



Anyone who doubts that America is losing its sense of shame should download the website of abortionist George Tiller, accessible at <http://www.drtiller.com>. The experience is certain to sicken any cyber surfer still in possession of a functioning conscience. After browsing through morbid photos of his "operating suite" you can read Tiller's bland acknowledgment that he kills babies at 37 weeks gestational age. For the arithmetically challenged, that's the ninth month of pregnancy. I call his victims "baby" (his term) because Tiller has now abandoned all pretense that they are otherwise. He even calls them "child." More alarming than his outrageous admission is its failure to provoke discernable public outrage.

Tiller is by no means the only abortionist killing near full term

babies and he has plenty of company among abortionists on the net. But none of his colleagues showcase their handiwork with such self-promotional audacity. He is either contemptuous of public opinion or convinced that the public is beyond caring. Either way, his global ads seem to be reaching their target audience because Tiller's market penetration is deepening daily. German and Japanese television teams recently visited Wichita in search of interviews concerning the European and Asian women who are making the long journey to engage his grisly services. He recently doubled the size of his abortion clinic and in so doing, likely tripled his killing capacity.

It is difficult to confer clinical respectability on the killing of a neonate but Tiller takes a shot, so to speak, with the "Orwellian" term "fetal indications termination of pregnancy." Whew. That's Tiller-speak for the systematic extermination of developmentally "defective" babies. He also lists disorders which he says are among the conditions which justify killing these children. Several of these maladies are non-fatal and some may be only mildly disabling. He names "encephalocele," for instance, which *The Merck Manual* says "can be repaired and the prognosis is good for many of these patients." He also cites "hydrocephalus," concerning which the text, *Diseases of the Newborn*, Schaffer & Avery, Saunders, 6th Ed., 1991, says that with few exceptions ". . . every infant with neonatal hydrocephalus should be treated surgically . . . [and] 86% of infants survived following their shunt placement. Of these infants, 46% were reported normal on follow-up." Although Tiller denies performing these "terminations" without appropriate diagnostic evaluations, any intellectually honest clinician will concede the difficulty in predicting the severity of disorders whose very existence can be misdiagnosed.

Tiller also matter-of-factly observes that the average age of the more than 1,000 late term babies he had killed is 27 weeks (or the seventh month of pregnancy). A recent call to the neonatal intensive care unit at Via Christi Hospital in Wichita revealed the presence of preemies born at 24 and 25 weeks gestation -- nearly a month younger than the *average* age of the disabled babies Tiller routinely kills. Hospitals frequently and successfully treat children born with some of the same disorders for which Tiller is killing them. In fact, *The New York Times*, May 16, 1997, citing the National Center for Health Care Statistics, reports that approximately 15% of babies born at 22 weeks will survive, 25% at 23 weeks, 42 % at 24 weeks and 57% at 25 weeks.

These babies survive because they receive intensive care, but Tiller apparently thinks a baby which can't survive without help, isn't entitled to survive at all. Tiller spokeswoman Peggy Jarman said in an interview appearing in the August, 26, 1991 edition of *The Kansas City Star* that "elective abortions should be considered acceptable into the 26th week because these fetuses are not capable of surviving outside the womb without artificial life supports. 'You're talking about the difference between natural survival and intensive care . . .'" Perhaps Tiller has professional reasons for disliking neonatal intensive care. If, for instance, he were to botch a late term abortion by accidentally failing to kill the baby before he induced labor, some of his victims would no doubt "survive" at least long enough to give their mothers a theoretical cause of action to sue him for medical negligence. Such a mishap would, after all, produce a live birth instead of the dead baby for which the mother had contracted.

In the same interview, Jarman admitted that "about three-fourths of Tiller's late term patients are teen-agers who have

denied to themselves or their families that they were pregnant until it was too late to hide it." Since his website lists the average age of the mothers on whom he performs his fetal abnormality abortions as 29 years, there can't be much overlap between this older group and the late term teen-age mothers Jarman describes as aborting assumedly "healthy" babies. This admission raises the possibility that Tiller could be killing as many as three healthy late term babies, of healthy mothers, for each "disabled" child he aborts. It can at least be observed that he is an "equal opportunity" abortionist who is no more inclined to savage "disabled" than "healthy" late term babies.

Trisomy 21 is the scientific name for Downs Syndrome and it is one of the conditions for which Tiller says he "terminates." I have a good friend who has Downs. He is a great guy. I bet even George Tiller would like him. I admit that in some respects, he's a little slow. But is that anything for which to kill someone? He *is* quicker than Leo Buscaglia to give you a hug and really mean it. Surely that should count for something.

According to *World* magazine, January 18, 1997, the current population of Americans with Downs Syndrome is more than 250,000. People with this condition generally score in the "mild to moderate" range of mental retardation. Most can learn to read, hold jobs and live independently. Would their executions be more justifiable if they could do none of these things? Who among us is perfect enough to decide who among us is not?

The Centers for Disease Control and Prevention (CDC) report that in the 1980's, abortion reduced the number of children with Downs Syndrome born to white women over 35 in the metro Atlanta area by about 70%. Of the 30% who did

bear children with Downs, most weren't tested for the disorder. As one wag recently put it, eugenics is still a dirty word but it has become a common practice.

Tiller also includes Trisomy 18 on his hit list. This condition generally means a life span measured in months, weeks or even days following birth. But we all die sooner or later. Does that mean those who will die *later* have the right to kill those who will die *sooner*?

The National Committee for Adoption says in a recent press release that "there is a waiting list of screened families who want to adopt seriously disabled newborns, including babies born with Downs Syndrome and spina bifida." The latter disability is also among Tiller's intolerable conditions. Most of the parents who don't want these children could place them for adoption by having them delivered alive, like the Via Christi preemies, at the same points in pregnancy at which Tiller is killing them. Parents of younger unborn children could do the same by merely waiting a few more days or weeks. Why must they die when medical science is now able to abort a late term pregnancy without killing the baby?

The Board of Trustees of the American Medical Association says they shouldn't. In May of 1997 the Board approved a report finding that:

Except in extraordinary circumstances, maternal health factors which demand termination of pregnancy can be accommodated without sacrificing the fetus and the near certainty of the independent viability of the fetus argues for ending the pregnancy by appropriate delivery.

But part of the reason these children are being killed is that newborn babies in intensive care pose major legal risks for

treating physicians. University of Chicago neonatologist William Meadow reports in the May 6, 1997 *Pediatrics Electronic Pages* that most U.S. doctors treating preemies will be sued for medical malpractice at some point in their careers, no matter how competent they are. It is simply easier to refer high risk, late term unborn babies for abortion than it is to treat them and risk a law suit.

Another factor is the large number of parents who would rather kill their disabled unborn child, no matter how near full term, than allow them to be raised by anyone else. Many rationalize this virtual infanticide as a desire "to spare my baby a life of hardship." But as noted earlier, people with Downs are universally acknowledged to be among the happiest, most fulfilled people on the planet. And *The Merck Manual* also says of spina bifida, "with proper care, many children will do well." An article appearing in *The New England Journal of Medicine*, 312:1589, 1985, said of these "many children" that following surgery, "72% were ambulatory and 79% had normal intellectual capacity." Perhaps some of these parents are more concerned about their own "hardship" than that of their "disabled" children.

"Fate" has killed their dream, so they will kill their child. Their obsession with the eradication of this humiliating "mistake" consumes them. The delusion that killing their baby will somehow kill their pain, blinds them to the joy this child and its adoptive parents *could* bring to one another's lives. If they can't have the child they *wanted*, no one else can have the child they *got*.

Perhaps Tiller doesn't realize that many mothers of fatally disabled late term fetuses are better able to process the grief of the baby's passing if they allow their child to die naturally instead of killing it. Perhaps he doesn't care. But in time, his

patients will. Because the only thing worse than grief, is grief compounded by guilt.

Parental selfishness which motivates the abortion of a "disabled" child is difficult to distinguish from the selfishness of a father who kills his child to avoid the pain of losing custody to his former wife. Or as one behavioral psychologist recently observed, it is reminiscent of the killing of an abandoned wife by a man who suddenly decides he can't bear the thought of her as the object of an other man's affection. Spite-murder is so deeply embedded in the popular culture that in his 1954 rock classic *Baby Let's Play House*, Elvis Presley warns his love-interest that "I'd rather see you dead, little girl, than to be with another man." The line shows up again in a Beatles hit. Whether the victim is parent or progeny, fit or infirm, this is egotism of inexpressible immensity.

Is the current cost of care for "birth defective" infants unmanageable? Of course not. A recent article in the *New England Journal of Medicine* put the annual figure at \$2 billion. That's less than the \$2.3 billion Americans spend each year on chewing gum, according to the National Association of Chewing Gum Manufacturers. In fact, the Agency for Healthcare Policy & Research says we spend about \$50 billion annually on pediatric care for children of all ages. But could the economy also accommodate the cost of caring for the sick kids we currently kill? The Pet Industry Joint Council says we spend around \$63 billion each year for pet acquisition, food, training, grooming and vet care, etc.

What, however, about the *life-time* costs of caring for a "disabled" child? The CDC estimates that care for people with Downs costs \$1.8 billion per year. That is about half the \$3.4 billion we spend each year on cookies, according to the Nielsen Marketing Group. Nachum Sicherman of the

Columbia Business School doubles the estimated life-time cost for care of Americans with Downs to about \$1 million each. That would be just under \$4 billion annually or less than the \$4.8 billion we spend to go to the movies each year, as reported by the Academy of Motion Pictures.

It would seem then that we have the *money* required to care for sick kids. But do we have the *will*? Do a majority of us still value a disabled baby as highly as we do a cute kitty?

The Associated Press reported on The Associated Press reported on March 30, 1997 that a Vicki Hill, of Kansas City, Missouri, was sentenced to four months in jail for killing her cat and five kittens. Prosecutors said that the kitty killings generated more outraged calls and letters than most cases tried for the murders of human beings.

The September, 1994 issue of *Runners' World* magazine reported that a Barbara Schoner was, while jogging, attacked and killed by a female mountain lion near Cool, California. The jogger was the mother of two young children and the cat, which was later destroyed, was found to have a cub. Trust funds were established for the human and feline offspring of the respective deceased and by the time of the article's publication, the fund for the children had raised \$9,000 and the fund for the cub, \$21,000.

Perhaps more to the point, on May 11, 1997, the Associated Press reported that the San Francisco SPCA has announced that "no adoptable animal . . . with a treatable disease will be euthanized . . . and it will pay for medical care for an animal with a long-term health problem after it is adopted."

Milwaukee, St. Louis and New York are also taking steps to become "no kill" cities. If only we treated humans with such humanity.

The euphemism Tiller uses to describe the actual killing of "disabled" children is "premature delivery of a stillborn." The baby is "born still," of course, because Tiller has injected his heart with a lethal dose of digoxin. He says this ensures that the child "will not experience any discomfort during the procedure." He then induces labor and in a few hours, the baby is born dead. But how long does it take for cardiac arrest to occur? Most people who have suffered a heart attack describe it as an excruciatingly painful experience. And with only ultrasound to guide the syringe toward the baby's beating heart, what if a misplaced needle delivers the poison to the wrong spot? Or what if the baby moves just before being stabbed, as late term, kicking babies often do? And does the child squirm and thrash after being impaled on the needle?

One is also left to wonder how much "discomfort" is experienced by the many thousands of younger, "healthy" fetuses Tiller routinely tears limb from limb *before* he kills them, without benefit of anesthesia. Because people tend to be squeamish at the thought of a fetus being tortured to death, most abortionists are understandably reluctant to acknowledge the problem of fetal pain. Tiller obviously believes that he can raise the issue with impunity. And since he's not killing kitties, perhaps he's right.

But Vincent J. Collins, M.D., professor of anesthesiology and author of the textbook, *Principles of Anesthesiology* (3<sup>rd</sup> Ed., Williams and Wilkins, 1992) remind us that the neurological structures necessary to feel pain, pain receptive nerve cells, neural pathways and the thalamus of the brain, begin to form 8 weeks after fertilization and become functional during the 13th week. The authors in *The Development of the Brain* (Reinis & Goldman) 1980, reveal that the first detectable brain activity in response to noxious (pain) stimuli occurs in

the thalamus between the ninth and tenth weeks. This means that many of the first trimester babies which represent the vast majority of Tiller's victims are responding to pain. Dr. Collins also teaches that the cerebral cortex is not necessary for pain sensation but even if it were, the *New England Journal of Medicine* (November 29, 1987) reports cortical function in both hemispheres of the brain by 20 weeks. That is much younger than the average "fetal indications" baby Tiller admits to killing.

The efficiency of the killing process is important to late term abortionists because they have been prosecuted criminally for killing babies outside uterus when these children inconveniently survive the abortion. Embarrassing cases of surviving aborted babies being left without care for purposes of causing death have lead to abortion procedures, such as Tiller's, with improved lethality.

Tiller's website also notes the percentage of his "disabled" victims "on which special studies were performed" and describes them in some detail. As he refers to the "crematorium located at our center," it is difficult to avoid painfully obvious comparisons with professional colleague and kindred spirit Dr. Joseph Mengele. The latter, of course, directed the pathology laboratory at Auschwitz as a center for the study of developmental abnormalities. We don't know that either of these men ever violated any criminal statute but both rationalized crimes against humanity by casually denying the personhood of their victims.

In one of the more ghoulish sections of his macabre advertisement, Tiller recommends that "couples elect to view or hold the baby after the woman has recovered from the anesthesia." Of course, he concedes that "some couples initially find this a very frightening thought . . . ." Indeed.

He also said, in an April 19, 1991 "dear colleague" letter soliciting abortion business from referring physicians, that "[p]atients are encouraged to speak directly to their baby if they wish, and finally to say 'good-by.' (Not all patients choose to be involved in this process . . . )" Not surprising. Stranger still, in a 1996 promotional video, Tiller offers patients an opportunity to obtain a "family photo" holding their dead baby. He also suggests that as a memento, they might wish to have a lock of the baby's hair or a fetal footprint.

Nearly as bizarre is the fact that Rev. George Gardner, pastor of Wichita's College Hill United Methodist Church and an outspoken Tiller apologist, publicly admits to performing post-mortem baptisms on Tiller's victims. If the deceased *aren't* babies with souls, what do these parents think they're baptizing? If they *are* babies with souls, why isn't this infanticide? Perhaps parents who care about such things wouldn't need to salve their consciences with phony sacraments if they would consider the stern warning in Isaiah 45:9-11 *before* turning to Tiller:

9: Woe to him who quarrels with his Maker, to him who is but a potsherd among the potsherds on the ground. Does the clay say to the potter, 'What are you making?' Does your work say, 'He has no hands?'

10: Woe to him who says to his father, 'What have you begotten?' or to his mother, 'What have you brought to birth?'

11: This is what the Lord says -- the Holy One of Israel, and its Maker: Concerning things to come, do you question me about my children, or give me orders about the work of my hands?

On December 9, 1996, a grand jury in Wilmington, Delaware, handed up first degree murder indictments against Brian C. Peterson, Jr. and Amy Grossberg for allegedly fracturing the skull of their 6 pound, 2 ounce newborn baby boy and throwing his body into the trash. Their baby was apparently born alive. Then what about babies who are three fourths born alive before being killed by "partial-birth" abortion? Or what about Tiller's victims who are already old enough to be born alive when he kills them? Or if it's right for Tiller to kill a disabled nine month *unborn* baby at his clinic, why would it be wrong to kill a younger, more seriously disabled *newborn* at Via Cristi Hospital? Which, of course, brings us to the problem of first trimester abortions which are most often performed on babies older than six weeks, which is the point at which brain wave activity is reported to be measurable – the same brain wave activity which bio-ethically entitles an ill or injured adult to continued medical care.

In *AMA Prism*, May, 1973, Nobel laureate James Watson said ". . . if a child was not declared alive until three days after birth, then all parents could be allowed the choice . . . the doctor could allow the child to die . . ." Beverly Harrison, professor of Christian ethics at Union Theological Seminary agrees. In *Policy Review*, Spring, 1985, she said "I do not want to be construed as condemning women who, under certain circumstances, quietly put their infants to death."

What *is* the difference between a newborn baby and an unborn baby who is old enough to be a newborn? Morally, the comparison involves a distinction without a difference. As a practical matter, the utilitarian views of Mr. Watson and Ms. Harrison aren't where we're headed, they're where we are. Fifteen or twenty years ago they seemed alarmist; today, almost banal.

This is all likely to get much worse. One of the darker consequences of the current effort to map the human genome (the genetic content of the body) will be withering pressure to test unborn children for genetic predispositions to certain "disabilities." And what is a "disability?" What if, for instance, as is argued by homosexual advocacy groups, there is a genetic component to homosexuality? How many parents will want their unborn babies tested for the operative gene? How many parents of children testing "positive" for a genetic inclination toward homosexuality will be as homophobic as George Tillers patients are phobic about Downs? Suppose most decide that homosexuality is more embarrassing to parents and more painful to offspring than cases involving retardation? Instead of watching lesbians "come out" on television sitcoms, future generations may only be able to see them on the History Channel. Such dire predictions may seem a bit excessive until one considers a study which has already determined that more than one in ten mothers would abort a child susceptible to obesity. And what about baldness? In China and India, fetuses are aborted for the "defect" of being female. Who will decide which conditions qualify a class of persons as "desirable," or merely "acceptable" or as the new "untouchables?" The technology required to breed the true "master race" may finally be at hand. But who will be the "master?"

On Wednesday, April 30, 1997, *USA Today* reported that the city of Brandenburg, Germany, dedicated a memorial to 9,000 physically disabled, mentally retarded and other "undesirables" deemed "inferior" and "unworthy" by the Thousand Year Reich. They were, as the world grows weary of being reminded, systematically executed in the Nazis' euthanasia program. The former prison building in which the victims were held will now house their memorial. I believe that similar memorials will one day be established in the

buildings now occupied by abortionists like George Tiller. Some may be offended by that notion but there are still, no doubt, some citizens of Brandenburg who are offended by the idea of a memorial to their complicity.

George Tiller is, of course, not the problem. He is only a symptom. The community is the problem; those who take their children to be killed by him and those who make the killing possible by their silence.

This abomination is allowed to continue because there is much confusion among people of good will as to the circumstances under which early abortions should be legal. But George Tiller's hubris has stripped us of any excuse for confusion over the killing of near newborns. Those who defend his "infanticide" for fear of losing their "choice" are taking hedonism to new and sickening depths. I fear them. I fear the new Dark Age they herald.

This trend seems both ironic and primitive in an age when perinatologists can treat fetuses *in utero* for ailments such as severe combined immunodeficiency, chronic granulomatous disease, four variants of mucopolysaccharidoses, lipidosis, Tay-Sachs disease and three types of severe congenital anemia, including sickle cell anemia. More therapies for more conditions are under current study and still more are discoverable. Tiller's way may seem less taxing but it has terrible hidden costs we don't yet fully fathom.

In January of 1998 a crisis pregnancy center called Choices Medical Clinic will open at 538 S. Bleckley St., Wichita, KS, 67218; the address next door to George Tiller's abortion clinic. It will be run by pro-life volunteer physicians, nurses and med-techs. They will be lead by a hospital administrator who resigned at Via Christi Hospital to take a job for which

there is, as yet, hardly any money to pay his salary. Pray for them. You can make money killing babies but you have to raise it to save them.