

# A MARCH OF DIMES PRIMER

## The A - Z of Eugenic Killing

By Randy Engel

### **A** is for Alpha -The Beginning

On July 22, 1958, the National Foundation of Infantile Paralysis/March of Dimes (NF/MOD) announced it was turning its sights on preventing birth defects. Still reeling from a bad corporate conscience and massive cover-up concerning the “effective, safe and potent” Salk Inactivated Poliomyelitis Vaccine, “a vaccine which turned out to be inadequately studied, seriously flawed and prematurely introduced,” the MOD stated it would become a new conscience for America by extending its purview from poliomyelitis to birth defects.

Basil O’ Connor, President of the NF, and a very powerful national medical figure, became interested in medical genetics through his association with the Jackson Laboratory, Bar Harbor, instructional course initiated by Johns Hopkins University and the Jackson Laboratory. The Bar Harbor grant has continued for more than thirty years—the longest grant in the 50 year history of the foundation.

By the start of the 1970s, the MOD’s commitment to eugenics and all that the commitment implies was evidenced by the plethora of openly pro-abortion speakers on the MOD circuit, by the addition of known eugenicists to its various National Advisory Committees, by the eugenic writings found in their *Original Articles Series*, by their energetic funding and promotion of mid-trimester, non-therapeutic prenatal diagnostic research, clinical testing, and by their provision of seed monies to expand eugenic services at university-based medical centers throughout the United States.

Once the key officials of the NF/MOD accepted the fundamental premise of eugenics—that there are certain people who never should be born, and that it is a positive act for families and society to insure that such persons are not born—the fate of the March of Dimes was chiseled in stone. This report is the story of the NF/MOD’s journey into the killing fields of eugenics.

### **B** is for Baby Parts

As the battle over the use of fetal tissues and organs of aborted babies heats up in the U.S. and abroad, we should recall that the MOD has funded such practices for more than two decades.

In the early 1970s, the MOD awarded a grant of \$19,000 to Dr. John F.S. Crocker of Dalhousie University in Halifax, Nova Scotia. The study on examine environmental factors causing congenital kidney malfunctions involved “60 pairs of embryonic kidneys...obtained from human therapeutic abortions after five-to-twelve weeks’ gestation.” Crocker’s earlier animal studies were featured in the MOD’s *Birth Defects Reprint Series* (PERS—166, 2/73).

In 1981-82, a combined MOD grant enabled Dr. Stanley J. Robboy and his colleagues at Massachusetts General to develop a method for testing the teratogenic and carcinogenic effects of drugs (DES) on developing human organ systems. The researchers isolated intact reproductive tracts from human fetal tissue, obtained by D&C abortions of preborn baby girls up to ten weeks and prostaglandin abortions thereafter. The reproductive tracts were then implanted in laboratory mice to test the effects of diethylstilbestrol.

In 1983-84, a similar experiment was carried out on the embryonic reproductive tract of the human male by Dr. G. Cunha, Robboy’s associate at the University of California (S.F.) School of Medicine. Twelve male reproductive tracts were obtained by D&C abortions from which the gonads were removed and grafted onto mice. Additionally, the reproductive tracts of eight females obtained through D&C abortions were subjected to similar testing.

## **C** is for Cystic Fibrosis

The funding of cystic fibrosis “search and destroy” operations was given top priority in the 1980’s by the MOD. CF is the most prevalent inherited disease among Caucasians in the United States, and the discovery of a prenatal marker for the disease would make possible “a new program of mass genetic screening of vast proportions.”

In 1981-82, the MOD got the CF-S&D ball rolling with a \$108,000 research grant to abortionist and MOD National Advisor, Henry L. Nadler, M.D., for “pre-natal diagnosis of cystic fibrosis.”

In 1983, the MOD, in collaboration with the CF Foundation, awarded a \$50,000 grant to pro-abortionist and MOD National Advisor, Dr. Michael Kabac, to study the family-planning patterns of CF families and see “whether parents of affected children would be more likely to plan another pregnancy if a prenatal test [presumably backed by selected abortion of affected children] for CF were available.”

In more recent years, Dr. Hope Punnett of St. Christopher's Hospital for Children (\$20,000/4-1-8—3-31-85), and Dr. Harry Harris of the University of Pennsylvania School of Medicine (\$60,000/87-88-89), have received research grants for expanded prenatal testing of CF.

## **D** is for Deceit

The fact that the National Office of the MOD deceives even their own chapters is demonstrated by the controversy surrounding the pre-natal diagnosis technique of fetoscopy—a form of live fetal experimentation, funded by the MOD.

On June 3, 1980, the Pittsburgh Chapter of the MOD, in response to prolife criticism, stated that "...the March of Dimes funds no phase of fetoscopy research," and that "March of Dimes funds are not now, have never, and never will be used in support of anti-life programs."

Actually, the MOD funding of fetoscopic research to identify "thalassemic fetuses by analyzing placental blood samples early in the course of high-risk pregnancy" has been well publicized in medical circles since such non-therapeutic research is prohibited under the moratorium of the federal National Institutes of Health (NIH). Private foundations like the MOD are not covered by the ban.

Hence, over the last two decades, MOD funding of fetoscopic techniques and blood analysis to such physicians as Blanche Alter, David Nathan, Haig Kazazian, Yuet Wai Kan, and Mitchell Golbus have kept the killing fields open in the genetic community.

As Alter explained at a MOD-sponsored seminar on genetic disorders held in New York in December, 1980, "pre-natal screening for hemoglobinopathies is now available—and should significantly reduce the incidence of severe forms of this disease."

## **E** is for Eugenic Mafia

Since the implementation of its eugenic policies and programs in the late 1960s, the MOD's various Advisory Committees for Medical Services, Basic Research, Clinical Research, and Basil O'Connor Starter Research have been dominated by nationally known eugenic abortionists famed for their late abortion technical skills, especially prostaglandin-induced abortion, which provide fresh fetal tissue and organs.

These MOD National Advisors have included William Spellacy, M.D., Edward J. Quilligan, M.D., Leon Speroff, M.D.,\* John C. Hobbins, M.D., Maurice J. Mahoney, M.D., and Henry L. Nadler, M.D. It should be noted that Hobbins and Mahoney are also in favor of third-trimester abortions (as in case of anencephaly) where (1) the disorder is

incompatible with postnatal survival for more than a few weeks, and (2) the presence of prenatal diagnostic tests to affirm condition.

Other nationally known pro-abortion MOD Advisory members (including MOD Research and Medical Services grant recipients) are Kurt Hirschhom, M.D.,\* Charles Flowers Jr. M.D., David G. Nathan, M.D.,\* John T. Queenan, Kenneth J. Ryan, Rodney Howell, M.D., Richard W. Erbe, M.D.,\* Leon Rosenberg, M.D.,\* Mitchell Golbus, M.D.,\* Laird Jackson, M.D., Michael Kaback, M.D.,\* Norman Kretchmer, M.D.,\* Amo Motulsky, M.D.\* and David Rimoin, M.D. Ph.D.\* (\*Current National Advisors—1989-1990).

## **F** is for Fetal Experimentation

It has never been clearly enunciated for, nor understood by, the general public that all forms of non-therapeutic first- and second-trimester techniques of prenatal diagnosis have first been carried out on TBA patients, *i.e.*, TO BE ABORTED women, and that these techniques are considered a form of LIVE FETAL EXPERIMENTATION.

It should also be noted that in many cases, it was the prenatal diagnostic technique itself (*i.e.* mid-trimester amniocentesis or fetoscopy, or first trimester chorion villus sampling (CVS) that caused the death of the child, and not the anticipated abortion.

Beginning in 1968 and continuing throughout the late 1980s, the MOD has funded and promoted all of the above techniques, including fetoscopy, chorion villus sampling, and maternal blood sampling.

In fact, it has been the financial backing of private foundations like the MOD that permitted fetoscopic and CVS researchers such as MOD-grantees David Nathan, M.D., Blanche Alter, M.D., Yuet Kan, M.D., and Mitchell Golbus, M.D. to bypass the federal moratorium on live, non-therapeutic fetal experimentation.

## **G** is for Genetic Diseases Act

The MOD is a registered lobby in Washington, D.C.

In September of 1978, a “Dear Member” letter, signed by MOD President Charles L. Massey, was circulated to all members of the U.S. House of Representatives, stating that the National Foundation/March of Dimes “strongly endorse(s) passage of H.R. 12370”—which incorporated the National Genetic Diseases Act of 1976 (Title XI—PHSA) and provided for federal, tax-funded expansion of genetic services, genetic education, and genetic laboratory facilities in order to “reduce the incidence of all genetic diseases” in the United States. (Note: UNALLOWABLE costs under Title X—PHSA were treatment and inpatient hospital care.)

This landmark legislation which passed in November, 1978, was to the eugenicist what the Family Planning and Population Services Act of 1970 was to the birth control advocate and abortionist.

In lobbying the measure, Massey noted “The financial cost of treating and institutionalizing our severely affected survivors is staggering; we cannot begin to measure the cost... .”

The Massey letter cites Sickle Cell Anemia, Cooley’s Anemia, Tay-Sachs Disease, Down syndrome, and Muscular Dystrophy...as diseases which could be reduced through genetic screening and prenatal diagnosis. Amniocentesis is described as a procedure that “saves thousand of babies...” How puncturing the womb with a needle, introducing the possibility of infection, miscarriage, exsanguination, and “mistakenly” aborting normal children and deliberately aborting “affected” children, contributes to “saving lives” can only be understood within the context of a eugenic mind set, which disinherits from the human family genetically handicapped preborn children, but bankrolls the moral defectives who lobby for their slaying.

## **H** is for Health by Death

One of the many tragic consequences of the institutionalization of the “Health by Death” Ethic by the March of Dimes in the United States has been to divert medical science from its original objectives of cure, treatment, and advocacy of the ill, the handicapped and infirmed, to the killing of the afflicted - prenatally by abortion and postnatally by infanticide and euthanasia.

Amniocentesis, it should be remembered, was a strictly therapeutic innovation for use in late pregnancy and in labor before the MOD mounted its multi-million dollar genetic services campaign of “preventing birth defects” by fetal euthanasia.

Once prenatal diagnosis became linked with abortion, legitimate scientific research for cures or treatment of disorders, especially Tay Sachs and Down syndrome, fell dramatically.

Dr. Carlo Valenti of Brooklyn’s Downstate Medical Center who has appeared at numerous MOD-sponsored genetic symposiums, has argued from the MOD pulpit for legal sanction of late eugenic abortions.

“Unrealistic” and “untreatable” were the words used by Valenti to describe the hope for treatment of most genetic diseases in utero. “...Although I would welcome an alternative to the abortion of a defective fetus, I reluctantly conclude that abortion must remain the solution to inheritable disease.”

## **I** is for Insurance

Securing insurance funds for expanding health insurance coverage for genetic services, including screening and prenatal diagnosis, has been a major concern of the March of Dimes. In 1982-1983, the MOD, in conjunction with the Federal Bureau of Community Health Services (HHS), funded a \$181,968 one-year study by the Health Services Foundation (HSF), a Blue Cross-Blue Shield affiliate, to determine if private reimbursement methods will remove financial barriers to obtaining genetic services, thus, according to MOD Vice President, Dr. Arthur J. Salisbury, saving the government billions of dollars in “custodial care” of “genetically handicapped children” born in the U.S. each year. No mention of increased coverage for treatment of disorders was mentioned in the HSF press release of March 1, 1982.

In its Final Report, the HSF stated that screening and prenatal diagnosis were cost-effective when compared to the high cost of caring for “blighted” children, and authors cited the U.S.’s Tay Sachs program as an ideal program. “Prior to screening in 1970, between 50 and 1,009 children were born annually in North America with Tay Sachs Disease. In 1980, only 13 children in North America were born with the disorder. Cost-benefit studies performed on different communities’ experience with Tay Sachs screening, along with prenatal diagnosis, have demonstrated its cost savings potential.” (p. 53).

Since there is no known treatment or cure for Tay Sachs disease, inside or outside the womb, only the abortion of affected preborn children would make the Tay Sachs program “cost-saving.”

Remember Dr. Salisbury’s complaint and the HSF “Health by Death” ethic the next time you read the MOD’s Position Paper on “Search and Destroy” approaches: “...The MOD does not ally itself with those who view abortion as a means of reducing society’s cost for care of the handicapped, or as a means of ‘purifying the gene pool.’”

## **J** is for Justice for the Unborn

Since the prolife battle with the March of Dimes began in the early 1970s, the movement has been virtually unanimous in its support of a MOD boycott. In 1978, the International Foundation for Genetic Research, popularly known as The Michael Fund, was formed to support prolife genetic research under the direction of the world famous prolife geneticist Dr. Jerome Lejeune.

One of the few prolife groups which has supported the MOD is American Citizens Concerned For Life (ACCL). The ACCL defense paper, which was written by its Program Director, Raymond J. Di Blasio, Ph.D., is still widely circulated by the National Office, field staff, and chapter administrators of the MOD to discredit prolife critics.

According to Di Blasio, "...the March of Dimes' good deeds speak for themselves, and I feel some outrage that ideological zealots eager to invent new enemies should have forced this noble enterprise to defend its honor."

"Occasional misgivings...concerning the supposedly doubtful character of the March of Dimes," Di Blasio states, are "one of those despicable, utterly unfounded misconceptions that clings all the more stubbornly to some minds when it is forcefully reflected."

"As to amniocentesis" the ACCL director stated, "it is a dead issue to both ethicists and medical technicians; the primary question these days is the (medical) safety of its administration. **BESIDES, THE BIG NEWS THIS MONTH IS THAT AMNIOCENTESIS IS ABOUT TO BE SUPPLANTED BY AN EASIER, SAFER TECHNIQUE.**" [Bold added]

Di Blasio is, of course, making reference to chorion villus biopsy, the first-trimester prenatal diagnostic technique practiced on to-be-aborted women, developed and promoted by the MOD. It is more dangerous than amniocentesis, and its sole claim to fame is that it permits earlier abortion of affected preborn children. Unfortunately, these affected children have no multimillion dollar public relations department to plead their case, but they should at least be able to obtain justice from those who call themselves "prolife."

## **K** is for **Kazazian**

In 1984, Dr. Haig H. Kazazian of Johns Hopkins University, a long-time MOD grantee and nationally recognized advocate of eugenic abortion was one of the first MOD grantees to receive MOD clinical research funds of \$35,000.00 "to explore the safety and utility of first trimester diagnosis of hereditary anemias and other disorders, by gene analysis of chorion villus samples."

During this time period, Dr. M. Golbus of the University of California (S.F.) received \$50,000, and well-known prostaglandin-abortionist, Dr. Maurice J. Mahoney of Yale, received \$35,000 for chorion villus sampling, a prenatal diagnostic technique which would permit the first-trimester abortion of affected preborn children.

Moving into the 1990s, the MOD continues to pursue its dream of a first-trimester, safe and simple prenatal test, by awarding Dr. Kazazian in 1989 a Clinical Research Grant of \$50, 000 to refine and apply methods of "enabling accurate, timely, prenatal, and carrier diagnosis" for Beta-Thalassemia, Hemophilia A, Duchenne Muscular Dystrophy and Cystic Fibrosis, none of which is a treatable disorder in utero.

## **L** is for **Lymphocytes**

From the early 1970s to the present time, the MOD has demonstrated a special interest in non-evasive, simple, and safe, early prenatal diagnostic techniques to supplement or replace mid-trimester amniocentesis, thus shifting the abortion timetable of affected children from the second- to first-trimester of pregnancy.

One such MOD grant was awarded to Dr. A. de la Chapelle of the Department of Medical Genetics of the University of Helsinki, Finland for the isolation/purification of human fetal lymphocytes found in maternal blood to determine fetal genetic diseases early in pregnancy.

It is instructional to note beforehand that the de la Chapelle grant had been preceded by the controversial Adam grant of \$9,240 (1973-1974), which covered travel expenses to Helsinki, and lab and technician costs for fetal brain metabolism studies on living, human babies aborted by hysterotomy (and still attached by the umbilical cord to the mother) who were decapitated and their heads mounted on perfusion equipment by Adam and his colleagues. According to Arthur A. Gallway, MOD Vice President for Development, (1) the “research” was “done legally and ethically under Finnish law,” (2) “the investigators did not participate in the decision to terminate pregnancy,” and (3) “they were concerned with the ethics of discarding such fetal tissue without seeking to find ways to improve the life and health of live born premature infants.”

Having experienced considerable prolife flack over the Adam severed-heads grants, it seems incredible that the MOD should turn around and award de la Chapelle research funds for fetal blood experiments involving more aborted babies.

Nevertheless, according to grant data published by de la Chapelle and associates in *J. Immunol.* (vol. 6, 1977) and credited to the NF/MOD (No. 1-405) and the Sigrid Juselius Foundation, cell sources for the experiment were obtained from both maternal blood samples and “BY OPEN-HEART PUNCTURE OF 10-WEEK FETUSES THAT HAD BEEN ABORTED FOR VARIOUS REASONS, NOT CONNECTED WITH FETAL DISEASE... .” [Bold added]

## **M** is for Minors and Abortion

The 1989 MOD Position Paper on “Promotion of Abortion to Minors” (p. 14) states that MOD “educational materials prepared for use by minors, do not present abortion as a way of dealing with teenage pregnancy,” and that a number of MOD cooperative programs...” not on matters related to abortion...are specifically designed to restore and support parental guidance.”

Left unsaid, however, is that the MOD does promote pro-abortion materials produced by others.

For example, in its Professional Education Catalog under Perinatal Publications (p. 16), the MOD offers for free, “Adolescent Perinatal Health: A Guidebook for



Services, prepared by an American College of Obstetricians and Gynecologists (ACOG) Task Force which included Gabriel Stickle, MOD Vice president for Education.

When the ACOG report was released in 1979-80, the MOD featured the guidebook in its Maternal/Newborn Advocate as “A positive approach toward improving health care for adolescents under the age of 17,” even though the rabidly pro-abortion report endorsed first- and-second trimester abortion for minors without parental consent and a full range of contraceptive and abortifacient services including “post-coital treatment.” (pgs. 24-26)

On the educational front, the MOD has brought eugenics and abortion into the classroom and biology and science labs of American schools through its funding of the openly pro-abort Biological Sciences Curriculum Study (BSCS) based in Boulder, Colorado.

## **N** is for **NOAPP** (National Organization on Adolescent Pregnancy and Parenting)

The MOD has been funding NOAPP, a pro-abortion, pro-school-based clinic agency since 1983. NOAPP lobbies heavily for “reproductive rights” on Capitol Hill.

MOD grants include an initial \$1,000 PHE grant (83-84) for the production of a NOAPP newsletter, with subsequent grants to publish the newsletter; and a CEG of \$20,000 (1/1/90-12/31/90) for a series of training workshops on adolescent pregnancy program evaluation.

Between March 25 and 27, 1985, the MOD co-sponsored and co-funded an adolescent pregnancy seminar titled “Inventing The Future,” which included on its faculty Mary Hughes, MOD Vice president for Community Affairs and NOAPP Advisory Council Member. Included in the “New Futures” Summary Report were numerous anti-life references and scenarios promoting school-based clinics, compulsory population control, homosexuality, birth control ads, and divorce.

## **O** is for **Orwellian Newspeak**

For an explanation of what is meant in MOD genetic circles by the phrase “therapeutic research,” we quote Dr. Henry Foster, who served on the MOD’s Medical Service Advisory Committee in the early 1980s (the committee which reviews grant applications for funding of MOD Medical Service grants).

Having stated he personally had done “a lot of amniocentesis and therapeutic abortions, probably near 700,” Dr. Foster defended fetoscopic research to detect thalassemia prenatally as “clearly therapeutic,” since “it was done for the same reasons that we do amniocentesis, to decide whether or not the pregnancy should continue, and to provide a therapeutic abortion.”

Similar examples of Orwellian Newspeak can be found in much more current MOD prenatal diagnostic literature.

## **P** is for Pope Blesses MOD!

One of the MOD's top public relations seams occurred in the summer of 1984 when the MOD published its *Volunteer Newsletter* featuring a cover picture of Pope John Paul II, and headlined "Pope sends Blessing and gift to the March of Dimes."

In actuality, the alleged gift of \$2,000 was a personal gift of a Vatican Bank official to an old friend who was being honored at a MOD fund-raising dinner in Hartford, Conn. Likewise, the Papal Apostolic Blessing was secured by the same Vatican official from the Rome offices that issue such honorariums.

Yet, despite the fact that the Holy Father has repeatedly condemned "neo-natal euthanasia" when the discovery of a prenatal deformity is the equivalent of a death sentence, and the Congregation for the Doctrine of the Faith has condemned "any directive or program ... of scientific organizations which in any way were to favor a link between prenatal diagnosis and abortion," and the Apostolic Pro-Nuncio reputed the inference that the MOD had received "official church approbation," *The Volunteer* cover was kept in circulation until the National Office ordered its chapters to remove it from circulation in 1989-90.

## **Q** is for Question: What are "Genetic Services?"

"Innovation" and "leadership" are the words the MOD uses to describe its role in supporting genetic services.

One of these "innovative" genetic service centers is the Prenatal Genetics Clinic for Prenatal Diagnosis and Consultation/Wisconsin Clinical Genetics Center (WCGC) located at Rockford Memorial Hospital. The Rockford/University of Madison genetics complex has been the recipient of thousands of MOD dollars in the form of Basil O'Connor, Clinical and Basic, Social and Behavioral and Reproductive Hazards in Workplace grants.

In December 1980, Renata Laxova, M.D., of the WCGC, unleashed the ugly truth about the eugenics war on the preborn at Madison in a pediatrics article titled "Prenatal Diagnosis of Genetic Diseases" (p. 66-76). Mid-trimester amniocentesis or fetoscopy combined with pregnancy termination of affected children to eliminate preborn children with (1) chromosomal disorders, (2) neural tube defects, (3) metabolic disorders, (4) and sex-linked blood or muscular and other inheritable disorders, were "grossly underutilized," complained Laxova. Included in the comprehensive genetic services

program are late-term abortions “complicated” by live births which has made Madison General Hospital and the University of Wisconsin Hospital the scenes of numerous prolife pickets.

Despite bad press, MOD monies have continued to pour into Madison including a \$10,800 (84-85) grant to spread the positive message of eugenics to clergy, teachers, professionals and the public statewide. However, in 1983, more “live births” complications inspired the possibility of revising late abortion killing procedures.

At the Genetics Center of Baylor College of Medicine, another MOD institutional grant center, “In the circumstance of a lethal [sic] diagnosis PAST 24 weeks, pregnancy termination can be registered by our institutional review mechanisms.”

## **R** is for **Right-to-Life**

The contempt which National Officers and Staff of the MOD have exhibited toward prolife critics is reflected in the now famous VOSS Memorandum circulated from the MOD’s Public Relations Department to all chapters nationwide in 1975-76.

Titled “Pro-Life Agitation,” the internal memorandum was designed to counter “Pro-Life Resistance” to the MOD’s growing eugenic policies.

Interestingly, the memorandum features the familiar argument that prenatal diagnosis is not a “search and destroy mission(s),” but rather “life-saving.” Where did this rationale originate? The answer is, “With a pro-abortionist.”

In the early 1970s, prior to *Roe vs. Wade*, the MOD financially underwrote and co-sponsored a symposium on *Advances in Human Genetics and Their Impact on Society*, featuring a number of well-known eugenicists who publicly hailed the “enormous” humanitarian gains of prenatal diagnosis combined with selective abortion of affected children.

According to Dr. M. Neil Macintyre, of Case Western, “Incongruous as it may seem to some readers, prenatal genetic evaluation, coupled with therapeutic abortion to eliminate a defective conceptus, is both a life-giving and a life-saving procedure.”

However, as prolife ethicist, Prof. Arthur J. Dyck of Harvard, has pointed out, “To decide that a given set of diseases is to be eliminated by elimination of the diseased, is one of the principles on which programs of eugenics and euthanasia rest.” “Further,” Dyck remarks, “if both physician and society should be impartial regarding eugenic abortion, what advocate is left for defenseless life?”

## **S** is for **S.K.A.T. (Sex, Knowledge and Attitude Test)**

In 1980, the MOD awarded a \$25,974 Public Health Education Grant to Dr. Peggy Smith, of the Population Program of Baylor College of Medicine, Houston, TX, to provide funds “for the development and implementation of a teacher training kit for Parenting Education,” the MOD’s program “to protect maternal and newborn health.”

Fourteen public school teacher trainees underwent a nine-week, sexual attitudinal desensitization and restructuring program, after which they taught 35 teachers in a 48-hour class setting. Evaluation of both trainers and trainees involved the use of various S.K.A.T. tests, including the Autoeroticism Scale, the Abortion Scale, and the Sexual Myths Scale. A significant shift toward more “liberal” views, especially toward masturbation and other sexual perversions, was reported.

According to the project director, the proposed pyramid training model “maximizes opportunities for future project replications,” was “cost-effective,” and could be used as “a model for school-based staff development programs in human sexuality.”

## **T** is for Tay Sachs

Tay Sachs Disease (TSD) is a fatal inborn metabolic disorder which primarily affects children of Ashkenazi Jews. In the early 1970s, it was the first disorder which met the key criteria for prototype “search and destroy” programs for untreatable, recessive autosomal disease.

In 1975, the MOD co-funded the first International Conference of Tay Sachs Disease: Screening and Prevention, and its local chapters notified area physicians that TSD could be prevented “since intrauterine diagnosis of an affected fetus could be legally followed by termination of pregnancy.”

The MOD has poured hundreds of thousands of dollars into TSD genetic services and research programs, the largest single research recipient being pro-abortionist and MOD National Advisor, Dr. Michael M. Kaback of UCLA.

In the 1980s the TSD search and destroy operations continued with MOD grants to such institutions as the Hebrew University Hadassah Medical School “to test a new visual method for diagnosis, carrier detection, and prenatal detection of disorders such as Tay Sachs and Gaucher Disease.” (7/1/84-6/30/85) and (7/1/87-6/30/88).

## **U** is for Understanding

The key to unraveling the mystery of the March of Dimes lies in an understanding of the role that money and public relations play in the success and survival of powerful national health agencies such as the MOD.

According to Dr. Herbert Ratner, editor of *Child and Family* and author of “An Untold Vaccine Story,” an expose of the Salk Vaccine fiasco of 1955, “To be realistic, the success of national health agencies, and the tenure of their top administrators, depends heavily on the talent of their public relations divisions and for the most part, is measured by the amount of funds garnered from the public. Appearance, good or bad, premature or otherwise, becomes habitual.”

“When the agencies make seriously flawed decisions,” says Dr. Ratner, “and reputations and even the preservation of the organization is at stake, the pressure and the temptation to cover up is intense, even when actual human lives are at stake.”

The Center for the Study of Democratic Institutions’ 1962 American Character Critique of American Medicine captured the essential character of over-publicized, media-type tactics of such. The Critique condemned “Mass manipulation by hand-selected, well-subsidized overly committed scientists backed by powerful public relations departments of wealthy national health agencies.”

The recommendation of Dr. Ratner is that one should become “less innocent and more sophisticated in regard to the trustworthiness of mass programs sponsored and supported by national health agencies, the alleged guardians of our health.”

## **V** is for Villi as in Chorion Villus Sampling (CVS)

CVS is a new prenatal diagnostic technique, which can be performed between the 9th and 11th week of pregnancy for direct chromosomal and biomedical studies. According to the MOD’s head of CVS studies, Laird G. Jackson of Jefferson Medical College in Philadelphia, CVS is preferable to mid-trimester amniocentesis, performed at 16-weeks’ gestation because, “Clearly, it would be preferable to identify genetic abnormalities before the 12th week of gestation, so that patients could opt for first-trimester termination of pregnancy, which is simpler, safer, and less psychologically stressful than the mid-trimester procedure.”

As with fetoscopy, Jackson stated that “Our initial experience with chorion villus sampling was obtained from a group of 60 volunteers who underwent the procedure immediately before termination of pregnancy.”

According to another MOD grantee, Dr. Mitchell Golbus, it is “very necessary” for doctors attempting CVS to practice on TBA (to-be-aborted patients) first.

The Jackson statements were taken from an article by Dr. Jackson titled, “First-Trimester Diagnosis of Fetal Genetic Disorders” (*Hospital Practice*, April 15, 1985), sent to this writer by Richard P. Leavitt, head of Corporate Communications for the National Office of the MOD in White Plains, New York.

In still another of its Public Relations seams, the MOD press release on CVS dated April 15, 1984, claims that “safe first-trimester diagnosis of genetic disorders *may* make it possible to intervene and treat problems before damage is done in the womb. The March of Dimes supports research on chorion villus sampling, and the Philadelphia registry, in an effort to determine the risks and applicability of the new procedure. MOD’s reference to future therapy is ludicrous, when one understands that the sole selling point of the more dangerous CVS procedure is that it makes possible an earlier eugenic abortion – the ultimate damage to the child in the womb.

## **W** is for WHO – the United Nations World Health Organization

The belief that first- and second-trimester prenatal diagnosis for untreatable disorders, such as Tay Sachs or Down syndrome, is inextricably linked to the abortion of affected pre-born children can be validated at the international level by the action of the World Health Organization (WHO).

A report titled “Prevention and Control of Genetic and Congenital Defects,” published in 1984 by the Pan American Regional Office of WHO, under the section dealing with the Alpha-Fetoprotein (AFP) testing for neural tube defects (a test actively endorsed by the MOD and in effect at MOD-financially established genetic centers across the U.S.) reads: “This primary prevention measure [i.e. AFP testing and amniocentesis] is already being applied voluntarily in countries with organized prenatal care programs and **WHERE THERE IS THE LEGAL OPTION TO ABORT ABNORMAL FETUSES IN THE 2<sup>ND</sup> TRIMESTER.**” [Bold added] The technique is simple and the cost-benefit ratio very favorable.” Listed as the first requirement for an effective AFP program was “Legislation permitting the interruption of pregnancy when the fetus is abnormal.” (p. 12).

## **X** is for X-Linked Disorders

The MOD has stated it does not support mid-trimester prenatal diagnosis for sex selection purposes, but this is not quite true.

Due to the relatively high risk of fetal loss following fetoscopy to detect sex-linked disorders such as hemophilia or Duchenne muscular dystrophy, an “alternative” genetic strategy has been to use amniocentesis or chorion villus sampling to determine the sex of the fetus, and then abort all the males since there is a 50% chance the male offspring of a female carrier will develop the disease with the female offspring (at the same percentage) being only carriers.

According to Dr. Stylianos E. Antonarakis of Johns Hopkins Hospital Department of Pediatrics, “We certainly can reduce the cases of hemophilia by two-thirds, perhaps 250 cases a year, if all the women who have an affected fetus elected to abort.”

In “Guidelines for the Ethical, Social and Legal Issues in Prenatal Diagnosis,” a \$17,000 MOD study by the pro-abortion think-tank known as the Hastings Institute, the Institute’s Genetics Research Group recommended that “Prenatal ascertainment of sex in fetuses at risk for otherwise undiagnosable sex-linked disorders should be available to parents who want it...”

Regarding sex selection across the board, the Hastings Report, which was sent to all MOD field staff, science writers and family interest editors throughout the U.S., concluded that “although we strongly oppose any movement aimed at making diagnosis of sex and selective abortion a part of ordinary medical practice and family planning. **WE RECOMMEND THAT NO LEGAL RESTRICTIONS BE PLACED ON ASCERTAINMENT OF FETAL SEX.**” [Bold added]

The MOD has funded research grants in order also to discover the gene marker for hemophilia B as a basis for prenatal diagnosis (Jagadeeswaran-pudur, \$25,000, 9/11/84-8/31/85; and \$20,830, 9/1/86-87 and for gene carrier tests for woman carrying the gene for hemophilia A or B. (R. Janco, \$15,000, 1/1/90-12/31/90).

## **Y** is for Yale-Harvard Medical Underground

Since the early 1970s, there has existed among various MOD-funded university-based, genetic medical complexes, a type of “medical underground,” which cooperates at a number of levels to provide various types of research assistance - for example, supplying fresh human fetal tissues, blood or organs - to their colleagues in need.

A very rare opportunity to witness the activities of this underground was provided in the February 2, 1977, issue of the *Medical Tribune*, in an article titled “Fetal Research Continued Despite Hysteria.”

In an exclusive interview with the *Medical Tribune* reporter, Dr. David Nathan, Professor of Pediatrics at Harvard University, a MOD grantee and current National MOD advisor, disclosed how his fellow MOD-funded colleague, Dr. Blanche Alter, and their fetologic hemoglobinopathy team, “master-minded a plane and bus shuttle of blood samples and patients and an interprofessional axis between London, New Haven, and Boston, in order that “knowledge go on, vital clinical testing go on, and when necessary, abortions go on.”

Their fetoscopic trials, Nathan claimed, “have given the hematologic green light to abortions all over the world.” Dr. Nathan said, “I told the Right-to-Life group here...there was no way to pass a law to stop us...You can’t stop knowledge.”

About the same time of the *Medical Tribune* interview, Nathan defended the policies of the NF/MOD against “attacks by prolife or Right-to-Life groups in a special issue of the *Villanova Law Review* on “Research on the Fetus.” Here, Nathan warned that

“because the foundation supports research on the developing fetus, it became the object of utterly mindless calumny. “

Going into the 1990s, there is sufficient information to support the belief that the “underground” described by Nathan is alive and well today among MOD-funded researchers.

## **Z** is for Omega - The End

Perhaps the most frequently asked questions concerning the NF/MOD’s role in spreading the gospel of eugenics is this, “How did it happen? When did the MOD take the wrong turn in the road?”

A similar question was raised in the final scene of the MGM movie classic “Judgment at Nuremberg,” based on the war trials of the Nazis.

One of the convicted jurists (played by Burt Lancaster), expressing his deep regret at his role in the Holocaust, cries out to Judge Dan Hayward (played by Spencer Tracy), “Those people, those millions of people. I never knew it would come to that. You must believe it! You must believe it!”

Hayward’s response was simple: “It came to that the first time you sentenced a man to death you knew to be innocent.”

The answer regarding the beginning of the National Foundation/March of Dimes’ role in eugenic killing which has led to the death of thousands of innocent preborn children whose only “crime” was to be suspected of being “less than perfect” is this,

“It began the very first time the National leadership of the March of Dimes knowingly gave its assent to the contract killing of handicapped children in the womb. The rest is history!”

Note: This article, with complete endnotes, is available in booklet form The Michael Fund, 4371 Northern Pike, Pittsburgh, PA 15146 for \$3.00 each, postage-paid.