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Letter from a New Jersey Supporter to Geraldine Ferraro

Geraldine Ferraro

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August 7, 1984

Washington Office

August 14, 1984

Dear Representative Geraldine Ferraro,

108-18 Queens Blvd.
Queens New York 11375

I have been reading with great dismay about your position on abortion. If I understand your position correctly, it is as follows: "I am personally opposed to abortion but I cannot impose my personal views on others." You also argue that as an elected official, you must support the Constitution including the present Supreme Court interpretation regarding the lack of legal status for the unborn. I believe you are correct in this position. However, I also recall reading your claim to be a "good Catholic". If you truly are trying to be a good Catholic, you must know that there are times when the moral law takes precedence over that which is currently legal. I am sure you agree that the murder of Jews in Nazi Germany was immoral - yet it was acceptable government policy. Could you have said: "I am personally opposed to the gasping of Jews but I cannot impose my views on the Fuehrer"? I doubt it. Yet that is what you are saying when it comes to the lives of millions of unborn children.

I have no quarrel with your need to support the Constitution as it is currently interpreted. However, if your position is truly personally opposed to abortion and if you can see the evil of abortion, why not work to change the Constitution? Over 100 years ago slavery...
was legal - yet many men and women, while they respected
the then current legal status of slaves, worked long and
hard to amend the Constitution in order to bring the law of
the land into conformity with the greater moral law of
freedom for all without regard to race or color. To
follow your present line of thinking with regard to abortion,
your argument had you tried in those days would have
been in support of the status quo of slavery! Certainly
you can see the error of the position regarding slavery.
Why not with abortion?

In our present time, many elected officials support
the Constitution yet disagree with the Supreme Court's
interpretation regarding the death penalty. In so doing,
they have worked to pass laws regarding the death penalty
which attempt to correct the problems the Court found
with the cruel and unusual aspect of its application.
I am not supporting the death penalty; I am only using
it as an illustration. If one follows your line of logic
with regard to abortion then one cannot work toward
pursing new death penalty legislation. As a matter of
fact, to carry your logic to the extreme, no elected
official could work to amend the Constitution for any reason
nor could they work to pass laws that are counter to
current interpretations of the Constitution!

Representative Ferraro, while I respect your right and
your obligation to support the Constitution as it presently
stands, I cannot support or understand your
unwillingness to apply both logic and your faith
toward amending the Constitution to end a
practice which is truly immoral.
Finally, I am enclosing for your a description of the four most common means of abortion. On the same sheet is a description by Dr. Bernard Nathanson of an ultrasound film of an actual abortion of a ten week old unborn child. Please read both, then pray and re-think your decision to be "personally opposed but..." I will pray for you.

Sincerely,
Mr. SMITH of New Jersey. Mr. Chairman, I move to strike the requisite number of words.
Mr. Chairman, I rise in strong support of the Siljander amendment and I would like to commend my friend from Michigan for his courage and compassion in offering this important amendment.
I know, Mr. Chairman, that many Members of this body are growing weary of abortion floor fights. But I would suggest that what we do here today may indeed result in some now nameless, voiceless child—perhaps many children—being given a chance to live.

That, in and of itself, makes any inconvenience wholly worthwhile.
I know the prochoice lobby here on the Hill gets mightily uncomfortable when faced with the horror of abortion, or with the humanity of the child in the womb, or with the increasingly pat fact that abortion exploits women. But reality isn't changed or altered one iota because someone wishes it away or refuses to face it. I am reminded of an editorial that appeared in the Journal of the California State Medical Association in September 1970 that eloquently summed up this wishful thinking process:
The reverence of each and every human life has been a keystone of western medicine, and is the ethic which has caused physicians to try to preserve, protect, repair, prolong, and enhance every human life.
Since the ethic has not yet been fully displaced, it has been necessary to separate the idea of abortion from the idea of killing which continues to be socially abhorrent.
The result has been a curious avoidance of the scientific fact, which everyone really knows, that human life begins at conception, and is continuous, whether extra-uterine, until death. The very considerable semantic gymnastics which are required to rationalize abortion as anything but taking a human life would be ludicrous if they were not often put forth under socially impeccable auspices. It is suggested that this schizophrenic sort of subterfuge is necessary because, while a new ethic is being accepted, the old one has not yet been rejected.
Mr. Chairman, there is no question that the unborn child is human and alive, and is the victim of pernicious age discrimination. It seems to me that the advances in the science of fetology and medical care must necessarily cause many procholels to rethink their positions on abortion. After all we no longer live in the dark ages. Modern medicine tells us that at 12 weeks, all the body systems of the unborn child are formed and working.

The heart has been beating since the 17th day. Brain waves can be recorded as early as 6 weeks. The unborn child wakes, sleeps, and vigorously sucks his or her thumb. The child responds to pain, cold, sound, and light. Properly viewed, birth is an event that happens to us all and is not the beginning of life as some would suggest.
One of the most respected doctors of our time, Dr. Albert Liley, the physici

an who developed the interuterine blood transfusion, has written extensively about the child in the womb. His writings should shatter any remaining illusions concerning the robust life of every unborn child. Dr. Liley writes:

We know that (the unborn child) moves with a delightful easy grace in his buoyant world, that foetal comfort determines foetal position. He is responsive to pain and touch and cold and sound and light. He drinks his amniotic fluid, more if it is artificially sweetened, less if it is given an unpleasant taste. He gets hiccups and sucks his thumb. He wakes and sleeps. He gets bored with repetitive signals but can be taught to be alerted by a first signal for a second different one. And finally he determines his birthday, for unquestionably the onset of labour is a unilateral decision of the foetus.

This then is the foetus we know and indeed we each once were. This is the foetus we look after in modern obstetrics, the same baby we are caring for before and after birth. If not before birth, can be ill and need diagnosis and treatment just like any other patient.
Mr. Chairman, the more we focus on the beauty, magnificence, order and sheer splendor of the life of an unborn child, the more we recoil from the violence of abortion.
Mr. Chairman, abortion methods are gruesome and ugly to consider. Yet it is a sad fact, that there are some in this Chamber who have yet to carefully examine and scrutinize the methods of abortion. If we are being asked to pay for it, is it too much to ask what we are paying for?
Mr. Chairman, the carnage unleashed on American society by the 1973 Supreme Court abortion decisions is unparalleled in U.S. history.

Every 20 seconds of every day, little children at 8 weeks, 12 weeks, 16 weeks, 24 weeks gestation and beyond, right up until birth, are savagely decimated by the abortionist. The modern day abortionist has several highly efficient abortion methods at his disposal. The horror of the deed, however, has been mitigated by the clean, antiseptic environs in which abortions are procured.
my and C-section is the fate of the child. In a C-section, the child is cared for, nurtered, fed, kept warm and, hopefully, loved. In a hysterotomy abortion, the womb is cut, the baby is tossed in a bucket or pan—like garbage—left to die. There have been literally thousands of these abortions in the United States. A significant number of children who survive abortion were the results of this method.

Last year, the Associated Press carried a disturbing story of some of these late term survivors:

The live births of six babies as the mothers were having abortions at Madison Hospitals in the past 10 months have shocked residents, becoming a rallying point for abortion foes and prompted one hospital to drastically curtail the procedure.

All six babies died within 27 hours of birth, four at Madison General Hospital and two at the University of Wisconsin Hospital. The reasons for the live births are still unclear, as does the question of how often such live births occur after abortions.

All six pregnancies were in second trimester of development in the womb.

A similar account appeared in the Chicago Tribune in a story written by Jeff Lyon entitled, "Abortion Paradox: A Live Baby."

It was a warm spring night in Madison, Wisconsin. The hospital, all its adjoining hallways and streets, and the city itself were all waving in the wind with the city. In one of the rooms at the University of Wisconsin Medical Center a pregnant 17 year-old girl reclined on one of the steel framed hospital beds.

She had come for an abortion. . . . the child inside her had already "quickened," a term used to describe what should be a moment of joy—the first kick of life—but which to a frightened, unmarried 16 year-old only heaped on more anxiety.

The medical staff diagnosed her as 21 weeks pregnant. This is quite far along. Doctors could have confirmed their diagnosis with ultra-sound, a test that yields a "picture" of the fetus, from which its age can be determined but it was not deemed necessary. In fact, they were wrong. The girl's pregnancy was much more advanced, as everyone was soon to learn.

About a hour after midnight, responding to the injection of urea and prostaglandin received hours before, the mother's contracting uterus expelled the fetus. It came out larger than anyone had expected. But it had another more notable characteristic that threw the staff into sudden turmoil.

It was alive. It was no longer a fetus but a breathing baby girl.

The child, judged to be 26 weeks old, was rushed to the neonatal intensive care unit at Madison General Hospital.

That was on May 4th. The next afternoon, defying all statistical odds, another abortio at the University of Wisconsin Medical Center went awry, resulting in a live birth. A 17-year-old mother delivered a 23 week-old female infant that was also transferred to Madison General . . .

Then on May 22, a third child aged 23 weeks, survived an abor to a 22 week abortion, the child being alive during an abortion procedure, this time at Madison General . . . None of these babies lived beyond 27 hours. But their passage through this world, however, garnered new publicity on what has become one of medicine's most haunting ethical quandaries: the live birth abortion.

Mr. Chairman, it seems increasingly absurd to this Member that Members of this body can unashamedly embrace and champion the right to mutilate and kill unborn children like this—and then demand that we pay for it.

It seems increasingly absurd to this Member that the opposition utterly fails to appreciate the marvelous breakthroughs in the diagnosis and treatment of the unborn. In every pregnancy, there are two patients to be cared for, mother and child. I prefer to think, Mr. Chairman, that it is out of ignorance of the facts rather than by design.

A few days ago, Mr. Chairman, I came across one of the most startling and enlightening statements I have ever read.

The words are those of Dr. Bernard Nathanson, a former abortionist and founder of the National Abortion Rights Action League—one of the leading proabortion lobbies on Capitol Hill.

Dr. Nathanson probably knows more about abortion than anyone in this Chamber. He personally performed over 6,000 abortions and was an outspoken proabortion leader and was director of the largest abortion clinic in the world. Dr. Nathanson now believes that abortion is a denial of human rights because it kills children.

Mr. Chairman, Dr. Nathanson has become one of the most credible medical doctors on the use of ultra-sound to diagnose and treat unborn children. This is how he describes a 20-minute ultrasound film of an actual abortion of a 10-week-old unborn child:

The film is about abortions. That sounds simple but it's not. About a year ago, I began to mull over why we were not progressing more rapidly than we are on this issue. It took me six months before the problems crystallized. The problem was that no one had ever seen the abortion from the victim's vantage point.

Dr. Nathanson, who personally performed over 6,000 abortions goes on to say:

We have to know what abortion is to the human being, its personal effects. We have discussed endlessly, ad infinitum the effects of abortion on women but we have never truly, viscerally discussed the effects on the baby. This videotape is for the first time, a permanent, objective record of what abortion does to the child. In order for the discussion to broaden and deepen, to be made more intelligible to everyone who wishes to discuss the issue, they must understand abortion from the victim's vantage point.

Dr. Nathanson states:

The film is a complete abortion of a ten week child. I could not perform this abortion because I did not want proponents of abortion to say this was an "exceptional" case, one of the one-tenth of a thousand late term abortions, not one of the 1.4 million abortions (done earlier in the pregnancy). This is one of those 1.4 million abortions.

In describing the film, Dr. Nathanson narrates what can be observed on the screen:

Long before the instrument has touched the child, the child is aware that there has been an invasion of the sanctuary. When the suction tip hits the amniotic sac—the membrane surrounding the child (and there's a lot of fluid between the sac and the child)—the child jumps. Now as far as we know the amniotic sac has no nerve fibers, so clearly the child does not feel but senses that something aggressive is happening, and he jumps away.

You can see this in the film; the moment the tip of the suction machine starts to move, the fetus knows it and starts to scuttle to the top of the uterus. You can see its mouth open in a silent scream.

From there on you can see all the agitation: you can see the heart speeding up, you can see the limbs moving faster, you can see the child turning more rapidly. Even the breathing, which is difficult to see on these films, even the breathing process increases.

So there is no question this child feels pain, it actually seems to shiver.

In describing the first 5 minutes of the film, Mr. Nathanson describes a child at peace and calm. Unsuspecting and tranquil.

There is the view of the child during the first 5 minutes of the film. The child is at play, sucking his thumb, moving about, and so forth. From then on, there is the staking of the victim and the victim's terror followed by the actual quartering, the dismemberment of the child before your eyes. You can see the spiral column slipping down the suction tube and the head is left with a piece of spine on it. And then you can see the abortionist searching for the head.

Bernard Nathanson goes on to say:

I suppose I knew what to expect, all after I've done thousands and thousands of these. In my thinking about abortion when I changed my point of view, I was doing a great deal of ultrasound, but not of abortions. So I was prepared, but it still stunned me and nauseated me. But I was prepared to do what I had to do to film the abortion. The abortionist was not. When he was actually doing the abortion and watching the screen, he said he felt nauseated. He turned away. He didn't want to see the film again. He did at my urging when he edited the film to tell me exactly what was happening. I talked to him this morning. He said he never wanted to see that film again. He is an old friend of mine; I trained him as a resident. I had asked him since he was going to perform the abortion anyway, if I might please film it. He is a very decent person who is confused about abortion. He is less confused today.

Mr. Chairman, let it never be said of any of us—when faced with the truth—we turned away. Let it never be said that when we looked we did not see. Let it never be said, that when confronted with a grave social injustice—the abuse of small children—we failed to act.

I urge support of the Siljander amendment.
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