

## A Good Charity is Hard to Find

Mary Meehan

There is such a flood of fundraising appeals in the mail these days that many Americans feel a combination of annoyance and guilt when they open them.

The annoyance: "*Another* one from the United Appeal for All Good Causes? I just sent them a check last week! What is this, some kind of sucker machine?" Or: "How can I be sure this charity is what it *says* it is? How much help does it give to poor people—especially when it spends so much money on glossy fundraising?"

Ah, but the guilt: "How can I eat my own dinner tonight when those little African kids are starving? Better send a check." Or: "This Alzheimer's disease is just awful. How can I *not* send some money to fight it?"

Many people would not feel so guilty if they knew what some of the charities are up to. There are some splendid charities that really do what they say they are doing, and even some that do so with remarkably low overhead, but they are not easy to find.

Behind the moving prose of many fundraising appeals are facts that charity executives may not want their donors to know.<sup>1</sup> This is especially the case with respect to abortion and population control. The March of Dimes Birth Defects Foundation is a major promoter of prenatal testing, which often leads to abortion for fetal handicap. It is also one of many medical charities supporting federal funding of fetal transplants that use tissue from induced abortions. Some United Way groups fund Planned Parenthood agencies that, in turn, promote abortion. Many environmental groups promote population control, including abortion and abortifacients, in poor nations. UNICEF, which is supposed to be the United Nations *children's* fund, is campaigning for fewer children and is flirting with abortion.

In some cases, the ties of the charities to abortion are fairly recent and may be among the political and cultural results of many years of legalized abortion. The medical charities, in particular, have been affected by the corruption of medical ethics. The ancient medical principle "Do No Harm" has gone down the tubes, along with the

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little bodies of millions of aborted children. Many physicians today are technicians who are willing to cure or to kill, according to the wish of whoever is paying the bills. Since the medical charities are heavily influenced by physicians, and often run by them, perhaps it should not surprise us that many of them now approve medical killing.

One of the oldest medical charities, however, instead of being a victim of the decline of medical ethics, is a major cause of that decline. The March of Dimes Birth Defects Foundation, which began in 1938 as the national Foundation for Infantile Paralysis, became a giant fundraiser as it led the fight against polio. With the patronage of President Franklin Roosevelt and led by his old law partner, Basil O'Connor, the foundation developed enormous prestige and financial clout. By the 1950's it raised as much as \$50,000,000 per year. When the polio vaccines marked a successful end to the long March of Dimes campaign, staff members started looking around for another worthy cause to support. They probably wanted to help humanity and to keep their jobs as well. As one observer wrote at the time, "After nearly twenty years, a successful staff of fund-raisers and medical promoters tends to perpetuate itself—like the apparatus of government."<sup>2</sup>

They eventually settled on a battle against birth defects as the next crusade. The MOD can claim some positive work in this area: the promotion of better prenatal care, warnings about the terrible effects of street drugs and alcohol on unborn babies, and efforts to help premature babies.

But behind the positive work and the big public relations machine lurks another agenda: preventing birth defects by preventing the births of babies found to have them. MOD has been the major institutional force behind the development of prenatal testing to detect such handicaps as Down Syndrome, spina bifida, cystic fibrosis, muscular dystrophy, and many others. It has made such testing widely available and promoted it aggressively.<sup>3</sup> Doctors, fearful of "wrongful life" lawsuits, now urge women to have such tests and to have abortions if the testing shows serious handicaps.

Some women, especially those opposed to abortion, complain of heavy pressure to have the tests. In an article that caused a stir on the political left some years ago, peace activist Elizabeth McAlister said that when she was pregnant with her third child, she was "asked to undergo no fewer than 15 tests to determine possible defects in the fetus—our Katy Berrigan." She refused the tests because she could

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not consider abortion, so she had to sign a statement to that effect in order to protect the doctor and midwife. McAlister remarked that:

... it is constantly insinuated that one is a fool to bear a child without being shored up by all possible insurances that the birth will be normal in every respect. And I reflect on the terrible irony implied in the prayer of Christians, "My life is in your hands, O Lord." The other obsession is to place one's fate in the omnipotent hands of Allstate, Hartford, amniocentesis, sonogram and such.<sup>4</sup>

Anti-abortion groups have protested MOD involvement in prenatal testing for many years, urging their members to refuse to donate to the group as long as it is involved in the "search-and-destroy" mentality. But their efforts have run into several roadblocks. One is the fact that sonograms and amniocentesis are sometimes used to help both the unborn and their mothers by providing information for managing complicated pregnancies in the last trimester. It is important to distinguish between this positive use of the techniques and their use for eugenics.

A much larger roadblock is the prestige that MOD acquired in its long fight against polio, combined with the assistance it receives from so many noted public figures. It is difficult to convince people that the foundation is involved in great evil when presidents greet its poster children and celebrities hail it for its contributions to babies' health. Some people, too, are deceived by the rationale that prenatal testing shows that many unborn children are *not* affected by some major handicap and that, therefore, they are allowed to be born when they might otherwise be aborted. According to this theory, prenatal testing provides the great benefit of alleviating parental anxiety. Those who accept it seldom reflect that it's the eugenicists themselves who are responsible for much of the anxiety. They have managed to make pregnancy a worrisome, guilt-ridden ordeal for many couples.

MOD has developed a standard defense: it praises all of its own good works, claims that it does not "fund or advocate abortion of any pregnancy" and that health professionals funded by it "are not permitted to recommend abortion."<sup>5</sup> To which one might reply that they do not have to. All they have to do is keep leading people into temptation. Dr. Jerome Lejeune, the noted French geneticist (who is trying to find a cure for Down Syndrome), has compared the March of Dimes position to that of selling guns to terrorists saying "I know they

are terrorists, but I am just selling guns. Nothing more than that"<sup>6</sup>

Responding to complaints about the heavy eugenics emphasis in some of its publications, especially its flagship *Birth Defects*, the foundation has inserted a standard disclaimer noting that "individual and controversial viewpoints may be expressed." Such personal viewpoints, it says, "will not be censored but this does not constitute an endorsement" of them by MOD.

This fig-leaf declaration cannot hide the pervasive eugenics thrust of *Birth Defects*. A 1990 volume carried an especially chilling article on "fetal reduction and selective termination." The Orwellian term "fetal reduction" means reducing a multiple pregnancy to one or two children, usually by killing the others with potassium chloride injections into their hearts.

Multiple pregnancies, of course, can occur naturally, but fertility drugs, *in vitro* fertilization, and other gynecological gymnastics have greatly increased their incidence. The irony is that many infertile couples resort to these gymnastics because widespread abortion makes it hard to find babies for adoption. Thus the very techniques that are supposed to help infertile couples are leading to more abortions.

Some couples choose to "reduce" quadruplets or triplets to twins or "singletons" in order to improve the medical outcome for the surviving babies. Others do it because they don't want to face the burden of caring for several lively children of the same age at the same time.

How do doctors select the children to be "reduced"? The targets should not take it personally, so to speak, because it is all very scientific and impersonal:

Real-time ultrasound scanning was performed to identify fetal position and evaluate growth. If all fetuses had similar crown-rump lengths, the one in the most technically accessible position was chosen. . . . If more than one fetus was to be terminated, subsequent fetuses were identified and a similar procedure repeated. As many as four fetuses were terminated at one session.<sup>7</sup>

In the case of "selective termination," though, children are killed precisely because they are handicapped. It can be tricky to kill a handicapped twin without harming the other one as well, but practitioners in the brave new world of eugenics keep honing their skills.

In the same issue of *Birth Defects*, other experts gave advice on what to do when prenatal testing shows that a child has a handicap.

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When a couple decides on abortion, they said, the genetics counselor should talk to an obstetrician about arranging hospital admission and should try to obtain "a private room on a non-maternity floor." The couple who are having their child killed should be given the "options of seeing/holding the fetus, obtaining photographs, having a baptism, autopsy and burial." This is part of a new stress on helping parents deal with the grief that often accompanies abortion of a handicapped child—not to mention reducing their guilt. The experts also had suggestions on how parents could explain the abortion to older siblings: reassure them that "this can't happen to *them*," and they should "not implicate the hospital as a place where children go and never return."<sup>8</sup>

The same issue also reprinted a speech by an abortion lawyer who said she had "witnessed first-hand the rising of the pro-choice groundswell," but also warned that the "right to a safe and legal abortion has never seemed so precarious"—that the "anti-choice movement" was actually trying (gasp!) "to *eliminate* the right to abortion."<sup>9</sup>

The March of Dimes also favors transplants of human fetal tissue from induced abortions. It has joined a long list of medical charities that advocate federal funding of fetal transplants in experimental efforts to help people with Alzheimer's, Parkinson's, and other disabilities. The government already funds the transplanting of aborted human fetal tissue into animals, resulting in (among other horrors) a "humanized mouse" for AIDS and cancer research.<sup>10</sup> The Reagan and Bush administrations, however, banned federal funding of human fetal tissue transplants into other humans, largely on the theory that this could increase the pressure for elective abortions. Senator Edward Kennedy (D, Mass.) and Rep. Henry Waxman (D, Calif.) are leading an all-out effort to overturn this ban. Many medical charities are supporting this effort—some of them are also lobbying hard for it—including the following:

Alzheimer's Association	Cystic Fibrosis Foundation
American Cancer Society	Epilepsy Foundation of America
American Diabetes Association	Huntington's Disease Society of America
American Heart Association	Juvenile Diabetes Foundation International
American Lung Association	March of Dimes Birth Defects Foundation
American Paralysis Association	National Hemophilia Foundation
Aplastic Anemia Foundation of America	National Multiple Sclerosis Society
Arthritis Foundation	National Spinal Cord Injury Association
California Parkinson's Foundation	Parkinson's Disease Foundation <sup>11</sup>

It would be hard to overstate the horror with which abortion

foes view fetal transplants. First, unborn children are killed because they are somehow not "human" enough for legal protection; then their bodies are *used—because they are human bodies—to* help older humans. It is the ultimate case, perhaps, of exploitation of the defenseless by the powerful (Senator Kennedy *et al.*). It pits one disadvantaged group, the disabled, against the most disadvantaged and defenseless group of all, the unborn. Moreover, it distracts attention and money from other medical research that is ethical and that may prove more helpful to the disabled.

Some claim that fetal transplants can somehow be separated from the abortions that make them possible. This is hard to believe, especially in view of a "pep talk" Senator Kennedy gave last April at a Washington briefing sponsored by (among others) the National Abortion Rights Action League. The main focus was the so-called "Freedom of Choice Act," which would ban virtually all state restrictions on abortion. Participants greeted Kennedy like a conquering hero, applauding his reference to a recent and overwhelming Senate vote to fund fetal transplants. He noted that the Senate did not even have a majority for funding such transplants two years ago, "and it's been because of your work back home, across this country, that we were able to send a powerful message..."<sup>12</sup>

Some of the smaller medical charities might not be harmed much by publicity about their support of fetal transplants, because patients and families affected by the diseases they fight believe that fetal transplants are likely to provide cures. (This belief is largely due to media hype of very limited experiments, but that is another story.) A spokeswoman for the National Spinal Cord Injury Association, for example, said they hear from many paralyzed people who think that fetal research is their greatest hope. A staff member of the United Parkinson Foundation said her group does not advocate abortions but, if they are going to be done anyway, why not use tissue that would otherwise "be thrown away"?<sup>13</sup>

Many supporters of fetal transplants compare them with organ transplants from murder victims who are declared "brain dead." In neither case, they say, does use of the tissue or organs imply approval of the death. This assumes, of course, that everyone thinks it is a fine idea to take organs from murder victims. Some people think it is cruel to tell the parent or spouse of someone who has just been shot or stabbed that their loved one cannot survive—and

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then to ask for the dying person's heart, kidneys, liver, and even some skin and bones. It is hard to avoid the image of medical people who hover like vultures over the dying. Moreover, there are indications that the "brain dead" are not really dead and that taking their organs is what actually kills them.<sup>14</sup>

Despite the enormous propaganda for organ transplants in recent decades, even many people who approve them in theory do not like the idea of their own bodies, or those of their loved ones, being stripped for spare parts like old cars. Added to this distaste is the widespread opposition to abortion. So it is not surprising that some major medical charities, who depend on a very wide donor base, are sensitive when questioned about their support of fetal transplants. A spokesman for the American Heart Association, which supports such transplants, stressed that "we have not testified before Congress on this issue" and that "we do not actively lobby" on it. A spokesman for the American Lung Association acknowledged criticism of its support of fetal transplants and said that a new statement on the subject was under preparation.<sup>15</sup>

At least one major medical charity has stayed away from the issue altogether. A National Easter Seal Society staff member said that "we have not taken any position" on fetal transplants and that the society does not "deal with anything that happens before a birth." Although best known for its work with disabled children, Easter Seal now offers physical therapy and other aid to people of all ages, including elderly people coping with Alzheimer's disease or strokes.<sup>16</sup>

Far broader in scope than the medical charities are the United Way agencies, which fund local groups ranging from the Girl Scouts to homeless shelters to—unfortunately---Planned Parenthood. Boycotts by abortion foes have forced some United Way agencies to cut their links with Planned Parenthood, which is the major institutional promoter of abortion. A United Way of America spokesman said that, of 2,100 United Way agencies, only 35 contributed to Planned Parenthood groups in 1990. Yet the 35 included agencies in such major cities as Atlanta, Akron, Nashville, Philadelphia, Portland, Rochester and Sacramento. The spokesman stressed that "no United Way money funds abortion services—at all, period." He said the funds are designated for "public education kinds of activities" in areas such as disease prevention and family planning.<sup>17</sup>

Yet abortion foes start to worry when people refer to abortion "services," and they know that when Planned Parenthood isn't talking

about surgical abortion, it is often talking about abortifacients (doing business as "birth control"). Beyond that is the problem that money given to Planned Parenthood for public education may free other money to be used for abortion advocacy or performance.

Many United Way agencies now allow donors to earmark their money for a specific charity. Dr. John Willke, president of Life Issues Institute, argues that this does not solve the problem for people who worry about helping Planned Parenthood, whether directly or indirectly. Willke says that a local United Way agency has "a huge, floating pool" of uncommitted donations. So if a donor earmarks money for a crisis pregnancy center, for example, United Way will "just take less out of the pool for that crisis pregnancy center, and they'll give some of that to Planned Parenthood." He concludes: "There is no answer on the local level, if they fund Planned Parenthood, except to not give at all." The United Way spokesman said that Willke's account of the way the system worked was probably true in the past but is "not so true now," although "I can't say it's not happening anyplace."<sup>18</sup> Worried donors would probably do best to send checks directly to charities they can trust. (Then, at the office, they can tell United Way solicitors "I gave at home.")

The Combined Federal Campaign (CFC), the federal government's workplace charity fund, encourages designation—but only to agencies that have formally joined the campaign. Last year in the Washington, D.C. area, federal employees could earmark all their CFC donations for Birthright groups, other pregnancy aid centers, Human Life International, or the National Right to Life Educational Trust Fund. If they did not designate a recipient, however, some of their money went to Planned Parenthood, the National Abortion Rights Action League Foundation, and other abortion supporters. Starting this year, non-earmarked CFC donations will be distributed according to an agency's percentage of earmarked donations. This means that designating money for any group will also help increase its share of the general pot.<sup>19</sup>

People who worry about the conservation of human life, as well as conservation of wildlife and other natural resources, face serious dilemmas over donations to environmental groups. Many of those groups support population control, including abortion, because they view population growth as a major source of over-consumption and pollution. To counter it, they support massive U.S. funding of population control programs abroad. Some of them do not like the term "population



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control," though, either because they genuinely oppose the coercion and manipulation it implies or because they understand that it is a public-relations mistake. "Population stabilization" is a more politically-correct term these days.

Whatever it is called, government-promoted birth control certainly has been sold successfully within the United States. But has it helped the environment? As American families become smaller and smaller, it often seems that new houses become larger and larger and that each family has more cars. Many families now have one car for each member, multiple TV sets—we may be headed for one computer per person, not to mention printers, faxes, mobile phones, VCR's, video games, camcorders, CD players, and all the other toys of contemporary life.

Is there some weird psychological and economic mechanism working here—that as families grow smaller, each individual consumes much more? "Yes," said Patricia Waak, population program director of the National Audubon Society, adding that the problem "is not just technology, and it is not just population growth. It is a complex of so many things. . . . It's not just decreasing the birthrate; it is also looking at how much you consume and how many cars you drive and how big a house you live in."<sup>20</sup>

That sounds fine, until you stop to remember that birth control is sold, here and abroad, as a way for families to improve their standard of living. The psychology really is, "The fewer of them, the more for us," and *that* (phrased a bit more tactfully) is what population controllers are pushing in poor countries today. The poor nations may accept what someone called "industrial-strength birth control;" but if they also catch up with our consumption patterns, they may wreck their own environments.

Western television, movies and advertising, which have increasingly invaded Third World countries, are driving the desire of poor people to catch up with our consumption. The same media and advertising are encouraging the kind of sexual promiscuity that leads to a higher birth rate. The West is sending, and not for the first time, a very contradictory message: Have as much sex as possible, but as few babies as possible. Moreover, Western influence has discouraged old traditions that served as natural birth control, such as breastfeeding and prolonged sexual abstinence after birth.<sup>21</sup>

Coerced abortions have been a major issue in population policy in recent years, especially with respect to China. This is the worst

of many abuses in China, where there is enormous psychological and financial pressure for young couples to practice birth control. The pressure has included heavy financial penalties for having more than one child, interrogation of young wives in the workplace, and even regular X-rays to ensure that they are wearing intrauterine devices (IUDs). When all of this fails and a woman becomes pregnant without governmental permission, there is heavy pressure on her to have an abortion, including *physical* coercion. In one Chinese province in 1981, the *Washington Post* reported, "Expectant mothers, including many in their last trimester, were trussed, handcuffed, herded into hog cages and delivered by the truckload to the operating tables of rural clinics, according to eyewitness accounts." In Inner Mongolia, a surgeon told the *Post*, doctors developed brutal ways of preventing unauthorized births:

After inducing labor, he revealed, doctors routinely smash the baby's skull with forceps as it emerges from the womb.

In some cases, he added, newborns are killed by injecting formaldehyde into the soft spot of the head.

"If you kill the baby while it's still partly in the womb, it's considered an abortion," explained the 33-year-old surgeon. "If you do it after birth, it's murder."<sup>22</sup>

While Chinese government officials and their apologists in U.S. population-control groups attribute this sort of thing to local zealots who got out of hand, there is evidence that coercion continues on a wide scale. Even husbands have been subjected to physical abuse: in 1991, Chinese newspapers reported that, in a village where ten couples resisted pressures to have abortions,

the husbands were marched one by one into an empty room, ordered to strip and lie face down.

"They were then beaten on their bare buttocks with a cane as many times as the number of days their wives had been pregnant," the *Legal Daily* wrote.

All the men "cried out in pain," the newspaper wrote, and signed the abortion contract.<sup>23</sup>

The Chinese have also imposed abortion and sterilization on the people of Tibet, which China invaded in 1950 and has occupied ever since. In 1988 a Western doctor interviewed three Tibetan women who "described how a relative or acquaintance of theirs had delivered a normal baby, only to have the nurse kill it with

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a lethal injection in the soft spot on the forehead." Two Buddhist monks told the doctor that, in the fall of 1987,

a Chinese birth-control team set up their tent next to our monastery in Amdo. The villagers were informed that all women had to report to the tent for abortions and sterilizations or there would be grave consequences. . . . The women who refused were taken by force, operated on, and no medical care was given. Women nine months pregnant had their babies taken out.

. . . . We saw many girls crying, heard their screams as they waited for their turn to go into the tent, and saw the growing pile of fetuses build outside the tent . . .<sup>24</sup>

Appalled by the genocidal Chinese program, abortion foes in the United States were able to end U.S. contributions to the United Nations Population Fund, which supports the Chinese population program. There has been a fierce fight on the issue in Congress for years, with some environmental groups supporting renewed U.S. contributions to the United Nations fund.

Another hotly-contested issue involving abortion is the "Mexico City Policy," announced by the Reagan administration during a population conference there in 1984. The policy forbids U.S. funding of private groups that offer or promote abortion abroad. Because of it, our government no longer funds the International Planned Parenthood Federation (IPPF), although it does still fund some IPPF affiliates. In this, as in the China/United Nations fund controversy, many environmental groups have joined traditional population-control groups in lobbying to change the policy. The following environmental and animal groups have supported renewed U.S. financing of the IPPF and/or the United Nations fund:

Defenders of Wildlife	National Wildlife Federation
Environmental Policy Institute	Natural Resources Defense Council
Friends of the Earth	Population-Environment Balance
Humane Society of the United States	Renew America
National Audubon Society	Sierra Club

While it has not taken a position on these abortion-related issues, the Environmental Defense Fund recently called for stabilizing world population "at the lowest possible level." The World Wildlife Fund, which also has stayed away from the Mexico City and United Nations fund controversies, recently advertised for a population specialist "to integrate population concerns" into its field projects.<sup>25</sup> Watching

these groups move into population policy is worrisome to anyone who understands the way that abortifacients so often accompany population programs and surgical abortions so often follow them.

Of the major environmental groups, the Sierra Club is most forthright in its support of abortion. In a 1989 letter, Sierra chairman Michael McCloskey said a longstanding club policy "recognizes abortion as an acceptable means of controlling population growth (though it is not the preferred one)." That is still the policy, a Sierra population specialist said last year.<sup>26</sup>

The National Audubon Society, on the other hand, claims to be neutral on abortion. Yet it wants the U.S. government to resume contributions to the United Nations Population Fund, and it lobbies for overturn of the Mexico City policy. That is very hard to square with its population director's question about environmental and religious groups: "Can we come together with a common mission to find this balance between people and the planet on which we live—and, in the process, do away with abortion?"<sup>27</sup> We cannot "do away with abortion" by funding groups that promote it.

The National Wildlife Federation supports renewed contributions to the United Nations fund, but it has retreated from the fight over the Mexico City policy and IPPF. Federation vice president Lynn Greenwalt remarked: "We take no stand, one way or the other, on abortion. And we are not going to encourage continued misunderstanding about that whole issue in connection with the Mexico City policy. So we just backed away from it altogether."<sup>28</sup>

Often overlooked in the population controversy is the fact that many "contraceptives" are, in fact, abortifacient in at least some instances. This is true of birth control pills, Depo Provera, Norplant, and IUDs. Unlike barrier contraceptives, the hormonal drugs and the IUDs also have serious side effects and health risks for many women. Those risks are greater in poor nations, where many women suffer from malnutrition and anemia and where medical supervision often ranges from poor to nonexistent. Yet hormonal drugs and IUDs have been dumped on poor nations in huge quantities via programs funded by the U.S. Agency for International Development, the World Bank and other population controllers.<sup>29</sup>

Are environmental groups concerned about health risks of the birth control drugs and devices they are insisting that the U.S. spread around the world? Lynn Greenwalt of the National Wildlife Federation

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says that "even relatively benign ones—the Pill and so on—can have adverse effects on individuals." He adds that "we support, without any question, the increased research into methods that will diminish these potentially dangerous side effects."<sup>30</sup>

Patricia Waak, the Audubon staffer, claimed that the Pill "can be safely used in most developing countries." She said that, several years ago, she had recommended a phase-out of IUDs in African countries still using them "mainly because of pelvic inflammatory disease." She claimed that IUDs "are pretty much not used anywhere" now. That assertion might surprise the New York-based Population Council, which last year declared: "Worldwide, the IUD is the most popular reversible contraceptive, with some 85 million married women of reproductive age using the method." It added: "In developing countries, IUDs of various kinds are widely used, particularly in China, where 30 percent of all married women of reproductive age choose the method."<sup>31</sup> (Anyone who has read about the pressures in China, including required X-rays to be sure IUDs are still in place, would have to question the verb "choose" in this statement.)

Nancy Wallace of the Sierra Club, speaking of the controversial drug called Depo Provera, said that it "has side effects, as all the options do, and people have to know what they are—and decide." She claimed that one advantage of full funding for family planning is that women can receive all the information about side effects and then make the best decision for themselves. Sierra's idea of "full funding" appears to be quite large: Wallace said the group wants "access to contraception for every couple on the planet by the year 2000."<sup>32</sup> Yet the population groups have spent huge sums of money for many years; if they haven't provided all the necessary information already, why should we assume they will do so in the future? You do not have to be very cynical to suspect that they have not given full information so far because they fear that many women would refuse to use the drug and IUDs if they knew all about the risks and side effects.

Paying people in extreme poverty "incentives" or "compensation" to have sterilizations is another abuse, as in a 1980s Bangladesh program supported by the World Bank and the U.S. Agency for International Development. "Not surprisingly," Betsy Hartmann wrote, "government figures show that the number of sterilizations have tended to increase dramatically during the lean autumn months before the rice harvest, when many landless peasants are unemployed and

destitute." She also described a young woman named Rohima, who was divorced by her husband when she was seven months pregnant. When Rohima lost her job, she had no food for herself and only barley water for her baby. Approaching a local official for food, she was told that she could receive wheat if she consented to sterilization. Her coerced agreement probably ended "her chances of remarriage, for in Bangladesh few men will marry a sterile woman."<sup>33</sup> This 20-year-old's tragedy was, of course, a statistical "success" for the sterilization program.

Some of the strongest criticisms of population control have come from feminists like Hartmann and Germaine Greer. (Unfortunately, they and many who admire them still insist on the "choice" of abortion. That is inconsistent with their opposition to other types of coercion; killing, after all, is the ultimate coercion.) It remains to be seen whether their criticisms will have lasting effect. As Hartmann herself suggested, there are people "in the population establishment who want to appropriate feminist language and concepts in order to give population control a better image."<sup>34</sup>

But more radical than Hartmann's critique is the question of whether government should be involved in population programs at all. As President Andrew Johnson said, "I believe that government was made for man, not man for government."<sup>35</sup> Yet once governments start deciding how many constituents they will have in the future, then in some sense people really are made for governments. That is, among other things, a profoundly anti-democratic concept.

It is bad enough when the United States and other Western governments do this at home. When they also try to foist population control on poor people abroad, whose cultures they do not even understand, they are involved in cultural imperialism. Germaine Greer asks:

What is our civilization that we should so blithely propagate its discontents? . . . Why should we erect the model of recreational sex in the public places of all the world? Who are we to invade the marriage bed of veiled women? . . . Why should we care more about curbing the increase of the numbers of the poor than they do themselves? Who are we to decide the fate of the earth? <sup>36</sup>

International relief groups such as CARE should consider these questions carefully. Besides running its own population program, CARE supports overturn of the Mexico City policy and renewed

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U.S. contributions to the United Nations Population Fund. CARE communications director Donald Pohl said his group believes that family planning is "a desperate need" throughout the world and that it should not be "held hostage" to the abortion issue. He remarked that "we don't want to get into the middle of a fight on the abortion issue" and that "we're here to try to save the lives" of Third World people.<sup>37</sup> Fine, but CARE must realize that one way to save lives is to take a principled stand against policies that kill Third World children and often harm their mothers as well.

The United Nations children's fund (UNICEF), although primarily funded by governments, also depends on private contributions and sales of its greeting cards. While best-known for its childhood immunization and other health programs, UNICEF is deeply involved in "family planning" as well. Although the agency says that it does not provide contraception, sterilization or abortion, it works closely with governments that do provide them—groups that promote them. Currently, it is trying to work even more closely than before with the population-control "hawks" at the United Nations Population Fund.<sup>38</sup>

UNICEF finances training programs for midwives, but trying to find what the programs say about birth control is like trying to nail jello to a wall. "We fund the training program," a UNICEF official said. "We don't do the training." Are the trainees taught to provide information on all birth-control methods? "Well, that depends on the government, you see. We can't dictate to the government what they should do." In one country, then, surgical sterilization might be discussed, while in another it might not? "I don't know. I wouldn't know it." How about health issues related to some of the methods? Those, he said, are up to governments and the World Health Organization.

It is peculiar that a UN agency would know so little about the programs it funds.

The UNICEF official stated flatly: "We do not support any form of abortion, anywhere."<sup>39</sup> Yet UNICEF co-sponsored a 1987 international conference in Kenya which recommended that: "Where legal, good quality abortion services should be made easily accessible to all women." Despite all the evidence of coerced contraception and abortion in China, a 1989 UNICEF publication declared that "China so far has been a success story in population planning."<sup>40</sup>

UNICEF is now working with the UN Population Fund, the International Planned Parenthood Federation, the World Bank, the Population Council, and other groups on a "Safe Motherhood Initiative"

to reduce pregnancy-related maternal deaths. While UNICEF stresses good obstetrical care and "responsible planning of family size" as its goals for the initiative, there are indications that the program is another way to press for legalized abortion in poor nations. A "Safe Motherhood" fact sheet prepared by Family Care International, a key agency in the program, notes: "Preventing unsafe abortion—by preventing unintended pregnancy through family planning and providing access to safe abortion services through liberalization of abortion laws—would reduce the toll of maternal mortality by at least 25% and save billions of dollars in related social and health costs."<sup>41</sup> Perhaps people who receive appeals to buy the beautiful UNICEF greeting cards should ask the agency about the Safe Motherhood Initiative, which might more accurately be called the Non-Motherhood Initiative.

Abortion opponents have tried, with limited success, to pressure charities to back away from the abortion battle. The National Right to Life Committee has run a spirited campaign against environmental groups who lobby for overturn of the Mexico City policy and renewed contributions to the United Nations Population Fund. For several years, it has urged its supporters to write protest letters to such groups and to boycott them financially. The National Wildlife Federation's retreat from the Mexico City debate was probably due to such pressure.<sup>42</sup>

The Audubon Society has made a point of checking the names of protesters against its membership lists—to find the non-members. A couple of the medical charities have done the same with people who protest their support of fetal transplants. A spokeswoman for the National Spinal Cord Injury Association said her organization has checked "every single person who has written us a letter," finding that none was a donor or member. But the group would listen, she said, if "our own constituency" protested.<sup>43</sup>

The larger and broader-based groups, especially those depending on huge networks of neighborhood volunteers, are more vulnerable to protest. If the American Heart Association, American Cancer Society, or American Lung Association started hearing protests from thousands of donors and volunteers, they might re-evaluate their support of fetal transplants. That is why "pro-life" leaders urge their members to miss no opportunity to protest when they get fund-raising letters, phone calls, personal or "door-to-door" solicitations. Says



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Mrs. Judie Brown of the American Life League: "It's important to explain exactly why you no longer are going to give money."<sup>44</sup>

It's also important to have alternative groups who are "doing good" without also doing evil. An excellent example is the Pittsburgh-based Michael Fund, which supports Dr. Jerome Lejeune's research to find a cure for Down Syndrome. The fund was started by Randy Engel, a long-time foe of the March of Dimes eugenics thrust, and by others who want to help the handicapped rather than killing them.<sup>45</sup> They believe, as Lejeune once wrote, that the parents of Down Syndrome children "have the right to know that life-doctors still exist and that we will never give up."<sup>46</sup>

If mainline charities remain determined to solve human problems by eliminating humans, alternatives like the Michael Fund may start getting the attention they deserve.

NOTES

1. The writer initially researched this subject for a newspaper series. See Mary Meehan, "Medical Charities and Abortion," *Our Sunday Visitor*, May 24, 1992, pp. 6-7; "Environmentalists and Abortion," *ibid.*, June 7, 1992, pp. 10-11; and "A Continuing Conversation," *ibid.*, July 26, 1992, p. 18.
2. Eric Josephson, "Why the Dimes March On," *The Nation*, Nov. 10, 1956, p. 364. For information on the origins and growth of the March of Dimes, see Clarence Woodbury, "Man in the Middle," *The American* magazine, Sept. 1955, p. 36 ff.
3. See Randy Engel, *A March of Dimes Primer: The A-Z of Eugenic Killing* (n.p., 1991), 29 pp. This booklet, which includes citations, is available for \$1 from the American Life League, P.O. Box 1350, Stafford, Va. 22554.
4. Elizabeth McAlister, "Dear Friends of Pro-Choice," *National Catholic Reporter*, Nov. 16, 1984, p. 14.
5. Michele Kling (March of Dimes Manager of Newspaper Media Relations), Letter of Dec. 27, 1991, to this writer.
6. Interview with Jerome Lejeune, June 6, 1992, Washington, D.C.
7. Vivian Weinblatt, *et al.*, "Fetal Reduction and Selective Termination in Multifetal Pregnancy: Outcomes, Ethical and Counseling Issues," in Beth A. Fine, *et al.*, ed., *Strategies in Genetic Counseling: Reproductive Genetics & New Technologies*, an issue of *Birth Defects: Original Article Series*, vol. 26, no. 3, 1990, p. 82.
8. Donna Blumenthal *et al.*, "A Protocol for Genetic Counseling Following Abnormal Prenatal Diagnosis," in *ibid.*, pp. 158 & 160.
9. Estelle H. Rogers, "Abortion update: Address to National Society of Genetic Counselors Annual Meeting, November 11, 1989, Baltimore, Maryland," in *ibid.*, pp. 73-74.
10. *Washington Post*, Sept. 15, 1988; *New York Times*, Oct. 30, 1990; *Washington Times*, Jan. 6, 1992.
11. U.S. House of Representatives, Committee on Energy and Commerce, Subcommittee on Health and the Environment, hearing on *Fetal Tissue Transplantation Research*, 101st Cong., 2nd Sess. (April 2, 1990); and hearing on *NIH Reauthorization*, 102nd Cong., 1st Sess. (April 15-16, 1991); "Partial List of Groups Supporting Fetal Tissue Transplantation Provisions (Title I) in H.R. 22507" and accompanying letters from medical charities, provided by the House Subcommittee on Health and the Environment in December, 1991; and telephone interviews by the writer in 1991-1992:
12. Tape recording of speech by Sen. Edward Kennedy, April 6, 1992, Washington, D.C. The briefing was also sponsored by the Planned Parenthood Federation of America and the American Association of University Women.
13. Telephone interviews with Janet Jacobs of the National Spinal Cord Injury Association and Jeanne Lee of the United Parkinson Foundation, Dec. 23, 1991.

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14. Organ transplant advocates who talk about giving the "gift of life" usually underplay—if they mention at all—the fact that "brain-dead" patients are kept on life-support systems and are given intensive care, which often includes antibiotics to prevent infection and resuscitation in the event of cardiac arrest. How can a dead person die a second time? If the "brain-dead" are actually in deep coma, then taking their vital organs is an act of homicide.  
For information on the handling of such "donors," see: Randall C. Wetzel *et al.*, "Hemodynamic Responses in Brain Dead Organ Donor patients," *Anesthesia and Analgesia*, vol. 64, no. 2 (Feb., 1985), pp. 125-128; Joseph M. Darby, *et al.*, "Approach to Management of the Heartbeating 'Brain Dead' Organ Donor," *Journal of the American Medical Association*, vol. 261, no. 15 (April 21, 1989), pp. 2222-2228; S. J. Youngner, "Organ Retrieval: Can We Ignore the Dark Side?" *Transplantation Proceedings*, vol. 22, no. 3 (June, 1990), pp. 1014-1015.
15. Telephone interviews with Joe Marx of the American Heart Association, Dec. 26, 1991 and April 3, 1992; telephone interview with Joseph Bergen of the American Lung Association, Dec. 18, 1991.
16. Telephone interview with Sara Brewster of the National Easter Seal Society, Dec. 18, 1991; and National Easter Seal Society, "Shaping the Future for People with Disabilities: 1991 Annual Report Highlights."
17. Telephone interview with Christopher McNamara of United Way of America, Dec. 19, 1991.
18. Telephone interviews with John Willke of Life Issues Institute, Jan. 6, 1992; and Christopher McNamara of United Way of America, Jan. 10, 1992.
19. Examples of donation possibilities were taken from 1991 Combined Federal Campaign of the National Capital Area, "Catalog of Caring" (Washington, D.C., n.d.), 78 pp. Dennis Matteotti, acting director of the Combined Federal Campaign, explained current distribution rules in a telephone interview on Jan. 10, 1992.
20. Telephone interview with Patricia Waak of the National Audubon Society, Dec. 18, 1991.
21. See Germaine Greer, "Chastity as a Form of Birth Control," in her *Sex and Destiny: The Politics of Human Fertility* (New York: Harper & Row, 1984), pp. 94-126; and Betsy Hartmann, *Reproductive Rights and Wrongs: The Global Politics of Population Control and Contraceptive Choice* (New York: Harper & Row, 1987), pp. 10-11, 39, 77. Hartmann suggests that the hardline approach to population control, which underplays women's health concerns, actually tends to keep birth rates high because: "Suffering from unexplained and untreated contraceptive side effects and disillusioned with the quality of service, a high percentage of women drop out of family planning programs" (p. 32).
22. *Washington Post*, Jan. 7, 1985. This was part of a series of articles by Michael Weisskopf, Jan. 6-8, 1985. See, also: Jonathan Mirsky, "The Infanticide Tragedy in China," *The Nation*, July 2, 1983, pp. 12-14; Stephen W. Mosher, "Birth Control: A Grim Game of Numbers," in his *Broken Earth: The Rural Chinese* (New York: Free Press/Macmillan, 1983), pp. 224-261; Stephen W. Mosher, "How China Uses U.N. Aid for Forced Abortions," *Wall Street Journal*, May 13, 1985; Betsy Hartmann, *op. cit.*, pp. 144-157.
23. *Pittsburgh Press*, March 24, 1991 (citing the *Shanghai Legal Daily* and the *Xin MM Evening Post*).
24. Ngawang Smanla and Tsewang Thonden, quoted in Blake Kerr, "Witness to China's Shame," *Washington Post*, Feb. 26, 1989.
25. The list of environmental groups supporting renewed U.S. funding of IPPF and/or the United Nations Population Fund is based on *Congressional Record*, Oct. 22, 1990 (daily ed.), pp. S 16325-6; and *National Right to Life News*, May 21, 1991, p. 8. See, also: Environmental Defense Fund, "Population Statement" [approved by board of trustees on May 16, 1992]; and *International Employment Opportunities*, June 9, 1992, p. 15 (World Wildlife Fund ad for "Population Specialist").
26. Michael McCloskey, Letter of July 21, 1989, to a Maryland couple; and telephone interview with Nancy Wallace of the Sierra Club, Dec. 24, 1991.
27. Interview with Patricia Waak, *op. cit.*
28. Telephone interview with Lynn Greenwalt of the National Wildlife Federation, Dec. 18, 1991.
29. For information on abortifacient characteristics and health risks of these items, see Bogomir M. Kuhar, "Pharmaceutical Companies: the New Abortionists," *All About Issues*, Feb., 1989, pp. 28-32; and *The Medical Letter*, March 8, 1991, p. 17 (on Norplant). On their health dangers and their use in the Third World, see Betsy Hartmann, *op. cit.*, pp. 161-207.
30. Interview with Lynn Greenwalt, *op. cit.*
31. Interview with Patricia Waak, *op. cit.*; Population Council, "U.S. FDA Extends Effective Use of the Copper T 380A IUD from Six to Eight Years," press release of Oct. 7, 1991, 1 p.
32. Interview with Nancy Wallace, *op. cit.*

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33. Betsy Hartmann, *op. cit.*, pp. 215, 213. Later Hartmann reported that the Agency for International Development stopped funding the financial incentives in 1988, but "the Bangladesh government and other aid donors stepped in to foot the bill." See Betsy Hartmann, "Bankers, Babies, and Bangladesh," *The Progressive*, Sept., 1990, p. 20.
34. Betsy Hartmann, *Reproductive Rights and Wrongs*, p. 295.
35. Andrew Johnson, *Speeches of Andrew Johnson* (Boston: Little, Brown and Company, 1865), p. 471.
36. Germaine Greer, *op. cit.*, pp. xiv-xv.
37. Telephone interview with Donald Pohl of CARE, Dec. 18, 1991. Pohl stressed that "CARE doesn't perform any abortions." See the organization's 1991 Annual Report, pp. 14 & 18, for information on its population program.  
Some other international relief groups are also involved in population control. But Catholic Relief Services, one of the largest, steers clear of anything that does "not reflect Catholic teaching." It has done some work in "natural family planning" (periodic abstinence) programs. (Telephone interview with Sister Janet Richardson of Catholic Relief Services, Jan. 3, 1992.)
38. United Nations Children's Fund, "Report on Collaborative Programming Activities of the United Nations Children's Fund and the United Nations Population Fund," May, 1992, 22 pp.
39. Telephone interview with Dr. Ranjit Attapattu, senior advisor in primary health care, United Nations Children's Fund, Jan. 2, 1992.
40. Maggie Black, ed., *Better Health for Women and Children through Family Planning: Report on an International Conference Held in Nairobi, Kenya, October 1987* (Population Council, n.d.), p. 39; and United Nations Children's Fund, *Children and Women of China: a UNICEF Situation Analysis* (Beijing: UNICEF, 1989), p. 6.
41. James P. Grant, executive director of UNICEF, address at the "Meeting of Partners for Safe Motherhood," World Bank, Washington, D.C., March 9, 1992, 6 pp.; and Family Care International, "Partnership for Safe Motherhood, Global Fact Sheet: Selective Countries," 1992, p. 1. See also, Fred T. Sai and Diana M. Measham, "Safe Motherhood Initiative: Getting Our Priorities Straight," *The Lancet*, vol. 339, Feb. 22, 1992, pp. 478-480. In describing four objectives of Safe Motherhood activities, the World Bank listed "prevention of unwanted pregnancies" as the first objective and "management of unwanted pregnancies" as the second. (World Bank, " 'Safe Motherhood' Means Better Lives for All: Women, Children, Families and Future Generations," Washington, D.C., press release of March 9, 1992, p. 2.)
42. *National Right to Life News*, May 23, 1989; March 1, 1990; March 12 & May 21, 1991; and telephone interview with Douglas Johnson, federal legislative director of the National Right to Life Committee, Nov. 27, 1991.
43. Interviews with Patricia Waak and Janet Jacobs, *op. cit.*
44. Telephone interview with Judie Brown, president of the American Life League, Dec. 18, 1991.
45. The Michael Fund is located at 400 Penn Center Boulevard, Room 721, Pittsburgh, Pa. 15235. Dr. Lejeune recently said that French money for his research was cut off "because it was not, so to speak, politically correct to try to treat mental retardation." Had it not been for help from America, and especially from the Michael Fund, he said, "we would not have been able to do what we've done." He suggested that a cure for Down Syndrome might be found in "another 10 years." (Interview with Jerome Lejeune, *op. cit.*)
46. Jerome Lejeune, "Non-Treatment of Defective Newborn Babies," *The Lancet*, Jan. 5, 1980, p. 49. Besides being a world-class scientist, Dr. Lejeune is a fearless advocate of traditional medical ethics. See Elena Muller Garcia, "A Symphony by Two Hearts," *Human Life Review*, vol. 18, no. 2 (Spring, 1992), pp. 30-42.

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