage each of you to put yourself in contact with the elderly or the handicapped that you, too, may develop that part of yourself that is able to understand the strong communications of the weak.

How can we make it known to our society? How can each one of us understand that these factors of diminishment are a participation in God's own action?

"When the signs of age begin to mark my body (and still more when they touch my mind); when the ill that is to diminish me or

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Sister Katherine Salter

carry me off strikes from without or is born within me; when the painful moment comes in which I suddenly awaken to the fact that I am ill or growing old; and above all at that last moment when I feel I am losing hold of myself and am absolutely passive within the hands of the great unknown forces that have formed me; in all those dark moments, O God, grant that I may understand that it is you . . . who are painfully parting the fibres of my being in order to penetrate to the very marrow of my substance and bear me away within yourself.

The more deeply and incurably the evil is encrusted in my flesh, the more it will be you that I am harbouring — you as a loving, active principle of purification and detachment." (*The Divine Milieu*, pg. 89-90)

Beatitudes for the Aged

*Blessed are they who understand,
My faltering step and palsied hand.
Blessed are they who know that my ears today,
Must strain to catch the things they say.
Blessed are they who seem to know,
that my eyes are dim and my wits are slow.
Blessed are they with a cheery smile,
Who stop to chat for a little while.
Blessed are they who never say,
"You've told that story twice today."
Blessed are they who know the ways,
To bring back memories of yesterdays.
Blessed are they who make it known,
That I'm loved, respected, and not alone.
Blessed are they who ease the days,
On my journey home, in loving ways.*



Thomas and Catherine Yassu Anne Gilmartin Rajendranath Dorothy Flemming Mary Rita Urbish

VOICES OF THE 80's

Pro-life people from different social, religious, political and economic walks of life express their ideas and hopes for the new decade.

June 1980, Anaheim Convention Center, Anaheim, California. At the National Right to Life Convention, nearly 2500 people united as one in support of life. Some were national leaders, some were local leaders, some were volunteers and some were there just to become better informed.

For those of you who could not attend, HEARTBEAT attempts to share with you some of the ideas and comments of those present.

Thomas and Catherine Yassu, Portland, Oregon

What are your impressions of how things are going in the pro-life movement?

The thing that stands out is the fact that we have many diverse religions working here together. They have been talking



Mr. and Mrs. Paul Broughton and daughter Sue.

about different orientations, and in this issue they are joining together and not allowing their doctrinal differences to get between them to cause dissension.

It pleases me to see the abortionists out there with their picketing and stuff, because you know that the Bible tells us that unless we receive controversy, we're really not doing the job God wants us to do. So the more controversy we receive from the enemy, it just goes to show that we're in the right kind of work and that we are being effective!

Anne Gilmartin, Life in First Essence, New York

Would you share some of your thoughts with us on what's happening today.

It's the little people who couldn't barely file a card in the beginning. They've grown up and they're so talented now, and they're still the little people and THEY are the ones that have made the pro-life movement work. You can sense the difference in this convention as compared to the one a year ago. There's more power and more knowhow.

Rajendranath, Harekrishna Group, Los Angeles, California

What got you involved in pro-life?

It's a part of my philosophy. We teach that some of the problems we're having, like abortion, are just symptomatic of so many problems that society has today. Everyone is trying to find material solutions, but the only solution is spiritual in nature. People are trying to find peace,

but you can't find peace through material means. Real peace comes from love of God and a person who develops love of God doesn't support any of these horrible things such as abortion.

Dorothy Flemming, Human Life Alliance, Minneapolis, Minnesota

Do you have any comments on what's going on today?

I think we've really been sold by a lot of TV commercials, things on the radio, things in the paper telling us we've got a right to this or a right to that. We're living in a society that's being duped by junk.

What are you doing to counteract all of this?

This past year we've gotten into the political thing, organizing our district and so on. We're democrats and the fellow that was running in our district was totally unacceptable. We tried to send him a message two years ago. He had to go eight ballots before he finally got endorsed. He was running against no one! But he finally got the endorsement . . . then he ended up losing the election. Apparently he didn't get the message and he decided to run again this year and we couldn't do anything about it, so I ran against him and I lost by one vote!

Mary Rita Urbish, co-founder of Birthright of Denver, Colorado

Do you have any advice for pro-lifers, or is there anything you'd like to share with the people?

Hang in there baby! We started as the



Bob Garcia Elaine Thomas Greg Nolte Mary Jergens Fr. Charles Hurkes

underdog and in some states we're still the underdog, but we are not going to remain so. There isn't another group that I know of, no other movement that has as the subject or the reason for their being, some weak defenseless, voiceless person, who can't even say "thank you" to you for what you're doing.

Congressman James Oberstar, from Minnesota, at the prayer breakfast in 1976 in Washington, D.C., said that the people in Congress really don't understand us and maybe the real reason is — what is there in it for us, except to protect that little unborn child who can't even thank us for our work.

Bob Garcia, Cypress, California

How did you get involved in the pro-life movement?

Just by reading. The more you read about it, the more you start wondering. It's not what the media tells you — you have to go into it a little further than that.

My wife and I have been into pro-life about four months. We're just getting started and it seems there are a lot of people that want to get involved, but they're not sure how to do it. There is a lot of man power available but we need leadership, especially with our little group. The media is against us. People who are influential seem to avoid us, so it's a little bit touch and go right now. This convention has really helped us because we're picking up a lot of good ideas — what congressmen support . . . etc., so it is very timely for us.

Elaine Thomas, Mission Hills, California

Do you see any changes in the pro-life movement from its beginning to now?

Definitely! I think we're getting more younger people in, which is a good sign. The thing that excites me most about the movement is that it's moving by leaps and bounds.

There are some things in counseling that I don't agree with. I don't agree with the Right to Life when they hesitate in showing pictures. I believe if the truth works — use it. I truly believe that most women, if they really know the truth about what's happening to their bodies, what the baby looks like, they just won't

have abortions.

Just a thought . . . being in this movement for the last 12 or 13 years, the first child aborted legally would be 13 this year. Initially, in the beginning we were told it would take at least 15 years to turn the tide. I hope it's true!

Greg Nolte, The Church of Jesus Christ of Latter Day Saints (Mormon), Anaheim, California

When did you get involved in the pro-life movement?

I guess you could say ever since I was born. I've always been in favor of what I believe in!

Do you have any comments on pro-life?

I think there's a great need for more people to get involved. I feel that what people think is, that the minority is really the majority of Americans. For one reason or another I don't think the majority is well represented.

Mary Jergens, Irvine, California

What got you started in pro-life?

A college teacher that was very rude to my younger sister. They were having a panel discussion on abortion in speech class, and my sister made the mistake of being pro-life. She was treated so badly that she came home in tears with a failing grade. My mother got out an old *Life Magazine* that had pictures of the unborn in it, and she said, "Our family should be involved in this." So my whole family got involved.

Father Charles Hurkes, O.M.I., Belleville, Illinois

What got you interested in the pro-life movement?

The killing of unborn human beings and the realization that the killing of unborn human beings would lead to the killing of other unwanted.

The most encouraging thing is what I've been seeing here at this convention and that is the involvement of the evangelicals as well as some of the other mainline churches. I feel that the Catholic Church will no longer be carrying the banner in the pro-life movement. It will be the

evangelicals that carry the banner from now on, and the Catholics will remain as a very vital force.

What do you see ahead in the 80's?

Well, it's called the decade of the family and I think there is going to be a greater emphasis on family issues. The various groups that are concerned about the sanctity of life will begin to let their voice be heard a little bit more than they have in the past. The traditional image of the family will once again regain its focus and with that we'll have deepened increase in respect for all life, from natural beginning to natural endings.

Paul Broughton, Life Cycle Books, Toronto, Canada

Do you see any changes in the pro-life movement?

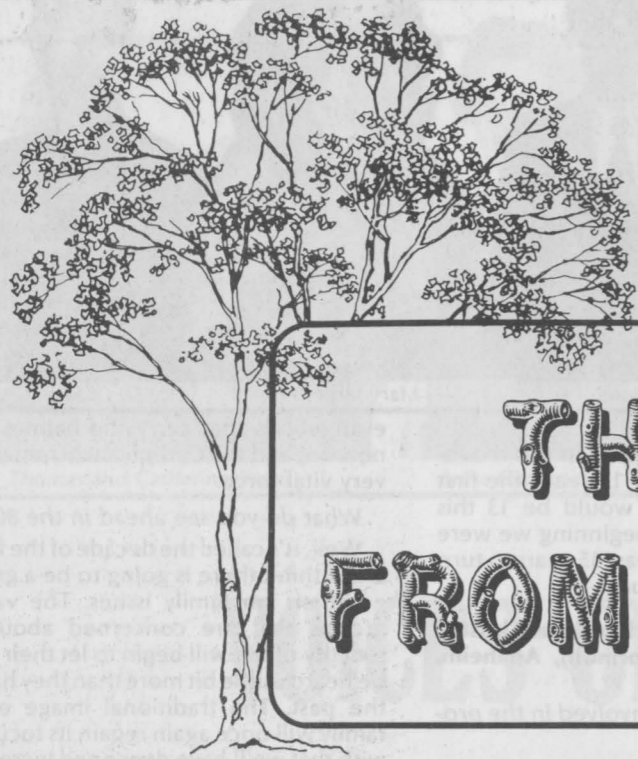
Yes. A tremendous growth, a growing enthusiasm and a confidence that there's going to be a human life amendment.

What do you look forward to in the 80's?

Retirement! That's because we won't be needed anymore!



HEARTBEAT staffer Margaret Kramer takes time out from a busy day to babysit for another pro-lifer. HEARTBEAT work is wherever we're needed!



THE VIEW FROM THE PARK

by Anne Murray and Margaret Hatt

At approximately 12:30 on Saturday, the second day of the National Right to Life Convention in Anaheim, California, we drove over to Stoddard Park a few blocks from the Anaheim Convention Center. It had been a sweltering June weekend and today would prove to be the same. We could almost feel the mercury rising as we drove.

Armed with our press passes, polaroid camera and tape recorder, our assignment was to interview some of the pro-choice people who would be gathered there for a rally. After the rally they would march to the Convention Center for a demonstration.

We parked the car and approached a small group of people, asking if they could point out someone who might be in charge. We were directed to a young woman standing behind the stage. We identified ourselves to her as being from HEARTBEAT, a pro-life publication, interested in doing a human interest feature on some of the people attending the rally. We told her we were interested in such things as how long they had been involved and what kind of work they did for the movement. Her reply was, "Well, just go ahead, people will talk to you."

We then asked her if she would mind being interviewed, and although she declined to have her picture taken, she did talk with us.

Her name was Susan and she was from Los Angeles. She was one of the organi-

zers of the rally and worked for a couple of the almost 130 organizations which had endorsed the rally. She was a public health worker and had been working with abortion and other reproductive rights for several years.

Susan was involved because she was a feminist and felt it a crucial part of women's rights to be able to control reproduction. She did not feel there was a middle ground for meeting on this issue because of the leadership of the Right to Life. She said it was very difficult to talk with them and saw them as part of a broader political movement trying to gain power in this country. She did not think the leadership was that concerned about the abortion issue and that the issue was being manipulated for other purposes.

We thanked Susan for the interview and told her that if anyone questioned our being there, we would refer them back to her.

Nancy Chambers from Riverside was seated on the grass with three other young ladies as we came up to them. After telling her who we were, Nancy told us she had been a feminist for about 10 years and was active with NOW. She said she was a graduate student and was engaged in research which she hoped would help women.

When we commented on the ERA tee shirt she was wearing, she said she was actively supporting ERA and that buying the tee shirt was a contribution toward



the ERA fund.

Nancy said she did not feel there was any way the two sides could get together on this issue since the biggest problem seemed to be that one side felt everybody should have the right to choose and the other side didn't see it that way.

When we asked Nancy if she would like to say anything in particular, her reply was, "Just let us have the right to choose; that's all we ask for."

Susan O'Brien of Los Angeles was very cooperative after we told her who we were. She told us she had been involved for about 8 years and had written a guide on abortion services in the Los Angeles area with two other women and was currently distributing it. The guide tells



what abortion is and the difficulty about making a decision about abortion or going through one. It tells of facilities or clinics where good services can be obtained and also lists those where services are not so good.

Susan was involved because she felt something as significant as bearing a child was something that a person should be able to make a choice about. She felt this was really an important right that women have and that this right had really been eroded in the last couple of years. She saw the Right to Life movement as having a lot of power and felt that that power had to be equalized.

Susan did not think the two sides would be able to resolve their differences because the people involved in the Right to Life tended to have other philosophical ideas about women's roles in general.

She saw the Right to Life movement as philosophical, political, and religious. She saw the pro-choice movement as philosophical and political with religion not playing much of a part in it. It was not an anti-religious movement but religion was not a key thread.

Susan felt that one of the misconceptions that sometimes comes up is that people who are involved in the pro-choice movement are not mothers; that they don't have children, that they are not wives, etc. She said she had two children and valued having children. However, she valued being able to know that if she were pregnant and didn't want to be at a particularly bad time, that she could end that, although with sadness. She felt it was important to be stated that many attending the rally did have children and were concerned about raising these children in a quality kind of way.

Our last interview was with Steven Durham of Los Angeles. He wanted to be identified as a socialist-feminist who had been involved for the past 7 years.

When we commented on his being a feminist, he said that it was because he grew up in a family with three sisters. His parents had been involved in the civil rights movement and he had been in-

involved with the student movement as well as the women's movement and the gay movement.

Steven felt that people in society basically should be able to define conditions of their own lives and that women's control over giving birth to children was very elementary to that.

He said he thought the leadership of the pro-life movement was closely tied to a concerted and articulate right-wing movement that was out to overturn all the gains made in the 60's; i.e., civil rights, women's rights, gay and labor rights. His reasoning for this was that the system we live in is in crisis and since these reforms cost money, one of the ways of solving this economic crisis was to do away with these reforms.

He definitely thought the government should be involved and should pay for abortions since life is a social responsibility. He had spent two years working with emotionally disturbed children and knew the consequences of unwanted children. He saw it as fiscally appropriate for society to be involved in funding for abortion.

When asked if he saw any parallel between abortion and euthanasia, Steven said he was not categorically against it. He said his mother had had multiple sclerosis for 25 years and she wasn't against the idea of euthanasia considering the suffering that she went through. Steven felt that a rational approach to life was not a bad thing.



His final comment to us was, "I want to say that I appreciate talking to you. I think that there are genuine people in the Right to Life movement that we as socialist-feminists and leftists need to talk to, and that's why I appreciate this opportunity to talk to you."

We decided to try for one more interview before returning to the Convention, as it was really getting warm in the park. However, it was to get considerably warmer as we were soon to find out.

After we identified ourselves to the next young lady, she told us she was one of the monitors and although she was on

duty, she could speak with us for a few minutes. Suddenly, her whole attitude changed as she said explosively, "Wait a minute. Did you say pro-life?" When we said yes and that we had been cleared to do interviews, she told us that she was one of the leaders and didn't care who had given us permission, that the anti-abortion people were not invited to this rally. She told us in no uncertain terms that the Right to Life was NOT welcome and that we were NOT WANTED. We thanked her for her time as we moved to another small group standing nearby. However, the monitor followed us and told the group who we were and that they were not to talk with us. Again she told us we were not wanted and not welcome.

At this point, we asked the monitor to go over to Susan with us and verify what we had said about being given permission. She felt no need to do this and told us, with mounting anger in her voice, that we should leave. We did not see anything to be gained by arguing that it was a public park, etc., and seeing the futility of trying to secure more interviews, we left the park.

Originally, it had been planned that we would try to do interviews as the demonstrators marched in front of the Convention, but the two groups kept their distances from each other. We realized at this point how profitable our trip to the park had really been.

What were the pro-choice people like that we interviewed? Although two or three of the people we tried to interview declined, the ones we did speak with were polite and cooperative. We could not help noticing, however, that the very thing the pro-life movement had been accused of doing at the beginning of our interviews was the very thing that had happened to us at the end: the leadership of the movement was not interested in talking with us.

On the way back to the Convention our thoughts returned to an idea that had been presented to us that morning. The idea was that we must not look on our fight so much as a victory to be won but rather as an area in which a great deal of healing had to be done. For victory implies a loser, but healing implies that everyone wins. And among the winners, would be counted the millions of children yet to be born who would thus be given the right to life. ■

Anne Murray is UPDATE Editor for HEARTBEAT Magazine, and a former member of the Board of Directors of the Right to Life League of Southern California.

Margaret Hatt has been active in the pro-life movement for a number of years. She is presently working in the Los Angeles Branch Office of AAL.

Abortion On Demand:

Why and How the Rockefellers Influenced the Supreme Court to Approve Abortion

By Evelyn Elledge Risdon



The Rockefeller brothers, John D. III, Nelson, and David, together with several other extremely wealthy men who had interlocking ties, influenced the United States Supreme Court to approve abortion, essentially on demand. How could this travesty of the judicial process occur?

It began with the efforts of this group to influence the United States government to limit population growth through the dissemination of contraceptives both at home and abroad. Ultimately this group began to see abortion as just another means of population control.

But why would this group of extremely wealthy bankers, industrialists and publishers desire to curtail population growth and how did they succeed in influencing the United States government and particularly the Supreme Court? They succeeded through what has been called the "dictatorship of money." And the basic reason for their efforts was the desire for greater wealth.

Economists in the 1950's and the 1960's began to believe that smaller families with both the mother and father working would increase banking and corporate wealth. The economist, Stephen Enke, for example, wrote that increased savings

and investments were more important to profits than a growing population. He showed that the ratio of those too young and too old to work as compared to those of working age was the important factor in the rate of savings. A higher rate of savings is very important to banks and other loan institutions, since it is the savings of the public which are loaned out by banking institutions and on which they derive their profits by charging a higher interest than they pay out. The Rockefellers and some of the other population control activists control some of the largest banks in the United States.

Persons who have no children or few children will not only be able to save more money but they will have more money to spend on cars, on insurance, on air flights and on gasoline. These are all commodities sold and produced by the Rockefellers and some of the other population control activists. Some of the corporations controlled by this group are Ford Motor Co., General Motors, Exxon Oil, Pan American Airways, Trans World Airlines, Eastern Airlines, Metropolitan Insurance, New York Life Insurance, Travelers Insurance, American Broadcasting Co., Goodyear Tire Co. and others. A Congressional investigation in 1978 showed that 81 corporations were

controlled by the Rockefellers.

The banks which are controlled by the Rockefellers and some of the other population control activists have built a tremendous credit card business charging 18% interest. These credit cards promote impulse buying of luxury items. By discouraging people from having children through population explosion scare tactics and by promoting abortion on demand, their credit card customers have undoubtedly charged more and paid out far more interest than they would have if they had had more children. This type of buying has also led to inflation since the demand was there without having to wait until the money was in hand.

There is another side to this same coin of profit. The Rockefellers and their associates also saw population control and abortion as a means of reducing their taxes. Working couples without children or with only one child pay more taxes than families with several children, thus a middle class with a declining birth rate would carry a larger share of the tax burden.

The Rockefellers and their associates also looked at welfare costs and believed that these could be reduced with population control and abortion on

demand. This is one of the arguments that the National Planned Parenthood Federation always uses in their brochures. It is an effort to bring the middle class into their own mercenary camp. What they are really saying, of course, is help us destroy lives and we will save you money through lower taxes. They will, however, take this money away through higher prices made possible by the high consumer demand of working couples with few or no children.

But how were the Rockefellers and their wealthy associates able to influence the federal government to help curtail population growth and to approve abortion? They were able to do this through their interlocking ties with high level appointed officials. This is a pattern which permeates the executive and judicial branches of our federal government. These interlocking ties are private social clubs, friendships formed in exclusive prep schools and ivy league universities, business associations and organizations such as David Rockefeller's Trilateral Commission, the Council on Foreign Relations and the Brookings Institute, which are controlled by the Rockefellers and their wealthy associates and from which cabinet level appointments are made on a regular basis. For example, all of the Secretaries of State since the Eisenhower administration worked for the Rockefellers before becoming Secretary of State. Also, most of Jimmy Carter's Cabinet including Carter, himself, were in David Rockefeller's Trilateral Commission before Carter was elected President.

Six of the seven Supreme Court Justices who legalized abortion on demand have interlocking ties with the Rockefellers or with the other Rockefeller associates who promoted population control. This would be irrelevant if these Supreme Court Justices followed the bias of the Constitution. However, the two dissenting justices in their joint dissent state:

I find nothing in the language or history of the Constitution to support the Court's judgment. The Court simply fashions and announces a new Constitutional right for pregnant mothers and, with scarcely any reason or authority for its action, invests that right with sufficient substance to override most existing state abortion statutes.

It is apparent that the Justices who declared abortion legal in 1973 were not following the bias of the Constitution but went beyond their authority. Above and beyond their friendships and associations with the Rockefellers or the other wealthy population control activists, were there other influences on the Supreme Court which were promoted by this group of bankers, industrialists and publishers? The answer is yes. Because of the limitations of space in this article, I have been unable to provide you with

specific detailed information. This is done in my book, which has the same title as this article. However, I shall briefly summarize what the Rockefellers and their wealthy associates did to influence the Supreme Court, the White House and the general public to accept and legalize abortion on demand.

John D. Rockefeller III founded the Population Council in 1952. Millions of dollars were poured into this organization from the Rockefeller and Ford Foundations for the purpose of influencing government policy. By funding population studies in several universities, this organization has been able to create a scientific community, beholden to the Rockefellers, that have been able to influence Congress, the executive branch of our government and the Supreme Court.

In 1970, John D. III was chosen as Chairman of the Commission on Population Growth and the American Future. This was a White House Commission and the legislation which promoted this Commission was drafted by Daniel C. Moynihan, who was a White House aide at the time. He is now a Senator from New York, the Rockefeller domain. Moynihan belongs to the Century Association, which is a private club to which Nelson Rockefeller and John D. Rockefeller III also belonged. Moynihan also belongs to the Harvard Club of New York City as does David Rockefeller. This White House Commission was stacked with persons who believed in abortion on demand prior to being chosen. Many of these persons worked for the Rockefellers or had received funds from the Rockefellers for population studies. I have documented in my book that at least 18 out of the 25 persons on the Commission favored abortion prior to coming on the Commission. It was this Commission which put the White House stamp of approval on abortion on demand. This must have influenced the Supreme Court.

Nelson Rockefeller, as Governor of New York, held hearings on abortion and pushed through legislation in that state which legalized abortion. New York was the first state to do this. When the legislature repealed the legalization of abortion, Nelson Rockefeller vetoed this act. David Rockefeller held a press conference in which he put his stamp of approval on abortion.

The other population activists who have interlocking ties with the Rockefellers took over the National Planned Parenthood Association, which had been largely impotent until this group took it over and promoted its activities. This group also started the Population Crisis Committee and started an advertising campaign in the 1960's that was full of scare tactics regarding the so-

called population explosion. None of their predictions were valid. They did influence the public, however, and many persons were led to believe that abortion was necessary for our survival.

In 1972, the Rockefeller Foundation gave \$50,000 to the James Madison Constitutional Law Institute. In that same year this Institute handled the appeal for abortion in *Roe v. Wade*. In the companion case, *Doe v. Bolton*, this same Institute filed the principal pro-abortion brief. These cases gave us abortion on demand. ■

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Paving the Road to Tomorrow

The 9th Annual International AAI Academy

by Marie Karbus

The words "I love you" when uttered are music to one's ears. Children have very little difficulty with, "I love you, Mommy," "I love you, Daddy," "I love you God." Often times, they love ice cream, candy and their favorite pet, too.

Adults do not find it quite as easy to use these same three words. I am not saying they should be abused; however, there are people who are embarrassed by these words. Is it perhaps because of our outlook on life and love? Are we losing our sensitivity toward people and then perhaps not caring enough?

Each year the AAI Academy brings together people from all parts of the U.S. and abroad for one reason — to improve and develop better pro-life services and people. As caring people, let us not lose sight of our goal.

The Care and Counseling Center of Downers Grove, Ill., the P.H.D. Center of Palatine, Ill., and Care Center of Springfield, Ill., hosted our Ninth Annual AAI Academy in Chicago. The list of those who worked on the Academy from the beautiful hostesses to those who allowed us the five minutes to wind up our workshop is endless. However, two fantastic ladies cannot go overlooked, Mrs. Jackie Henry and Mrs. Doreen Rohr. They skirted around like rabbits because they were always kept hopping. We love you both for a tremendous Academy program.

The excellent workshops were varied enough so that not anyone could walk

away displeased. With professionals such as Johanna Miller speaking on "The Profile of a Client" and Dr. Jacqueline Kasun, "The Teenage Pregnancy Problem, The Truth," how could we not be encouraged to continue our work when the odds are in our favor.

Our organization is privileged indeed to have such people as Drs. Lynch and

Hillabrand, Sr. Paula Vandegaer and many others who share their expertise with us in their workshops and who are so willing to help whenever called upon.

Lore Maier, Executive Director of AAI, opened the banquet program with a very apropos line, "We all help pave the road to tomorrow." This was very evident to me as I looked around the room and



Re-elected officers of the AAI Board of Trustees are: Lore Maier, Executive Director; William Lynch, M.D., Chairman; Marie Karbus, Secretary; John Hillabrand, M.D., Treasurer. Not present are 1st Vice-Chairman, Rev. Daniel Charles Overduin and 2nd Vice-Chairman, John E. Harrington.



Newly appointed Regional Representatives for AAI. (Left to right) Judy Brown for Michigan; Mary Jo Gremling for Arkansas; David Rudolph for California. Mr. Rudolph is also a newly elected AAI Trustee. Regional Representatives are responsible for assisting groups within their area, and furthering the cause of the pro-life service movement. We welcome these three knowledgeable people to this important job.



(Left) Banquet speaker and famed geneticist Hymie Gordon spoke to the group about "Genetics in the Service of Man."



(Top) AAI Co-chairpersons: (left to right) Mrs. Doreen Rohr from P.H.D. Center, Palatine, Illinois; Mrs. Jackie Henry, Care and Counseling Center, Downers Grove, Illinois; Pat Ryan, Care Center of Springfield, Illinois. Congratulations to these three dynamic pro-life leaders!



(Right) The pro-life answer to Bella Abzug! Perky Academy Hostesses greeted all participants with a skimmer and smile.

observed those in attendance. There was representation from at least seventeen states in the U.S. and also from Latin America, Norway and Australia. The representatives came from all walks of life; from professionals to para-professionals. Most heartwarming were all those wonderful husbands who are as much involved in pro-life work as those involved in Life Services, we couldn't function without you.

Dr. Hymie Gordon, geneticist at Mayo Clinic in Rochester, born in the Union of South Africa and a naturalized American citizen, delivered the banquet address, "Genetics in the Service of Man."

The address was primarily delivered with slides; however, if Dr. Gordon did not have a great skill in speaking, the presentation would not have captured his audience as it did. The material covered case histories from high blood pressure and enlarged heart to cancer; from birth defects such as cleft palate to determination by amniocentesis, ending with cloning. He concluded by weaving all the components of his talk into a beautiful "Symphony of Life."

In closing the program and yet highlighting it, Cardinal John Cody read a message received from the Vatican. Pope John Paul II sent his greetings and praised the efforts of all in AAI, extending his blessings on us all.

Bishop Joseph Imisch of Joliette concluded with Benediction.

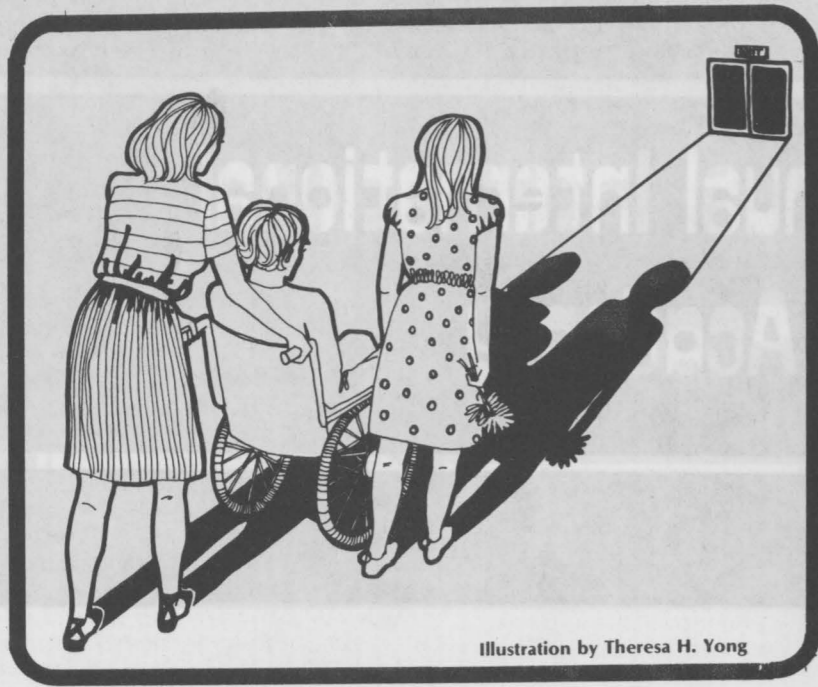


Illustration by Theresa H. Yong

Bobby's Story

by Laurie O'Bryne

We were sitting around when he came in. Some were playing poker while others laughed and talked. We didn't seem particularly surprised to see him. That's the way it is in a dream. Bobby looked the way he always did, pale and emaciated, strapped in the wheelchair that had been his home for so many years. But we all knew he was dead — he had been dead for four months.

The woman who was pushing Bobby's chair — none of us had ever seen before. She was dressed in white but was definitely not a nurse. She didn't walk — she flowed. Her face radiated a serene peace and when she spoke, her voice was so gentle that it was more thought than heard.

Bobby smiled and spoke: "I've come to say goodbye." After we had all said our goodbyes, the woman in white whispered: "It's time to go." I asked if I could walk them down the hall. The woman nodded and we started down a long, seemingly endless corridor. We were in no particular hurry — but then you can't hurry a dream.

Many years have passed, yet the memory of Bobby and the dream of our long walk remains with me. It was 1965. I was 19 and Bobby was 21. I was a college

student preparing for my future and a career, while Bobby was preparing for his death. I met him while working in a recreation program for handicapped children and adults.

Bobby had muscular dystrophy . . . a hereditary condition affecting over 200,000 people in this country.

Bobby had muscular dystrophy which is a hereditary condition affecting over 200,000 people in this country. Actually, muscular dystrophy (MD) is a general designation for a group of chronic diseases involving the progressive deterioration of the muscle system. We

were not certain which type of MD affected Bobby because the diagnosis had been made many years earlier when medical research on the subject was in its infant state. But most likely he had Duchenne, the most common and most fatal variety.

For you to properly understand MD or any other genetic disease, it is necessary for you to understand some basic concepts in genetics. Most forms of MD (and related conditions) are hereditary. In the 23 pairs of chromosomes of the newly conceived human life are thousands of genes that are the blueprint for the complete development of the individual. These changes are called mutations. MD is known to frequently appear in families with no previous history of the condition, leaving many researchers to believe that dystrophy has an extremely high natural mutation rate in human genetics.

We are all producing mutant genes that can affect our offspring. Some are so lethal that they cause the pre-natal death of the individual very early in his development. Often a bad gene is passed on for many generations until it matches up with a similar bad gene — producing devastating and lethal results. Thus, some forms of dystrophy only occur when two carriers

marry and have children.

There are three common hereditary patterns associated with genetic diseases. An autosomal dominant pattern occurs when the mutant gene is dominant — it cannot be masked or over-shadowed by a matching normal gene in the chromosome pair. The mutation can occur in either parent. On a statistical basis, 50% of their children will inherit the disease. The affected child is also a carrier, thus 50% of his offspring will have the condition. However, the healthy siblings of the affected child are totally free of the gene. If they don't have the disease, they can't carry it. (The exception would be if a spontaneous mutation occurs again in that individual — but chances are rare.) They can have children without concern for the child's well-being.

The second type of hereditary pattern is autosomal recessive. Unless both parents carry the defective gene, none of their children will have the condition. The bad gene could be a recent mutation or one that has been passed on for centuries. If both parents are carriers, the chances are 25% the child will have the disease, 50% the child will be a carrier, and 25% that the child will be totally free of both defect and gene. Carriers and even affected individuals with rare autosomal recessive conditions can have children with little fear of their children being affected. (This is not true for more common genetic diseases such as Tay-Sachs and Sickle Cell Anemia where the gene is so prevalent among certain populations.) The occurrence of the bad genes responsible for many autosomal recessive neuromuscle diseases is so rare that as long as carriers do not marry into families with a known history of the diseases and do not marry distant relatives (who have a higher chance of carrying the disease), the chances are extremely small that their children will have the disease.

Duchenne dystrophy is a genetic disease with a hereditary pattern known as recessive sex-linked. The cause has to do with the basic difference genetically between males and females. A female has 23 pairs of chromosomes — one pair being the sex determining chromosomes. Females have a pair of X chromosomes. The pair of sex chromosomes in the male differs. They have an X and a Y. The Y chromosome is shorter.

Girls do not have Duchenne. A carrier mother passes the disease on to her son. She has two X chromosomes — one X has the defective gene but the other X keeps the gene from doing its lethal damage. There is a 50% chance that she will pass the defective X chromosome on to each male child. Males get an X chromosome from their mother and a Y chromosome from their father. There is no corresponding good gene on the shorter Y chromosome to counter the defective gene on the X, leaving males open to certain

genetic conditions such as Hemophilia, Duchenne dystrophy and even the simple disorder of color-blindness. Of the males, 50% will be affected and 50% of the daughters will be carriers of the disease.

Duchenne is usually noticed within the first five years of life. Often the boy begins to walk on his toes, develops a waddling gait and has difficulty climbing stairs or rising from a chair. The muscles are wasting away, being replaced by fat. The calf muscles often become enlarged and the spine slowly begins to curve. He falls frequently and has increasing difficulty getting up. Eventually, walking either becomes impossible or too dangerous and the child is confined to a wheelchair, often by the time he is 10 or 11 years old. There is little pain associated with the condition except that some complain of aching muscles and the physical discomfort that comes with curvature of the spine.

In spite of his helpless, emaciated, pathetic condition, Bobby was a person we liked to have around.

Positive clinical diagnosis of Duchenne is made by serum enzyme tests (from blood), a muscle biopsy (examination of a piece of muscle tissue under a high power microscope) and electromyographic (EMG) readings. An EMG reads nerve and corresponding muscle function in a way slightly similar to an EEG testing the brain.

Many years ago misdiagnoses were often made because a variety of neuromuscle diseases have similar symptoms but from different causes. Thus, many adults are now being told that they do not have MD but some related disease. Although rediagnosis in no way cures the affected individual, it has been an emotional shot in the arm to their brothers and sisters, who are often told that, depending on the type of condition, they can now have children with little chance of the condition appearing in their children.

The muscle disintegration in Duchenne does not halt once the boy is confined to the wheelchair. The muscles continue to weaken — some faster than others causing contractures, especially in the legs. Thus, the legs often become permanently bent, although braces and surgery can

sometimes temporarily relieve the situation. The spine continues to curve often causing the person to become bent or twisted sitting in the wheelchair.

By the time I met Bobby he was in the terminal phase of Duchenne. He was as limp as a rag doll as he sat, twisted and bent over in his wheelchair. He weighed about 85 pounds and his long dangling legs indicated that if he could stretch out he would have been over 6 feet tall.

Everyone who knew Bobby recognized that his end was near and we all took great pains to protect him and keep him with us as long as possible. Since a cold could easily develop into pneumonia, we stayed away from him if we even suspected we were ill.

In spite of his helpless, emaciated, pathetic condition, Bobby was a person we liked to have around. He was a fountain of patience, good sense and dry wit. If he complained, it was usually towards a constructive end. He had the true sense of the comic spirit. He could laugh at the world and himself, yet we knew the laugh was not bitter.

Because he was so totally helpless, Bobby learned to defend himself with his mouth. He was known for his 'one-liners' that could tear anyone down in a short order. But he used this weapon sparingly — as a last resort and rarely held a grudge.

There was a dignity about Bobby and he radiated firmness and positiveness. He didn't carry a chip on his shoulder, but he refused to let people walk over him. He would not allow his condition to emasculate him. If an adult rudely stopped and stared at him, his favorite line was, "Take a picture, it lasts longer." He was patient with children if they asked him questions about himself. But adults should know better than to ask personal questions such as, "Why are you in that chair?". Bobby's responses differed but were always delivered with a straight face: "I'm avoiding the draft," or "Because I feel like it."

In spite of his biting sarcasm he was well liked and respected. He had a flair for the ridiculous. The Halloween shortly before his death, he arrived at a party wearing an army helmet on which he had printed in large letters, "KISS THE WAR HERO." He talked about how he was going to demand he be drafted and sent to Vietnam. He felt he would have made a good soldier.

The last few months were not easy for Bobby. He became too weak to adequately feed himself. We fed him but he lost weight anyway. He could no longer comfortably sit in a car or bus seat, and if a wheelchair bus was not available, someone had to hold him in their arms during the ride. Once I was holding him when our special bus stopped in front of a high school to let out another handicapped passenger. The school was just recessing and students were milling around. They

looked into the front window and stared at Bobby cradled in my arms. He just laughed and yelled back, "Eat your hearts out, guys!"

The last time I saw Bobby alive was at a big party in December. We gave him a couple of beers and he became extremely high. He was animated and funny. Two days later he died of heart failure.

One of the hardest things we had to do was to tell Bobby's friends that he had died. There was a lot of crying, remembering and several epileptic seizures brought on by the stress. It was only then as we talked that I came to understand what Bobby had meant to his friends. Very few were actually surprised by his death; most knew he was dying. To these teenagers — some handicapped and some "normal" — Bobby was by far, the bravest person they had ever known. No soldier could have died with more courage.

Many years have passed since Bobby and I took the long walk down the endless corridor of my dream. Many things have changed. The Vietnam War which was so

... get pregnant, get tested and abort the boys.

much a part of our lives, is over. But it has been replaced by a global war against the weakest members of our human community — the unborn, the handicapped, the elderly, the poor and the unwanted.

Unfortunately, there is still no cure for Duchenne dystrophy. And even more unfortunate is the fact that a great number of respected medical researchers and the Muscular Dystrophy Association (MDAA) itself have accepted eugenic abortion as a "temporary" solution until they find a true cure. Although the MDAA does a great amount of good, providing patient services and funding research projects looking for treatments (they have recently found a treatment for myasthenia gravis), they are also funding research for improved carrier identification and detection of the defective unborn child — to offer the parents the chance to choose abortion as the cure.

At the present there is a test for detecting carriers of Duchenne dystrophy. Female carriers, although unaffected by the disease, have an unusual amount of a

specific enzyme creatine phosphokinase (CPK) in their blood. The CPK test is judged to be 70% effective in identifying carriers, but the older the girl the less accurate the results. Known adult carriers have been found to sometimes have normal levels of CPK.

There is a great pressure placed upon these young women by doctors and family to undergo the test. Many are not emotionally prepared to handle the results. I knew one teenager who refused to take the test. All the other girls in her extended family had been identified as carriers and she just couldn't face the results. Later she decided on her own to undergo the test and the results were inconclusive. She was told there was a 17% chance she was a carrier.

Because of the potential error rate of the CPK test, researchers are currently working on better and more conclusive methods to positively identify a carrier. Prior to the legalization of abortion, a carrier was then told the potential risks involved in having a child affected with MD. Most of the time, adults who adequately understood the risks did not have any more children. Furthermore, in those days adoption was still a possible alternative.

With the legalization of abortion everything changed. The adoption market vanished leaving couples carrying genetic diseases with a bleak future. The desire to have children is a strong one.

Today, women carrying Duchenne are told not to worry about pregnancy. A test will be arranged in mid-trimester and if the fetus is a boy, they can choose to have an abortion and try again. Since 50% of the aborted males are normal, however, research efforts are now being made to detect just the affected male. There is no way, at present, to detect a carrier female in utero. Of the girls born, 50% will be carriers of the disease, thus perpetuating the existence of the bad gene and the problem.

After several recent encounters with the muscle clinics and the specialists, Bobby's childhood friend (who also has MD) told me: "They are wetting their pants over genetics."

At this time Duchenne dystrophy is the only type of MD or related muscle disease where carrier identification and in-utero detection of the affected child is possible. Bobby's friend also commented that if abortion is acceptable as the treatment for one type of MD, it is logical to expect research to detect and abort as the cure for varieties of muscular dystrophy.

It takes a great amount of courage and a strong personal conviction about the value and sanctity of human life NOT to buy eugenic abortion as a solution. The arguments for abortion are everywhere. The Supreme Court legalized it and governments encourage and fund pre-

natal testing and abortion. Abortion and related subjects are taught in the schools and it receives approval throughout the media, particularly in women's magazines. Prominent and respected doctors encourage it. Pre-natal diagnosis and eugenic abortion receives the endorsement and research funds from respected health agencies such as the March of Dimes and MDAA. Thus, many people accept eugenic abortion because they are overwhelmed by the experts and are intimidated into believing their own opinions must be of little value.

But not every family accepts abortion as the solution. One carrier mother told me how enraged she became when doctors suggested to her the idea of eugenic abortion. "That unborn baby is still a person, MD or not." Her young son has MD. She loves and respects him. After much deliberation she had her tubes tied and is currently on the waiting list to adopt. She knows the chances are extremely slim but she recognized that whatever choice she made, there would have been suffering.

Some geneticists are raising grave doubts about the use of eugenic abortion.

Another carrier mother raised a different dissatisfaction with eugenic abortion. She was bitter. Her son had Duchenne and her two daughters had just been identified as carriers. She was angry because eugenic abortion afforded little comfort. "What a thing to tell a 14 year old girl — get pregnant and tested, and abort the boys." She was not particularly pro-life. Her concern lay in the fact that one might have to abort over and over again before having a girl. What effect would that have on the woman and the family?

I asked her if the doctors mentioned the drawbacks of pre-natal diagnosis (its inaccuracy rate, danger to the mother and child and the emotional effect it has on families). She said that had not been discussed except that they "made light" the idea of any emotional problems because of the testing. As we talked I explained to her the dangers of mid and late tri-mester abortions. Her surprise was apparent. The doctors never mentioned that either.

Some geneticists are raising grave doubts about the use of eugenic abor-

tion. Prior to the legalization of abortion, families that found they carried a genetic disease, often did not have any more children, thus limiting the spread of the bad gene into the population. Now, although the affected child is destroyed, the families are producing a greater number of carriers. It is ridiculous to hear scientists who condone eugenic abortion, also speculate on the production of human life free of genetic disease. Eugenic abortion could have the effect of polluting the human gene pool — drastically increasing the ratio of bad genes in the population. We could be committing genetic suicide.

For those of you who may one day find yourself in the position of dealing with a woman or family with Duchenne or other genetic disease, there isn't much I can tell you to do. Some may not even be pregnant yet, but are considering the abortion solution. Remember, they are being torn emotionally and are often being pressured and preyed upon by misguided professionals who believe to the point of near hysteria, that one has a moral obligation to destroy any child believed to be defective.

Those who have already chosen eugenic abortion as their "solution" will not be seeing you as a counselor. Most likely you will see those with doubts. As with any "problem" pregnancy, you must show that you are as compassionately concerned about THEM as for their unborn child.

The following are other thoughts and suggestions that might aid you in helping them:

How recent was clinical diagnosis of the disease made? Was it ever made? A surprising number of people are operating on 30 year-old hearsay, and the guesswork of a backwoods general practitioner. I know of one case where some type of muscle disease affected one child in the family. A clinical diagnosis was never made, but the family doctor decided that whatever it was it must be hereditary. He literally frightened all the brothers and sisters out of having children. Yet, there are several types of MD and related diseases where the hereditary pattern is such that other family members can have normal healthy children.

If a diagnosis has not been made, in the U.S. it can be handled by the Muscular Dystrophy Association. They have a nation-wide network of clinics. The massive amount of research data and diagnostic techniques they have developed should be available in most developed countries. But be aware that if you send a woman or family in for diagnosis, there will most likely be pressure for abortion.

Acquaint yourself with the writings of Dr. Hymie Gordon who is the Chair-

man of Medical Genetics at the Mayo Clinic. He has extensive experience in genetic counseling and can adequately explain the pitfalls, dangers and inaccuracies of prenatal diagnosis.

3. The intense pressure and turmoil is enough to lead some women to great emotional instability. Find out what type of support organizations are in your area and the type of professional help and therapy sessions they offer. But do some research into how the organization stands. Some have their own sociological axes to grind and can do even more harm. The same, unfortunately, goes for help from clergy.
4. If it is possible, seek the aid of a family that has successfully dealt with the problem without turning to eugenic abortion. You and I can only vicariously experience this tragedy. Sometimes shared sorrow can bring about greater courage.

Pro-life Organizations: Actively and strongly voice your anger and opposition to the use of funds to research or promote prenatal diagnosis for the purpose of eugenic abortion. Don't buy the statement, "But they do so much good." Eugenic abortion is a dead end street. It offers no cure, no hope and no comfort. Every dollar spent in that direction is one dollar less going to finding an actual cure. The last suggestion comes from a family actually facing the ravages of a genetic

disease. They are trying to adopt and have found that many adoption agencies and workers believe that families that have a handicapped child are not fit homes for adoption. If families where genetic conditions occur were given higher priority for adoption — they would be less likely to consider eugenic abortion.

Bobby and I finally reached the end of the long corridor. There was an open elevator door. Bobby and the woman in white entered and turned around to face me. Then the young man who had taught me so much about courage and dying, smiled and nodded his head good-bye. As the door closed I looked above at the floor indicator. It was an old fashioned one with a large needle that moved in a semicircle, pointing to the ascending floor numbers as it moved. It passed the top floor and kept moving. Then it all vanished from my sight. ■

Laurie O'Bryne is a graduate of San Francisco State College, and has done graduate work in special education. She has worked with both physically and mentally handicapped.



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Update '80

International

Alcoholism

A Factor in Down's Syndrome?

Dr. Fouad Badr, of the University of Kuwait, has suggested alcoholism as a factor contributing to the cause of Down's Syndrome. The suggestion was made at a congress of the International Commission on the Prevention of Alcoholism and Drug Dependency recently held in **Acapulco**.

Dr. Badr, a geneticist, has been studying the effect of alcohol on human cells for several years. Two of his studies have shown inversions and translocations of chromosomes, as well as chromosomal breaks, caused by alcohol. In Down's syndrome there is a translocation

in chromosome 21.

In the studies of 48 alcoholics and 50 non-alcoholics, it was found that the alcoholics had 12 times as many chromosomal abnormalities as the non-alcoholic. Translocations and inversions of chromosomes were shown in the alcoholics.

These changed chromosomes could be passed down through the generations, Dr. Badr stated. Thus an alcoholic grandparent could be responsible for chromosomal abnormalities in a grandchild.

New Scent in the Air Contraceptive Nasal Spray Coming

A hormone found naturally in

the brain can be used as a contraceptive nasal spray for both men and women. To be effective, the hormone would be inhaled twice a week for men and once a month for women. According to the director of the Medical Research Council Group in Molecular Endocrinology at Laval University in **Quebec City, Canada**, the substance could replace the Pill as the main form of contraception in the world. The spray is expected to be available to the public in the late 1980's.

Dad's Footsteps Heard Her Own Footsteps Assured

Because she heard her father's stamping feet before she was born, Joanna Slasor is alive and well in **London**. Fearing she would be born deaf like her older brother, and feeling they could not cope with another handicapped child, her parents had her hearing

tested by an unusual experiment. When Joanna was in her sixth month in the womb, the sounds of her father's footsteps were fed to her through equipment developed by Dr. Michelle Clements, a London researcher. Joanna responded by kicking vigorously, leaving no doubt that her hearing was good.

Had she failed the test, Joanna would not be alive today as her parents would have had her aborted.

Doctors Dilemma

To Save or Destroy Life?

"It is with great sadness that I recognize that the gynecologist of tomorrow — and even of today — is likely to be called upon to destroy more human life than he can hope to save in a clinical lifetime."

This statement came from Professor Ian Donald, emeritus professor in midwifery from **Glasgow** University, in an address at the Royal College of Obstetricians and

Gynecologists.

He spoke of the dramatic success with which perinatologists are salvaging high-risk cases and the endless efforts being made to solve problems of infertility.

Simultaneously, however, there is "almost unlimited abortion literally by the hundred thousand of the genetically sound but socially unwelcome future citizens."

This, he said, is because doctors have yielded to the pressures of western materialism in a world that has lost "both its sense and sensibility."

Professor Donald, who is renowned for the part he played in applying ultrasonic techniques in pre-natal diagnosis, was giving the Harding Award address. The award is presented for outstanding work of benefit to the disabled.

Aborting the handicapped, he said, could increase selectively the gene pool of carriers, particularly in cases of sex linkage. It would therefore transfer the problem from one generation to the next.

Professor Donald said even the most universal screening service, except in a few instances, cannot abolish the problems of the handicapped or crippled child.

"Multiplication of screening tests, even assuming 100% accuracy, can only multiply the doubt and anxieties of countless women unnecessarily and they must be applied with discriminating care," he said.

Few, he believed, would from choice subscribe to the method of coping with handicap by liquidating the victim after or before birth.

Humanity

Legalization Argument Refuted Illegal Abortions Continue

The idea that legalizing abortion will eliminate illegal abortions has been disproven at least in the case of **Denmark**. Dr. Olaf Nogaard (*World Medical Journal*, July/August 1979) reported that although legal abortions increased sharply following re-

laxation of Danish laws in 1970 and 1973, the illegal abortion rate remained unchanged. This rate was determined by hospital-treated cases.

Illegal abortions fluctuated between 7800 and 8400 during the period from 1968-75 while legal abortions rose from 6429 to 27,884.

"These laws have created an environment in which women who previously would have carried their pregnancy to its normal termination allow it now to be interrupted prematurely," Dr. Nogaard said.

Unborn Cremated Ashes Scattered

Hospital workers in southern **Sweden** objected to the unborn being classed as "human biological refuse" and disposed of with amputated limbs and organs removed during operations. After appealing to the bishops of the Lutheran Church, the bishops' council recommended to the workers that the bodies of these unborn children be cremated and their ashes scattered in churchyards.

IUD's Abortifacient? When Does Life Begin?

Reporting on an international symposium held recently in the **Netherlands** to discuss IUD's, we read the following in the October, 1979 issue of *International Planned Parenthood Federation's Medical Bulletin*: "All suggested that such alterations (inside the womb) lessen the probability that the fertilized ovum can be implanted." They then state, "Whether or not IUD's can be classified as abortifacient depends on the definition of the beginning of life; for some it begins with the fertilization of the ovum, for others only after implantation, and for some only at birth when the new human being is able to live independently in the external environment."

And from a recent fundraising letter from Planned Parenthood-World Popula-

tion we read the following penned by Faye Wattleton: "While the dogmatists have kept a low profile on their staunch opposition to contraception, they are now becoming more and more vociferous in demanding the banning of the pill and the IUD's which they term "silent abortion" methods. In their headstrong drive to outlaw these proven birth-control devices, they again demonstrate their notorious, misplaced concern for a fertilized egg over the truly living..."

Nations Fading Posterity Dwindling

The number of children born per woman in **Germany** in 1966 was 2.15, a figure just a bit under the replacement number needed to maintain the present population. Today, the average woman in Germany is having 1.3 children. This figure includes immigrant non-German women living in Germany who average more children than German women. Germany now has 61 million inhabitants. If the birth rate does not rise dramatically and quickly, there will only be 10 million Germans left in 100 years. By the year 2000, it is estimated that Germany will need 38 million working people in order to maintain its society in a functional manner. At that point, 25 million of these will have been imported from foreign countries. These "foreigners" will include 70% of the factory workers and 45% of school-going youth. Every one of the nations of Europe, as well as the United States, Japan and Australia, are following a similar pattern of a birth rate, well below replacement level, with increasing immigration of people from underdeveloped nations. (The Future of Our World, Professor Chaunu, Sorbonne, Paris.)

RL Newsletter
Greater Cincinnati

A New Twist Jailed for Not Killing

The chief gynecologist at the

civil hospital in **Vasto, Italy**, was recently sentenced to a two-month jail term for refusing to perform an abortion. By refusing the abortion, the gynecologist was found guilty of evading the obligations inherent to his profession.

Under Italian law, medical personnel can become conscientious objectors to abortion, thereby not having to participate in them. Although the physician had not formally requested such status with the government, this should not have been necessary for proclaiming his position said the Vatican daily newspaper, *L'Osservatore Romano*.

Death for Sale

Upjohn Leading Vender

"Enormous potential markets for contraceptives and abortifacients (sic) exist in **India** and **China** . . . Upjohn is manufacturing Prostin 15M, an injectable abortifacient for sale in India this year." "Upjohn expects to increase its share of these large markets during the 1980's." These sentences, which appear in Upjohn's annual report to stockholders, blatantly proclaim that the pharmaceutical company intends to actively pursue the huge abortion market overseas. Clearly, they intend to become the world leader in the production of death-dealing drugs.

New Legislation Ignored

One in Eight Aborted

The abortion situation goes from bad to worse in **New Zealand**, despite new legislation that was designed to put a brake on things. Doctors can circumvent any legislation with impunity, secure in the knowledge that it is almost impossible to get a conviction against them in court.

I can remember when the induced abortion incidence in 1960 was about one per 1000 live births. Last year it was up to one in 10, and early this year it was one in eight.

Abortions usually become hysterical about the risks faced by young and unmarried pregnant patients.

These risks are greatly exaggerated. In 1971 I published in the *New Zealand Medical Journal* a report of 1431 unmarried mothers whom I had cared for. The clinical results were very good. The ages ranged from 12 to 47 years, and for 98.5 percent of them this was their first pregnancy.

The Cesarean incidence was only 1.2 percent. The toxemia (pre-eclampsia) incidence was 2.1 percent. There was not a single case of eclampsia (fits). Surgical induction was used in 2.0 percent (in many hospitals the rate is now over 50 percent). Forceps deliveries accounted for 26.4 percent; breech delivery for 1.2 percent, thanks to a policy of external version.

The baby results were also fairly good. The perinatal loss (stillbirths plus neonatal deaths) was 20.3 per 1000. Fetal abnormalities were 1.7 percent. There were no maternal deaths.

In the 12-14 year age group

there were 32 patients. Their obstetric performance was excellent. My comments were: "A common lay view is that these patients are too young to stand the physical and psychological stress of pregnancy and labour. "Our experience has been the reverse, and has confirmed the physiological principle that, if they can conceive, they are mature enough to deliver."

"Even though this group probably conceived in conditions of assault or duress more than of promiscuity, we were impressed by the equanimity with which they accepted childbearing. It is a common error to underestimate the maturity and stamina of these adolescents. It is also naive to imagine that they could be anesthetised and aborted without fully understanding what was being done."

— H.P. Dunn,
Auckland, New Zealand

National

New Life Forms Being Created Genetic Engineering Controls Asked

Late in June, the Supreme Court ruled that living organisms can be patented. The 5-4 decision followed the development of a bacterium by the General Electric Company that digests oil spills. The Court said that GE had a right to patent this new form of life. It also said that if Congress did not intend such creations to be patented, it was free to amend the patent law.

Following this decision, three leading officials of Protestant, Catholic, and Jewish groups have petitioned Congress to set up public control of genetic engineering. In a letter to the House Judiciary Committee it was stated, "The action of the Supreme Court on patenting of life forms compels us to move more urgently to address the serious questions that face all

of us as genetic engineering becomes not only scientific research but an industry." "Our patent laws were approved before the question of ownership of life forms had arisen, and therefore cannot seriously be said to express the will of congress and the public on this matter."

The leaders also declared, "New life forms may have dramatic potential for improving human life, whether by curing diseases, correcting genetic deficiencies or swallowing oil slicks. They may also, however, have unforeseen ramifications and at times the cure may be worse than the original problem. Control of such life forms by an individual or group poses a potential threat to all of humanity. Those who would play God will be tempted as never before."

The petition was signed by Dr. Claire Randall, executive secretary of the National

Council of Churches, Bishop Thomas C. Kelly, of the U.S. Catholic Conference, and Rabbi Bernard Mandelbaum, of the Synagogue Council of America.

Snakes in the House Dornan Hissed

When Congressman Robert Dornan (R-Cal.) was hissed by some members in the House of Representatives for holding up the Federal payroll temporarily by attaching a rider in defense of unborn children, he replied defiantly on the floor of the house: "These weird snakes across the aisle from me can hiss all they want. I do not care about two million pay checks being held up. We killed two million human beings in their mothers' wombs in the last two years.

These Federal employees will get their pay checks next week, but all these babies will never get their lives back. I am now going to put a Dornan amendment on the Treasury bill and on every other bill in this House that kills innocent human life, so be prepared for it."

Family Life News

Sterility Increasing Zero Population Imminent?

According to Joseph McFalls, Jr., a Temple University sociologist with a Ph.D. in demography, we may be heading into an era of zero population growth for a different reason than usually supposed — infertility. Next, July/August.

The percentage of couples who cannot bear children is climbing steadily for the following reasons:

Contaminants: Substances capable of affecting reproduction including pesticides, herbicides and waste products, x-rays and other forms of radiation.

Drug Abuse: Nicotine, alcohol, barbituates, tranquilizers and narcotics can have a serious effect on reproductive ability.

V.D. Epidemic: The Center for Disease Control estimates that 40,000 to 50,000 women a

year in the U.S. are sterilized by gonorrhea, the majority in the 18 to 24 yr. age group.

Dr. McFalls feels the problem will increase with the development of new technologies, increasing industrialization and the discovery and use of more potent chemicals.

Former PPF President New Family Life Program Director

Jack Hood Vaughn has been selected to be director of the Family Life Program for the Agency for International Development. Vaughn was president of Planned Parenthood Federation from 1975 to 1977. This organization received 28% of its budget from AID last year.

International Planned Parenthood, of which PPF is an affiliate, received \$132 million from AID from 1968 to 1979. Between 1981 and 1985, this organization is scheduled to receive an additional \$79.7 million.

Abortionists Becoming Professional New Ideas Presented

The National Abortion Federation, a self-proclaimed "professional organization" representing abortion providers and facilities, recently held its annual convention. Some 300 to 400 clinic owners, administrators, doctors, nurses, and counselors — as well as sales representatives from companies selling abortion instruments attended. Some of the ideas and comments presented were as follows:

Panel moderator Dr. Jane Hodgson suggested compulsory abortions for pregnant girls under 14. "Is adolescent pregnancy a disease?" she asked, noting that "we have laws regarding other epidemics. We have mandatory immunizations, but we have no law prohibiting motherhood before the age of 14 in our supposedly-civilized society." She said we ought to "mandate against continuing pregnancy in the very young — say, those less than 14 years?"

Lonny Meyers, a Chicago

physician, suggested paying the teenager "50 dollars a year if she doesn't get pregnant." Another suggestion was "to teach two things in kindergarten — world population and responsible parenthood."

Fears Unfounded Constitutional Convention Pursued

One of the reasons the call for a constitutional convention to pass a human life amendment does not have universal support in the pro-life movement is the fear that such a convention might propose other amendments to the Constitution at the same time. This fear is unfounded according to Anne Higgins, who leads the constitutional convention efforts of the Ad Hoc Committee in Defense of Life. She maintains that the Constitution clearly states that if enough states have called for a single-issue convention, Congress then has to act on what has been specified by the states. So far 19 states have called for such a convention.

Mrs. Higgins feels that as the number of states nears 34 (the number needed before Congress is mandated to call a convention), Congress will either act on a human life amendment or develop new guidelines covering such a convention. A recent case in point was the effort to balance the federal budget. Thirty states called for a constitutional convention on that issue before Congress acted.

Pearls of Wisdom The "Fonz"

Henry Winkler, upon being cited for his work with the handicapped at ceremonies during which he presented his famous leather "Fonz" jacket to the Smithsonian Institution made this observation: "There is a prejudice against people who are physically challenged, mentally challenged, because maybe they aren't perfect. We should remove the word 'handicapped' from the language and replace it with 'challenged'. Give a child a

challenge, and he will conquer it."

Abortion Referrals Listed Catholics for Free Choice Included

The August issue of MS magazine contains a listing of organizations to call for help with regard to abortion. Along with the Alan Guttmacher Institute, National Abortion Federation, National Abortion Rights Action League, Planned Parenthood Federation of America, Inc., Pro-Choice Project and Religious Coalition for Abortion Rights, the list includes Catholics for a Free Choice. This group is not only publishing a document on the pro-choice position for Catholics, but also trains counselors to speak to Catholic women throughout the country. In the face of the recent pronouncements by the Catholic Church on the subject of abortion one cannot help but wonder about the use of the word "Catholic" in this context.

Dr. Kenneth Edelin NARAL Speaker

Giving a major address at the 2-day convention of the National Abortion Rights Action League recently was Dr. Kenneth Edelin, chief of the OB/GYN department at Boston City Hospital. Dr. Edelin was charged and convicted of manslaughter in the death of an infant during a hysterotomy abortion several years ago but was later cleared.

As he stepped to the podium, he was given a standing ovation. At this he remarked: "I'm not sure why you're applauding. My wife just walked in and if you take a look at her you may be applauding because of that..." His obviously pregnant wife, was coming through the door. Edelin added, "It was a matter of choice, I assure you. It was a matter of choice." He then told the group that when she was about 16 to 18 weeks pregnant, she looked in the mirror one day and said to him, "What is the legal limit in this state?" "But anyway, that's a joke," Edelin said. The audience giggled.

Regional

Physicians Disturbed D&E Abortions Blamed

A recent symposium on second-trimester abortions at the University of North Carolina School of Medicine pointed out, once again, the "significant level of physician and staff distress."

Dr. Warren Hern of the Boulder, Colorado, Abortion Clinic, as well as other doctors present, told of their own experience and agreed that such abortions were "a difficult and emotionally disturbing" procedure for them. As Dr. Hern observed: "The problems are really not technical, but how we feel about a D & E.

The fact that abortion is morally wrong is the only explanation for the stress and emotional breakdowns on the part of the physicians and staff.

Family Life News

IYC Revisited A Help or A Hindrance?

As a follow-up to the International Year of the Child, the Greater Pittsburgh Committee for IYC is planning to distribute a "Where to Turn" card to children ages 12-18 throughout Allegheny County which lists two abortion clinics and an abortion referral service under "Birth Control Counseling/Pregnancy/VD." The teenager is informed that "In Pennsylvania it is legal for anyone of any age to receive contraceptives, pregnancy care, VD care or abortions."

Southern Baptists Meet Support Human Life Amendment

A strong pro-life resolution, including a call for a Human Life Amendment, was adopted by an 80% vote of the 13,800 members of the Southern Baptist Convention meeting in St. Louis. Southern Baptists constitute the nation's largest Protestant body

with 13.4 million members.

"All medical evidence indicates that abortion ends the life of a developing human being," said the convention, which also went on record as opposing the use of public funds for "selfish, non-therapeutic abortion."

Educational Convention Held Pro-Life Not Welcome

According to a Right to Life official, a Pro-life Caucus booth at the recent National Education Association convention held recently in Los Angeles was closed down by NEA officials and police in violation of the State Educational Code. The booth was requested by an NEA convention delegate after the NEA Resolutions Committee proposed an addition to a resolution supporting abortion on demand.

According to the article in *The Tidings* "an intense opposition to the Pro-Life Caucus was apparent in continuous complaints about the presence of the booth." Finally, an NEA committee member, one policeman and a security officer approached the booth and ordered it shut down.

Free German Measles Vaccine Fifth Grade Girls Excluded

A recent public service announcement on the radio stated that an Indiana school district nearby would begin inoculating children against German measles. The shots were free and would be given to all children in the district except for girls from the fifth grade upward. This decision apparently stems from the fact that, if given within three months of conception, the inoculation can cause the baby to have cerebral palsy. The school district officials said that any girl of fifth grade age or older would have to visit her family doctor before being vaccinated against German measles.

Book Review

by Connie Brewer

When Pregnancy is a Problem

by Regis Walling, IHM
(Abbey Press, 1980; 96 pp., paperback; \$1.95).



The woman facing a problem pregnancy needs someone to talk to. She wants somebody to help her sort out her own feelings about her own pregnancy. Because each problem pregnancy is unique, a book cannot do what a warm human being can do.

Recognizing this limitation, the author points out:

If you are reading this book to resolve your own crisis pregnancy, please do so **ALONG WITH** the help of a professional counselor. You can make arrangements for such help by contacting a social services agency (public or private), your clergyman, a school counselor or teacher, or a volunteer from Birthright, Pregnancy Aid, Lifeline, or a similar group.

Unfortunately, this is the only assistance the reader is given to help find pregnancy counseling. One way of overcoming this flaw would be to clearly stamp or write the phone number of the local pro-life counseling group on the inside cover. In this way the book could be donated to local high schools.

Placed on the shelves of a high school, college, church or public library (with an appropriate referral on the inside cover) this book would be helpful to a woman facing a problem pregnancy. It is a clear presentation of the pro-life alternative. It is well written, easily understood and illustrated with black and white photographs.

Of particular interest is "An Open Letter to Your Parents," addressed to the parents of an unmarried pregnant teenager. It encourages an understanding and supportive attitude, noting that "this crisis is a family difficulty" and encouraging the parents to become a part of the

counseling process. This "open letter," or the ideas contained in it, would be of great help to a girl, a family friend, or a counselor who must help a young woman tell her parents of a pregnancy.

Another feature of the book is a chart which lists different aspects of the problem; for example, fear of telling parents, reaction of younger siblings, sense of shame, fear of labor and delivery, not ready to settle down, can't support a baby. Dividing the various facets of the problem this way, some must be dealt with immediately, some before birth and some after the birth. Suggestions are given for each of these aspects of the problem; and there is space for the woman to examine her own situation and course of action.

The focus of the book is the woman and her feelings, although there is a small chart on prenatal development. Abortion is mentioned only peripherally — "no woman can abort her child unless she herself has been psychologically aborted at some time in her life." The problems of both unmarried and married women are dealt with in a sensitive and understanding manner. The options of single parenting and adoption are treated fairly.

This book would be a useful training tool for pro-life volunteers, serving as a crash course in pregnancy counseling.

"When Pregnancy is a Problem" is one in a series of *WHEN* books published by Abbey Press. In addition to a heavy emphasis on topics dealing with children, the series includes such subjects as alcoholism, homosexuality, love and marriage, the single parent, the working wife, and family counseling. ■

Connie Brewer has been a volunteer with the Right to Lifeline for over ten

years. She is a former member of the Board of Directors for the Right to Life League of Southern California and Feminists for Life.

She is currently on the board of the California Pro-Life Council, Women's Concerns.

When
When
Pregnancy
Is a Problem
by Regis Walling

A sensitive walk through the feelings and the thinking process of the troubled pregnant woman. The author encourages, informs, and raises the questions that lead to a reasoned and livable solution for the woman, her baby, and for all others who are concerned and who care.

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Amniocentesis: How Safe Is It?

Professor Hymie Gordon addresses the Fifth Annual International Symposium on Natural Family Planning at St. John's University, Collegeville, Minnesota.

Reported by Mary Dunn

The American public has been misled into believing amniocentesis is a safe, no-risk surgical procedure. Professor Hymie Gordon, M.D., chairman of the department of medical genetics at the Mayo Clinic, Minnesota, said today.

He stated that the American public has been led to believe that amniocentesis — the process of drawing off amniotic fluid from the uterus of the pregnant woman with a needle to examine it for possible fetal defects — is a simple procedure. Television and women's magazines are painting it as the answer to all problems of birth defects. In reality, there are technical problems involved in establishing defect from studies of the amniotic fluid and the tests are not always reliable. Professor Gordon quoted a study carried out two years ago by the Medical Research Council of Great Britain which listed a six percent increase in complications in the pregnancies of the women studied who had undergone amniocentesis. Complications included stillbirths (a twofold increase over women in the study who had not undergone amniocentesis), birth defects (especially abnormalities of the skeleton, such as club foot and dislocated hips) and respiratory complications in the newborn.

"It is critical for a fetus to be able to stretch out and grow," he said. "Yet when the fluid is tapped from the amniotic sac there may not be room for the fetus to move about and its hips may become dislocated. This may not be because of the fluid which was drawn off, but because of subsequent leakage of fluid which meant more fluid was unable to form."

Professor Gordon said that studies into the safety of amniocentesis had been carried out in America but most lacked the objectivity of the British research because they had been conducted by

people involved in carrying out amniocentesis.

Complications not described in the British report but observed in this country included the puncturing of the fetal heart and major veins and arteries by the needle used to draw off the fluid, and tearing of the fetal spleen.

"In the early stages of pregnancy, the uterus consists mostly of baby, and the baby consists mostly of head, and it is hard for the surgeon to get past the baby's head to draw off the amniotic fluid," he said.

Professor Gordon also stated that amniocentesis carried out later in pregnancy, for instance to ascertain fetal maturity, was a much less dangerous procedure than in the early stages when it was usually carried out for detection of defects.

Maternal risks from the operation included a threefold increase in the risk of spontaneous abortion in subsequent pregnancies and ante partum hemorrhage which, in turn, required a cesarean to be performed.

One of the most common reasons for amniocentesis was to test for Down's Syndrome in the fetuses of women over 37 years of age. However, contrary to popular belief, it has been established that the chances of a fetus being affected by Down's Syndrome due to maternal age was only 0.4% (point four percent). The risk of amniocentesis adversely affecting her fetus or the progress of her pregnancy was six percent.

"So we are offering these women a test with a built-in hazard eight or nine times greater than the risk that their babies will be born with Down's Syndrome," Professor Gordon says.

There is a possibility of mistaking abnormal cells adrift in the amniotic fluid

for normal cells which were part of the fetal system. This could lead to aborting normal fetuses. "We take a cell from the fluid to test the chromosomes for Down's Syndrome. There are decayed cells in the fluid which have washed off the baby's skin like dandruff. These decaying cells have abnormalities which don't really reflect what is going on in the baby." ■

Mary Dunn is a former New Zealand newspaper journalist. She worked as a public relations person with Air New Zealand and with Pregnancy Help in New Zealand. Since coming to the United States eight months ago, she has done free lance reporting in the Los Angeles area.

*The seeds
planted by
pro-lifers
in past years
are just
beginning
to bloom.*

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A.A.I. Services & Products

AAI World Directory 11th Edition 1978 contains listings of Pro-life services throughout the world. Use this handy Directory in making contacts and referring pregnant girls for services in other cities. \$5.00 each or \$4.00 each for 10 or more Directories, available from: **A.A.I., Hillcrest Hotel, Suite 511, Toledo, Ohio 43699.**

Hearts of Gold Insignia is a gold EPS emblem pin. The three hearts represent the family nucleus, mother, baby and father. They may also be ordered as a pin or a tie tack. Cost is \$8.50 each or \$7.50 each if ordering more than 10. Available from: **A.A.I., Hillcrest Hotel, Suite 511, Toledo, Ohio 43699.**

EPS Slide presentation offers 75 slides and accompanying tape narrated by Joseph Campanella. It has been specially prepared to provide assistance in recruiting volunteers, raising donations and informing the public about the activities of the EPS center. Cost \$40.00, available from: **Pat Chumbley, 4831 W. Bryce Ave., Glendale, Arizona 85301.**

Brochures: AAI offers specially prepared booklets at \$3.00 each.

Grant proposal kit: includes specimen grant requests and the names of books and booklets on this subject.

Tax, corporate and Postage Data: includes information to aid in applying for tax exempt status; includes specimen documents to guide in the completion of forms.

Fund raising brochure: This helpful booklet describes successful fund raising methods for EPS Centers.

Estate planning: A specially prepared booklet in easy to understand language, explains how contributions to 501 C3 EPS Centers can be of great importance in estate planning. It gives detailed advice for approaching prospective donors. Brochures available from: **A.A.I., P.O. Box 888, Shreveport, LA 71161.**

These are some notes I took while listening to Annette (^{HUBBARD}?) Hurd, a speaker from the Abortion Education and Referral Service. They send speakers to high schools and colleges. They also provide a telephone referral service for pregnancy testing, abortion referral, pre-natal care, and adoption referral.

There were 3 points stressed over and over:

- *birth control is not 100% effective.
- *that she is not there to change anyones beliefs; a tolerance for all view points.
- *termination of a pregnancy.

The slide show contained these ideas:

Abortion as a rational approach
Right to privacy
Freedom of choice from government control
Abortion being legal through out history
Dangers of illegal abortions
Illegal abortion is unfair to the poor who can not fly to a country where it is legal
Deaths in early abortions only 1/100,000
Complications less then 1%
No increase in sterility or premature delivery after 1 abortion
Slight increase in premature delivery after 2 abortions
Pregnancy is the leading cause for female dropouts
Teen brides usually divorce after 3 years
60% of the children of teens are on welfare
Higher suicide rate for teens with children

1st trimester abortions-90% of all abortions
done by vacuum aspiration. Cost \$170-200

2nd trimester abortions-8% of all abortions
D&E Cost \$250-800 Done at clinic or out patient at hospital

Pregnancy may be terminated in Mn. to the 22nd week; in Ca. & N.Y. to the 24th week.

Prostaglandin abortions have not been done in Mn. since 1976, though they are done in other states. They account for 1% of all abortions
Cost \$1,500 and up.

There were 16,000 abortions done in Mn. in 1982.

20% of all pregnant women abort

25% of all pregnant teens abort

On the 1981 parental notification law.

Stessed this was not parental consent. A girl would not have to notify her parents if she were an emancipated minor; there was a documented history of physical or sexual abuse; after a two hour interview with a judge to see if she is mature enough to make this decision. $\frac{1}{2}$ notify parents, $\frac{1}{2}$ go to court. No judge in Ramsey or Henn. County has ever turned down a request.

One clinic reprinted that 90% of fathers (of the aborted child) know about the abortion and 65% agree with the decision to abort.



The speaker asked many questions of the group to find out what opinions were held and asked the students to support their positions.

She said the Hyde amendment was not fair to poor women because abortion is a surgical procedure being denied to them.

She said there were many religions that did not believe abortion was wrong. We are restricting their religious freedom if we do not let them have abortions. This would be the same as forcing a Catholic woman to take the pill.

She admitted that abortion was ending a biological life, but this is not the same as killing because killing is associated with a crime. Ending a life is not the same as killing a life. There are women who have said they are killing their child but this is their personal, private decision.

The class had heard Shirley VanWambeck 2 days earlier. During the last 10 minutes of the period, they started to get on her case about the unborn child feeling pain. She said that there was no proof that the unborn child feels pain because it can not tell us. "If you stick an ameba with a pin it will move, but this is not proof that the ameba feels pain." The class did not buy this and continued to give her a hard time until the period ended.

(Notes courtesy of Linda Adams)