

1984 Is Here

Will Government Fund Fetal Experimentation?

By Jim Lackey

Washington (NC) -- When the 98th Congress resumes work in Washington Jan. 23, one item on its agenda will be the question of government funding for fetal experimentation.

Last November, just before Congress quit for 1983, the House approved a new ban on fetal experimentation when the researcher has reason to believe the fetus is intended for abortion. But only minutes later the House approved another amendment making exceptions for experiments deemed to be of "minimal risk" or experiments specifically approved by the secretary of the Department of Health and Human Services.

Pro-life groups, including the U.S. bishops' Committee for Pro-Life Activities, had urged support for the first amendment, sponsored by Rep. William E. Dannemeyer (R-Calif.). But they feared that the second amendment, offered by Rep. Rod Chandler (R-Wash.), would undermine the effectiveness of the Dannemeyer proposal.

The issue is expected to come up in the Senate sometime this year when that body takes up its version of a bill to re-authorize programs for the National Institutes of Health, the health research arm of the government. The Dannemeyer and Chandler amendments, both approved by voice vote, were attached to the House version of the same bill.

Like many other abortion-related issues, the fetal experimentation debate has raged for more than a decade as Congress and various executive agency officials seek to

determine proper public policy in the field. Supporters of research bans have contended that such restrictions are necessary because parents who intend on having their unborn child aborted cannot be counted on to take the interest of the child into consideration when approving such experimentation.

Congress in 1973 approved what amounted to a temporary moratorium on fetal research pending a report on the issue by a national commission. That commission's 1975 report led to new regulations permitting fetal experimentation in only limited circumstances.

Critics of the regulations, though, have maintained that they included unacceptable loopholes for fetuses about to be aborted or for aborted infants born alive. They also have been concerned that the regulations give too much power to the secretary of Health and Human Services to approve new fetal experiments.

Many of the same arguments were aired during the House floor debate over the Dannemeyer and Chandler amendments, with critics contending that the Chandler amendment weakened the Dannemeyer proposal so much that it would merely preserve the status quo.

Opponents of the Dannemeyer amendment said a new ban was unnecessary because the current HHS secretary, Margaret Heckler, has assured Congress that the government is not funding fetal experiments that distinguish between unborn

children intended for abortion and unborn children intended to be carried to term.

But supporters of the new ban responded that future HHS secretaries would be free to approve such experiments that distinguish between the two different classes of unborn children unless Congress acts.

Still, opponents of the new ban argued that such distinctions are scientifically useful because they permit testing of the effects on the fetus of potentially risky new drugs or vaccines, testing which might not otherwise take place.

The bishops' pro-life committee, in its support for the fetal research ban, has argued that the issue is one of human dignity.

"A humane medical ethic suggests that children, who cannot give informed consent, should not be subjected to medical experimentation unless the procedure might benefit them as individuals," wrote Father Edward M. Bryce, the committee's staff director, in a letter to members of Congress just before the House vote.

He said parents of an unborn child intended for abortion "clearly cannot give valid consent for experimentation because they cannot be assumed to have any interest in the welfare of the child they have already decided to eliminate."

Other supporters of the federal ban have noted that not all fetal research would be ended by the proposal, just those experiments which would be funded by the federal government.

Abortion Is Dangerous to Women, 3 Pro-Life Doctors Caution at Forum

Washington (NC) -- Four pro-lifers warned Jan. 10 that abortions are dangerous to the women who have them as well as to the millions of aborted unborn children.

Three doctors, two of them psychiatrists, and Nellie J. Gray, president of March for Life, spoke at a panel presentation sponsored by the Concerned Citizens Forum, a non-profit foundation.

The presentation at the Capitol in Washington preceded the annual protest against the Supreme Court's Jan. 22, 1973, abortion decision. This year's national march will be held Jan. 23 in Washington and other observances are planned around the country.

Miss Gray said the churches must play an active role in turning around the abortion mentality that has enslaved people.

Abortion "defines away a whole class of people," Miss Gray said, just as the Nazis "defined away the Jews" and slavery "defined away" blacks.

The abortion culture that defines away the unborn is spreading to include handicapped newborns, the elderly and anyone who isn't perfect, she said. "No one in this room is perfect" and everyone is a possible victim of the anti-life mentality, Miss Gray told her audience.

Pro-lifers have learned a lesson from the long abortion battle, Miss Gray said. "We have taken 10 years trying to educate the abortionists to the fact that abortion is killing babies. We have been very mild. The moderate position has no place in the pro-life movement. There must be no compromise on the life principle.

"Abortionists will not accept even a little bit of pro-life," she said and "pro-lifers will not accept even a little bit of abortion."

Abortion can be physically and psychologically dangerous to the woman who undergoes the procedure, according to

pro-life doctors.

"The risk to the mother is grossly undersold," by members of an industry that thrives on speed, not care, according to Dr. William F. Colliton Jr., an obstetrician and gynecologist.

"Women who are being led into killing their unborn children are being sold a bill of goods," because doctors at abortion clinics do not tell them what could happen to them or what happens to their unborn children, Colliton said.

Abortion clinics usually are not responsible for follow-up care for women who have complications from abortions and do not like to report complications. He said the media "is not generally supportive" of attempts to make known the immediate dangers to the women and the increased risk of miscarriage and complications during later pregnancies.

Psychological problems can result not only for the woman but also for those around her who encouraged her to have the abortion or helped perform it, the doctors agreed.

Dr. Edward Sheridan, a Washington psychiatrist, said that from listening to women who have had abortions he has found "abortion is one of the most profound, deeply etching corrosive acts" that can have an effect five to 10 years later.

He believes there is "a peasant wisdom in all of us, like a pilot light," that tells people that the unborn are alive and should not be killed but that many people "outgrow" that knowledge by becoming sophisticated or numb.

Dr. Ranville Clark, a Washington psychiatrist, warned the young people are being educated to accept the abortion mentality. That mentality eventually can have frightening effects on the mental health of all those involved, he suggested.



New Rule Explained

At a Washington news conference, Margaret Heckler, Health and Human Services secretary, and Surgeon General C. Everett Koop answer questions regarding the new "Baby Doe" regulations. (NC Photo)

U.S. Draws Up New 'Baby Doe' Rules

Washington (NC) -- The federal government issued new rules and guidelines Jan. 9 to protect handicapped "Baby Does" from being left to die or go without treatment solely because of their handicap.

The new Department of Health and Human Services rules, which take effect in February, follow a year of controversy since President Reagan called for such rules after a handicapped baby in Indiana was allowed to die because his parents rejected surgery to open his blocked esophagus.

The HHS rules seek to guarantee appropriate medical treatment of handicapped infants and compliance with state and federal laws against discrimination. At the same time, responding to protests from medical organizations over an earlier version of the rules, they seek to minimize federal intrusion into day-to-day health care decisions and actions.

A key provision in the new rules is a recommendation that hospitals establish Infant Care Review Committees (ICRCs) to set guidelines for the care of handicapped infants, to review specific decisions to withdraw or withhold medical care, and to monitor periodically the hospital's actual practices in the treatment of handicapped infants. The ICRCs and state child protection agencies are to act as the primary monitors and enforcers guaranteeing protection of the rights of handicapped infants, with the federal government normally entering the picture only as a last resort.

Another key provision is the adoption by HHS of a statement of ethics, drawn up by an ad hoc coalition of medical and disability organizations, which says that "clearly beneficial" medical care must be provided regardless of actual or anticipated handicaps of the individual, while "procedures which are clearly futile and will only prolong the act of dying" can be ethically and legally withheld.

In cases of doubt, the statement of ethics says, "a person's disability must not be the basis for a decision to withhold treatment...a presumption always should be in favor of treatment."

A third important provision requires all health care facilities which treat infants to post notices that briefly explain federal rules for the medical treatment of handicapped infants and inform readers what telephone numbers to call to report a case of suspected non-compliance.

Besides a federal hot-line number, the notice is to include the phone number of the appropriate state child protective services agency and the number for the hospital's ICRC if one has been established.

At a press conference announcing the new rules, Dr. C. Everett Koop, the U.S. surgeon general, said that they were the result of a "cooperative approach" by medical organizations and associations for the handicapped and disabled.

Noting the sharp controversies touched off by earlier

attempts to establish federal rules in the area, he said, "The controversy and debate of the past year has sharpened the thinking of many, and the broad gray area of decision-making in reference to impaired newborns has shrunk to a narrow gray zone surrounded by black and white."

An earlier set of rules, which HHS issued in March 1983 and a federal judge struck down, drew wide protests from health care organizations. They particularly objected to earlier requirements of posted notices, which had to be prominently placed where they could be seen by anyone visiting a hospital. Under the new rules, the notices may be smaller and must be posted only in places which will assure that they come to the attention of nurses and other health care professionals working in the facility.

Opponents of the earlier notice form, including the Catholic Health Association, which represents Catholic hospitals in the country, also argued that its language implied that a hospital where it was posted had failed to comply with the federal standards.

Reflecting that concern, the new rules allow hospitals which set up an ICRC and otherwise comply with the federal rules to state at the beginning of the notice that their institutional policy is in accord with federal rules prohibiting discrimination against handicapped infants. Hospitals that do not form an ICRC may not make that claim on the notice.