THE NEW GENOCIDE
OF
HANDICAPPED AND AFFLICTED PEOPLE

WOLF WOLFENSBERGER

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THE NEW GENOCIDE OF HANDICAPPED AND AFFLICTED PEOPLE

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PREFACE

This is the third edition of this monograph. Only a few minor changes and corrections have been made to the text since the second (1992) edition, mostly in a few tables and their explanatory text. However, the original (1987) edition included a 20-page single-spaced appendix (entitled "Protecting the Health & Lives of Patients in Hospitals, Especially if the Patient is a Member of a Societally Devalued Group") which has no longer been included in the 1992 and 2002 editions. That previous appendix has been greatly enlarged, and is now published by us under a new title (A Guideline on Protecting the Health & Lives of Patients in Hospitals, Especially if the Patient is a Member of a Societally Devalued Class) as a separate monograph. It is briefly described in an appendix to this monograph, together with the rationale for a separate edition, and information on how to obtain it.

The first (1987) edition is also available in German translation, as follows: Wolfensberger, W. (1991). Der neue Genozid an den Benachteiligten, Alten und Behinderten. (H. Zscherpe, P. Zscherpe, C. Mityorn, & K. Dörner. trans.) Gütersloh, Germany: Verlag Jakob Hoddis.

This monograph is based on a number of day-long presentations on the growing "deathmaking" of devalued people that is taking place in Western society which I and some of my associates have been giving.

This monograph constitutes only a brief overview of the issue and its implications. It contains only a fraction of the material on the topic which we cover in more detail in longer workshops, some of which last four to five full days, including some evenings. Because this monograph does not cover the topic in as much detail as is done in our longer events, it was necessary to leave out a great deal of documentation of instances of deathmaking in all kinds of contemporary societal and human service contexts, and of its "detoxification." Such documentation exists amply in our archives. For years, we have collected documents, and especially clippings from the news, art, and entertainment media, and from professional journals. For instance, we have extensive documentation of deathmaking as it has occurred in various service settings, been directed toward various devalued groups, and been perpetrated by various parties. These archives are available for inspection on our premises to interested parties.

When the first edition of this monograph was written, I had reason to anticipate its speedy publication. However, it turned out that its controversial nature prevented this.* This explains why some of the data and references are not as up-to-date as they were when the manuscript was first developed. While the content has been somewhat updated since 1987, this has not been the case with the references.

I thank Ray Lemay and the Children's Aid Society of Prescott and Russell, Plantagenet, Ontario, Canada, for their great help in making the publication of this monograph possible.

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*When Elie Wiesel, who received the Nobel Peace Prize in 1985, wrote his work on the Holocaust, Night, in the mid-1950s, 20 American publishers rejected it because the public then did not wish to be confronted by the topic.

INTRODUCTION

What this monograph is about can be recognized from its title and its table of contents. While it will document the danger to the lives of certain population groups, it will also try to reveal the larger context in which such a danger can come about and how to recognize it. For instance, I propose as a major premise that nothing comes out of nothing, and specifically, that large-scale killing does not occur in an historical vacuum. If a society kills some of its members, then certain developments must have occurred previously so as to dispose that society to such an action. Similarly, if certain developments have regularly brought other societies in the past to the step of killing their own members, then the arrival of such developments in a specific society suggests that killing either will also break out in it, or has already broken out, but is still hidden.

Thus, the material presented herein leans heavily on a deductive approach, meaning that it tends to go from the general to the specific. A good portion of the monograph will be spent explaining how people in any society get devalued, how being devalued and rejected can jeopardize a person's life, and how devalued people are at risk of being made dead in a systematic fashion.

I will also show how universally--that is, everywhere and at all times--people justify killing, explain it away, or hide it. At various points, I will show how all these things apply to handicapped, afflicted and other groups in our society and other Western societies today, I will identify who is at risk of being killed, where the killing is going on, how it takes place, and how it is being either disguised or legitimized. Then I will conclude by spelling out some action implications.

Throughout this monograph, I will be using the term "deathmaking," and will apply it to a wide variety of circumstances and situations. There are many ways of contributing to the spread of death in the world, and overt and direct killing is only one of these ways. The subtleness with which death can be promoted has been so well concealed that the English language has not even had a single term to refer to all its different forms. That is why I had to translate one from other languages (French and German), namely, "deathmaking."* By "deathmaking" I mean to refer to any actions or pattern of actions which either directly or indirectly bring about, or hasten, the death of a person or group.** Deathmaking includes actions ranging all the way from explicit, overt, and direct killing of another person, to very concealed and indirect killing that may take a long time to accomplish and may be very difficult to trace; and it can include active participation as well as silent, unobjecting collusion.

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*Faire mourir, and totmachen.

**To my surprise, I learned several years after I started using this term that there had been a rather filthy 1960 novel about the closing days of World War II by Glen Sire, entitled The Deathmakers (New York: Simon & Schuster).

In brief, I will elaborate on three main theses and one set of conclusions.

1. The values in many societies, including, and perhaps especially, developed Westernized countries, are or have become such as to sanction extensive and systematic killing of certain disadvantaged and/or devalued classes of people.

2. In fact, killing of devalued people has already begun in such a systematic fashion as to warrant the use of a term such as "genocidal" or "Holocaust II" to describe it.

3. In developed Western societies, systematized killing of devalued people has been either so disguised that most people are not conscious of it, or so "detoxified" (prettified) that people have lost their abhorrence of it.

I submit that it is high time to cast off the web of disguise and deception that surrounds current genocidal practices, to proclaim the truth, and to oppose the forces of deathmaking.

DEATHMAKING AS A PRODUCT OF UNIVERSAL HUMAN AND SOCIAL CHARACTERISTICS, AND SOME EXPRESSIONS THEREOF IN OUR CONTEMPORARY WESTERN SOCIETIES

Introduction

A lot of deathmaking is sporadic and interpersonal, as when one person gets mad at someone else and strikes out in a fit of passion. However, the question at issue here is how one entire collectivity of people can come to the point where it is prepared to do grave harm to an entire other collectivity, and perhaps even deprive it of life.

Human beings are complex creatures who can be described as reflecting in their identities the full range of characteristics from the bestial to the angelic--and even to the divine. This peculiar range of their identities is manifested in their incoherency, and their propensity toward the irrational. The noble in them pulls one way, the ignoble the other. So commonly, the flesh and the spirit are at war with each other; indeed, human mentality is deeply split several different ways, e.g., the functions of the left brain are at odds with those of the right, the higher brain with the lower, and the conscious and the unconscious are profoundly at odds with each other.

In addition to these intrapersonal divisions, we can also point to interpersonal ones. Human beings are remarkably divisive, both on the small interpersonal and the large collective level. Individuals are very much at odds with other individuals. And when individuals form collectivities on the basis of some bond or characteristic that they share, the very thing that draws the members of such a collectivity together almost automatically becomes the bone of contention which divides them from other persons who are not members, and especially from other collectivities. A typical example would be a nation drawn together by common language, shared history, political beliefs, etc., which is almost invariably at odds with one or more other nations. All this takes place in an irrational fashion associated almost reflexively with a tendency to view non-members with hostility. Thus, that which unites one society or nation sets it at odds with another.

This divisiveness is equally manifested among collectivities within societies. Within societies, one religious faith is set against other faiths, tightly-knit ethnic groups are divided from yet other tightly-knit ethnic groups, members of a chess club will not want to share a building used by a rock music club, and on and on. Thus, segmentation--a sort of vertical intra-societal division--
takes place, not only between but also within societies, with people in any one segment usually believing that they are somehow better or superior to those in other segments.

In addition to intersocietal strife, the imperfections and incoherencies of humans also manifest themselves in a lust for power, privilege and wealth, which results in human societies invariably organizing themselves in such a fashion that stratification takes place. Stratification means that a society is horizontally divided: some people rise to the top, some remain in the middle and some end up on the bottom. Almost invariably, only a few will be on top; the rest of society may bulge at the bottom, as most societies have done, or in the middle, as ours does. This stratification is attained and maintained by people's pursuit and use of power. Power consists of the ability to control others. To a very large extent, this power is based on control over people's livelihood, their other economic resources, their bodily security, their abode, their esteem in the eyes of others, and their relationships. People are largely controlled by their fears that they might lose whichever of these they cherish, and most people cherish all of them. All this means that in a stratified system, those on top possess and wield the greatest amount of power.

Once stratification sets in, then with few individual exceptions, those on top try to stay on top, and by the very nature of stratification, they can do so only at the expense of those on the bottom. This is even more true of stratification in terms of economic power than of political power. In other words, the well-to-do tend to stay that way; and to a significant degree, so do the poor.

Stratification is a true universal. We can see it in all human collectivities at all times. Sometimes, one particular stratification is overthrown, perhaps even in the name of egalitarianism, liberty and brotherhood, as during the French revolution. But given enough time, and usually sooner rather than later, a new stratification takes place. Sometimes, the old powerholders even manage to regain power within the new system of stratification.

One major corollary of all these facts is that oppression almost inevitably goes with stratification, and since stratification goes with human societies, all human societies contain at least some elements of oppression, and usually a great deal.

Human divisiveness and irrationality are so great that segmentation and stratification commonly combine, so that the powerful on top are commonly divided against each other, as are those on the bottom. For example, impoverished people damaged by polio do not want to be mistaken for those who have similar functional incapacitations due to cerebral palsy, and neither group wants much to do with those who are mentally retarded. There may even be yet further combinations, as when in one particular segment of a stratified society, one class makes war against another, or when inter-societal wars are accompanied by intra-societal ones, as in Germany during World War II.

As a result of these and other phenomena, human beings, though capable of much good, can also act even worse than animals, and no amount of wishful philosophizing and rhetoric can overcome the empirical historical reality that collective human interaction has consisted of virtually unrelenting strife, oppression and bloodshed. The hope of many people that improvements in education, literacy, science, technology, travel, communication, knowledge about human beings, economics, etc., would bring about a significant break with this human past have all proven illusory. Indeed, the introduction of these powerful tools has only led to yet more powerful and more devastating oppression, strife and destruction.

<u>How People Become Defined as Deviant</u>

Divisions that set one group against another do not occur at random. We know at least some of the dynamics that set up such divisions, and I will briefly review these.

When one looks across history and across societies, one finds that all societies set boundaries around themselves. People who are viewed as falling inside these boundaries are defined as members, and those who fall outside are defined as not being members, or as ineligible to become or remain members. At the least, they are defined as not being full or worthy members.

People are particularly likely to be defined out of a society, or as marginal/devalued members, if (a) they are viewed as non-human, which essentially really means subhuman, or (b) they are believed to constitute a serious (real or potential) threat to the identity, welfare or even survival of the collectivity, and especially of its more valued members.

People may be seen as falling into the above two categories for a variety of reasons. Some common ones are when: (a) they are perceived as not looking or acting in a way that is congruent with the

perceiver's image and expectations of how human beings should look and act; (b) they are perceived as subhuman for other reasons, e.g., because of a cultural stereotype; (c) they are perceived as willfully antisocial, perhaps even evil; (d) they are perceived as burdensome and demanding to a disproportionate degree, becoming significant obstacles to other people's pursuit of their own goals; and (e) they are perceived as constituting a serious threat to the status quo.

Whether anyone is perceived as ineligible for membership in the collectivity is only to a moderate extent determined by the characteristics of the observed person. In good part, it is determined by (a) the characteristics of the observer or perceiver, and (b) factors in the physical and social environment around the perceiver. Table 1 illustrates how the process of one person (on the left) observing another (on the right) results in the observer forming a social judgment. To begin with, the observer has had years of experiences which, in turn, were partially shaped by his/her own characteristics; in turn, these experiences shape his/her perception so that she/he is apt to see what she/he has been shaped to see. Where others may see ordinary people, a fireman may see potential pyromaniacs, a police officer may see crooks, a teacher may see slow learners or potential geniuses, a bigot red-lined liberals, etc.

Further, the prevailing realities of the physical and social environment of the observer can profoundly affect his/her social judgment. During periods of economic stress, many more people may be seen as burdens upon others; and if it has not rained in months, many more people are apt to be viewed as potential fire-setters than after a monsoon that brought daily rain for eight weeks. During periods of great upheaval, such as warfare or revolution, people are much more apt to feel a need to classify others quickly and neatly as being either "we" or "they," good or bad, peaceful or militant, likely to become helpful or burdensome, etc.

Finally, the actual characteristics of the observed person or group will play a role, though a surprisingly modest one. Here, we are really dealing only with two such characteristics that can be called real and objective, namely, those characteristics of the observed people that can be perceived by the senses (i e., their "appearances"), and what the observed people actually do (i.e., their behaviors). Everything else falls into the category of "perceived characteristics" and "inferred identities," and thus is largely in the mind of the beholders.

All these things (i.e., what is inside and outside the observer) get combined in the observer's mind and eventuate in a social judgment that is highly relativistic. For instance, a person six-foot tall would have been perceived as a giant in medieval Europe, but scarcely above average today; a man who hits someone who calls him a dog might be interpreted as manly in one era, and as grossly immature and asocial in another; etc.

Why Societies "Need" Deviant People

Casting people into a non-member and/or deviant identity serves extremely important functions to a society, at least three of which are relatively easily identifiable.

1. By the very fact that people form collectivities, divisions are set up that give a sense of identity and security to group members by defining who is in and who is out, who belongs and who does not, who is "us" and who is "them." Such divisions help members define themselves in terms of what constitutes humanness, perceived worth, and their identity, rather than that of some other body or even society.

Table 1

HOW A PERSON (OBSERVER) WILL FORM A SOCIAL JUDGMENT ABOUT ANOTHER PERSON/GROUP

Relativistic social judgment, transformed/filtered by:

Observer, deeply influenced by various factors	A	B	C	D	Person/ group/class observed
	Observer's own characteristics & experiences, including expectations from previous contacts with observed person/group	Characteristics of observer's physical environment, e.g., deprivation, stress	Characteristics of observer's social environment, e.g., values, expectations, norms, conventions	What is actually observed, i.e., another person's/ group's "appearance" (e.g., red hair), behavior	

2. By devaluing some people, the devaluators establish and affirm their class status and its privileges. It is very difficult to be up high or even on top unless someone else is lower and even on the bottom. This aspect of deviancy-making expresses itself in the domains of both power and economics, as via stratification in the economic sector. It is at the expense of the poor that the rich get richer and stay rich. The poor can be forced to perform the necessary but unvalued tasks of society. Further, by defining people as devalued, a class of deviancy managers (which is largely what human service workers are) is set up who derive their livelihood at the expense of the devalued people. There is even status enhancement and maintenance to be derived from devaluing other people even when no economic benefit may derive therefrom.

3. The third function that devaluation plays is that it helps to release the tensions in people and society, especially during times when tensions are high. It does this by helping people to explain difficult, stressful situations by blaming certain groups of people for causing them. This permits simple, easy explanations of what these stresses are about (e.g., the Jews are at fault), and then legitimizes the punishment of these perceived troublemakers. This process of scapegoating (one could call it human sacrifice) can greatly release tension in society--at least among those who do the scapegoating.

All that has been covered so far implies three things.

1. There will be devalued people in any society, and at all times, because social devaluation and deviancy-making are built into the nature of human beings and their societies. Empirical evidence has borne out that all societies engage in social stratification and devaluation.

2. While all societies will have at least a small proportion of devalued people, some may have much larger proportions, and the proportions can change over time. Just how many people will be devalued in a given society at a given time will depend heavily on multiple factors. For instance, the proportion is apt to increase with societal stresses, and can decrease if deeply-embedded and deeply-held prevailing values can confer value on people despite their appearances, behaviors and/or beliefs.

3. Who will get devalued will vary from society to society, and from time to time, and will reflect all the influences prevailing at the moment. The single biggest predictor of who gets devalued is the prevailing value system of a society, because a society will devalue those who are perceived as embodying the opposite of what it values. A society that values physical beauty will devalue those who are ugly, or who just do not meet that particular society's criteria of what constitutes attractiveness. A society that values youth will devalue its elderly. A society that values intellectual competence will devalue its mentally handicapped. A society that values wealth will devalue it poor. In turn, this means that the more strongly a value is held, the more people there will be defined as embodying the opposite of the value. For instance, a religious society will "have"--i e., will identify or define--many heretics, a patriotic society will have many traitors, a society that highly values wealth will have many robbers and thieves, a society that values beauty or intelligence will have many ugly or stupid people, etc.

In North America, circumstances and values have prevailed such that an increasing proportion of people have become devalued. Based on the factors already laid out, the minority groups that have become targets of social devaluation in Western, and especially North American, society are shown in Table 2.

Table 2

Minority Groups Widely Devalued in Western Societies

Those impaired in:

- Senses: vision, hearing
- Body: cerebral palsy, epilepsy, paralysis, amputation, severe/chronic sickness, dying
- Mind: retarded, disordered

Those with disapproved or disordered conduct/behavior:

- Activity level: hyperactive, lethargic
- Certain sexual orientations or conduct
- Self-destructive, "substance"-dependent

People deemed to be very deviant in appearance, e.g.:

- Cosmetically disfigured
- Very obese
- Dwarfed

The socially rebellious or nonconforming:

- The ideologically dissident
- Work-resistive
- Lawless, delinquent, imprisoned

The poor

Those with few or unwanted skills:

- Illiterate
- Unemployed

Those unassimilated for other reasons, e.g., due to:

- Age: unborn, newborns, aged, possibly teenagers
- Race, skin color, ethnicity, nationality
- Religion
- Language: those who do not know or use the prevailing tongue

The prevailing factors in our contemporary society are such that, not counting the unborn, approximately one-third of the population has been cast into a devalued identity, and is being kept there. Later, I will delineate which of these devalued people are particularly at risk of being subjected to deathmaking.

The Universal Negative Experiences That Befall Devalued/Deviant People

Once a person or group has been devalued for whatever reason, but especially where a whole class of people is devalued by society in general, all kinds of bad things happen to this class, as summarized in Table 3.

Devalued people commonly, but not always have a bodily impairment. Sometimes they have a functional impairment, but not always, and quite often, the impairment in functioning derives from the physical impairment. But regardless of whether they have one or the other, such persons, plus other people who are not impaired but who have other devalued characteristics, are relegated to low social status.

As a result of their being relegated to low social status, they are rejected, not only by society but quite often even by their own family, neighbors, community, and even service workers. Once a person is rejected (which is an internal process), he or she usually gets cast into one of the nine major historical roles into which devalued people are cast, viz., those of the menace, the subhuman (animal, vegetable, or object), the object of dread, the object of ridicule, the object of pity, the burden of charity, the holy innocent, the eternal child, and the diseased organism.

Also, negative images are relentlessly attached to negatively valued people. This is done in many, many ways. Seven of the most common are: to put services to devalued people into devalued locations; to juxtapose one devalued group of people to another devalued group of people; to apply value-impairing structures, methods and activities to people; to give devalued people devaluing names; to give services to devalued people devaluing names, acronyms, or logos; to make or keep the appearance of people at risk such that they immediately will be identified as devalued; and to fund services to devalued people with image-tainted monies or appeals. Negative image attachment is not only rampant; it is also equivalent to branding people so that the whole world is told that this person or this group is the one that is devalued, and they are the ones that one can safely brutalize. It thus gives legitimacy to doing bad things to them, and deathmaking is one of those things. Furthermore, as we have mentioned, devalued people so often become the scapegoats: if there is a problem somewhere, it is the already devalued person who gets accused of being guilty or of having done something bad.

Furthermore, devalued parties get distantiated (which is an external process); that is, people place distance between themselves and those they reject and devalue. The distance may be physical, as in segregation or killing, or it may be social, as in various forms of degradation. And usually when people are segregated because they are devalued, they are also congregated into large groups. Hand in hand with this process of rejection and distantiation goes a withdrawal of natural relationships, so that people have to be recruited and paid to relate to these devalued individuals because they do not have natural relationships freely and voluntarily given to them. Thus, artificial "boughten" relationships are substituted. Furthermore, devalued people also experience loss of control over their lives: other people gain power over them and make decisions for them. And as devalued people are distantiated, they are also commonly moved from one place to another so that

Table 3

The Most Common "Wounds" of Devalued Persons
(Especially Handicapped Ones)

1. Bodily impairment or anomaly
2. Functional impairment
3. Relegation to low ("deviant") status
4. Rejection, perhaps by family, neighbors, community, society, service workers
5. Cast into one or more historic deviancy roles
6. Symbolic stigmatizing, "marking," "deviancy-imaging," "branding"
7. Being multiply jeopardized, scapegoated
8. Distantiation: usually via segregation & also congregation
9. Absence or loss of natural/freely-given relationships,
   & substitution of artificial "boughten" ones
10. Loss of control, perhaps even autonomy & freedom
11. Discontinuity with the physical environment & objects
12. Social & relationship discontinuity, & even abandonment
13. Deindividualization
14. Involuntary material poverty, material/financial exploitation
15. Impoverishment of experience, especially that of the typical, valued world
16. Exclusion from knowledge of, & participation in, higher-order value systems (e.g., religion)
    that give meaning & direction to life, & provide community
17. Having one's life "wasted"
18. Being the object of brutalization, "killing thoughts," & deathmaking

discontinuity takes place between them and places and objects. These involuntary discontinuities can be dramatic, and there can be scores of them in a person's lifetime. Commonly, physical discontinuities are accompanied by social ones, that is, relationships get terminated, new people come and go, yet more new people come and go, and yet more--all this while the natural relationships are not there.

Devalued people also get deindividualized: they are no longer treated as individuals but as groups. They are systematically stripped of their possessions in overt and subtle ways that one may not easily recognize, or possessions are kept from them. At any rate, the common ultimate pathway is that devalued people end up poor, and as long as they are devalued they will probably remain poor. They also become impoverished in experience, because their world narrows down to a very small, constricted part. They are denied the larger integrations and participations of society. They get excluded often even from knowledge of and participation in the higher values of society. For instance, there are handicapped people who have never really been given an opportunity to partake in religious faith instruction and community.

One of the major outcomes of all of this is that people's lives are wasted. Time goes on, years go by, while the devalued person sits in a little corner, segregated, impoverished and denied opportunities. And devalued people are very likely to be the objects of brutalization, violence, and deathmaking at the hands of those who devalue them.

As a result of all these things, devalued people become very much aware that they are aliens in the valued world, and they become very insecure. They may even begin to dislike themselves or others, and they may even strike out with resentment and hatred at the privileged world for doing these things to them. And finally, they become very aware that they are a source of anguish to those who may still be around who love them, especially their family members. They are not what others want them to be, and others suffer because of who and what they are.

What I have just sketched is the <u>real</u> way that devalued people experience the world, which is radically different from the technical teaching of human service training programs. And this real story happens over and over and over and over, and can be retold at least in part in virtually any devalued individual's life.

There are many ways in which these bad things that happen to devalued people endanger their lives, diminish their life expectancy, increase their risk of death, and abbreviate their lives. One way is that, as mentioned, devalued people suffer relentless rejection and relationship discontinuity, even by family and service workers. It is a known fact that discontinuities increase the risk of death, e.g., when elderly people get moved around from one place to another, from one nursing home to another, from one floor to another, from one room to another, each time there is a dramatic increase in the risk that the person will die. Secondly, devalued people often are or become competency-impaired, and that increases vulnerability, e.g., one cannot advocate for oneself and cannot defend oneself against what others do to one. Thirdly, when devalued people do receive services, these are commonly of lower quality than those received by valued people. Sometimes, the services they receive are experimental. For instance, a new drug that is still experimental will be tried out on poor people, and commonly on prisoners and people in institutions, before it is released to the public for use. Or a devalued person may receive a service that is harsh or even violent, such as electric shock, psychoactive drugs, and so on. Fourthly, also as mentioned, devalued people are made and kept poor, and poor people always have a higher risk of death than wealthy people. For instance, poor people get poorer medical and other services, and they get them later if at all, so their defenses

against death are much lower. Fifthly, outright violence is commonly committed against devalued people by other service workers, people in the street, their families, and so on. And lastly, they have no political power, few allies and defenders, so the perpetrators, who often include human service workers, get away with it.

Universal Degrees of Directness of Deathmaking of Devalued People

So far, I have presented only the universal dynamics of social devaluation and deviancy-making, and some of their inputs into deathmaking. Next, we turn specifically to deathmaking itself, and especially to large-scale and/or systematic deathmaking, including the killing of entire classes or collectivities of people. The latter one can call genocide. I have found it instructive to classify deathmaking into six levels of directness.

At the most indirect level is failure to oppose some deathmaking process, whether such failure derives from ignorance of what is going on, from fear of reprisals, or from approval of the deathmaking. A more direct form of deathmaking is wishing people dead. This may take place on either a conscious or unconscious level, and is more direct the more conscious it is. The widespread deviancy-imaging of devalued people, mentioned earlier, largely conveys the unconscious societal wish that people such as the mentally handicapped, the ill elderly, the poor, and the physically impaired, be dead.

Yet more direct is to advocate for any form of deathmaking. Examples would be advocating for passage of a law that permits capital punishment, or one that permits abortion.

Still on a somewhat indirect level are instances where one contributes to the deaths of others by one's actions within a system that is so complex and distance-creating that (a) one does not perceive how one's contribution to the system makes any difference as to the final outcome, or (b) one does not even perceive that one is in fact contributing to a system which brings about people's deaths. Human services are heavily implicated on this level of deathmaking, in that the vast majority of deathmaking in human services consists of very complex dynamics and feedback loops, and of actions that may take a long time to play themselves out so as to result in people's deaths. For instance, moving people around contributes in not very obvious ways to people's deaths, and death may not result immediately. Thus, a human service worker who perpetrates discontinuities on a service client may not see the connection between his/her actions and the client's accelerated death. Similarly, the use of psychoactive drugs may result in a person's death by lowering his/her alertness and therefore making him/her more vulnerable to accidents, and may impair the person's respiratory and circulatory systems, so that when death comes as a result of an accident or pneumonia, it may not be acknowledged that the psychoactive drugs were the ultimate cause of death.

A very common way in which this indirect level of deathmaking is carried out, especially in human services, is to impose upon unwanted people the expectation that they are already dead, that they are "dying" and should die, that they (and perhaps others too) would be better off if they were dead. Table 4 shows how such messages can be conveyed to the person or group whose death is desired, as well as to others, so as to recruit their participation (though perhaps unconscious) in casting the person or group into the dead role. Table 5 shows how elderly people in one locale have been subjected to such expectations via the attachment of death images to them and to services for them.

Table 4

Examples of Practices & Activities Which Convey a
"Death/Dying Role" to/About a Person or Group

1. Via service setting, e.g., location at, or near, sites currently or formerly associated with:
   a. Death, e.g., funeral home, cemetery, coroner's office, dead-end street, abattoir
   b. Serious or chronic disease, e.g., cancer research center, TB hospital
   c. Discard, e.g., garbage dump, incinerator, sewage plant

2. Via (service) practices & activities which:
   a. Dramatically lower normative expectancies
   b. Systematically strip away major, positive, & productive social roles, e.g., elderly people denied right to work, elderly couples separated in different nursing homes
   c. Strip people of legal & citizenship identity
   d. Impose roles on people which destroy them, e.g., dependency, burden, subhuman, menace
   e. Hyper-emphasize death, e.g., attending frequent funerals, "rehearsing" one's death & burial
   f. Are unnecessarily reminiscent of sickness or death, e.g., workshops making medical equipment or burial supplies
   g. Juxtapose people at risk to strongly death-imaged persons, e.g., retarded with ill elderly

3. Via language & labelling practices:
   a. Program/service/site/function names which convey images of death: Memorial Park Gardens Nursing Home, Gates of Heaven, Sunset Home, Toomey-Abbot Towers, Coffin Lane, Gallows Hill, "R.I.P."
   b. Unnecessary use of language that interprets person/group as degenerating, "terminal," dying, dead, e.g., living cadavers, vegetables, geeks, GORKs (God only really knows), shells, having "the smell of death"

4. Via miscellaneous other imagery, e.g.:
   a. Death-imaged/messaged facility decorations & appointments: death-imaged art objects, flowers donated by funeral parlors, coffin boxes for storage, etc.
   b. Unnecessary use of medical- or death-imaged staff, e.g., physicians, nurses, therapists; mortician directing nursing home
   c. Unnecessary medical, death, or discard imagery, e.g., logo that resembles a grave marker, human service announcements appearing on newspaper obituary pages
   d. Sending condolence card for birth of a handicapped child
   e. Juxtaposition of historically death-associated clown imagery to death-imaged people

Table 5

Examples of Death Image Juxtapositions & Death/Dying Role Expectancies to Elderly People & Services to Them in the Greater Syracuse (New York) Area

1. Via service setting location and history:

   3 facilities built in/on top of cemeteries
   11 adjacent, very close to, or overlooking, cemeteries
   2 in former funeral homes
   7 adjacent or very close to funeral homes
   1 close to the county coroner
   1 in a former hospital
   3 adjacent, or nearly so, to garbage dumps
   4 on “dead end” streets

2. Via service practices & activities:

   Mortuary science students employed as orderlies in various nursing homes

3. Via language & labeling practices:

   4 services that have death- or cemetery-imaging names, e.g., Toomey-Abbot Towers, Van Duyn Home & Hospital, Maple Lawn Nursing Home, Lymestone Gardens

4. Via miscellaneous other imagery:

   1 nursing home that is administered by an embalmer
   A large cross & gravestone-shaped marker in front of a high-rise for the elderly
   City Metropolitan Commission on Aging almost located in a former morgue
   Director of the Metropolitan Commission on Aging was also chairperson of a death & dying organization
   News on elderly people, & on services to them, often carried on obituary pages of newspaper

Other examples of deathmaking still on a somewhat indirect level would be manipulating the stock market and the economy, so that people are put out of work or otherwise impoverished; hyper-promotion by pharmaceutical firms of their drugs, leading physicians to engage in excessive prescribing of drugs to their patients; manufacturing pesticides, fertilizers, and other chemicals which are carcinogenic or cause other disorders and diseases.

A fifth level of directness is what one might call "long-distance" killing, where the killer and the victim cannot identify each other personally or as specific killers of specific persons. High-altitude bombing, long-distance rocketry, and shooting artillery shells across a battlefield would all fall into this category.

The last and most direct form of deathmaking is what one might call "face-to-face" killing, where one individual or group kills another individual or group, directly, with or without that person's or group's consent, by any means. Examples would be strangling a person, stabbing a person, or turning the gas on a group of people in a death chamber.

One can contribute to various degrees of directness of deathmaking by either thought, word or deed, and the relationship of these three domains of human behavior to the degrees of directness of deathmaking is sketched in Table 6.

Earlier, we noted that one of the most common wounds of devalued people is that they are relegated to low social status, which is accompanied by rejection, distantiation, and possibly brutalization. Devaluing distantiation can go so far as wishing people dead, and even perceiving them as dead already. Such a wish can be quite conscious and explicit, but often it is also deeply unconscious because it clashes with higher ideals. In both cases, but especially when such a wish is unconscious, it is apt to express itself in many disguised, indirect and symbolic forms. These include the attachment of death-related messages and symbols to those people whom one wishes dead. The symbols attached to such persons may indicate that the people whose death is wished:

a.are sick and dying, near death, almost dead, going to be dead soon. An example of such an image would be to name a nursing home "Gates of Heaven."

b. ought to be dead, perhaps would be better off dead.

c.have died already, perhaps have been dead for some time. Such a message would be conveyed by location of a service to such devalued people next to a cemetery.

d. not only are already dead, but ought to have been dead sooner or earlier.

That some devalued people have, in fact, been once viewed as dead is manifested in the fact that afflicted people who have recovered, or been restored/rehabilitated, are sometimes interpreted or depicted as having been brought back to life.

Once one has firmly cast a person or group into a dying role, and adheres to this perception for a long time, then it becomes almost impossible not to treat those people in that role as already dead. This was strikingly noted by the chairperson of the US Senate Special Committee on Aging, who said that in case after case where nursing home abuses were investigated, defensive statements were heard from nursing home personnel to the effect that "they (i. e., the residents) were old and were going to die anyway" ("Autumn Hills Nursing Home," 1983).

Table 6

A Multiplicity of Human "Actions"
That Can Constitute Deathmaking

Degree of Directness	Domain of Human "Action"		
	Thought	Word	Deed
Very Indirect		Contributing to the Death Rate of Others Via Input Into Very Complex Deathmaking Systems, Where Input & Outcome are Very Distanced, & Where One:	
		1. Is Not Aware of the Connection, e.g.,	Use of Unsafe Physical Environments
	2. Perceives the Outcome--But Sees Oneself as Highly Remote From It		
		Imposing a Strong Expectancy Upon a Person or Group to Die	
	Having Death Wishes Toward a Collectivity	Advocating For Any Form of Deathmaking, e.g., Promoting Suicide in General	Enabling Suicide in General
		Failing to Oppose a Deathmaking Process	
			Use of Outright Death-Dealing Physical Environments
Very Direct	Wishing A Specific Person Dead	Advocating the Death of a Specific Person; Persuading a Specific Person Into Death, e.g., Into Suicide; Ordering a Killing	Long-Distance Killing; Enabling a Specific Person's Suicide; Various Forms of Direct Killing

We can readily see that someone who holds these perceptions is apt to inflict wounds number 4, 5, 8 and 18 (see Table 3) in such a fashion that they become the "final solution" to the existence and/or presence of deeply devalued people, leading to ever more explicit forms of deathmaking as sketched above.

Universal Preconditions/Facilitators to the Enactment of Deathmaking Against Devalued Classes

As mentioned earlier, very relevant to this topic is the question of what circumstances might induce one entire collectivity to seek to kill an entire other one, i.e., to act out the most direct and severe forms of deathmaking. I propose that there are four conditions which generally interact, usually building progressively upon each other, that either create the preconditions to genocide, or trigger or sustain it.

1. The first condition is that certain groups of people devalue certain other groups of people. Devaluation itself brings about four sub-conditions which facilitate deathmaking.

a.The first is that through devaluation, one group is systematically prepared to be or become an aggressor toward another. An example would be a long history of mutual hate and bloodshed between two groups, e.g., between racial groups, certain nations, or clans.

b. A second way in which devaluation prepares one group to do harm to another is when the victim group has been systematically interpreted as being subhuman or a menace, as already reviewed.

c.A third way in which devaluation systematically prepares people to do harm to one another is that one group gains a great deal of power over the other, namely, the potential aggressor has a great deal of power over the potential victim, as by controlling their lives, their fates, where they live, and what becomes of them.

d. Fourth, and very importantly, when relationships between the two groups have become so depersonalized that there is little person-to-person, individual contact or relationship between members of one group and members of the other group, then devaluation may break out into aggression. This depersonalization of relationships can take place by either "decommunitization" (where things are done to people that separate them from any community that might identify with them and support them, or vice versa), or it may take place by a process of bureaucratization and objectification.

An example of depersonalization via decommunitization has been to deprive devalued people of their citizenship (via "denaturalization" or "denationalization"), making them stateless, and thus devoid of citizenship rights anywhere and stripped of the protection of any state. This process received its major impetus when French citizens of enemy origin were stripped of their citizenship in 1915, as were about 1.5 million Russians by the post-World War I Bolshevik regime. Other groups were soon similarly rendered stateless, including the Armenians (by the Turks) and the Spanish republicans. Other countries which adopted the same practice included Egypt, Austria, Belgium, Portugal, ltaly, Bulgaria, Hungary, and then Germany on a large scale, starting in 1933. In many ways, stateless people became the "living dead," non-entities toward whom no government had a moral obligation, and who thus were likely to become the target of outright killing in some direct or indirect form (Rubenstein, 1975). Today, the unborn have been declared in the US to be stateless non-citizens, and therefore directly kill-able, revealing the relentless logic of the process of

denaturalization. The indirect form of killing stateless people today is to let them starve, or drown on the high seas, as in the case of the Vietnamese "boat people."

Because depersonalization of relationships via objectification and bureaucratization is so important to the enactment of mass deathmaking, a detailed discussion of their impact follows.

When a process is "objectified," rules and procedures are set up which prescribe what a person is to do under what circumstances, how, how much, and using which means and tools. The work is so prescribed and regulated as to permit workers little discretion as to what they may do. Indeed, almost everything is classified as being either mandated or forbidden. In addition, bureaucratization almost inevitably accompanies objectification, and bureaucratization breaks a work mission into small discrete steps--i e., tasks are differentiated--so that each part of the work can be and is performed by a different person, independent of what is done by other workers. This means that workers become interchangeable: any number of people might do a job, because it has been highly specialized and prescribed. Objectification and bureaucratization are apt to impact on members of a system by intimidating them, cowing them, and destroying both their souls and their capacity to relate as a person to a person, to be spontaneous, to take risks, to become attached or committed, etc.

From history, we can cite many examples of the objectification and bureaucratization of deathmaking. One example is found in the use of the guillotine. Before its invention, somebody with a sword or axe would have to step very close to a victim, swing the instrument real hard, and chop off the victim's head, which was a very gory affair that splattered the executioner with blood. The invention of the guillotine was meant to make execution merciful, but it also objectified and distantiated it. One person could pull up the blade, another one could position the victim, yet another one could trigger the mechanism that would cause the blade to fall--and could do so far enough away so as not to be splattered by blood. Even if the same person did all of these things, the act of killing was still fractionated into a number of components, and releasing the trigger that dropped the blade was certainly a much less personal and gruesome act of killing than striking an axe blade into somebody's neck, and actually feeling the resistance and the severing of bones and tissues.

Another example of bureaucratization of extermination would be the systematic slow starvation of a population. Rations, calories, etc., can be prescribed objectively from afar, and many people can perform the various functions of registering hungry people, certifying them, checking their health, etc. By the time the last person in the chain of powerholders and actors delivers sub-minimal portions of food to the starving masses, that person can be viewed by all (including him/herself) as an angel of mercy equitably feeding the hungry with what little s/he has available to distribute.

It was observers of the Holocaust (e.g., Rubenstein, 1975) who noted how superbly bureaucratization made that genocide "clean," "neat" and normative, by converting it from a bloody, undisciplined, sporadic, personal or mob event into an objectified, systematized, disciplined, and even unbloody operation which could be manipulated from afar. This is why so few participants in the Nazi mass killings felt responsible, guilty, or remorseful--a point to which I will return later.

One can see how objectification and distantiation of killing can be so magnified and extended that finally, in our age, it takes several people to turn the keys and push a button that releases rockets

far away, that inflict death on millions of people thousands of miles away, unseen and unheard by the persons who pushed the button--not to mention by the persons who contributed to the establishment of the complex mechanism that made all of this possible. It is thus that literally millions of people in our age have worked toward the creation of an apparatus which can, and probably will, destroy the world, without anyone really feeling responsible, and perhaps not even guilty--and without anything having been illegal.

To sum up, then, the major conclusion to be drawn from several of the above points is that distantiation and depersonalization in all their many forms (especially via decommunitization, objectification and bureaucratization of service processes) contain tremendous potential for leading to and sustaining violence. Primarily, this is because it is much more difficult to identify with people who are actually physically distant from oneself, with whom one has little or no direct contact, and where the form of the contact is very highly regimented and prescribed; and violence is much more apt to be committed against people with whom one does not/cannot identify. In other words, the less united or related people feel to each other, or are, and the more they view each other as different and distant, the more likely it is that the more powerful will oppress, exploit, and commit violence against the weaker ones.

I will return later to the issue of objectification and bureaucratization, and how these "detoxify" deathmaking.

2. The second major condition which will predispose to genocide is when various societal stresses increase tensions, because these may then find their focused release in scapegoating, as discussed earlier. We are witnessing some of this in developed societies, where a lot of the economic stresses are being attributed to the presence of an increasing proportion of elderly people who are claimed to be a drain on the nation's economy.

3. The third condition which can lead to genocide is when such genocide is sanctioned by various authorities in the society. Usually, this requires that two things happen together: (a) the moral authorities and values which censure deathmaking decline in respect, and are no longer seen as having much say about whether something is right or wrong; (b) at the same time, other moral authorities and values that sanction deathmaking come into ascendancy. That is, people begin to adhere and follow those authorities which say that it is alright to do harm to other people.

4. Lastly, whenever any inhibitions to the acting out of genocidal impulses toward others are overcome by "detoxifying" the deathmaking, then deathmaking on a wide scale is apt to take place. Detoxification has come to refer to making bad things look good, or at least unobjectionable. Deathmaking can be detoxified by various strategies, which I will examine in more detail further below.

Having reviewed what the universal preconditions/facilitators of genocide are, it should now be noted that all of these preconditions existed in the not too distant past in one of the most developed, literate, and cultured societies in the world at the time, namely, Germany in the 1920s and 1930s. As documented in a previous article (Wolfensberger, 1981), these preconditions led to the slaughter of no less than 300,000 handicapped people during World War II in Nazi Germany, and quite possibly many more. Space does not permit that genocide to be examined in detail here, but readers are referred to the above-mentioned article, which also draws the parallels between the rationales and procedures that were used to kill handicapped people then, and the rationales and procedures being marshalled now toward the same end. Indeed, we are now again entering an era in which it

can easily be demonstrated that each of these preconditions is present in Western societies in relation to at least one devalued group; in fact, there are many devalued groups to whom several or all of these preconditions apply, including certain handicapped or afflicted people.

As one penetrates further into the dynamics of deathmaking, one can see that one is not dealing with random events, but with specifiable and systematic universals. This is borne out by the fact that certain humans who are perceived in a certain way by their fellow humans are much more at risk of being made dead, both individually and collectively.

Specifically, humans are most likely to kill or otherwise make dead the following other human beings:

a.Those who are perceived as non-human, which mostly means people who are perceived and interpreted as animals, vegetables, objects, dead already, "death-bound" (meaning that they will soon be dead and might as well be dead), and as pre-human.

b. Those who are perceived as enemies, and therefore a menace. People can be perceived to be menaces from within a society, or from without, as in the case of citizens of another nation that constitutes a threat to one's own national security.

c.Those who are intellectually acknowledged to be human, but with whom other people can so little identify that they are perceived with utter indifference, as being, in effect, object humans. Or, they may be intellectually acknowledged to be human, but nonetheless be perceived with pure loathing, as is probably the case in the public perception of mass murderers and others who have committed ghastly crimes.

Who falls into any of these (potential) victim classes will vary across time and societies, depending on who is perceived at a given time as non-human, as an enemy, etc. But the universal dynamics which have just been covered enable one to tell both who the potential victim groups are in contemporary society, and what forces are at work that contribute to their risk of being made dead. In order to determine who these people are in our own age and society, one needs to answer the universal questions (see Table 1) of (a) what are the characteristics of the current physical and social environment in our society, and (b) who in our society is perceived as non-human, as a menace, or as loathsome. In order to provide these answers, we will first look at three relevant value developments in our social and physical environment.

<u>Value Directions in Our Modern Society That Facilitate/Contribute to Deathmaking</u>

1. Perhaps the overarching direction of the development of the modern world can be summarized as "materialism." This involves several components.

a.A turning away from the world of the spirit and from metaphysical belief systems, a rejection of beliefs in any spirit world, and therefore rejection of beliefs in any divinity, and/or in any divine will or law that is external to human beings.

b. Largely as a result of the above, rejection of the Jewish and Christian faiths, and therefore of their moralities, which include an awe for the mystery of life and a respect for its sacredness.

c.An increased preoccupation with the material universe, with material objects, and especially with material technological processes.

d. A belief of religious proportion in a mythical entity called "progress," which is viewed as a human product consisting mostly of scientific and technical developments which support industrialization, which in turn is perceived as subsequently yielding an increase in material wealth, possessions, comfort, convenience, health, welfare, happiness, etc.

Even when people today do not reject metaphysical and religious belief systems, they nevertheless commonly "materialize" these, meaning that they reinterpret such belief systems as teaching that materialism is good and legitimate.

2. The rejection of a metaphysics results in a very logical idolization of the human, and an exaltation of the individual human to the ultimate measure and measurer of all things. This development is certainly consistent with, and often caused by, a rigorous materialism, and leads to a whole chain of yet further implications and derivatives.

a.An idolization of human intellect, will, power, and its products.

b. An unbridled individualism and selfishness that resists the legitimacy, acceptance or imposition of external moral standards, that turns back onto itself in an indulgence of one's own will, and that seeks removal of all restraints on self, comfort and convenience. In a universe conceived entirely on the materialistic level, morality consists of no more than agreements which people can reach among each other as to what they will do, and what they will and will not permit. (For a very unequivocal statement--and indeed, endorsement--of this principle, see the review by Haan (1982) of a book on abortion carried in Contemporary Psychology.) From this fact further flows the logical assertion proposed by materialistic ethicists that a moral convention is merely a matter for personal consideration, but involves no binding obligation. Since morality consists purely of a social contract, each person can consider the moral issue at stake and, if a person disagrees with it, s/he can decide either to opt out of the social contract or to attempt to change that contract.

c.An attitude of entitlement to whatever one wants, resulting from both this unbridled individualism and from a break in the historic linkage between labor, primary production and livelihood.

d. A belief of quasi-religious proportions that affliction, suffering and hardship are evil, and that they can, must, and will be eliminated, and by human efforts.

e.Combined with the attitude of entitlement, this leads to a belief that one is entitled to freedom from affliction and suffering--and indeed, even from hardship and inconvenience.

3. These developments also imply a surrender to what one can call hedonism, i.e., indulgence in sensory pleasure, exaggerated and uninhibited aspirations for comfort, etc. In extreme form, this can lead to unbridled sexual excesses, pornography, gluttony, surrender to drugs, etc.

4. A materialistic and mechanistic view of the human, combined with reliance on sensual pleasures, results in a phenomenon that I call "externalism." Externalism can be observed in people who are so deficient in internal personal identity, strength, and mental and emotional substance that

they excessively rely--perhaps must rely--on constant external supports of a physical, emotional, social and cognitive nature in order to function. These supports can take the form of constantly having radios and television on, even sleeping while these are on, and not being able to carry on a conversation unless there is noise from these or other sources. Another form is fear of being alone, and excessive or even total reliance on peer opinion and guru figures. Externalistic people can be likened to empty shells, where it is the shell or an external frame rather than the internal skeleton that holds them together. Such people are therefore impressionable, easily programmed, faddish, fickle, and prey to movements and cults--more often on the basis of their identification with a guru than on the basis of an independently worked-out conviction that they have internalized, and that has led them to commitment.

Externalism and sensualism easily feed back on each other in a vicious circle, as when they lead to drug dependence (be it on coffee, nicotine, alcohol, cannabis, cocaine, heroin, or whatever) which is an external prop that also meets the lust for sensory excitement and which is a low-level, counterfeit substitute for the rich and noble mental, emotional, intellectual, and spiritual experiences of which humans are capable.

5. Unbridled pursuit of satisfaction and immediate self-gratification also leads to a historic "here-and-now-ism" that neither allows one to anticipate the future consequences of one's acts, to plan ahead rationally, nor even to learn from the past. That the future will actually and inexorably arrive simply gets denied and repressed, as does the fact that what individuals and societies do now will profoundly affect and even shape what the future will bring. If I want what I want now, if I have no tolerance for the needs and wants of others, if I want to have that which is easy and convenient and which causes me no discomfort, and if I have abandoned belief in any external or even suprahuman morality, then why should I think of the needs of anyone else in the future, especially if doing so would make difficult demands of me and would require me to be self-sacrificing? Instead, I will pursue what I want now, regardless of its effects in the long run.

A good example of this obsessive here-and-now-ism is the approach of industrialized, Westernized societies to the problem of energy. Systematically, such societies are engaging in practices which can only guarantee that there will be even more drastic shortages of energy in the future, and/or that the energy sources of the future will be tremendously expensive and dangerous. Similarly, our contemporary societies are treating the air, water, and land as if there would be no tomorrow, as if people in future generations would not need to have clean drinking water, would not need to farm the land in order to eat, and so on.

How selfish individualism combines with here-and-now-ism was well-phrased by Lasch (1978) who wrote that the current passion (of individualism) is "to live for yourself, not for your predecessors or posterity. We are fast losing the sense of historical continuity, the sense of belonging to a succession of generations originating in the past and stretching into the future."

Sensualism is one of the expressions of the timeless animal within human beings, individualism releases the lid on social inhibitions, and materialism yields a relativistic value system that legitimizes and idealizes animalistic self-maximizing selfishness. Externalism tries, unsuccessfully, to compensate for the resulting inner emptiness.

These developments can be observed globally. They are normative in developed societies, and there is hardly a nation in the Third World that is not doing everything it can to imitate and attain a

Westernized pattern of materialism through technologization and industrialization as a stepping stone to hedonistic pleasure.

I mentioned earlier that a society will devalue those who embody the opposite of what it values. This knowledge helps one to see more clearly that with the values I have here outlined, certain groups of people represent the opposite (see Table 7).

The above value trends and belief systems are partially the cause of, and partially otherwise correlated with, certain stresses of modern life, some of which are unprecedented. These contemporary stresses include the following.

1. Cultural shock, insofar as the pace of change has so quickened that virtually every custom, tradition and belief has come under attack, including those that have prevailed for thousands of years and yet are often overthrown in a fraction of a lifetime. This is exemplified in phenomena such as that for the first time in human history, youngsters are apt to know more than their elders, which contributes in turn to other stresses such as divisiveness among age groups and family breakdown.

2. An unprecedented and phenomenal increase in population in certain parts of the world.

3. Urbanization and crowding of gargantuan proportions, exemplified by Mexico City which is predicted to grow to 31 million people.

4. Uprooting and dislocation of people, especially as rural folk fall prey to the lying promises of materialism and move to the cities, there to disintegrate socially, lose millennia of their culture, and often starve or otherwise die.

5. Vast masses of urbanized people have become largely alienated from hand labor, use of hand tools, nature, the role of weather, and the source of food and other basic material goods. This alienation results in crime and destructiveness toward the environment. Furthermore, the alienation is frequently accompanied or expressed by a culture that is highly verbal, but where these verbalizations have low content and are highly neuroticized, in turn becoming the source of all sorts of yet other social problems.

<u>Specific Developments in Our Modern Society That Facilitate/Contribute to Deathmaking</u>

The above developments can be found in virtually the whole world as it converges in a pattern that one might call "modernity." They are particularly prevalent in the more materially favored societies. However, we can now relate them more specifically to North American society, and show how deathmaking evolved naturally from some of these value trends and societal stresses.

The overarching development that is leading to large-scale deathmaking of various groups of devalued people is the <u>de facto</u> adoption by Western cultures of modernistic materialistic hedonistic utilitarianism, with its corollaries of individualism, selfishness, and moral relativism. One of the things that results from such a value system is that people who are seen as unproductive (in materialistic/utilitarian terms), dependent, or possibly even dangerous and therefore an inconvenience at best to others, are seen as having little or no value. After all, in such a worldview, the value of a human being is determined by how much materialistic usefulness or pleasure he or she contributes to others.

Table 7

How the Values of Our Culture Define Its Devalued Groups

Our society today places high value on:	Therefore, people are devalued who are:
Materialism, possessions	Poor, especially if habitually or "generationally" so
Health & beauty of body	Misshapen, ill & ugly, especially if all of these
Adult individualism & unbridled choice	Seen as lacking individuation, or as infringing on adult freedom, i.e., children, the unborn, & the senile elderly
Competence, independence & intelligence	Habitually incompetent & dependent; those characterized by more than 1 of the above

A second derivative of this value system is the presence of very strong and diverse processes of "decommunitization." This means that people are, and/or feel, less and less a part of a specific community or communality, have less of a sense of "roots," care less about all these things, and at any rate, are often disowned by family and community. In good part, such decommunitization is due to such things as the pursuit of affluence and happiness, and the great mobility in our society. One of the things decommunitization results in is a failure, and perhaps even the inability, of people to become strongly identified with each other. Once one does not identify with others, one is much more willing and likely to support bad things being done to them, and one has fewer defenders when others do bad things to oneself.

Thirdly, there are many and severe stresses on contemporary society, including economic stresses brought on by the breakdown of various societal institutions. These stresses, combined with a materialistic value system, increased selfishness, a sense of entitlement to all sorts of things in life including freedom from suffering, and the decommunitization that has just been mentioned, result in three major deathmaking-related outcomes. (a) Economic stresses are now seen as legitimate occasions for the killing of dependent and unproductive people. (b) There has been a tremendous increase in child abuse, in the expulsion of children from their parental homes, and in the expulsion of parents by their children. (c) People who remind other people of the inevitability of suffering are removed in various ways from society, which permits other members of society to live in reassuring self-deception.

Fourth, everywhere in our society, handicapped people are being "dumped" out of institutions into unsupported existence in the community, largely under the guise of "deinstitutionalization." When impaired people are thusly dumped (usually into single-room occupancy hotels, boarding homes, and the slums), without adequate (or sometimes any) support, they are often brought to violence, either against the environment (e.g., setting fires) or other people. Once they have committed violence, their destruction seems rational and legitimate. Indeed, many of the people in our prisons, especially many handicapped ones, got there after having been dumped out of institutions and other human services, having been abandoned without supports, and then having committed an offense.

Fifth, materialism, combined with an almost religious belief in the power of science and technology, leads people to expect that there is or will be a scientific/technical solution to every form of suffering. Thus, killing suffering people is seen as one such solution--as long as the killing is medicalized. Indeed, surveys have shown (e.g., Mansson, 1972; Ostheimer, 1980) that large numbers of people will support the putting to death of large numbers of other (devalued) people, provided it is done "scientifically." Nowadays, this often means "provided it is done medically."

In the case of "Baby Jane Doe," a child who was born with spina bifida in October 1983 on Long Island, New York, and whose case was prominently in the news for months, the parents opposed life-saving surgery. The US federal government invoked anti-discrimination legislation to support efforts for a court order for surgery, but the parents' lawyer and the Assistant State Attorney General of New York argued that the federal government lacked authority to "review professional medical judgment," and they cited the anti-discrimination law (the Rehabilitation Act of 1973) as saying, "Nothing in this sub-chapter shall be construed to authorize any federal officer or employee to exercise any supervision or control over the practice of medicine or the manner in which medical services are provided" (e.g., AP, in Syracuse Herald Journal, 9 November 1983). This case is merely an example of the fact that murder is now legal as long as it is called "professional medical treatment," and is carried out by "licensed physicians."

Additionally, since suffering is increasingly seen as unbearable and as a moral evil, killing people who symbolize suffering is increasingly also seen as being merciful.

A seventh development that flows from materialistic utilitarianism, and that gives powerful impetus to deathmaking, is that in as far as the existence of a source of morality external to humans is denied, human "products" themselves come to be seen as the source and arbiter of morality. Thus, many people equate human law with morality; whatever the law allows or requires is believed to be moral, and whatever it forbids is believed to be immoral. For example, the fact that abortion was legalized by the United States Supreme Court in 1973 has convinced many people that abortion must be moral. In fact, prior to the Supreme Court's decision, about two-thirds of the American people believed abortion was wrong.* Only a few years after the Supreme Court's decision, about two-thirds of them believed it was moral, showing that one-third became almost instantly converted in their moral belief as a result of a judicial pronouncement.

Eighth, there is a widespread and growing resentment--even hatred--in many sectors of society of all sorts of things associated with child-bearing, including pregnancy, child-rearing in a traditional intact family, and even reproduction itself and children themselves. To a large degree this has been brought about by the selfish and individualistic pursuit of "self-actualization" at all costs, by various sectors of the feminist movement, and by the legalization of abortion. This resentment has yet further contributed to abortion, infanticide, and child abuse.

Ninth, both the legalization and the subsequent massive practice of abortion have made it easy for people to think of infanticide as being only a "late abortion," and therefore as permissible. Both members of the public as well as leaders of the medical profession have claimed that it is "ridiculous" to approve of ending the life of the unborn who is suspected of being handicapped, yet not approve of ending its life when the child is born and is definitely handicapped. As we will see later on, the newborn is now only a "full-term fetus."

A last development that has derived primarily from materialistic utilitarianism is that a large sector of the women's liberation movement has very heavily supported abortion, to the degree that fewer and fewer people find it possible anymore to claim to be in favor of women's rights and equality without also voicing support for abortion as a woman's right. In addition, sectors of the women's movement have begun to encourage aged women to abandon their aged and incapacitated husbands. It is argued that just as pregnancy and motherhood can infringe on a woman's pursuit of self-actualization, so does caring for a sick elderly husband, and therefore women should feel free to place their husbands into nursing homes and otherwise abandon them rather than continuing to care for them until death (Colman & Sommers, 1982).

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*Gallup polled the American adult population four times in the 1960s on the issue of abortion, and found that opposition to abortion was extremely high: 79-91% against abortion because the child was unwanted, 68-74% against abortion because of economic hardship (Koop, 1980, p. 64 ff; Nathanson, 1979).

People Most at Risk of Deathmaking in Our Society

A combination of these value shifts and stresses has interacted with various other universal human dynamics so as to increase dramatically the disposition in Westernized and Westernizing societies to perceive as non-human, as menaces, or as loathsome unto death the following groups of people.

1. The unwanted unborn. Unborn children are increasingly being interpreted as not only non-human, but even as menaces--to health, to economic well-being, to happiness, even to women in general.

2. Unwanted newborns and infants, especially if they are congenitally impaired.

3. People who are severely physically impaired, such as those who are missing limbs, have severe cerebral palsy, are quadriplegic, etc.

4. People who are profoundly, severely, and even only moderately retarded. While it used to be that only the more severely intellectually impaired were at risk of deathmaking, now even those people who are only moderately impaired are increasingly in danger, especially if they also fall into one of the other categories of people at risk.

5. People who present major and long-term mental or behavioral problems, such as the long-term residents of psychiatric institutions, and some so-called "hardened criminals."

6. The derelict people of the streets, who are often alcoholic, retarded and/or mentally disordered.

7. Abandoned deinstitutionalized people, especially if they become engulfed in the violent street culture, which only makes their handicaps worse.

8. Infirm elderly persons, especially if they are poor. This category alone encompasses the vast majority of elderly people in nursing homes who, if they were not poor when they entered, will almost certainly be poor after having been in the nursing home for only a short while.

9. Severely and chronically ill people, such as those with multiple sclerosis, degenerative arthritis, etc.

10. People who are terminally ill, such as those in the more advanced stages of incurable cancer.

Especially at risk are people who have any combinations of the above identities. Examples would be elderly severely retarded persons; severely physically impaired newborn infants; unborn children discovered to have an impairment; street people with severe chronic illnesses (such as emphysema), especially if they are also old and present behavior problems; etc.

HOW DEATHMAKING IS CONCEALED, DISGUISED, AND "DETOXIFIED"

Introduction

We have mentioned earlier that an evil such as deathmaking can gain easier and more widespread acceptance if it is made to look good, and surrounded by an aura of legitimacy. This is accomplished through a process called "detoxification," by which is meant making something very bad look clean and good. In order to explain why and how this takes place, it is necessary to first review an intermediate phenomenon, namely, the fact that social devaluation itself is very unconscious, and contributes mightily to the concealment and reinterpretation of deathmaking. How this happens is at least partly explained in the following four steps.

1. Some dynamics which fuel devaluation are apparently built into human nature. For example, fear of the unknown, of the "different," is an inherent human trait, which is present not only in very young children (and which is therefore not something they have been taught) but even in animals. Another such dynamic that fuels devaluation and that is part of human nature has already been mentioned, namely, the tendency to identify some people as being outside a given social grouping in order to define what the borders and the identity of the grouping are. Those who are defined as not being members tend to be devalued.

Yet another built-in fuel of devaluation is that it is socially necessary to devalue behaviors which upset the social order and societal harmony, such as thievery, violence, and other offenses. Whenever human beings live together in collectivities, there will have to be devaluation of such behaviors, but there will also be people who will engage in such behaviors. Thus, the perpetrators will be devalued as the price of maintaining social order and justice.

2. While many dynamics that fuel devaluation appear to be part of the human condition, at the same time, many of the religious and socio-political ideals which people hold prohibit these very devaluations. For instance, one such ideal in Western societies is that all people are created equal. Another is that people should be kind and loving towards all other people--indeed, that one should love one's enemies. However, the devaluation that one holds toward others is sensed to violate these--one's own verbalized--ideals.

3. As a result, the tendencies towards devaluation that all human beings hold get repressed into unconsciousness, because these feelings are judged as unworthy by the idealized conscience, and because people find it most difficult to hold in conscious awareness their shortcomings and weaknesses.

4. It is well-known, both from common human experience and from volumes of psychological literature, that whatever is repressed and denied conscious expression will be expressed in some other indirect and/or symbolic fashion. In other words, the unconscious thoughts or desires are disguised in a symbolic way that allows them to slip by the person's conscious "censor." For example, children who have been abused by their families may repress their anger and even hatred of the abusive parents, but this anger and hatred will often be expressed in the child's artwork, or in the child's play. Similarly, if school administrators are forced against their will to integrate handicapped children whom they unconsciously reject, then this rejection may be expressed in symbolic ways in how they locate the handicapped children's classroom (e.g., between the toilet and the boiler room in the basement), what they permit the children to do in the school, what name they give to the classroom (such as "The Badgers," "The Turtles"), and so on.

Reasons Why Deathmaking is Universally Concealed and/or "Detoxified"

The more social devaluation is unconscious, then the more unconscious must be any death wish derived from it, because such an impulse does even yet greater violence to people's idealized values than does devaluation. If an entire collectivity unconsciously wishes another collectivity dead, then we must expect collective unconsciousness. Both individual and collective death wishes will be denied, and will express themselves indirectly and symbolically. Further, deathmaking will not only be heavily denied and concealed by those who hold a death wish, but also by bystanders and observers who do not want to be forced into conflict--as they might be if they admitted the awful truth. Once death wishes actually do result in deaths, the deaths too will be denied and concealed, as will be the relationship of these deaths to the death wishes that preceded them.

Even where people engage quite consciously in deathmaking, it may still be well-concealed. Altogether, at least eight reasons can be identified for why we must fully expect deathmaking to be concealed, disguised, denied, and "detoxified."

1. Deathmaking is inconsistent with the values that most people profess and idealize, and thus when death wishes exist, and/or when deathmaking is actually practiced, this reality is repressed into unconsciousness on the individual level because it so deeply conflicts with the values of the idealized conscience.

2. Because of the historic association of genocide and so-called "euthanasia" with brutal dictatorships and enemies (e.g., Nazis, Stalin), many people resist identifying their own society with deathmaking.

3. The society has systematically "instructed" its members in various ways that some forms of deathmaking are good and desirable. For example, capital punishment and warfare are promoted as desirable in order to protect citizens. The fact that certain forms of deathmaking are thereby legitimized makes it difficult for people to recognize that what is being done is actually deathmaking, and is bad.

4. Those people who benefit economically or in other ways (e.g., in social status) from deathmaking cannot consciously admit their participation, contribution, facilitation, or legitimization of deathmaking.

5. Those people who have actually played a conscious role in deathmaking in the past will seek to (a) justify themselves, and perhaps glorify the deathmaking, or (b) conceal the deathmaking and their part in it.

6. People and organizations that consciously promote deathmaking will do it subtly so that it will remain unconscious to others, in order to minimize any possible opposition, as well as to elicit maximum support for it.

7. The leaders of deathmaking efforts often seek to make the task easier for their followers by detoxifying it. An example is that in some locales, a fetus that is to be aborted will be injected with blue dye prior to its abortion, so that it will look less human and so that the attending nurses will be less upset when they see the dead unborn child, and therefore will be more cooperative.

8. Deathmaking that is the result of collective and complex actions involves so many actors, and such complex, indirect, and dispersed routes, that the fact that death results can be unrecognized even by those who are looking for it.

Universal Forms That Detoxification Takes

There are many, many ways in which deathmaking is detoxified and legitimized. However, all these forms fall into one of the following four categories.

Deathmaking presented as life-enhancing. That which is actually deathmaking is presented as being life-promoting, life-enhancing, and life-giving. For example, promoters of deathmaking will try to show how much better off everyone is as a result of a deathmaking action, how happy everyone becomes, how much suffering is avoided or overcome, how liberated people now feel and are, and what a higher quality of life people can now experience. A good example of this strategy comes from advocates of abortion, who emphasize all the benefits that will supposedly derive to the mother, society, and even the unborn child from abortion, such as less family strife, less child abuse, protection of the child from a poor quality life, protection of the rights of the mother, saving society the cost of caring for a handicapped person, etc. Similarly, many of the euphemisms associated with abortion make it sound like abortion contributes to life, such as "freedom from oppression," "no compulsory motherhood," "the right to be born well." It is largely this strategy which lies behind the successful efforts of pro-abortion groups to prevent laws that would require telling a pregnant woman the other side, such as risks to her, the availability of counseling or adoption, what the unborn looks like, etc.

One of the major arguments on behalf of infanticide and other forms of deathmaking is the so-called "quality of life," which implies all kinds of quantitative judgments of how much different experiences in life are worth, and how these in turn lend value and meaning to human existence. People seen as leading lives of low quality have been declared to experience "living deaths," and thus, ending their lives is seen as combating death and contributing to a higher quality of life. Perhaps not surprisingly, there is hardly an argument made on behalf of infanticide that does not invoke the benefits to the murdered infant.

The adoption of a materialistic utilitarian value system lends itself superbly to this form of detoxification, because powerful arguments can be made that terminating the lives of various kinds of people could bring important, life-enhancing, practical, and even survival, benefits to many other people. For example, aborted fetuses are most useful to research, and have so been used, and undoubtedly still are. The April 1976 issue of The Futurist reported on a proposal advanced by Willard Gaylin, president of the Institute of Society, Ethics, and the Life Sciences, to cultivate living cadavers, or "neo-morts," both as banks for body parts and organs, and for the sake of experimentation ("Recycling human bodies," 1976). Neo-morts would be people who have been declared dead because of cessation of brain waves, but whose bodies are still alive as a result of intensive medical maintenance in permanent hospitals or wards called "bio-emporiums." They could serve as a ready source of blood and of all sorts of other body products which could be "harvested." Since neo-morts would still breathe, require feeding, would excrete etc., they could increase even further in utility if death could be re-defined as taking place not merely as a cessation of brain-functioning, but more narrowly as a cessation of cortical functioning. Medical school students could practice profitably on such neo-morts, who could be made to undergo various diseases so as to challenge the diagnostic skills of the young practitioner. They would offer particularly promising practicum experiences for more difficult medical procedures, such as spinal

taps and certain types of surgery. Experimental drugs could be administered for intermediate trials between animal experiments and medical application to living humans. Among the many benefits cited in the report would be the reduction of the necessity to utilize live patients as guinea pigs. Another social benefit we hear cited is reduction in the size of the population, or of population growth.

That the above visualization was not a complete fantasy is becoming ever more apparent. As organ transplants are becoming more and more successful, demand for donated organs is expected to soar, but supply is limping behind demand. In addition, there are some unique advantages that fetal organs have which adult organs do not. All of this strongly points to increased demand for the use of organs of aborted fetuses, or perhaps even the "cultivation" of fetuses so that their organs can be "harvested." This situation was dramatically highlighted by the case of a couple who decided that they should try to conceive a baby, then abort it so that the husband could have the benefit of his baby's organs.

This particular form of detoxification is very likely to be accompanied by denial of the reality that death results from the actions that are being defended. For example, the chemical industry will claim how much better our quality of life is thanks to chemicals, and will deny that chemicals are polluting our land, air, and water, and that they cause cancer and birth defects. Similarly, the mental health professionals will point to all the supposed life-enhancing benefits of psychoactive drugs, and deny that these drugs greatly contribute to death. It will be claimed that moving people around from ward to ward within a nursing home is good for people, places them into more appropriate surroundings, provides variety to their lives, helps them get to know all the other residents, etc., and at the same time, it will be denied that such practices contribute to death rates.

Deathmaking as the divine will. A second strategy of detoxification is to present deathmaking as being God's will, or at least as consistent with God's will and teachings. This strategy finds three major expressions.

One way in which deathmaking is presented as being the divine will is to invoke the language of divine law, Scripture, divine justice, love, mercy. Thus, deathmaking may be called good Christianity, the exercise of Christian love, or divine retribution. It may be said that terminating the life of a severely ill person is permissible because "God does not want people to suffer." For example, a so-called "euthanasia bill" introduced into the legislative bodies in the state of Florida in 1972 would have allowed 1800 institution residents to be killed. It was supported by the argument that "God did not intend this," i.e., for retarded people to live miserably in institutions.

Similarly, it may be said that abortion is permissible because God does not want people to be poor, children to be abused, or women to be enslaved.

A second major way in which deathmaking can be presented as being the will of God is for religious authorities, church bodies, and their representatives to endorse deathmaking, and to speak in support thereof. A good example is when church leaders endorse nuclear weaponry and conventional warfare, and go around blessing submarines and bombers. These types of actions remove doubts in the minds of many believers about the morality of such weapons and of warfare.

In 1981 in Syracuse, New York, the Episcopal Cathedral hosted a forum in which two dozen religious as well as secular pro-abortion organizations participated to celebrate the eighth anniversary of the US Supreme Court's legalization of abortion. A prominent Episcopal priest was

quoted as saying: "We have been granted inalienable rights to life, liberty and the pursuit of happiness by our constitution. Every woman knows these are God-given rights, which must begin with freedom." Thus, this priest not only equated constitutional and national rights with divine ones, but equated legal abortion rights with freedom under God's law to kill the unborn. In the same vein, the speaker continued: "In the last few days we have been celebrating the release of those 52 Americans held hostage by Iran. Today we want to free women from their own type of slavery." Another speaker, a former vice-president of Cornell University, emphasized how "...this law is designed to help families, help human beings, but most of all help children." A Jewish rabbi branded anti-abortion groups as "the immoral minority." Another pro-abortion pastor who spoke turned out to be the legislative lobbyist of the New York State Council of Churches (Syracuse Herald Journal, 23 January 1981, D5).

A most perverse practice of this type in regard to deathmaking are the religious services that have been developed by various faiths to pray for the mother and doctor before an abortion is performed. Using the symbols and language of religion in the event of a killing serves to make the killing look legitimate, right and good, and perhaps not even killing, because how could a church endorse killing?

A position paper prepared for the Anglican Church Synod of Canada in 1977 by a Task Force on Human Life (Whytehead & Chidwick, 1977) denied the humanness of certain handicapped people, and endorsed the active termination of their lives. It said, "The only way to treat (them) humanely is not to treat them as human." One might have found comfort in the fact that the Anglican Synod sent the position paper back for "further study." However, in November of 1979, the Anglican Church of Canada accepted the greatly expanded and revised report that was re-submitted by the Task Force (Whytehead, 1979), even though the Task Force had not changed its mind, but had endorsed the occasional active termination of life even more explicitly as an acceptable and indeed merciful Christian action. In fact, if anything, an even greater theologification of the active and willful infliction of death on handicapped people was formulated, with explicit reference to scripture, moral theologians, etc.

The first version of the report had been widely discussed in Canada, and there had been considerable outcry against it. Therefore, the acceptance of the revision by the Anglican Synod cannot be considered to be an oversight or superficial gesture. One can only conclude that at least the ruling body of the Anglican Church of Canada has rejected age-old Christian precepts regarding the nature and sanctity of life, and has been the first major Christian church body to embrace a hedonistic pro-death position.

A third way to present deathmaking as being the will of God is to gain the support of other moral authorities who are seen by many people as being god-like and/or god-substitutes. By "moral authorities," we mean people, groups, organizations, or other entities to whom people look for moral instruction and guidance, and whom people see as embodying morality and righteousness. To a great many people, one such moral authority is the state or the government, and its representatives and interests, including the constitution and the law. When the state endorses or even mandates deathmaking, then those who attribute moral authority to it will approve of the deathmaking. For instance, as already mentioned, once abortion became legalized in the US, and thus had the stamp of approval of the moral authority of the state, fully a third of the people (across virtually all denominations), who had formerly disapproved of abortion, changed their minds and came to believe that abortion is moral.

Today, a major god and moral authority for many people is the field of science, and especially medicine, and therefore scientists and physicians are seen as being the most relevant moral authorities to address questions of life and death. Thus, powerful legitimization is given to deathmaking if medical personnel, and especially medical leaders, defend and/or promote it. For instance, murder of afflicted people has been endorsed by several Nobel Prize-winners (e.g., Sir MacFarlane Burnet, James Watson, Sir Francis Crick) and by other prominent leaders in the bio-medical fields (e.g., heart transplant pioneer Christiaan Barnard); and numerous studies (e.g., Affleck, 1980; Todres et al., 1977) have revealed the extent of agreement of physicians with various degrees of "euthanasia."

Deathmaking is also greatly detoxified if it is carried out and promoted in medical settings, conducted by medical personnel (as is becoming the case in many states, where laws are being enacted to require executions of condemned prisoners to be carried out by injection), and transacted by medical means.

Legitimization of a deathmaking action by a moral authority does not necessarily mean that the action is legal, but that it is sanctioned--even sanctified--by important bodies or sources, which may include public opinion, leadership opinion, administrative or judicial rulings, legislation, or just plain unspoken tolerance. I have identified nine important kinds of legitimization, roughly in order of their impact on most people.

1. One form of legitimization is support for deathmaking from parties/groups that have a stake in the issue. An example would be if elderly people endorsed their own killing, or if people who stand to inherit endorsed the killing of the people from whom they would inherit.

2. A second form of legitimization is support for deathmaking from opinion shapers and opinion leaders, such as the media and professional organizations.

3. A third form of legitimization is support from, and collusion among, a sizeable segment of the populace. For example, medical personnel and families of handicapped people may collude in the withholding of treatment from handicapped persons in hospitals.

4. Related to the above would be support (formal or informal) from other moral authorities, such as religious bodies and representatives, the medical profession and authorities, and the legal profession and lawyers.

5. A fifth form of legitimization is judicial tolerance of deathmaking, as when the courts refuse to hear cases or bring in convictions where a person is charged with bringing about the death of a devalued person.

6. Sixthly, there is formal judicial permission. The best-known example of our contemporary era is the US Supreme Court's 1973 decision allowing abortion on demand.

7. Formal judicial mandate is a yet more explicit form of legitimization. An example might be a court order prohibiting the resuscitation of a seriously ill person, or mandating the withdrawal of treatment from such a person.

8. Yet more explicit in legitimizing deathmaking would be legislative permission thereof.

9. The most explicit, and usually most impactful on most people, is a formal legislative mandate of some form of deathmaking. A very clearcut example are various state laws which mandate capital punishment for certain crimes.

While these legitimizers are listed in rough order of their impact on most people, the endorsement of deathmaking by some moral authorities will carry much more weight with some people than its endorsement by others. For instance, to a very patriotic person, the fact that abortion and capital punishment are legalized by the government may be what brings that person to believe that they are moral. To a religious person, any questions about the morality of abortion and capital punishment may be removed when church leaders endorse these. To a person who has adopted a relativistic morality that de facto gives each individual the right to be the final moral authority, an act such as abortion is legitimized if affected parties claim it as their right, or if a substantial proportion of the population tolerates or endorses it.

There are several major ways in which a particular moral authority (such as religion, medicine, or law) can lend legitimacy to a development. One is if its leaders, and/or the majority of its members, defend and promote it. Another is when the development is surrounded with the language of the moral authority. Some examples would be calling deathmaking good law, justice, good medical care, divine justice, divine mercy, etc. A third way is if the moral authority, and especially its leaders, encourage or outright mandate the participation of members in the activities implied by the development. An example would be if nursing homes encouraged their medical personnel not to resuscitate any residents, or if nurses were required to be willing to assist at abortions in order to be licensed or employed by a hospital. A fourth way is for the moral authority to lend its own settings to the carrying out of deathmaking activities. An example is to use church-affiliated hospitals and medical clinics to perform abortions. Fifthly, having members of the moral authority actually carry out the deathmaking gives it great legitimacy, e.g., as when physicians give poison to people who ask to be relieved of their painful existence. A last way is to lend the aura and imagery of the moral authority to the deathmaking in other ways, as happened when the United States government named one of its warships "Corpus Christi," thus attaching the imagery of Christ himself to war.

Legitimization of an evil deed has the effect of clouding people's thinking and moral judgment, and lowering their inhibitions against doing whatever wrongs have lurked in their hearts all along. The more legitimization a deathmaking measure receives from various and multiple moral authorities, the more deathmaking we can expect, and the less concealment thereof we can expect. However, almost invariably, the legitimization of deathmaking by moral authorities will also be accompanied by some strong rationale, commonly of a detoxifying nature, which may not merely sanction, justify or defend deathmaking, but even mandate it.

Deathmaking is hidden or obscured. A third major way to detoxify deathmaking is to obscure the fact that deathmaking is taking place, especially if it is likely that opposition to deathmaking would arise if people knew what was really going on.

One way in which deathmaking can be obscured is for reality to be manipulated so that people cannot perceive the deathmaking that is occurring. For instance, deathmaking may be done in secret, remote or well-insulated places, and at times when no outsiders are around.

Relatedly, language may be used in ways that makes it difficult for people to tell what is really going on. For instance, entire new languages and vocabularies may be created that people do not

understand, so that they cannot easily discern the meaning. Examples are calling a newborn child a "full-term fetus" or "fetus ex utero."

Language and other forms of communication may also be used to outright deny that deathmaking is going on. This is somewhat related to the first strategy of detoxification--namely, presenting deathmaking as being life-promoting--but here, death may be presented as anything other than death, including but not limited to life. For instance, the language of medicine may be given to various forms of deathmaking, so as to make deathmaking sound like good medical care. Examples are when pregnancy is referred to as a "sexually transmitted disease," the unborn child referred to as a "tumor," "protoplasmic rubbish," "a gobbet of meat," and "uterine cell matter," and then abortion is defined as treatment, therapy, and cure, as in "removing the tissue of pregnancy," or "endometrial extraction." The latest euphemism for disguising the fact that abortion is killing is the term "pregnancy interception," which sounds like shooting down an enemy intruder.

Bringing about the death of a newborn child may be called the "treatment of choice."

Deathmaking may be surrounded with such terms as "honesty," "courageous," "noble." For instance, the attorney for the parents in Bloomington, Indiana who let their newborn baby ("Infant Doe") who had Down's Syndrome starve to death in 1982 called their decision a "courageous" one.

A third way to obscure the reality of deathmaking is to deny that what is being killed is human, thereby making the killing seem permissible. Usually, this involves the use of language and imagery about the victim which presents the victim as a subhuman animal or vegetable, as "pre-human," as formerly human but now dead already, or as a non-human entity that is not classifiable into any of the above categories. For instance, severely handicapped people may be called "vegetables," "so-called human beings," or "human-looking shapes." The humanhood of the unborn child is now denied by US law, which stripped the unborn of the protection due to all "persons" under the law, and there are now proposals to hold off attributing humanhood to newborn babies until they have been found to be well and healthy.

Nullifying people's sense of individual responsibility for deathmaking. A fourth major category of detoxification of deathmaking is to nullify people's sense of responsibility for their contributions to deathmaking. If one does not feel responsible for the results of one's actions, then it is much easier to do bad things to other people, or to let others do such things. This strategy is particularly apt to be employed where it is difficult to deny or hide the fact that deathmaking is taking place. In such instances, some form of detoxification must be employed in order to assure the participation of current actors in deathmaking, and even to involve ever more people in the deathmaking machinery. If people felt responsible for the deaths that result from their actions, they would be less likely to continue their contribution, so reducing people's sense of responsibility for the final outcome of death is essential in order to maintain their cooperation.

The major way in which people can be freed from a sense of responsibility for their own deathmaking contributions, as well as a strategy to assure that deathmaking is obscured, is via formalization, objectification, and bureaucratization of deathmaking, meaning that the action measures are highly specified, broken down into small components, allocated to different people to perform, and the distance between a perpetrator and a victim is "lengthened," as mentioned in an earlier section. We will look specifically at how these strategies detoxify deathmaking.

The processes of objectification and bureaucratization contribute to lengthening the distance between actors and their effects, and especially that between individual actors and the totality of the outcomes of their collective actions. Thus, great evils can be committed without anyone seeming to be in charge, with no one specific person feeling responsible for the outcome, and therefore also with no one feeling guilty about it. If anyone is aware of what all these various actions summate in, it may only be the parties at the very end of the chain of events that contribute to deathmaking. For instance, the "dumping" of unsupported, incompetent mentally handicapped people out of institutions into shabby, miserable, lonely living situations, and quite often into the street culture, is a process that ultimately leads to the deaths of many of these abandoned persons. However, the process itself may be so objectified that neither the people who set the policies, nor those who consider people for discharge from the institution, nor those who sign the discharge orders, nor those who move the person and his/her few possessions into a boarding home or single-room occupancy hotel, nor those who hand over the person's monthly subsistence check, may be aware that all of these actions are contributing to death--nor may any of these people feel responsible for it. Only the policeman who arrests the deinstitutionalized person for stealing or setting fires, or the gate-keeper at the "flophouse" or soup kitchen who welcomes the person some night, may be aware that deathmaking is actually being transacted by these various actions.

In a similar fashion, when a chain of deathmaking actions is broken down into many parts, each carried out by a different person, even participants in the deathmaking who do see what is going on may still see themselves as contributing to deaths in such an indirect, "long distance," and small fashion that they feel no sense of responsibility or culpability. For instance, the person who makes the sheet metal that is eventually sold to the military, which makes rockets and bombs out of it, may see the connection between his/her own actions and the deathmaking use to which these have contributed. But such a person may not feel responsible, because the time and distance between the making of the metal and its being shaped into weapons is so great, because "someone else would do it if I didn't," etc.

Both distantiation and objectification are mightily advanced when a human service is technologized, because this requires that a human service worker interact a great deal with apparatus or procedures rather than directly and/or exclusively with the client. One example of such objectification and depersonalization via the use of technology can be found in many services to dying people, where patients become almost abstract entities behind a wall of tubes and medical equipment, which in part serve the purpose of concealing the human agony of death. The trouble is that not only may the dying person be spared some agony, but so may the observer, and death then becomes increasingly viewed as a change in video tube wave forms, in printouts, in digital readouts etc.

In light of the knowledge of how objectification can detoxify evil schemes, one should be alarmed to observe that modern human services are being increasingly objectified through all sorts of rules and regulations that govern every conceivable form of service interaction. These developments are widely trumpeted, as well as perceived, as being advances in the civil and legal rights of both clients and human service workers. In reality, they constitute an expression of depersonalization of human service, and they thus lay the groundwork for massive alienation between clients and workers, and thereby for some form of detoxified genocide.

Yet today, we see these things not only in human services, but also overtaking society itself. In addition, there are modern tools which greatly facilitate detoxification efforts. For example, in the Nazi era, few weapons were as serviceable to the Gestapo as its files. Today, computers are the

analogue to the Gestapo files, in that computers enable the instantaneous retrieval of data about anyone on whom government or one of its agencies wishes to keep tabs.

Conclusion

All of the four forms and strategies of detoxification reviewed above are exemplified in regard to the legalization, and subsequent massive practice, of abortion in the United States. The arguments used to persuade the courts to legalize abortion, the terms applied to the abortion procedure itself, and the arguments used to justify and support abortion, all detoxify what is actually being done, namely, the killing of unborn children. For example, the unborn were declared by the Supreme Court to be non-citizens and non-human. Then, the killing of unborn children was relabelled a medical procedure or medical operation. Many religious denominations and authorities approved, and all of this was surrounded by language and other imagery which glorified abortion as being highly beneficial to unborn children, their siblings, the mother, the entire family, all women, and society in general.

Similarly, a striking example of how world destruction is being detoxified today is the proliferation of video games which teach an entire generation of young people that nuclear war is a game, an abstraction, a fun-filled simulation that is played out long-distance and at high speed so there is really no time for moral reflection. One could almost say that the ultimate detoxification is applied to the ultimate evil.

At this point, it would be useful to make two additional points that tie together certain things that have been covered separately.

1. All the detoxification strategies are intimately interlinked with the universal rationales that have been used historically at all times to justify killing. These rationales cluster into the following three categories.

a. Whatever is being done is not killing, and if it is not killing, then doing it is not hurting people and is not bad.

b. Killing is only wrong if one kills people, and because what is being killed is not human, killing is alright. Thus, once one succeeds in defining certain people as non-human (such as the unborn child, the handicapped newborn, the elderly person, the person who is comatose or very handicapped), then killing them becomes permissible.

c. It is alright--perhaps even mandatory--to kill people under certain conditions, namely five. One of these conditions is if the killing results in significant good; for instance, if it benefits society (perhaps by relieving it of a burdensome person or group who would extract tremendous financial cost), if it benefits the person killed (e.g., by ending his/her suffering), if it benefits the killer in certain ways (such as by enabling the killer to have an easier, more materialistic life, more money and possessions), etc.

A second condition under which killing of humans may be seen as permissible or even mandatory is when it is interpreted as being the will of God or the gods.

A third condition under which killing of humans may be seen as permissible is if there is no direct and personal link between the death of one person and the deathmaking actions of another.

A fourth condition advanced to justify the killing of human beings is that the victims deserve to be killed, perhaps because they themselves have killed others.

A last condition universally advanced in support of killing human beings is that it is legal to kill, and therefore also moral.

One can now see the connection between the different forms of detoxification, and the different rationales that are advanced, at least in the abstract, to permit, defend, or even mandate deathmaking.

2. A second point to tie some of the above more closely together is that because devaluation is often unconscious (as has already been covered), and especially so the subsequent desire that the devalued people be dead, forms of deathmaking that flow from strong unconscious death wishes and devaluations are apt to be subtle, indirect, and denied, and the legitimizations and justifications of such deathmaking are apt to be subtle, indirect, and disguised. Today, one can see all these things in relation to devalued groups such as the elderly, the mentally retarded, and street people.

To conclude this section, we can summarize the typical course of genocidal events as follows. Genocide is apt to break out if there exist (a) a sufficient intensity of social devaluation of a victim group, and (b) sufficient environmental stresses upon a perpetrator group. The outbreak of genocide will be preceded by death-imaging of potential victims, will be accompanied by sanctions from moral authorities, and will be surrounded by various disguises and/or detoxifications.

HOW TO GET AT THE TRUTH ABOUT DEATHMAKING

Introduction

Whenever one lays the truths about deathmaking before people, one will almost always be asked--or even challenged--what the "evidence" is. To most people, evidence means "hard data" and publicly available statistics. When it comes to deathmaking, these are hard to come by, a major reason being the disguises and detoxifications mentioned above. Therefore, one needs to become very clear about the nature of evidence and truth. To this end, I propose four "facts about `the facts'" of deathmaking.

1. The greater the moral issues at stake, and the greater the evils being committed, the harder it will be to get so-called "hard evidence" about what is going on. People define hard evidence as data collected in such an objectified and controlled fashion, and to such an extent, as to permit a presumably scientific conclusion that a phenomenon is real. Virtually never does there exist this kind of evidence where grave major moral issues are at stake. Indeed, on such issues, people's definitions of what constitutes hard evidence will become so flexible as to accommodate or refute any amount of any kind of evidence. A classical example today is pollution, where no amount of evidence is accepted that midwestern industrial smoke emissions are killing off the lakes and forests of the entire northeastern North American continent; no amount of evidence seems sufficient to convict the asbestos or tobacco industries of their promotion and infliction of death; etc.

2. Naturally, all these realities mean that an issue such as genocide cannot be expected to be verifiable with so-called "hard evidence" while the genocide is still in progress--and often, not even after it has ended. In fact, entire populations can disappear, as did the Armenians and the gypsies, without there ever being any hard evidence that they were exterminated, that large-scale killings took place, that there was a genocide, etc. For instance, there was no hard evidence of the killing of the Jews during World War II until the war was over, and even what evidence emerged then is still contested by some people today.

3. This means that instead of talking and thinking about "getting the facts" or "proving the point," one must think and speak in terms of ascertaining, apprehending, or discerning the truth. And that is exactly why the great masses of people never see the truth until it is too late. Persons with a passion for truth and justice in their hearts are always few, and while a person is constantly confronted with the choice of whether to be such a seeker, one reason why the majority of people fail this test is that submittal to important moral truths always puts one at odds with a favored powerful majority, and results in one's marginalization.

4. Once one perceives that the issue is one of the ascertainment of truth about deathmaking and even genocide, then one can rely on several strategies in addition to, and even more powerful than, the pursuit and/or utilization of "hard evidence"! These will be reviewed below.

Strategies for Determining the Presence and Extent of Deathmaking in One's Society

1. The first step is to examine one's society for the presence of the universal preconditions to genocide. If such preconditions are present, one can infer that genocide is in progress, or at the very least is about to break out. Because our modern age is so clever at hiding genocide, one need not wait for so-called hard evidence to come to strong conclusions.

2. One assesses the presence of the relevant preconditions by astute and insightful observation of society, its morals and its values. For instance, if one can show that societal values are overwhelmingly, or even only strongly, concordant with deathmaking, then one can confidently infer that at least some deathmaking is going on or will soon take place, even if one lacks "data" to that effect. This is even more true if one can see (a) that the value trends are going even further in a certain direction, rather than away from it, and/or (b) that society is undergoing stresses which can be expected to convert prevailing negative values into actions, i.e., into violence.

3. A third major source of knowledge is evidence that comes from a broad sampling of events in society. In our society a scanning of the news media would constitute one such sampling. Here, one finds a steady stream of reports of a wide range of deathmaking phenomena, as, for instance, reports of human service workers killing clients, abuse in residential services, "euthanasia" reports and trials, etc.

Similarly, one would sample how much deviancy-imaging of vulnerable people is going on, and especially to what extent death, dying, and discard images are attached to various groups of people. The more such death imagery prevails, and the less conscious it is, the more desire for deathmaking lies latent in that society, and the more unconscious and concealed deathmaking one can expect to find.

Additional evidence can come from sampling of the art products of a society and of its entertainment sector. Here, one can note that our entertainment industry has come out with a wave of books, plays and films that project nobility into "euthanasia."

Yet another significant source of knowledge along these lines are explicit statements by significant segments of the population or its leaders that they approve of, would like to contribute to, or have participated in, certain types of deathmaking. The following vignettes would be examples.

Surveys have shown solid support for "euthanasia" among physicians (e.g., Affleck, 1980; Quay, 1977; Todres et al., 1977), several church bodies have come out openly in support of it (Whytehead & Chidwick, 1977; Whytehead, 1979); and a majority of the public has been shown to be supportive of various forms of "mercy-killing," or the killing of "unfit" people. In 1982, the National Coalition of American Nuns stated that "it was not possible to tell when life began," and voted for abortion on demand. An increasing number of parents are admitting that they harbor death wishes toward their children, handicapped or otherwise.

Personal observation and first-hand reports of reliable observers must also be taken seriously. I have had people tell me personally that they see or saw forms of deathmaking and "euthanasia" all the time, often in their own work settings. This includes drugged mental patients suffocating on their own vomit, restrained elderly people getting strangled by their restraints, and secret withholding or withdrawal of very basic life supports.

One can also gather observations in certain settings oneself. For instance, critical touring of a few dozen human service settings can be very revealing of major societal truths, especially if these settings are diverse and yet representative.

Yet further, one can listen to, or even pursue, testimony of diverse members of a victim class as to their experiences.

4. Fourthly, one can examine a society, and especially its moral authorities, for the extent to which deathmaking is "detoxified," and especially to what extent language is manipulated to project nobility, or at least moral neutrality, onto such evil-doing. Detoxification and deviancy-imaging are at least partially related, in that deviancy-imaging proclaims that a group of people is bad, which legitimizes (and thus detoxifies) oppression and deathmaking directed toward them. Relatedly, one can also assume that the more the "imperial powers" of the world direct attention away from oppression and deathmaking in general, regardless of the extent of other forms of ongoing detoxification, the more likely is it that oppression and deathmaking are apt to break out, are already in progress, or will increase.

5. One can also infer the truth from knowledge of whom and what one is dealing with. Evil fruits are likely to come from evil actors and agencies, and if one can be certain that such are on the scene, are powerful, and are functioning with considerable freedom, then one should not be in the least surprised if they actualize themselves. For example, anyone who had insight into the soul of Nazism and Hitler could have predicted war and genocide, and would have known genocide was in progress after 1938, regardless of the fact that all the spoken and written words in the environment denied it.

6. Sixth, it is important to be aware that there are people who have a gift of insight into complex, disguised and concealed phenomena. These people must be sought out, identified, and utilized. If a scattering of such people make a moral pronouncement on a certain societal development, then their judgment should certainly be given at least as much weight as that of the power-wielding imperial structures of society.

7. Seventh, legal, legislative, litigative, and judicial trends are particularly powerful indices of society if they are combined with other indices. In our society, it is getting increasingly difficult to obtain convictions for murders that are perceived or interpreted as mercy-killings. Also, every year, legislation edges closer to making various kinds of "euthanasia" officially legal.

8. Lastly, there does also exist hard evidence, but one will only perceive it if one's mind is open to it. Some of these bodies of evidence I have already mentioned, such as abortion statistics. In addition, one reads of cases of deathmaking all the time in the news media and occasionally even in the professional literature. A major source of human service evidence was the journal Augustus, which almost every month published vignettes of abuse, many of them resulting in deaths of people, in various kinds of institutions and prisons. The abuses reported take every conceivable form: outright irrational staff brutality, violence among inmates, injury and death when staff apply restraints, over-drugging, incompetent staff assessment or treatment, etc.

Another example of evidence in the public domain is the dramatic upswing since the 1970s of what one might call a "suicide cult." Suicide organizations have sprung up all over the world, how-to manuals have proliferated, and throngs of people join, buy, or admire all this. These developments are very much observable in the public domain, as are some of the spectacular cases of "suicide assistance" that have reached the courts, and some of which have been unveiled as involving murder. Other spectacular cases have involved suicide pacts in which at least one partner was famous, e.g., that of writer Arthur Koestler and his much younger wife.

As mentioned in the Preface, our files are replete with specific documentations of all sorts of evidence pertaining to each of the eight points above, including literally thousands of actual deathmakings which have reached the media.

The various strategies we have just briefly reviewed exemplify the fact that a person who has profound insight into a society can come to know where that society stands in regard to some important actual or potential development.

In our society, the various sources and kinds of evidence on deathmaking can be interpreted as follows.

1. In some cases, such as abortion, there is a solid data base. In other areas of deathmaking of afflicted people, one must rely on empirical observation, vignettes, extrapolation, inference and discernment.

2. For every vignette that comes into one's hands, there must be scores, or hundreds, or perhaps even thousands that do not.

3. For every vignette that becomes public (including the ones that do not reach one's hands), there must be hundreds or thousands or more that do not.

4. For every act of killing that actually occurs, there must be ten thousand impulses to kill.

5. For every impulse to kill, there must be several thousand devaluations.

6. Ergo, if one can gauge the extent of social devaluation, and of the impulse to kill, one will know a great deal about the likelihood that killing is actually taking place.

THE SPECIFIC FORMS OF DEATHMAKING OF DEVALUED PEOPLE IN OUR SOCIETY TODAY, IN ORDER OF EXPLICITNESS

Sufficient universals have now been reviewed to permit more specificity about the forms of deathmaking of devalued people in our society. One should not naively expect a single and obvious mode of killing, but a multi-level and multi-pronged approach. I also propose that one can see various detoxifications and legitimizations of deathmaking in our society, and that a rank-ordering of these and of the explicitness of deathmaking can be established that helps one see more clearly what is going on.

1. The most subtle, and therefore least explicit, form of deathmaking of devalued people today is large-scale, systematic marginalization of devalued groups, which then results in many secondary and tertiary causes of death, though the death rates and the real underlying dynamics are deeply hidden. In other words, bad things get done to societally devalued people, and these bad things cause other bad things, which are or become causes of death. For instance, poor people are more vulnerable to disease, they sicken, and die, as a result of such things as a bad diet. So anything which makes people poor may eventually kill them. Abandoned elderly people or people of the streets freeze to death in the winter--so it is really the abandonment which brings about their death. Elderly parents of a handicapped person may despair because of the lack of needed supports and services for their son or daughter, and have been known to kill themselves and their handicapped child. In such cases, it is really a lack of needed supports that brings people to death.

Between 1981 and 1983, the Reagan administration cut several hundred thousand poor people off from disability pensions. Many of these people despaired, and there was a dramatic increase in suicides among them (e.g., New York Times, 25 May 1983). Many left suicide notes addressed to the government.

2. A more explicit form are the spontaneous, scattered--but not infrequent--instances of personal violence towards devalued persons committed by society's citizens. Usually, the perpetrators are people whose inhibitions against committing violence have been lowered by (a) generalized societal devaluation of the victim class, (b) widespread deviancy-imaging of the victims, and (c) systematized legitimate societal crime against the victim group.

As has already been mentioned, all people hold devaluing attitudes towards some group or groups, though often these devaluations are unconscious, and all people have a certain threshold at which devaluation will spill over into violence, though this threshold will vary from person to person. These devaluations, and this tendency to violence, can either be increased by the social influences that bombard a person, or it can be reduced and held in check by such social influences.

When a society utilizes legitimate processes and structures (such as law, government, churches, business, universities, etc.) to assault entire classes of people, strip them of possessions, exclude them from the mainstream and its opportunities, attach deviant images to them, etc., then the message is conveyed to its citizens that it is alright to act out their own devaluations and frustrations toward members of these devalued groups in a violent manner.

We mentioned that there are many ways in which our society conveys the message to its members that some people are of low value, burdensome, should be dead, or are better off dead. It similarly sends out signals that there are forms of deathmaking that can or even should be applied to such persons, and that those who do bring about the deaths of such persons will not likely be

punished, and may even be rewarded. Indeed, the moral authorities of society may even model some forms of deathmaking to its members. Here are some examples: broad inaction by regulatory agencies in the face of abuses in nursing homes; police brutality against minority members; laws that permit utility companies to turn off poor people's fuel in mid-winter; states dumping bus loads of handicapped people out of institutions literally onto the streets.

In essence, these societal behaviors are forms of instruction and socialization of its members--especially the young. The consciousness of the members may get so shaped thereby that deathmaking is no longer perceived as such, and/or no longer perceived as being bad. In turn, the "students" may then imitate the teachers, and inflict similar injuries on the groups they have seen violated by the moral authorities, or on yet other groups perceived to resemble the violated ones.

In our society, systematic and legitimized/legalized crime against devalued people is exemplified by patterns such as the following:

a. Urban housing policies that take poor people's housing options away, so that they get squeezed into segregated, crowded, and expensive ghettoes.

b. Stripping elderly people of their social functions, role, status, and possessions.

c. Robbing Indians of their land and of the profits for any minerals, oil, or gas that may be found on their land, so that they are made and kept poor.

d. Pervasive, relentless deviancy-imaging of devalued people as worthless, animalistic, menaces, diseased, responsible for societal troubles, and as deserving the poor treatment that they receive.

When society acts in such a patterned and essentially violent fashion against certain of its members, it establishes a very strong model of behavior for its citizens to follow, and conveys a message that certain groups ought to be treated badly and that those who mete out this treatment are not really doing anything wrong or bad. Thus, society lowers the threshold at which its individual citizens will become violent towards individual members of devalued classes, and therefore, spontaneous individualized violence towards devalued people is bound to be high. One example of all this is the recent increase in street assaults and other crimes on elderly people, rapes of elderly women by teen-aged males, and even assaults on elderly people within their own families by their own sons, daughters and grandchildren.

Similarly, there seems to be a growing number of assaults on handicapped people. In several locales, community group homes for handicapped people have been set afire, presumably by the neighbors. In other communities, there have been outbreaks of murderous assaults on street people.

Once crime toward a devalued group is so legitimized in the larger society that it begins to resonate in the sphere of spontaneous personal violence, then one must fully expect to also see such violence emitted by individual human service workers toward the devalued people they serve. Studies have shown the obvious, namely, that human service workers largely hold the same devaluations as does their larger society. Accordingly, there has been an increase in the incidence of violence committed by human service workers against clients. For instance, there has been an increase of mysterious and/or suspicious client deaths in many human service settings. In some of these instances, it is clear that death must have been brought about by the action of knowledgeable

people close at hand, and that it was not likely the result of violence among the clients themselves. Reports about unexplained deaths of institution and community residence clients, often in large numbers, have been coming in from locale after locale. In any one instance of a mysterious death, one might find a plausible explanation, but hardly for the whole pattern which can be observed. Yet to my knowledge, no national authority has consistently raised a voice and pointed to this systematic patterning.

To cite a specific example: in 1979, the state of Maryland dropped charges against a nurse for the "mercy killing" of four comatose patients, on the condition that she give up her nurse's license (AP, 29 March 1983). The nurse was reported as saying, "I was not the only one," and, "I only did it to GORKS" (which stands for "God only really knows", i.e., critically or terminally ill patients) (AP, 7 March 1979). Several nurses testified as character witnesses on her behalf, and the hung jury had voted ten to two for acquittal.

3. Even more explicit is systematic deathmaking within human services, which, however, is largely unrecognized as deathmaking because it takes the form of disguised perversions of legitimate service practices. For instance, an extremely common human service measure that enjoys high legitimacy is to move or transfer people from one program to another, or in and out of programs. It is known that the more vulnerable a person is, the more they suffer from discontinuities, as mentioned earlier, and that death rates increase dramatically in the weeks after a person's transfer to a new environment. Yet infirm people are commonly moved around from place to place, and often in a precipitous and bewildering fashion. Hardly anyone perceives the deathmaking in all this because the moves are part of a pattern that is (a) virtually universal, and (b) interpreted and viewed as beneficial and legitimate.

Another major disguised form of deathmaking is for handicapped people to be dumped into the community without support systems. There, many are severely victimized in any number of ways (having their income and property taken away, being sexually abused and physically assaulted, etc.); many enter into a violent street culture in which they are weak members; many end up in penury, hunger, and poor health.

In contemporary institutions, nursing homes, hospitals, prisons and elsewhere, such heavy medication (especially of mind-altering drugs) is given to people as to bring about at least four types of consequences which can endanger or shorten their lives. (a) Vital functions are slowed down, so that the body has less resistance to fight off other insults, infections, etc. (b) Sensorium is impaired, so that a person can no longer report danger signs and symptoms, such as pain. (c) Consciousness is impaired, so that a person no longer has the judgment, vitality, volition or awareness to oppose death-accelerating measures by personnel, to report even those severe pains that are experienced, or to advocate for him/herself in any number of other ways. (d) Other bodily functions are impaired, which may then invite death from secondary causes. Examples are fluid retention, reduction in perspiration (inviting heat stroke), or diminished capacity to swallow or cough, opening the doors to respiratory infections and "death by pneumonia."

Obviously, many deaths must occur whenever medical services are poor--as they are in many residential settings for devalued people, and wherever personnel who are not qualified to practice on valued people are permitted to work. For instance, a handicapped man who broke his arm while in an institution died from the poor way this fracture was handled, which is virtually unheard of where valued people suffer similar injuries. Indeed, even in settings that are purportedly medical in nature, such as nursing homes, the medical care may be quite bad. For instance, in one study, the average

length of contact between a nursing home resident and a physician was 14 minutes a year (US Senate Special Committee on Aging, 1974).

Even where devalued people receive services in the same settings as valued people, they may receive poorer treatment than would valued citizens. An example is a case where a retarded man who was allergic to penicillin was repeatedly treated with penicillin in the same hospital, even though he experienced severe negative reactions each time. It is unlikely that the same thing would have happened to a valued patient.

Relatedly, whenever concern for clients is defective, clients experience more accidents as a result of shortcomings in either the physical or social environment. For instance, one hears on an ongoing basis of clients being scalded to death by hot water (e.g., Quality of Care, March/April 1983).

Similarly, some human service environments for devalued people (especially residential environments, such as institutions) are so abnormal and uncomfortable that they drive their clients into agitation--for which clients are then drugged or restrained, and the agitation, combined with the response to it, highly increase the likelihood that the client will die. A typical scenario is that an agitated client is given a big dose of a tranquillizer--often by injection--and placed into a heavy canvas restraint. Some of these drugs reduce perspiration, so the client starts getting hot, and the canvas prevents cooling. The patient gets desperate, starts screaming, and is put into an isolation room. In these, the temperature may be as high as 110° or 115°, and the windows cannot be opened. Too busy, or unable to tolerate the screaming, the personnel leave to let the client calm down and fall asleep. When they check up later, they find a dead client. An inquiry takes place, and the death is ruled inexplicable or accidental, perhaps due to heart failure as a result of agitation.

Also, when a client becomes agitated, altercations with staff may result. Typically, several staff members pounce on the client, a confused and emotional melée occurs--and the client may end up dead on the bottom of the pile. The new training courses on how to restrain clients seem to add at least as many deaths as they prevent, because clients die as a result of the so-called "holds" that are taught, such as the choke-hold. Such deaths are almost invariably ruled accidental and unintended--which they largely are when looked at individually, but not when seen collectively, as a pattern, and in their true context.

The remarkably sudden, almost explosive, increase in conferences, training programs, literature and resources on human service clients who are supposedly combative, assaultive, violent, dangerous, etc., is one of several ominous contemporary trends in human services. There are well-attended training programs for human service personnel on how to disable a presumably combative client, seminars on "dangerousness" in this or that setting, etc. Institutional facilities in the areas of mental disorder, mental retardation, and others are adding very extensive in-service training sequences on topics such as "Restraining and Managing Violent and Assaultive Patients." In some institutions where employees receive only seven hours of training in Social Role Valorization (which supersedes the normalization principle, Wolfensberger, 1983, 1984a; Wolfensberger & Thomas, 1983), they may be mandated to receive more than 20 hours of training in methods of restraint.

The explosive growth in literature and training on how to restrain violent clients is not sufficiently explainable by client behavior itself, but can be understood as a highly legitimized preparation of human service workers to become the inflictors of violence on clients, by (a) shaping

their minds to expect clients to be violent people, and (b) reducing their inhibitions against applying bodily force to clients, and thus desensitizing them toward the application of violence by human services. In turn, I see all this as smoothing the path of three current trends, namely, an increase in the prison population, a transfer of many formerly institutionalized people into the prison system, and a rising consensus on "euthanasia" for many groups of severely devalued people.

Elderly people are subjected to conditions and abuses which make healthy elderly people sick and feeble, and sick and feeble elderly people dead. Innumerable human service, nursing home and institutional practices contribute to this. In the community, many elderly people are too poor to eat appropriately, which once more contributes to all sorts of secondary causes of death; however, in nursing homes, not enough time may be allowed for feeble residents to eat.

An example of genocidal institutional practices has been the John J. Kane Hospital in Allegheny County (Pittsburgh), Pennsylvania, a so-called "rehabilitation and long-term care hospital" operated by the county. In the mid-1970s, it had 2111 places, and its residents were medically indigent, most of them over 65 years old. For a series of years, the average length of stay was two years, and about 1,000 residents a year died! Only 200 a year were discharged alive--despite the supposed rehabilitation nature of the facility. Despite these phenomenal death rates, the residents were actually nowhere near as severely handicapped as one might infer, although many did have chronic impairments. Further, the hospital was well-funded, e.g., over $19 million in 1975.

How is it possible to view Kane Hospital as anything but the equivalent, in this day and age and for this country, of an extermination concentration camp--one that has been publicly operated in a city known as one of the industrial capitals of the country, that has been run by a county, financed to a large extent by federal funds derived by taxing US citizens "for their own good," and that has been under the control and regulation of the "commonwealth" of Pennsylvania?

What was particularly striking about this facility during this episode was the beauty of its lay-out and design, with spacious (but empty) courtyards, plants and shrubbery, a graceful chapel, and a modernistic globe-like auditorium. Yet a report of the Action Coalition of Elders (1975) of Pittsburgh called it "a place to die." The report pointed to an incredible extent and complexity of corruption at the hospital, involving all administrative levels, and including the political machinery in the county at all levels. Sadly, through their silence, their cooperation, or their outright defense of the hospital, a vast number of human service professionals, particularly in the medical areas, have been morally guilty of collusion as much as any number of concentration camp physicians must have been.

Another example of a very subtle form of deathmaking is to promote vulnerable people into eating themselves to death. An example is a retarded young man without judgment or much self-direction who resides in a service where unlimited food is available to him, while simultaneously sufficient physical exercise is withheld from him. As he outgrows one set of clothes after another, and finally virtually all available clothes, he also develops problems of body odor as many obese people do, and becomes increasingly repugnant to people around him. Thus, he is being stripped of advocates, and his progression toward death from obesity is justified by the staff as reflecting their noble and progressive attitude that grants "self-determination" to clients, and that abstains from "coercion."

Human service agencies commonly share case record material with parents of live adult mentally retarded persons, even if these parents have not been officially appointed as legal

guardians. However, should such a client die under suspicious circumstances implicating an agency, then case records may suddenly be denied to the parents with the claim that release would violate privacy and confidentiality of the records--as happened recently in Georgia. In other words, parents can look at the case records of their sons and daughters while they are still alive, but possibly not once they are dead.

There is simply no end to human service atrocities, and sometimes one can only groan in agony about what happens, and what the human service czars try to, and often do, get away with.

One can see that deathmaking via well-disguised perversions of legitimate human service modalities can indeed be extremely subtle, and that even the relatively infrequent ones (such as promotion of extreme obesity) can add up to large numbers without being recognized as a pattern, or as significant.

All this illustrates the point made earlier of how it is possible to deny that what is being done results in deaths--even if it does so on a massive scale.

4. Even more explicit deathmaking than the above modes is relatively obvious illegal, but largely condoned, killing of devalued and handicapped people by police and prison guards as a result of excessive force or outright brutality and sadism. A surprisingly large number of people die in prison as a result of brutality by guards. Also, a huge number of people are killed by police every year, and a little-known fact about such deaths is that a large proportion of these people are shot in the back. In Canada's west and north, there has been tremendous police brutality against native people. While prisoners also often die as a result of attacks by other prisoners, often prison personnel either stand by idly or even approve of the assaults, thus being culpable for the resulting deaths.

If one looks at who dies as a result of police and guard culpability, one finds again and again that the victims are handicapped, especially mentally disturbed, retarded, emotionally undeveloped and infantile, addicted, suffering from disorienting brain injuries, etc.

5. Next in order of explicitness is relatively concealed, though possibly large-scale, killing of afflicted people by quiet consent and collusion among human service workers, and often the judiciary, the victims, and their families. I refer to such killing as "pre-legal," meaning that neither law nor courts have declared it legal, and/or that it has received an ambiguous response when it has been addressed in the courts. These kinds of killing include the pattern of hidden decision-making to withhold or withdraw life-sustaining treatment that is now so common in medicine, and widely condoned by observers. I estimate that the number of people in North America made dead annually on and beyond the threshold of legality must be in the tens of thousands. In time, many such killings do become legal.

As early as 1974, a retired British physician, Dr. George Mair, admitted in his memoirs, lectures and interviews (e.g., Toronto Star, 11/8/74) that in his 29-year career, he had administered "euthanasia" to a large number of people. He noted that it was all done "without fuss and was so civilized," and that "everyone was doing it." He used injections of overdoses of truth serum (Epivan) so that the victims fell asleep within a minute and were "very dead within an hour." "Death certificates were issued without question and there seemed to be no problems with the coroner."

In hospitals (even those run by religious bodies), mentally retarded people, people with other handicaps, and elderly people are commonly denied relatively elementary life supports such as antibiotics, basic resuscitation, the simplest medical procedures, or even food and water. In fact, the likelihood is relatively high that persons afflicted with multiple devalued conditions will not leave a hospital alive--even if their affliction and/or illness is relatively moderate. In many locales in North America, it is dangerous to admit to a typical general hospital a moderately retarded person who is above the age of sixty. Secretly, and without involving relevant relatives, advocates, or the other human service providers who are responsible for the handicapped individuals, death-dealing decisions about such individuals may be made by medical personnel.

Often, the only way to assure the safety of such afflicted persons in hospitals is to place at their bed a 24-hour "guard," e.g., family members, advocates, friends, private duty nurses, or members of that person's supportive human service circle such as group home staff, who want to see that person live. Unfortunately, nowadays, some of the very people so intimately involved in the life of an impaired person will not stand in the way of that person's being killed, and may even cooperate in the killing of the person. It is for this very reason that I have developed a set of guidelines for people on how to protect the life and welfare of a person at risk who requires hospitalization; these guidelines are described in Appendix A. These guidelines are intended mostly for family members, friends and advocates of vulnerable people who want to make sure that such a vulnerable person is not neglected, mistreated, or even made dead in a hospital.

Three times in three years, the public prosecutor of Galveston County, Texas, had tried to obtain murder indictments against a local nursing home that is part of a chain ominously called Autumn Hills. He contended that at least 8 deaths resulted from starvation, denial of medication, or letting people lie in their own waste. There were 35 deaths in a 90-day period, false reporting of the residents' weights, and about 70% of doctors' orders were not being followed, yet the state adamantly refused to decertify the facility despite overwhelming evidence of violations, and the indictments were systematically sabotaged by other legal officers of the county. The president of the chain that operated the facility was very blunt in spelling out that he was helping society by having the residents "die for $30 a day instead of $300 a day" ("Autumn Hills Nursing Home," 1983).

One form which deathmaking can take is for the quality or quantity of the milk formula of handicapped newborns in hospital pediatric units to be systematically diminished (even by "prescription"), in essence starving the infant, although death may take place from causes that are secondary to the infant's insufficient nourishment. For instance, insufficient nourishment, combined with a handicapped infant's general vulnerability, can result in infectious or other diseases which can then conveniently be listed as the cause of death, rather than the willful murderous starvation perpetrated by medical personnel. The deathmaking of handicapped infants is a classic example of a form that starts out illicitly but is tolerated by mutual consent, and that eventually becomes legal.

One related deathmaking custom is to place a handicapped or impaired person of any age on very heavy sedation, and then to enter into the person's medical chart that the person is to be given nourishment "on demand," even though everyone involved knows that demand is extremely unlikely to occur because the person is too drugged to emit the relevant responses.

The following case may also be in this category of pre-legal killing. In 1983, the New Jersey Superior Court ordered--not permitted, but ordered--the withdrawal of a nasogastric feeding tube from a woman who was <u>not</u> terminally ill, <u>not</u> comatose, and <u>not</u> "brain dead," thus condemning her

to starvation. However, she was 84 years old, senile, and bedridden ("Feeding order stopped," 1983). The publicity of this case probably helped in staving off the court order.

One method of pre-legal killing is for everyone to ignore the need for appropriate health and safety standards in human service settings. An example is a Bronx nursing home where 15 people died during a July heat wave (Health Care News, 1980, 3(7), 8).

Relatedly, one form of subtle deathmaking in human service settings involves cover-ups of what one might call health and safety accidents that result in client deaths. An example is a 1979 outbreak of a mysterious illness at Marlboro State Hospital in New Jersey, which then housed approximately 800 residents, many of them elderly and frail. In October of 1979, over 130 of them became ill, apparently from some form of food poisoning, and at least 4 of them died. However, the administration kept the outbreak secret, and it might conceivably have remained secret (or at least little known) if a New Jersey legislative committee had not launched an investigation (New York Times, 6 November 1979). One can easily imagine how common health accidents like this must be, and how commonly they must be covered up.

In Maryland, the state defines "domiciliary care homes" as providing shelter and supervision for four or more unemployed adults. There were believed to be 1,000 of these homes in the state, holding approximately 6,000 residents, but by approximately mid-1980, only 45 of the homes were licensed. In many of these homes, the handicapped people had been living under conditions ranging from unsatisfactory to despicable and murderous. Even a highly-placed state official expressed concern that numerous people were being "killed" in these settings. In essence, the situation is yet another one where complexity overwhelmed the state's capacity to control services, and where a state did not even have the data on what services it was funding, regulating, or overseeing. Closing down unlicensed homes is nearly impossible because it requires involved litigation, and in good part also because the states or provinces really have no alternative provisions for the residents ("Domiciliary care homes," 1980). One should not assume that this situation is unique; rather, it exemplifies how complexity can be injected into systems generally so that they become so opaque to most observers that the evils within them withstand identification or documentation, and so that it also becomes almost impossible to find a way of doing anything about them even if one did identify the evils.

6. Next in increasing explicitness of deathmaking is unconcealed killing by human services, possibly on a large scale, which is legitimized and detoxified by denying that killing and/or human lives are involved. Virtually all abortions in the US fall into this category. In the US alone, there had been until recently approximately 1.6 million abortions a year (now about one million each year), and worldwide, about 55 million a year. In some locales in the US, 80% of all pregnancies in some age groups are ended by abortion. Additionally, this category would include much or most of professionally-committed infanticide, some geriatricide, and the killing of very ill people, often on the basis that "they are already dead anyway."

7. Yet more explicit is unconcealed killing by human services which is massively detoxified, as in number 6 above, but accompanied by explicit judicial permission in the absence of explicit legislative permission. More and more, the courts in our society have assumed the function once played by the legislature, and have begun to rule that patterns of deathmaking are now legal which were once forbidden under law--even laws that may still be on the books. Abortion, infanticide, etc., were once covered under legislation that outlawed murder, but all it took to set aside these earlier laws and concepts was for the courts to rule that (a) the unborn were not legal persons and

(b) that killing by physicians was not murder. Thus, even where no new laws may have been passed to permit such killing, the killing has been made permissible by judicial rulings.

The widespread acceptance of abortion is about as classic an example as one can get of judicially legitimizing the taking of human life by denying that human life is involved, or that killing is taking place.

How infanticide has grown with utter logic out of abortion is made dramatically clear by cases such as "abortions" being committed during the eighth month of pregnancy, well beyond the time when premature babies usually live. Such abortions may be performed by means of Caesarean section and the aborting (delivering?) physician may end up physically strangling the infant, drowning it, or injecting a poison in it. Once the official dehumanization and depersonalization of the unborn was accomplished, exactly the same could be done to the newborn, and certainly to a newborn who did not meet normal criteria for health, shape or appearance.

Many people know of the widely publicized report in the New England Journal of Medicine (Duff & Campbell, 1973) that of 300 infants who died during a two-and-a-half year period at Yale-New Haven Hospital, 14% died because treatment was withheld after discovery of an anomaly.

All of the above is exemplified by the Phillip Becker case. Phillip Becker was born with Down's Syndrome in 1967. His parents placed him in an institution at birth, and rarely visited him. In 1979, the agencies in his life sought to have his life-endangering heart defect repaired, but his parents went to court in California to prevent it. His father declared that "everyone" would be better off if Phillip were dead, a pediatrician testified that Phillip's life was "devoid of those qualities which give it human dignity"--and the (juvenile) court agreed. The parents also forbade Phillip to continue visits with another family, and refused to permit another family to adopt him. In 1980, the US Supreme Court refused to hear an appeal on a lower court decision which had ruled that even absentee parents (such as the Beckers) of a retarded teenager could withhold permission for life-saving surgery, even though lack of such surgery would quite likely mean a slow, painful, and gruesome death for the retarded child, and even though other people had stepped forward willing to rear the child. Phillip Becker was not even catastrophically handicapped: he was a member of a Boy Scout troop, made his own bed, performed chores around the house where he lived, fed the cat, knew a number of TV shows, operated a tape recorder, and assembled Legos. Eventually, as a result of various and lengthy legal proceedings, permission was granted by a state court for surgery to be performed on young Becker, although by the time this permission was obtained, it was questionable whether the operation would still be effective. In May 1983, the parents of Phillip Becker wrote a scathing column for Newsweek (Becker & Becker, 1983), complaining that the courts took their child away from them--yet they would have killed their child.

8. On a yet higher level of explicitness is unconcealed (and possibly widespread) killing in human services that is carried out by explicit legislative permission. Whereas abortion was initially only judicially ruled to be permitted, permission was gradually also legislated. Similar developments have been taking place in legislative permissions to withhold or withdraw life-supporting services.

9. One step beyond judicially permitted killing by withholding a service is judicially decreed active killing--performed as a human service by human service workers, almost always in human service settings. An example would be a court order that an abortion be performed on a retarded woman.

10. The final step would be killing that is not only permitted but mandated by both law and then a court. An unequivocal example is capital punishment. Historically, capital punishment has been applied in a most inequitable fashion, overwhelmingly to people of the lower social strata who often were multiply handicapped and/or disadvantaged.

Several of the killing modes we have just reviewed might be called "euthanasia." Technically the term means a "good death," but it has been used so loosely that it has lost its utility, and therefore I always put it in quotation marks when I use it, and readers should so understand it whenever they see it here or elsewhere in my writings.

In recent years, it has been fashionable to distinguish between active and passive "euthanasia." Active is when one does something to shorten someone's life, and passive is when one does nothing to prolong it. I have concluded that this purely descriptive distinction has little utility, and can even serve to obscure the more important dimension of what motivates people to do what they do vis-à-vis issues of life and death. Specifically, I believe that the single biggest moral issue is whether one wants a person to live, or wants that person to die. If one's intent is to have or produce a dead person, then even if that death wish is not fully conscious,* one is apt to do things that contribute to that person's death. At that point, it makes more sense to speak of direct and indirect ways of contributing to a person's death.

I thus propose that so-called "euthanasia" is killing if it is motivated by a death wish, regardless of whether that wish is conscious or unconscious, and regardless whether it is enacted directly or indirectly. Among the relatively direct modes of taking a person's life that might be called "euthanasia" are physical assault (such as smothering a person), administration of some toxic substance (such as a fatal poison or paralyzing drug), and starvation or dehydration of a person. Among the more indirect modes of killing that also might be called "euthanasia" are the use of unsafe physical environments, imposition of strong death expectancies upon a person, the unwarranted withholding or withdrawal of life supports or treatments, and deliberately enabling or encouraging a person to commit suicide.

Indeed, there has been a dramatic rise since the 1970s in organizations and media which encourage people to commit suicide, and even facilitate or assist them in doing it. It is particularly ironic that healthy people in the midst of life are writing suicide manuals and in other ways encouraging the suicide of people who themselves are mostly elderly and/or severely ill. Obviously, a major strategy involved here is to persuade afflicted people to end their own lives and thereby reduce the "need" for other people to do it for them.

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*Unconscious death wishes in others can commonly be identified through observation of the behaviors that such persons emit. Such behaviors will not be in accord with the persons' verbalizations in support of life. In oneself, one can at best become aware of death wishes that lie not far below the surface. These often break through quite explicitly, often thereby causing alarm, remorse and guilt.

LIKELY FUTURE SOCIETAL DEVELOPMENTS IN REGARD TO DEATHMAKING

If we read the signs of the times accurately, we have to anticipate a worsening rather than a retreat from deathmaking. Societal values are continuing to move in the direction of ever greater materialism, individualism, hedonism, and utilitarianism. Every year, the law continues to make abortion, infanticide, and "euthanasia" easier and more legitimate. We must therefore anticipate continuing legalization and other forms of legitimization of deathmaking, and ever greater numbers of victims. Considering the legitimization of these trends, the direction of the values, and the phenomenal detoxification that surrounds deathmaking, we should not expect a significant increase in resistance to deathmaking unless and until deathmaking reaches an orgiastic intensity that begins to engulf the general population that had previously considered itself valued and safe--and then, it may be too late.

Many people like to point to certain contemporary ideologies and values as reactions and rejections of the value directions explained above, and perhaps also as rejections of the Judeo-Christian ideals which many perceive as equally objectionable. However, we believe that many of these alternatives are not genuine alternatives, but merely the same modernistic values in disguise, perhaps with a particular emphasis on one or the other of the constituent components mentioned above. For example, some of these value trends may de-emphasize possessive materialism, but emphasize individualism, or vice versa. A good example of all this is the dramatic increase in popularity of real or imagined Eastern belief systems. Hardly any of their adherents live differently from the rest of the culture as a result of their professed beliefs. Genuinely counter-cultural value systems are held by extremely few people who are sane, competent, and not drug-addicted.

At least one of the modern Western traditions, although possibly materialistic, still attempts to protect the ethic of the sanctity of life by appealing to the "natural sense of the fitness of things, the feeling that is shared by most kind and reasonable people..." (quoted in Keyserlingk, 1979). However, this is a position which would be most difficult to defend within a materialistic framework wherein it could easily be dismissed as sentimentalism.

One peculiar phenomenon we often observe is that a person or group will at first deny that a particular kind of deathmaking is occurring--and suddenly, when this deathmaking has become "popular" and overt, the person or group will endorse it--without going through an intermediate evolutionary phase, such as acknowledging but abhorring it, and being slowly swayed by the arguments in its support. We therefore anticipate that this phenomenon will also continue to be common in the future.

SUMMARY OF THE TOLL OF THESE VARIOUS FORMS OF DEATHMAKING ON DEVALUED CLASSES

At this point, I could cite considerable evidence of killings in various settings, by various professions, of various age groups and of various groups of handicapped people, but that could make a whole book in itself. Indeed, my files of such evidence grow daily ever larger, and the evidence is so massive and so compelling that it would be sufficient to convict our society, in the eyes of any unbiased jury, of having embarked on a course of slaughter of its devalued members. Here, space only permits me to give a brief synopsis of these realities.

1. Truly a sign of our times is the widespread hatred of procreation, and contempt and dislike for children, making for an attitude that sees children as trash that can or even should be thrown away, or, as US soldiers used to say in Vietnam, "wasted." This child trashing and wasting expresses itself in at least five forms of deathmaking.

a. At the top would undoubtedly rank abortion, which takes three distinct forms.

a1. Use of falsely-named "contraceptives" that are <u>really</u> contraimplantatives, i.e., that prevent implantation of fertilized ova, and result in their being sloughed off by the woman's body. This effect is produced by IUDs that are used by about 80 million women in the world (as of March 1985) and by certain drugs that are used by other millions, mostly outside North America. Thus, there are probably several hundred million such abortions every year. Conceivably, one woman could be having 100 such abortions in her lifetime, usually without knowing it. A new drug (RU486) introduced in France in 1986 also prevents implantation, can be taken on a one-time or short-term basis after intercourse, and may soon become widely available and used as a private "morning-after" pill.

a2. The discarding of embryos produced <u>in vitro</u>, either for purposes of research or artificial implantation.

a3. The willful abortion of the implanted fetus. As already mentioned, in the US, there are now about one million such legal medicalized abortions each year, and in the world, over 50 million annually. It is estimated that in Canada, 65,000 abortions are performed annually.

b. The second biggest form of child-wasting is infanticide of unwanted newborns, mostly if they are handicapped or sick. There is much straightforward, solid information on this, yet hardly anybody seems to believe it. It is known that 10% of newborns are congenitally handicapped, seriously underweight, unwanted since before birth, or rejected upon or shortly after birth, as might be the case if there is post-partum psychosis of the mother. It is also known that 1% of infants are <u>severely</u> handicapped at birth. This puts a lot of infants at risk of being made dead. Even if one assumed that only one out of 30 at risk were made dead--which is indeed a very conservative estimate--then this would still be a huge number, given the birth rates. For instance, between 1970 and 1981, US births varied between 3.15 and 3.73 million. Applying the risk percentages just outlined, this means that every year, well over 300,000 babies were at risk. Therefore, we should not be astonished if the number of babies made dead in the US ranges well above 10,000 a year! Indeed, widespread infanticide is now openly admitted in the medical community; it is practiced everywhere; it is widely known in the medical professions; it has been going on in vast numbers for quite a number of years. Yet hardly anyone gets prosecuted or convicted.

In addition to babies being killed medically, there is also "folk infanticide," perhaps due to parental rejection and hatred of an infant, shame over birth out of wedlock, stress, etc. A recent newspaper clipping (Le Devoir, 10 May 1983) reported the discovery of 39 unidentified dead infants in just one year (1982) in just one Canadian city (Montreal). Thus, these 39 infants were murdered, or abandoned to death, by one or both parents. Again, this figure does not include other infanticides and/or identified dead babies in Montreal.

If we combine abortion and infanticide, we can easily see how they have replaced earlier eugenic policies of contraception, sterilization, segregation and confinement, and that we have thus entered into a new massive but undeclared eugenic program designed to dramatically control and reduce segments of our unwanted population. We can only expect yet further increases in this policy, in that 300 hereditary disorders are already identifiable before or during pregnancy, and research is progressing to where almost all fetal abnormalities may be detected in utero, and thus more and more unborn children will be apt to be aborted.

Already there is a new method, namely, chorionic villi biopsy, that can detect fetal abnormalities even earlier and easier than amniocentesis, and scientists are working on a blood test that may detect such abnormalities yet earlier and easier. The net impact of such developments can be expected to be more, and earlier, abortions.

c. Then there is child abuse. There is no agreement on its extent, though there is agreement that it is high and rising. Estimates vary from one million to six million in the US each year. It is estimated that at the very least, 2,000 die every year as an immediate result of the abuse, not counting those deaths brought about by child abuse over the long run. Many of the abused children are, or become, handicapped, and an estimated 90% go on to abuse their own children.

d. Much hidden deathmaking in North America results from what one can call the throwing-away of older children and teenagers. It is estimated that in the US, up to 1.5 million children, mostly teenagers, are expelled from their homes or run away each year. Even though their average age is only 15, the majority are never reported as missing by their families. Thus, the official figures on missing children may be low. At least four awful things happen to a large proportion of such children. (a) Many soon begin to sell sex, use drugs, and enter a lifestyle with a drastically reduced life expectancy. (b) Some fall victim to accidents and disease because of their vulnerability and inexperience. (c) A fair number commit suicide. Every 24 hours, more than 1000 children and adolescents attempt suicide in the US, and 6500 of these succeed every year. At least a proportion of these suicides must be in response to having been discarded by one's family. (d) A great many discarded children get murdered, as covered in the next point.

e. In addition to the deaths that result from abuse and discarding of children, there is explicit--and largely intentional--murder of children. Some of this comes about as a result of violence in society and the family, but the biggest proportion is linked to sex crimes. (Again, one can see the connection between our materialistic hedonistic value system and systematic deathmaking.)

2. The second largest source of deaths is probably life-impairing use of psychoactive drugs. These are drugs that are administered to mentally disordered, retarded, aged, ill-behaved, or demanding people in various settings, especially in institutions, group residences, prisons, and nursing homes. In many of these settings, almost every resident is on tranquilizers. These drugs are not primarily therapeutic, but are a means to make it easier and cheaper to manage the clients. I estimate that at

least in the US, these drugs cause easily above 100,000 deaths each year, and in Canada, maybe 10,000 deaths a year. However, one is not likely to find a single death certificate that records psychoactive drugs as the cause of death, because the drugs often lead to death from secondary and tertiary causes.

3. Thirdly, deaths are brought about by withholding not of heroic but of basic, simple treatments and life supports from people who are elderly, moderately handicapped, terminally ill, and/or imprisoned, and who often die from minor things because they just do not get medical care, or get it too little or too late. This is especially apt to occur if any of these people are institutionalized, poor, defenseless, or several of these. One can estimate that over 100,000 people per year in the US are killed in this way, and there is no reason not to expect an equivalent proportion for Canada. As already noted, it is no longer safe for handicapped people to go into general hospitals.

4. Then there is the personal violence, mentioned earlier, by ordinary citizens against the elderly, street people, and handicapped people. A very conservative estimate, at least for the US, is several thousand deaths per year resulting from this.

5. Then there are various forms of deathmaking and violence performed or condoned by personnel in human service settings, prisons, and police forces. I estimate (again conservatively) several thousand deaths per year as a result in the US alone.

6. Additionally, there is active life termination by families and human service workers of dying, handicapped, elderly, severely, chronically, and terminally ill people. How many people die yearly as a result depends on how one defines the word "active," but surely there must be thousands.

If one adds up the above estimates, then even allowing for all kinds of errors, one can conclude that we are facing a conservative estimate of 200,000 deaths a year of handicapped and other devalued people whose lives have been taken either directly or indirectly, and at the very least by readily preventable abbreviations of life motivated by social devaluation or outright death wishes. Canadian figures can be assumed to be about one-tenth of that, i.e., 20,000. Thus, the term "genocide" seems warranted, and in order to give such genocide its proper historical context and recognition, it may deserve a special name, such as "Holocaust II."

While the Holocaust of World War II has special meanings apart from the numbers involved, it is staggering to contemplate that just a few of these legitimate forms of deathmaking in our society today make the Holocaust look like a bagatelle numerically. We can assume that about six million Jews were killed in a five-year span of 1941-1945. The United States alone kills more unborn and newly-born children than that every four years, in addition to making many other afflicted people dead.

SETTINGS THAT POSE SPECIAL RISK OF DEATH TO DEVALUED PEOPLE

Between them, all these various kinds of deathmaking occur in many places: in people's homes, on the street, in human service settings, and elsewhere. However, most people would be shocked to learn that human service settings would be the sites where large-scale deathmaking, or even outright killing, take place. I have compiled a list of such places, and rank-ordered them according to the likelihood of deathmaking occurring in them.

The settings in which deathmaking is most likely to take place are medicalized settings, such as abortion clinics and services, newborn nurseries, emergency and "rescue" services, general hospital intensive care units, nursing homes, (US) Veterans' Administration hospitals, and services for people interpreted as dying (e.g., "hospices").

Second most likely to be the site of deathmaking are institutional settings, especially institutions for the mentally disordered and mentally retarded, but also detentive settings such as jails, prisons, and juvenile detention centers. Detentive settings are often overlooked. In juvenile detention, it is a well-known phenomenon that a lot of children or teenagers die as a result of stress when they are locked up and/or restrained. Many of them commit suicide, particularly when they are put into adult settings where they get assaulted and raped. There is also every reason to believe that police/guard brutality causes many deaths in such settings.

Third most likely to be the site of deathmaking are other residential settings of a non-institutional nature, especially private proprietary placements for adults, which are often called "foster homes" or "board and care" homes.

At least one kind of non-residential setting which must be defined as risky is day programs for elderly people. Many of them contribute to deaths in a very indirect fashion, primarily by imposing a death and dying role on elderly people. For instance, in many such day services the elderly people are taught to rehearse their deaths and their funerals, tour cemeteries and morgues, etc.

I have tried to rank-order these human service settings according to the extent to which they are tied to deathmaking, but found that this was difficult to do for four reasons. (a) Hard data are lacking, and one thus needs to rely on one's informed insights into the truth. (b) The proportions of deaths induced in a specific type of setting may be little related to the actual numbers of deaths taking place. In other words, settings with a high proportion of deaths may still only produce small numbers, and vice versa. (c) Dangerousness of a setting is not a clear index because some places that are extremely dangerous, such as hospital intensive care units, are not necessarily the places where either alliances with death, or numbers or proportions of induced deaths, are highest. (d) Considering these realities, I was struck by the fact that there can indeed be something which I call "commitment to death" or "death alliance," which may not be reflected in either the number or proportion of induced deaths. In terms of either numbers or proportions, many deaths can occur where death alliance is only moderate, while deaths may occur in lower numbers and proportions where death alliance is profound.

In light of all these considerations, I venture to offer the following rank-ordering (Table 8) of human service settings in terms of "likely dangerousness to life for devalued people," be these their clients or, where the concept of client may not apply, their "subjects."

Table 8

Human Service Settings Tentatively Rank-Ordered
For Risk to Lives of Devalued People

1. Abortion clinics & services
2. Residential “hospices” for the “dying”
3. Nursing homes
4. Newborn nurseries
5. Institutions for the mentally disordered
6. Detentive settings
7. Medical emergency services:
   rescue & ambulance services, emergency clinics
8. Hospital intensive care units
9. Adult “foster” or “board & care” homes
10. Institutions for the mentally retarded
11. Day programs for elderly people

We can see that in abortion services, it is not the pregnant woman (who is the client) who is at risk, but her unborn child, who is in a role difficult to describe, and is referred to as "subject" above.

That hospices rank so high will undoubtedly surprise many people. However, the hospice movement is a very ambiguous mixture of the good and the bad, and the bad part is that in North America at least, it is rarely anything like one of its major founding models, St. Christopher's in London. Instead, it is substantially (and increasingly) a branch of the nursing home business--many nursing homes are converting themselves into "hospices"--and it is suffused with strong death role expectancies. Even the funding patterns promote death roles, because a client will only be funded for a short period (e.g., six months), and a client that fails to die in the prescribed period causes consternation all around--not to mention that s/he is almost put in a situation of having to apologize for causing so much trouble by not dying on schedule.

Interestingly, and perhaps somewhat unexpectedly, how much deathmaking takes place in a particular human service context is only partially related to the degree of devaluation of the people served therein. Different settings themselves have different traditions and sets of values which may enlarge upon, or somewhat counteract, societal devaluation of a particular group of people. For instance, mentally retarded people are apt to be much less devalued in most settings that serve retarded people exclusively than they would be, say, in a generic hospital, where for various reasons, they are apt to be even more devalued than they would be in open society. The situation is quite different in psychiatric settings, where devaluation of mentally disordered people is profound, and where there is much more deathmaking than in institutions for the retarded. A few decades ago, the situation was the reverse.

SOME COMMON REASONS WHY PEOPLE CLAIM IGNORANCE ABOUT A GENOCIDE THAT IS GOING ON AROUND THEM, OR DENY ITS REALITY

Considering that the evidence for genocide of handicapped people is everywhere around us, we must ask the question why so many people claim ignorance of the realities. We have been able to identify nine basic reasons, most of which must be rather painful to those who do claim ignorance.

1. People may deny the existence of a genocidal operation if they are active and willful participants in it, but wish to keep the reality hidden. Perhaps they fear that there would be much opposition if other people became aware of the reality, and that they might be punished for their part in the genocide.

2. People may also claim ignorance if they are active participants in the genocide, but feel guilty about their participation and therefore repress the truth. Thus, such persons may enthusiastically embrace and even create the "detoxifications" of deathmaking that make it seem like a good rather than a bad thing.

3. Even people who are not active participants may still deny the existence of a genocide that is taking place around them if they support such a genocide in their hearts, but if their higher values prohibit these kinds of death wishes towards other people. Again, repression of this reality into unconsciousness is apt to result.

4. A fourth reason why people may claim ignorance about the existence of genocide is that acknowledging such a gruesome reality must inevitably bring one into any number of severe conflicts. For example, admitting the truth might mean that one would have to take action, confront other people and authorities, take risks, be inconvenienced, or even accept martyrdom. One might even have to admit the bankruptcy of cherished ideas and values, e.g., about government, of materialism and hedonism, individualism, professionalism, etc. If one cannot tolerate such conflicts and demands, one may attempt to avoid them by avoiding or denying the truth.

5. Additionally, some people may be totally naive about the operation of evil in the world. Admitting that deathmaking is being enacted massively by whole classes of people against whole classes of people would mean they would have to confront the frightening reality of evil, while denying genocide allows them to continue to pretend that all or most people are good and that all the awful things that happen in the world are merely the result of "mistakes."

6. People may simply have been living an exceedingly sheltered life, and therefore not have been exposed to what happens outside their protected corner of the world.

7. Many, many people are not aware of the extent of deathmaking in the world because they have been deceived by the detoxifications and deceptions of those who promote and enact deathmaking. In other words, the "public relations" campaign to put a good face on deathmaking has been exceedingly successful.

8. The genocide itself may indeed be very hidden and disguised, and therefore difficult to detect except by the most insightful and determined of observers. For instance, it may take place via very indirect routes, in hidden places, at times when there are no witnesses, etc., so that it may not be detectable by the ordinary person.

9. Lastly, many people are under the impression that the progress that has been made in societal acceptance of some devalued groups (e.g., mildly mentally handicapped people), and in the heroic efforts of the field of medicine to save the lives of some very handicapped people (such as certain newborns, paralyzed stroke victims, etc.), is not compatible with a simultaneous policy of deathmaking towards certain devalued groups. However, it is important to recognize that such a belief is, indeed, an illusion, and that it is indeed possible for a society to both support a better life for certain devalued people at the same time as it engages in genocide against other devalued people. Actually, such apparently paradoxical behavior is quite consistent with a materialistic/utilitarian worldview that is closely allied with the celebration, and even idol worship, of technology. In a setting based upon such a worldview, technology will be brought to bear very intensively on an afflicted person either (a) in order to prove the power of the technology to give and save life, and/or (b) as long as the servers see value in that person, identify with the person, and/or see "hope" for the person. If the servers do not perceive the person in one of these ways, or cease to see the person positively, or see the person as defeating their technogod, then they are apt to put the afflicted person into the "dead role." After all, a person who is not "cured" or "curable" constitutes a scandal by having revealed the lie of the omnipotence of technology, and this scandal can only be "cured" through the death of the scandal-giver, i.e., the afflicted person. This whole process is very much akin to one described by Foucault (1965) which explains why human services that have once placed a mentally handicapped client into the role of an animal will do everything in their power to enlarge rather than to diminish those aspects of the client's identity and environment that confirm the person's animality in the eyes of observers.

Another merely apparent paradox is why a post-industrial society should kill the very people who constitute the food of its economic system. Again, the answer is relatively simple: it will only kill the food of its service economy as long as there is a surfeit of such food. Today, the societal and human service mechanisms are so effective at producing wounded, dependent and devalued people that many are no longer needed and can be discarded.

THE FRUITS OF DEATHMAKING

"Strange Fruit" was the title of an old song about lynchings in the South of the US. Obviously, one fruit of the deathmaking sketched above is at least 200,000 dead handicapped and devalued people a year in the United States (probably 10% that in Canada), not even counting abortions. However, there are other ghastly fruits as well, not just of each particular form of deathmaking, but especially, of the overall pattern of deathmaking and of the acceptance of a wide range of deathmaking actions.

Specifically, I propose that the increasing acceptance and practice in our society of various forms of deathmaking is bound to do devastating things to society and its members. Five obviously predictable consequences are that these things (a) harden people's hearts, (b) divide people from each other, (c) dull people's moral perceptions, (d) dull and even deaden their passions, and (e) disable people's capacity to make moral judgments. Some examples of how deathmaking does these things follow.

1. Participation in deathmaking reinforces and enlarges the natural tendency of human beings to be selfish, to put their own interests, concerns, and wishes above those of others. It thus pits people against each other, and offers a most extreme and violent means of resolving conflicts between the interests and concerns of various parties, especially if one of the parties is weaker and seriously devalued by the other.

2. Acceptance of a wide range of deathmaking forms moves our society from its earlier consensus on certain ideals to (a) utter hedonistic individualism in the realm of morality, (b) a profound break of this civilization from its Judeo-Christian culture, tradition and ideals, and (c) an irreconcilable division between a life-defending minority and the larger society. Here, we need to note that the very ideals are being rejected, even though those ideals have admittedly been poorly actualized in practice.

3. The total devaluation of unborn life must surely do something terrible to the minds and hearts of women. Women must become hardened toward their own life-giving capacities, perhaps resentful of this capacity, and hostile toward the lives they may eventually bear within them. Further, when a child actually carried to term later does become a burden, a woman is now apt to think that everyone would have been better off if only she had aborted the child. Thus, there is bound to be greater resentment by parents, and especially mothers, toward burdensome children, and therefore we should expect greater--not less--child abuse.

4. Similarly, the legitimization of infanticide must set up tremendous conflicts in those parents of impaired infants who decide against it, but who later feel burdened and regret their decision; and in those parents who wanted to kill their handicapped children but were prevented from doing so. Again, child abuse can be expected to be one of the outcomes.

5. Abortion surely must divide mates from each other, and that in many ways. A pregnancy may no longer be viewed as the product of the love between a man and a woman, as a token of a most intimate tenderness, sharing and mutual surrender; rather, the new life is so commonly seen as an intruder, and a spouse may see the other as the one who "let it happen." When the woman aborts over the man's objection, a deep wound is bound to remain in the man, who must view his co-creator of life as a murderess. And if a pregnant woman is forced by her mate to abort, she, as well, can be expected to feel deep resentment and distrust. Such wounds may well be unhealable.

We are already seeing a growing hostility of the sexes toward each other, which in part has grown out of that part of the feminist movement that images men as untrustable and even violent impregnators of women victims who are always in the right. Thus, contrary to common claims, I see the dramatic recent rise in homosexuality not only as a "coming out of the closet" of people who have "always been" homosexual and just never admitted it, but also a flight of ever more people away from natural sex-gender congruity.

6. The way abortion has been legalized in the US, it divides daughters from parents, because a daughter who lives in the parent's own home, for whom the parents must provide, can go out and without the parents' knowledge or consent, commit what in the parents' eyes is murder. Paradoxically, parents may find that it is illegal for the school nurse to apply a band-aid to a scratch on the daughter's little finger without their explicit consent, while at the same time the daughter can obtain an abortion without parental consent.

7. Children will grow up knowing that their parents might have killed them--in some cases, <u>did</u> kill their unborn brothers or sisters. Such knowledge can hardly contribute either to a child's feelings of security, or to esteem by adult children toward their parents when the parents become old and burdensome to their children.

8. Even apart from abortion and infanticide, various other forms of deathmaking that are widely practiced and/or legitimized teach our children that taking the life of another is permissible, perhaps even necessary, and does not necessarily even involve killing. We can only expect that our children will grow up to be even more killing than their parental generation. Especially since the arguments used to justify deathmaking are materialistic hedonistic ones based on qualitative definitions of life, humanness, and worth, it should not be surprising if our children exercise even less discretion as to whom they kill and under what circumstances, since evils of one generation tend to enlarge rather than diminish in the next.

9. Every time they hear of famine or similar hardships elsewhere, people in general must now think that the victims must be at least partially at fault. After all, all they had to do was abort all pregnancies and let the newborns die, and immediately, a big part of the food and hardship problem would be solved. Thus, deathmaking can contribute in yet another way to a hardening of hearts.

10. For the first time in 2600 years, the medical profession is no longer clearly allied with life. As a result, it is becoming totally confused and incoherent because it has now also become the agent of death--and no longer knows the difference. Once the medical profession has lost its inhibitions against killing, then who is safe, especially when the relevant decisions about life and death are delegated to that profession, as both the field of medicine and others are demanding?

11. The detoxification of deathmaking is greatly contributing to the wholesale modernistic undermining and perversion of our language, where words are losing all their meaning. Life means death, death is called life-giving, genocide is called good, life-support is not only bad but murderous, license is the right to choose, murder is controlling one's own destiny, loving and rearing a child is committing wrongful life, etc., etc.

In Kentucky, a man assaulted his wife who was seven months pregnant so that she had a miscarriage, with the man himself removing the fetus from her womb with his hands. The fetus ended up dead from this treatment. Quite logically, considering recent abortion rulings, the Kentucky Supreme Court ruled that the killing of an unborn child against the will of the mother was

not murder, even if the fetus were viable. At most, the perpetrator can be sued for assault, or for practicing medicine without a license by performing an abortion illegally ("Kentucky Supreme Court," 1983).

12. All these confusions contribute to moral confusion in general. Soon, hardly anyone will know what is right or wrong, and therefore everyone will feel that whatever makes them feel good at that moment is what is good and what they are entitled to.

13. With a perverse irony, deathmaking may bring about precisely those things which its advocates claim to be avoiding or preventing by deathmaking. For example, via the power of modelling of socially condoned behavior (such as capital punishment), deathmaking may lead to even more violence among people. It may lead to even greater child abuse, at least proportionately if not numerically, as more and more parents come to see their live children as burdens and inconveniences. It may contribute to even greater marital breakdowns and family dissolution, as spouses divide over abortions, and decide to commit "euthanasia" on each other, as children abandon or even kill their aged parents, and as children suspect their parents of either planned or executed abortions. It will therefore lead to even greater mutual distrust, societal stresses and breakdowns, and eventually to destruction.

The above things are perfectly predictable if one understands that people who enter into systematic deathmaking are not in control of either life or death, as they often imagine themselves to be, but are under the control of Death, and Death has no life or mercy or goodness in it to shower upon its slaves.

SOME HIGHER-ORDER INSIGHTS INTO DEATHMAKING

As I approach the end of the monograph, I want to go beyond issues of evidence, and offer some important insights on the issue of life and death.

1. One of these insights is that death is indivisible. By this I mean that in the world, there are processes which are life-giving and life-enhancing, and others that are destructive and death-promoting, and the two are mutually opposed.

Destructive and death-promoting processes include: rejection; segregation; oppression; low valuation of life and/or of nature; deliberate killing, including capital punishment, "euthanasia," abortion, and infanticide; and war and preparations for war. Particularly death-promoting are stances and processes which contribute to death in a systematic and massive fashion, rather than in an isolated and sporadic one. In fact, I believe that the word "evil" is appropriate for systematized deathmaking, whereas its sporadic forms might more appropriately be called "sin." This might mean that a murderer on death row may well be a sinner rather than evil, while a president, politician, army general, welfare commissioner, business tycoon, or respected millionaire may be quite evil.

Life-promoting processes include the following: most quintessentially, the unselfish love between a man and a woman who seek to jointly create and shelter a new life as the fruit of their love; other forms of unselfish love; unselfish giving and sharing of oneself and one's possessions; the defense of the poor, oppressed, weak and disadvantaged; the protection and defense of even non-human life forms as wondrous expressions of life itself, and as a heritage which supports and enriches the life of future generations; and conservation of resources for use by our descendants.

2. Secondly, I propose that deathmaking has greater strength and power in the world today than ever before, because there now exist more powerful tools for deathmaking than ever before, including, unlike at any other time, tools to destroy all human life, and perhaps all higher life on earth.

3. Thirdly, I propose that societies sometimes make collective decisions to commit themselves to death. Although such decisions are virtually never explicated, they can be inferred from the pattern of a society's behavior over time. Today, we can see these movements toward such collective commitments to death in a number of patterns in the world.

One such major pattern is what one can only call hatred--indeed, virtual warfare--against nature. Primarily, this is manifested by the ruthless destruction of the long-term capacity of the earth to support human life, as is being brought about by destruction of nature, partially irreversible pollution, extinction of plant and animal species, destruction of the land, and dissipation of natural resources.

A second worldwide pattern of deathmaking is the commitment to nuclear weaponry and nuclear energy. Such a commitment is not only shortsighted, but arrogantly presumes a human capacity to control these developments which does not exist.

Thirdly, science has arrogantly entered into the manipulation and control of the ultimate processes and mysteries of physical life, and is doing so without being under any genuine moral control, mostly for the pursuit of science for its own sake. In fact, when other bodies, such as the

US Congress, have attempted to exercise control over genetic research and "bio-engineering," scientists and researchers continued their efforts in these areas in secret, without regard for the regulations and restrictions.

A fourth contemporary pattern of deathmaking in the world can be seen in the economic policies of much of the developed world, which are driving many undeveloped nations into famine, oppression, and even into being oppressors of their own people.

Fifth, there is the worship of youth at the expense of elderly people, which can be seen in all Western societies, and which other societies are imitating as they become "modernized."

A sixth pattern of systematized deathmaking throughout the world is the increasing legalization of abortion that is being promoted in nation after nation.

Lastly, there is an increasing tolerance for infanticide and various forms of so-called "euthanasia."

While one can see these developments essentially world-wide, and especially in connection with materialization and "modernization," as mentioned earlier, some societies evidence even more explicit alliances with death, and probably none as much as American society--not even Russia or China. I see America's alliance to death evidenced in its strong participation in all the seven phenomena just reviewed. For example, American society has virtually declared war on the environment, and through its attacks on the earth, it may soon bring about major catastrophes such as famine. Similarly, the US has been and continues to be a leader in the development, use, and proliferation of nuclear weapons and nuclear power. Even as communities in the US are banning nuclear energy plants in their own locales, US manufacturers are exporting such equipment to other nations all over the world. And the US has been one of the leaders in the legitimization of abortion, and has massively carried it out since 1973, with ever-increasing support among the populace.

In addition to its participation in these world-wide patterns of deathmaking, there are facts about the US history and government which strongly support the thesis that the American nation has allied itself to death.

a. The United States was founded on (a) the genocide of the American Indian nations, which was preceded by that of the Central American Indians, and (b) on a major war (the war of revolution against Great Britain).

b. The unprecedented wealth of the US was heavily derived from the practice of slavery, which itself involved vast slaughter and a wide range of deathmaking efforts.

c. The US government has consistently supported a great many bloodily oppressive, mostly rightist, regimes in other nations, which in turn has resulted in one bloody revolution after another. In the second half of this century alone, the US has supported such regimes in Iran, Korea, and the Philippines, and is repeating this same mistake today in Central America.

To this list, one could add that there is rampant violence in human services in North America generally.

In a society that has allied itself to death, it should not be surprising that genocide can take place within it without attracting much attention, and without arousing strong passions.

Other nations thus would do well to avoid joining into such an alliance. Canada is particularly at risk because it so strongly mirrors American developments.

4. A last insight into life and death is that evil developments have a way of actualizing themselves to their logical end points before they collapse. Thus, once an identity alliance with death has been forged, it must be expected to endure until the destruction has run its course--usually by devouring its perpetrators along with its victims.

SOME ACTION MEASURES TO CONSIDER

If one is totally unconvinced of the general thrust of this monograph so far, then one would obviously have to assume that deathmaking does not pose any special problem today, or at the worst, no more today than at other times. In that case, one would not feel that any special action measures are called for. On the other hand, if one agrees even with only the general substance of this presentation, one would not even have to agree to all of its specifics in order to draw all kinds of action implications. Specifically, I propose that the material presented up to now would suggest several action measures. These can be divided into two classes: those that deal with one's own internal stances, and those that involve overt action in the world. Each will be reviewed below.

Some "Internal" Stances/Decisions That Prepare One for Taking Actions

1. One must begin by working towards the unification of one's moral beliefs about life and death, so that they become a coherent whole. Once one comes to understand that one is not dealing with isolated issues, trends, laws, etc., but with a society's fundamental alliance with death, then it becomes much clearer that selective opposition to deathmaking is incoherent and insufficient. Indeed, it may even be a form of participation in the destruction of earthly life. Therefore, it is important to take a coherent stand for life, and against death, instead of an incoherent "smorgasbord" stance of supporting life in one sphere and supporting death in another. Incoherency is commonly expressed in phenomena such as the following.

a. People who oppose abortion may:

a1. oppose supports for distressed pregnant women or rejected infants;

a2. endorse capital punishment;

a3. support the nuclear arms race/build-up;

a4. be in favor of large-scale segregation of the handicapped, and/or extensive use of institutions and nursing homes.

b. People may oppose abortion in most instances, but make exceptions for pregnancies resulting from rape and incest.

c. Many people who oppose the death penalty support abortion.

d. People who oppose infanticide of handicapped newborns may support abortion of a fetus believed, or discovered, to be handicapped.

e. People who oppose relatively widespread segregation and institutionalization of handicapped people will support abortion on demand.

f. People who are opposed to the nursing home system will approve of elderly or terminally ill people taking their own lives.

g. Many people who consider nuclear war immoral will support, or at least consider morally permissible, other kinds of war.

h. People who oppose repression and murder in the name of one ideology (Marxism, Communism, capitalism, etc.) will endorse it, or at least consider it permissible, in the name of another.

i. People will abhor the large-scale slaughter of guilty parties, but will support the putting to death of individual guilty persons (e.g., via capital punishment).

j. People who teach their children that it is wrong to kill will give them war toys, or think nothing of having them habitually watch violent entertainment.

A striking example of such incoherency took place in the famous 1982 Infant Doe case in Bloomington, Indiana. There, the parents who tried just about everything to get their child with Down's Syndrome to die, and to assure that no life-saving treatment would be given, nevertheless hastened to have the infant baptized first. Similarly, on the floor of the Wisconsin legislature, a member said, "I'm not only for capital punishment, I'm also for the preservation of life" (McNeil, 1982). Another example: the chief of staff of a hospital in New York State started carrying a rifle on his rounds to patients' rooms in order to defend himself against a patient who he claimed had promised to shoot him to "show him what real pain was" (Syracuse Herald Journal, 6 April 1983).

When people are incoherent on life and death, they end up in what I call moral and intellectual "pretzel shapes." In contrast, becoming more coherent in one's commitment to life would include reconciling oneself to truths such as the following.

a. Violence only begets, and never resolves, violence.

b. Non-violence is the ideal toward which one should strive.

c. It is wrong to wish someone dead.

d. Deathmaking cannot be justified by either the magnitude of the evil one confronts, nor the amount of good one hopes to accomplish, nor the amount of harm one hopes to avoid.

e. Respect for life includes a respect and love for nature.

2. A second point is the recognition that the "imperial powers" of the world will generally and over the long run act on behalf of, rather than in opposition to, death and destruction, and will often do so most subtly.

3. Thirdly, one needs to develop a healthy respect for the subtlety and hiddenness of deathmaking, implying a skepticism especially for developments that are popular or "imperial."

4. One needs to accept the universality and inescapability of human suffering and death, seek meaning therein, and resist the temptation to carry a pro-life stance to its perverse extreme of denial of, and flight from, reality and death.

Again, space prohibits presenting here a lengthy analysis I have developed of the conditions under which it is morally justifiable to withhold or withdraw life supports from other people, or refuse them for oneself. Here, suffice it to say that a commitment to life does not mean that one must bring to bear all possible medical life-sustaining measures, regardless of their costs, in all

situations. There are moral principles, derived primarily from the Judeo-Christian value system which has undergirded our culture until the present, which can give guidance as to when and how to decide to withdraw, withhold or refuse life supports.

5. One should make efforts to resolve any of one's own remaining internal reservations on certain contemporary stumbling block issues, e.g.:

a. one must reject the modern legitimizations of abortion as not being killing, as not being tied to other forms of deathmaking, and as not being wrong;

b. one must reject the death penalty;

c. one must reject the idea that one practices religious faith or mercy by killing;

d. one must reject warfare, its means, and its threat.

6. Ultimately, all value systems divide into metaphysical and material ones. Metaphysical ones seek morality from outside the human realm, in the spiritual one. Material ones cannot acknowledge any external source or referent, and therefore reflect the whim of each individual, or whatever values collectivities are willing to agree upon with each other for the time being. The only possible rational reason for such an agreement with each other is to enhance self-promotion--if not in each situation, then at least over the long run. In other words, the only logical value systems that a consequential materialism can generate are utilitarian and selfish ones; and in turn, in such a value system, the preservation of the lives of unpleasant, non-productive, or "surplus" people makes no sense at all--especially not if other people agree that it does not.

At present, it is a materialistic utilitarian value system which, in essence, dominates, and since it will pose issues of life and death in technological and relativistic terms, it will also seek strategies on that level to address such issues. These technological strategies may include social and psychological, as well as physical, ones. In our age, even many people with metaphysical belief systems will unwittingly enter into the same materialistic level of discourse because they are unaware of what it is.

It thus should not surprise us that technology, and/or utilitarianism, are particularly apt to be invoked where faith and/or love fail, as exemplified by the arguments that an infant should be put to death if its parents view it as an unbearable inconvenience. Thus, it is important to come to the understanding that on the one hand, technological and utilitarian rationales and strategies are not functional as substitutes for faith and love, and that on the other hand, in an almost mystical fashion, faith and love can transcend and put to shame all kinds of utilitarian and technological strategies--and do so routinely.

Furthermore, no matter how much technological progress takes place, the question of whether to preserve life or inflict death will persist because (a) it is not a technological one, and because (b) even on the level of what physical and social technologies can accomplish, they fail whenever they are not derived from, and consistent with, ultimate truths and values, and whenever they are not employed by people who seek these passionately. For instance, even if it were possible to manipulate things so that a law were passed that upheld life, but the people of a nation disagreed fundamentally with this law, then the minority of the people who believed in it would have to use

force against the majority in order to uphold the law--which is particularly absurd where one would have to use violence to enforce non-violence.

Relatedly, it is futile and morally incoherent to treat a single facet or expression of death (such as abortion) solely, or even mainly, as a technical, legal or constitutional issue. If one lived in a society that sacrificed infants to the storm god, one would not respond by calling for a law against child sacrifice, but one would address the idolatry behind it, calling for a new religion, a change of heart, and repentance.

So to conclude this point, it is important to believe that materialism neither has, nor acknowledges, answers to issues of life and death other than utilitarian and selfish ones, and that therefore, those who perceive these realities should not feel guilty or frustrated because they have no satisfying answers for those who lust after answers on the material level. Instead, they should strive to interpret to the lusting the futility of their quest, the relativistic shallowness and capriciousness that must result from it, and what the radical but necessary alternative is

These six points dealt with the things that are important to do in one's mind, that is, internally. Having at least begun to attend to them, there are a number of external action steps which are relevant, though some depend on how coherent one has first become internally.

Some Universally Valid Actions That Can be Taken to Oppose Deathmaking

1. It is important to establish and maintain contact with sources of relevant information, confirmation, and support. These may be people, various newsletters and journals, etc. The journal Augustus (National Center on Institutions and Alternatives, 814 North Saint Asaph Street, Alexandria, VA 22314, 703/684-0373) was one such resource; almost every issue contained stories of deathmaking in human services. Two Canadian sources of information on issues of life and death are Pro-Life News (303-379 Broadway Avenue, Winnipeg, Manitoba R3C 0T9) and The Interim (215 Victoria Street, Suite 506, Toronto, Ontario M5B 1T9).

2. A highly relevant action is to bend over backwards to avoid negative imaging of devalued people, and especially death-imaging of such persons. It is these types of image juxtapositions which help to legitimize actions by other individuals and by society as a whole which will abbreviate the lives of devalued people.

3. Once one recognizes deathmaking for what it is, one has an obligation to communicate one's support of life in ways that are overt, public, and even bold--even when doing so will be costly.

4. One stands by people at risk, even to the point of being treated the same way they are.

5. Because genocide is so much an expression of imperial oppression and bureaucratized stratification, it is also important to respond by creating and practicing communality, both with other like-minded people and with people at risk. This is necessary both in order to receive support that will enable one to withstand assaults, and to likewise support others.

6. To the degree that one feels called and capable of doing so, one may actively resist and even sabotage deathmaking efforts. For example, one may not only refuse to withdraw a feeding tube from a terminally ill patient, but may even stand in the door to prevent others from doing so; one may engage in various demonstrations against war efforts; and so on.

7. Being in the midst of a society that is allied with death implies that one has a special obligation vis-à-vis that society, i.e., to "prophesy" from within, and to, that society about what it is doing, what its actions mean, and what will happen as a result.

Both numbers 6 and 7 may imply civil disobedience, as when one sabotages governmental contributions to, and activities in, deathmaking, or if one rescues people from being made dead in violation of duly established rules and authority of human service agencies. An example might be abducting infants slated for death, having sympathetic physicians operate on them secretly, having someone raise such a child, etc. It might also include blocking driveways of abortion clinics, etc.

8. Opposition to deathmaking--at least a coherent and/or enduring opposition--will have to be carried out largely by lonely and rejected individuals. If one sees the truth, and recognizes one's obligation to proclaim it, and to actively oppose deathmaking, one must prepare oneself mentally and spiritually, because without great inner strength, one will not be able to oppose death.

In concluding the review of possible action measures, I want to come back to a recurrent leitmotif, namely, the more coherency one has achieved in one's stance toward life and death, the more "moral authority" one will have in addressing these issues. For instance, we all have noted how little moral authority some of the opponents of abortion have when they fail to call for supports for pregnant mothers, fail to attend to the needs of unwanted or fatherless infants, advocate for capital punishment, call for nuclear armament, and call on citizens to arm themselves. Indeed, one's incoherency on life and death can be so great that one has no moral authority whatever, and one may even damage the cause of life by being seen as identified with it.

One must not harbor great hope that the voluntary associations (VAs) on behalf of impaired people will stand against the wave of deathmaking, for at least four reasons.

1. Members of VAs are infected by the same values as the general culture.

2. Members of VAs are at least as denying and repressing of the grim realities as the general public. For one year (1976-1977), I was on the Board of the US National Association for Retarded Citizens, and made the proclamation of the danger of deathmaking my major agenda. I recruited not one single expression of support from other board members during the board sessions, and only one board member privately expressed agreement with me on this issue--but did not have the strength it took to say so publicly, in official board sessions. This was not a weak person, but an unprepared one.

3. Many family members harbor overt or unconscious death wishes against their handicapped members, the same as did a very large proportion--perhaps the overwhelming majority--of families of institutionalized people in Nazi Germany. In my recent reading, I discovered that the majority of parents of institutionalized people in Germany during World War II approved of the killing of their handicapped sons and daughters. The context legitimized an impulse that had been unconsciously present in many.

4. Where there are pro-life majority factions in VAs, these will often only be able to obtain organizational action commitments in defense of life if they are willing to split the VA, which many pro-life members are not willing to do.

In my 1984 revision (Wolfensberger, 1984b) of a 1973 monograph on The Third Stage in the Evolution of Voluntary Associations for the Mentally Retarded (Wolfensberger, 1973), I have laid the challenge of defending the lives of handicapped people before voluntary associations (such as associations for retarded citizens) on their behalf. However, it is unlikely that even those VAs who read and study this challenge will be able to muster enough consensus on the issue to take any coherent relevant action.

CONCLUSION

Life and death have been clearly set before us. Collectively, a number of nations have chosen death, including the US and Russia. Each of us now has to decide on a deep personal level whether to join this choice, or stand in contradiction to it; and if the latter, how to do so coherently and credibly.

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APPENDIX A

AN OVERVIEW AND SUMMARY OF A GUIDELINE ON PROTECTING THE HEALTH & LIVES OF PATIENTS IN HOSPITALS, ESPECIALLY IF THE PATIENT IS A MEMBER OF A SOCIETALLY DEVALUED CLASS

In the first edition of this monograph, Appendix A consisted of a 20-page single-spaced document entitled "Protecting the Health & Lives of Patients in Hospitals, Especially if the Patient is a Member of a Societally Devalued Group." However, many people were interested in using this appendix as a free-standing document. Also, since the time of the first edition of this monograph, we had developed quite extensive material for revision of that appendix, based on experience accumulated since that date. We therefore decided to revise it, publish it separately, and print it in a format better suited to carrying along to the hospital bedside. It is entitled A Guideline on Protecting the Health & Lives of Patients in Hospitals, Especially if the Patient is a Member of a Societally Devalued Class.

However, even quite aside from its use for people who seek to protect the health, welfare, and even survival of someone in a hospital, the hospital guideline would also be of interest to readers of The New Genocide for other reasons. Namely, the hospital guideline sheds light on how some of the deathmaking dynamics described in The New Genocide can take concrete expression at people's hospital bedside--especially when patients fall into a class that is societally devalued: elderly, poor, handicapped, counter-cultural, etc.

People who are interested in obtaining the hospital guideline should contact the publisher (Training Institute, Syracuse University, 518 James Street, Suite B3, Syracuse, NY 13203 USA; phone 315/473-2978), and inquire as to the most current price for single copies and for quantities.

In order to help readers of this monograph decide whether they might be interested in the guideline, we herewith print its revised table of contents, which shows that it proceeds from general issues to specific guidelines. In other words, first the dangers of hospital settings generally are described, then dangers specifically when a patient is societally devalued, then--in light of these considerations--how those who want to protect an endangered or relatively defenseless patient should behave, including under such conditions as when death appears to be approaching.

A GUIDELINE ON PROTECTING THE HEALTH & LIVES OF PATIENTS IN HOSPITALS, ESPECIALLY IF THE PATIENT IS A MEMBER OF A SOCIETALLY DEVALUED CLASS

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