Supreme Court Will Not Allow Brainless ‘Baby Girl K’ To Die

The Supreme Court opened its new term — with a new justice and a fresh agenda — by turning down 1600 appeals, thereby denying legal relief from lower court decisions to the many who sought it. One costly case is in the medical realm:

The Court left standing a federal appeals court (4th Circuit) decision that requires Fairfax hospital, in Fairfax, Va., to sustain and continue to treat a two-year-old girl, called ‘Baby K’ in court papers. She has never been conscious because she is lacking most of her brain, a condition called anencephaly.

The case was described recently to physicians and ethicists at Beth Israel hospital, in New York City, by bioethicist John C. Fletcher, Ph.D., chief of the Center for Biomedical Ethics at the University of Virginia, in Charlottesville. He was an expert witness for the hospital in the case.

Maintaining Baby K’s life, the hospital’s ethics committee told lower courts, is “futile” and “inhumane.” Her care continues to cost thousands of dollars each month. According to one estimate, Fletcher said, it has thus far cost the state of Virginia over $800,000.

Baby K is one of the longest surviving anencephalic babies. They usually die soon after birth, as Baby K would have on several occasions if she had not been put on a respirator and vigorously resuscitated.

She remains alive because the High Court left standing a narrow appellate court ruling based on the 1990 federal Emergency Medical Treatment and Active Labor Act (EMTALA). The appeals panel asked whether Congress provided an exception to this need-to-treat law for anencephalics, or for that matter anyone else.

The answer, the court said after scrutinizing the law, was no. Problems first arose when Baby K’s unmarried mother was tested during pregnancy, and told that her baby would be anencephalic. Her doctors explained that even if the baby did not immediately die, it would be unconscious — and bereft of feelings.

The mother nevertheless refused an abortion. She asked for maximal care for the baby at birth.

Doctors complied. After a cesarean delivery, Baby K was intubated temporarily to assist her breathing. The doctors did

Scientists Are Starting To Fight Back!


“Formerly the attacks came from outside the academic and scientific disciplines,” the ad text says. “Now, they come from within.”

These attacks, it continues, undermine public confidence in science, change research agendas, hurt funding, and subvert the standards of reason and proof.

The NAS conference will be at the Boston Marriott, in Cambridge, Mass., on November 11-13. Accentuating the positive, the meeting will examine what is known, and how it is known, in the natural sciences, social sciences, and humanities. Nobel Laureate in physics, Steven Weinberg, Ph.D., of the University of Texas, will speak, as will other leading academic figures.

For non-members of NAS, the conference fee is $95; for information, phone 609-683-7878.

A second and more provocative conference, “The Flight from Science and Reason,” is planned for next year, at the New York Academy of Sciences, in Manhattan. It is being organized by biologist Paul R. Gross, Ph.D., of the University of Virginia and mathematician Norman Levitt, Ph.D., of Rutgers. They are the authors of Higher Superstition (Johns Hopkins), the blast against anti-science and anti-rational academicians, which we reviewed here in April.

The tentative dates for the Gross-Levitt meeting are May 31 to June 2. We’ll publish updates as this conference approaches; we hope to share the preliminary program with PROBE readers by early spring. — D.R.Z.
We were a guest at the recent annual meeting here of the Association of Academic Health Centers (AHC). They are the roughly 120 conglomerates that include a medical school, a university hospital, and at least one other professional school such as nursing or dentistry.

Despite the bright sunshine on the mountains and fairways outside, the expressions on many faces inside the meeting room were quite gloomy. Problems abound.

These academic centers are important because they provide some of America's best medical care; train most of its doctors; and provide everyone with what is now called technology transfer: the development of basic scientific discoveries into life-saving and life-enhancing new health care methods.

Red Ink Rises

These centers are the cradle of biomedical progress. They also now are in financial deep water. Education and research, which are costly, are parts of their mission. So they rarely are self-sufficient. Their impoverishment thus is bad for research and for doctors — and so for patients.

These centers prospered during the heyday of federal research largesse — from about 1955 to 1980. As research funds faded, they came to rely on public monies from Medicare and Medicaid, since they provide much of the care for the aged and poor in their catchments.

These fees have not kept up with the cost of care — far from it. Worse, this public funding is likely to be cut further, under whichever federal health plan or hybrid eventually emerges.

The academic centers thus have no recourse but to compete for patients with non-teaching hospitals and health maintenance organizations (HMO's), which of course have lower costs. Lots of competitive ideas, some old, a few new, are being tried. None as yet has been proven wholly successful.

**Insurance Will Profit**

The AHC members discomfort is part of the larger, cost-cutting trend that seems likely to benefit only large insurance companies and McDonald's-like health care chains.

The exact relationship of the Clintons' failed health reform plan to the managed care trend remains unclear, the subject for a thousand theses. We thought Bill and Hillary were sincere reformers, who set out to improve all America's health care.

But maybe not. (See box).

Some participants in the stupidly secret advance planning sessions, early on, seem to have seen "health reform" as a transfer:

"We had to destroy the village to save it".

---

**Follow-Up...**

**Smithsonian's Antiscientism:** Following our quick walk through the Smithsonian Institution's new permanent exhibit "Science in American Life," we pronounced it, cursorily, "brainless" (PROBE, Sept.). But a physicist, Robert L. Park, Ph.D., of the University of Maryland, took a more careful look, and came up with a less charitable assessment: The exhibit is outrageously unfair — and inaccurate.

Park's protest was published last month in the *Washington Post* (Sept. 24, P. G2). He says an exhibit guide, in a white lab coat, told him, "In the 1920's we thought scientists were gods. Now we know they're the source of our biggest problems!"

The Smithsonian has since disavowed this guide's comment. But Park thinks it accurately expresses the exhibit's point of view.

"The message, delivered over and over," he says, "is that Western civilization is heavily burdened with guilt — and science, as the servant of the power structure, must bear a large share of that guilt."

Park's riposte: In the century of American science covered by the exhibit, life expectancy in the U.S. has approximately doubled. "You can blame science for that!" he says.

---

**PROBE**

Editor and Publisher
David R. Zimmerman

Production
Angela M. Darling

Comptroller
Veva H. Zimmerman

Circulation: Tom Gilgut

PROBE is written and published independently, on a monthly schedule. Subscription: $60 per year. Editorial office: 139 West 13th St., New York City, NY 10011-7856. Phone: 212-647-0200. For subscriptions, Box 1321, Cathedral Station, New York, NY 10025. Contents of this newsletter may not be reproduced without permission. ISSN 1062-4155

Member Newsletter Publishers Association

Probe
Clinton . . .

continued from previous page

way to acclimate consumers to the lower standards of care that HMO-ization is bringing. We hope Bill and Hillary had higher goals.

Hillary is now saying the Clinton plan was proposed as a basis for discussion, not the final word. But it was too huge, complex, and bureaucratic for most people to comprehend. This helped destroy its public support in the face of special interest group pressures.

The Arizona Republican, a conservative newspaper, had it right in an editorial (Sept. 29) that said "Clintoncare" was "doomed" from the start:

Solving the problem of the temporarily uninsured ... largely could be accomplished by way of insurance reform and changes in antitrust and tax laws. [U]nderstandably this would require a different tack than, say, subsidies for the hard-core uninsured. Yet the Clinton team advocated a complete restructuring of the nation's health care system for everyone and then suggested, incredibly, that the government, which can't manage its money and programs, run it.

If, as Hillary says, the Clinton plan was intended as a basis for discussion, then what they should have presented was the single-payer system. The Clintons are said to prefer it, but did not think it could succeed. Perhaps not. But it would have been a good place to start — and may still be.

The feeling at the AHC conference here was that the doctors have now lost, or renounced, any chance of leading health care reform. In part, this reflects the American Medical Association's phobia about "socialized medicine" — which it equates with single-payer. But in fact these steadfast exponents of private practice have already surrendered to managed care. The AMA seems to be supporting an HMO. insurance plan that resembles the one it provides to its own employees!

Solution Suggested

Doctors, for all of their faults and shortcomings, nevertheless still know far more about medical care than, say, insurance executives or today's new breed of corporate medical entrepreneurs. What to do, for example, for the hard-core uninsured?

Our neighbor, internist Ronald Ruden, M.D., of Lenox Hill hospital, in New York City, points out that a highly effective, but under-utilized national health resource already exists that could serve them: the Veterans Affairs (VA) hospitals.

As major wars recede into the past, and current conflicts get safer, the VA hospital system — which Congress would not dare abolish — has more and more empty beds.

Some veterans of course would object. But their care, too, might improve if VA doctors were kept busy providing high quality service to the poor and uninsured, as well as to vets.

By focusing on reform, rather than trying to remake the whole system, the Clintons might find ways to nurture and preserve the best elements of the existing system — including the academic health centers.

October 1, (Delayed) 1994

Conflicts Emerge On Controls For Gene Tests

Interest is rising — and positions are hardening — on the difficult question of how genetic tests will be regulated (PROBE, Feb., June). It is becoming clear that they will be.

The federal government has just awarded $2.5 million in grants for the study of one phase of the problem. The quasi-official Institute of Medicine (IOM) in Washington, D.C., has issued a massive report with recommended guidelines. And a federal task force on gene testing may be announced soon by the Department of Health and Human Services (HHS).

Predictions Outstrip Remedies

The problem, scientists and ethicists say, is that far more is known about predicting these ailments than preventing or treating them. And they worry that the knowledge of future illness could be too great a burden for some children and parents to bear.

These concerns are reflected in a proposed set of guidelines for genetic testing of children and teenagers that appeared in the Sept. 21 issue of the Journal of the American Medical Association. The authors, medical geneticists and bioethicists, propose that tests be performed, and shared with the family, for those diseases for which preventive or therapeutic interventions are immediately available. If, however, the test has no medical benefit for a minor, but might influence his or her choice of spouse or wish to have children, the minor should have the right to decide if he or she wanted to take the test or learn the results.

The "most ethically problematic" case, the JAMA authors write, is when "there are no medical benefits and no present reproductive benefits from testing, but parents or the minor request it."

There are no ethically comparable situations from which parallels might be drawn, the experts, ethicist Dorothy C. Wertz, Ph.D., of the Shriver Center for Mental Retardation, in Waltham, Mass., and her co-authors write in their JAMA proposals. In this situation, the parents "should restrain their desire to know," they admonish. Testing ordinarily should not be done before age 15; and the minor himself or herself must make the decision.

Doctors, genetics counselors, and other professionals "should ensure that both minor and parents are aware of potential harms."

The need for such guidelines is clear cut, the JAMA authors say, citing a recent study which found that half of a group of 260 British pediatricians would test a 5-year-old child, with no symptoms, for Huntington's disease (HD) if the parents asked them to do so!

The possible hazards, which obviously include depression and suicide, are uncountable. Pediatric respiratory disease specialist Benjamin S. Wilfond, M.D., of the University of Arizona, in Tucson, describes a hypothetical situation in which fraternal twins are born into a family afflicted with a gene for
Conflicts Emerge as Geneticists Assert

continued from preceding page

Alzheimer’s disease. The family has only enough money to send one twin to college. They request genetic tests to see if one twin is free of the gene, and hence should get the tuition.

Should these tests be performed?

Wilfond, who has strong reservations about testing, also is suspicious of press reports that parents are eager to test their children. “Do people want to know?” he asks. “Or, are they being told they should know?”

The current surge of interest in these problems reflects in part the problems raised in the AMA paper, and elsewhere, by the prospects of performing genetic tests on children. But adults, like children, may not be eager to learn they are doomed.

Experts Urge Caution

The AMA authors’ paper on this subject comes on the heels of a major report, “Assessing Genetic Risks — Implications for Health and Social Policy,” published by IOM in May.

Its recommendations came from a panel of experts, who included pediatrician Neil A. Holtzman, M.D., and breast cancer gene discoverer Mary-Claire King, M.D., of the University of California at Berkeley. These research leaders say the fundamental ethical principles of genetic testing must be voluntariness, informed consent, and confidentiality.

Children, the IOM panelists said, should be tested only if a meaningful intervention is available that must be taken early in life. Under this standard, HD tests could not be given to children. (See box, next page, for other IOM recommendations.)

The IOM proposals already have drawn opposition from some interested parties.

Geneticists Object

“Unfortunately,” says the American College of Medical Genetics (ACMG), which represents medical geneticists, “the IOM Report primarily focuses on the potential problems raised by genetic testing and screening, with little emphasis placed on the values and benefits which such technologies surely will engender both for individuals and society.”

The ACMG declined to endorse the IOM Report.

The medical geneticists object particularly to IOM’s proposal that genetic findings of, say, sickle trait, in a newborn should be withheld from parents as “inconsistent with policies of full disclosure, parental rights and individual autonomy.”

They object, too, to the IOM’s proposal that medical interventions be tested, and proven, before broad-scale testing for a genetic disorder is started. Obviously, the medical geneticists say, to develop and validate new interventions it will be necessary to find the vulnerable individuals — by testing.

It then may take years, even decades, they note, to determine if these interventions are effective. In the case of the familial...
That IOM Ignores DNA Tests’ Value

form of colon cancer — which is manifest only in middle age — several decades may be needed to show if intense medical surveillance, and/or dietary management, and/or other new methods will prevent or reduce the number of cancers or deaths.

The medical geneticists are miffed, too, because the IOM proposes a national advisory body on genetic testing, which would take decisions out of the hands of health professionals like themselves. They fear these decisions will be put in the hands of ineffectual and politicized bodies that may turn out, as in the past, to be “overly restrictive.”

The medical geneticists want professionals, like themselves, to be the “major (but not sole) sources of experience and wisdom in such deliberations.”

They appear to be supported for now in this laissez-faire proposal by the genetics testing industry. The Biotechnology Industry Organization (BIO), the industry’s trade organization, has no guidelines or rules on genetic testing or therapy, spokesman Eric Christensen said last month by phone from Washington. BIO has regulatory and ethics committees. But as of now, he said, “we’re still evaluating things.”

Policies Emerging

Some companies have developed policies of their own. Integrated Genetics, Inc. in Framingham, Mass., a major gene testing company, does not advocate prenatal sex determination when there is no medical risk to the fetus, according to the company’s vice president for science, Kathy Klinger. But she added, in commenting on the JAMA recommendation for BioWorld Today (Sept. 21), an industry fax publication:

“If you wanted to test treatment protocols before the onset of the disease, you would have to do predictive testing — which could involve minors.”

Guidelines, of course, have few teeth in them. It is not clear who, if anyone, is willing or able to seize the initiative and try to write widely applicable rules or regulations based on the available guidelines.

Ethical Help Sought

The best way, according to Wilfond, in a recent interview in his office in Tucson, would be to turn the problem over to a broad-based bioethics panel, like that proposed by University of Virginia bioethicist John C. Fletcher, Ph.D. (PROBE, April, ’93). This, he said, would insulate the panel’s decisions from special interests.

Ethicist Fletcher, interviewed subsequently in New York, agreed that the ethics of gene testing and therapy should — and would — be a major part of the proposed national panel’s task.

He said that two proposals for such a body now are pending: his own, which would have Congress establish the panel, in order to insulate it from presidential politics, and a second proposal, from the White House, in which the President would appoint panel members.

Funds Allotted

Meanwhile, the National Center for Human Genome Research has announced $2.5 million in grants to study the problem. One group of investigators, in Seattle, will provide genetics counseling and DNA testing for the newly-identified breast cancer gene (BRCA1) for women in high-risk families. They will study how different forms of pre-test counseling affect the women’s decisions on whether to have the test.

In Philadelphia, researchers will assess teenage girls’ understanding of breast and ovarian cancer, and their reaction to their high-risk mothers’ being tested for the cancer gene. Other investigators will try to find out what drives women in high-risk families to seek genetic testing.

When and how soon an authoritative body will begin work on genetic testing or rules is not clear. But growing evidence indicates that sooner or later one will.

Experts Propose Testing Guidelines

The Institute of Medicine (IOM) has issued recommendations for gene testing. They are in the report Assessing Genetic Risks (Washington: National Academy Press, 1994).

The IOM uses the term screening to denote testing large populations, like all new babies, who are at low risk of a particular mutant gene that may lead to later disease. It uses the word test, as in genetic testing, to describe situations, as in families, in which a small number of people are believed to be at high risk of carrying a harmful gene.

These are key IOM proposals:

• Screening of newborns should take place only when (1) there is clear indication of benefit to the newborn, (2) a system is in place to confirm the diagnosis, and (3) treatment and follow-up are available for affected infants.

• Tests for fetal sex selection, through abortion, should be discouraged. More broadly, reproductive genetic services should not be used for eugenic goals, but to increase individual controls over reproductive options.

• The committee recommends caution in the use and interpretation of pre-symptomatic or predictive tests.

• In the case of predictive tests for mental disorders, the results must be handled with stringent attention to confidentiality to protect an already vulnerable population.

• Children should generally only be tested for genetic disorders for which there exists an effective curative or preventive treatment that must be instituted early in life to achieve maximal benefit . . . .
FDA Is Asked To Ban Homeopathic Drugs

The Food and Drug Administration (FDA) has been asked to ban all homeopathic drug products that have not been proven, scientifically, to be safe and effective. Few if any of these remedies have met this FDA standard; they are mostly water or other inert matter.

The petitioners are an ad hoc group of 42 nutritionists, health fraud experts, and other advocates of scientific medicine, led by quack-busting psychiatrist Stephen Barrett, M.D., of Allentown, Penn. They filed their petition in August.

Federal law requires all drugs sold in the United States to be proven safe and effective, the petitioners note. Homeopathic drugs have been an exception — perhaps the only one. The petitioners ask the agency to initiate a rule-making procedure like the Over-the-Counter (OTC) Drug Review, requiring that all OTC homeopathic drugs meet the same standards for safety and effectiveness as other products. (The OTC Review, started in 1969, is slowly removing unsafe and ineffective nonprescription drugs from the marketplace.)

Homeopathic products were exempted from requirements of the federal Food, Drug and Cosmetic Act in 1938, at the behest of a powerful lawmaker, U.S. Sen. Royal Copeland, of New York. He was one of the foremost homeopaths of his day.

Homeopathy was invented by the German-born physician Samuel Hahnemann, who immigrated to the U.S., where he became famous; a Philadelphia medical school is named for him. Hahnemann developed homeopathy as a reaction to the medical profession’s use of blood-letting, leeching, purging and other harsh and unhelpful therapies that were in vogue at the end of the 18th century, according to Barrett and internist Victor Herbert, M.D., in their new book The Vitamin Pushers (Amherst, N.Y.: Prometheus, 1994, $24).

O.J. Likes It

Homeopathy’s popularity waned in this century. But it retains celebrity appeal, according to psychologist Mahlon W. Wagner, Ph.D., of the State University of New York at Oswego. In a paper published two years ago, Wagner noted that current adherents include the British royal family, Tina Turner — and O.J. Simpson.

Wagner attributes homeopathy’s revival to popular disillusionment with science and scientific medicine. He says homeopathy is old-fashioned “spiritualism” re-wrapped for the New Age. (See story below for a brief description of homeopathy).

Product Promoted on TV

Barrett said recently by phone that FDA has not yet responded to his group’s petition, as they are legally required to do within six months.

Asked if FDA has evidence of homeopathic products’ safety and effectiveness, family practitioner Peter J. Rheinstein, M.D., of FDA’s office of health affairs, said recently by phone:

The agency has no evidence of efficacy “because these medicines have not been subjected to the clinical trials that normally are used to establish it.”

Because of the remedies’ high dilution, Rheinstein said, FDA regards them as “essentially safe.” But, he added, products labeled “homeopathic” that contain ingredients not listed in the homeopathic pharmacopoeia “might be of real concern” to FDA.

Barrett, who calls homeopathy a “scam” and “the ultimate fake,” says there has been an upsurge in sales and promotion of these remedies in recent years; he estimates the current retail market at $250 million annually. Consumer Reports (CR), in a surprisingly noncommittal report last March, identified TV ads for a flu remedy called Oscillococcinum (Boiron) as homeopathy’s “entry into the American market.” Asked CR: “Is it better than chicken soup?”

Homeopathic remedies often carry the name of the condition they are alleged to relieve or cure: Fatigue, Arthritis, continued on next page

Homeopathy: What Is It?

The basic tenet of homeopathic medicine, according to quack-buster Barrett and other critics, is founder Hahnemann’s belief that like will cure like. Malaria, for example, causes fever. Quinine, which also causes fever, relieves malaria. Ergo, this fever-promoting similarity explains why quinine works.

The name homeopathy is derived from the Greek homoios, meaning similar, and pathos, meaning suffering.

Hahnemann’s notion, which also has been retained, was that less is better. To this end, commercial homeopathic products may be diluted as many as 30 times. “A ‘30X’ solution,” explain Barrett and his fellow petitioners, “means that the original medicinal substance was diluted 1,000,000,000,000,000,000,000,000,000,000,000,000,000,000 times.”

This number, $10^{49}$, is greater than the number of drops of water needed to fill a container 50 times the size of the earth, Barrett calculates. Imagine, he says, dissolving a drop of red dye in that container. Homeopathy’s claim, then, is like saying that any drop of water removed from the container will possess the “essence” of the original redness, and, in the case of homeopathic drugs, a dose of it can cure cancer or other serious ills.

In fact, Barrett notes, with a 30X solution the chances are that there is not even a single molecule of the drug present in the dose that is given.

To explain this apparent contradiction, homeopaths claim that the active material leaves a therapeutic impression on all of the molecules of the diluent — a claim that violates the scientific laws of physics and chemistry as well as medical experience. And common sense.

Consumer Reports’ generous conclusion is that, “The theoretical basis of homeopathy is highly implausible, and what experimental evidence exists [to support it] is preliminary at best.”

Barrett and his associates’ less kind view is that homeopathy is old-fashioned fraud — which is why they seek to remove the unproven homeopathic remedies from the market.
All Life Is Driven By Innate Clocks

We all sort of know about circadian rhythms. But it still is hard to fathom that sleeping and waking — and many other physical and mental activities — are driven by our internal clocks, not by the external circumstances in which we live.

These clocks are inherited, and have evolved in most if not all living species. Rats, for example, whether in burrows or cages, always sleep in the afternoon and forage at night (as do their predators, cats).

Sleep expert Lynne Lamberg, a journalist, explores these biologic clocks — and their clash with the new, 24-hour work day — in her fascinating new book Bodyrhythms (Morrow, $25). Experts call it the best report yet on this subject for general readers.

The master clock, if there is one, is the diurnal cycle, and the survival need to forage, eat, rest, and sleep at optimal times, Lamberg says. This innate clock can be overridden, but not without consequence: She claims most major disasters, including the Exxon Valdez grounding, Chernobyl, and the lethal Bhopal gas explosion occur at night, when people are less alert.

Based on these risks, Lamberg advocates new work rules and practices to prevent nighttime disasters and protect night workers' health.

On a conceptual level, she notes, chronobiology — the study of biorhythms — replaces physiologist Walter Cannon's homeostasis as the underlying biologic impulse. Instead of a penchant for stasis, chronobiology posits a complex array of intersecting cycles throughout night and day.

Some of these cycles are immutable. Some are mutable — and when they get out of sync, or conflict with work or other demands, sleeplessness and other dysfunction follow.

Sleep specialists now are developing ways to diagnose, and in many instances, correct cyclic disorders, such as insomnia, Lamberg reports. Her excellent book describes chronobiology's transition from research to treatment.

FDA...

continued from preceding page

Birthing, Grief & Guilt, etc. They are widely promoted in upscale publications for young adults such as Utne Review.

Because they are so dilute, advocates and critics agree, these remedies are not likely to do much immediate harm. But they may contain minute amounts of the poisons strychnine (Nux vomica) and arsenic, or extract of cockroach (Blatta orientalis), according to the nonprofit National Council Against Health Fraud, in Loma Linda, Cal.

Their major hazard, beyond needless cost, thus may be that they encourage consumers' use of worthless products when stronger — real — medicine is needed.

Rep. Schroeder Tells Why Clitoridectomy Is Legally Wrong

The New England Journal of Medicine (NEJM) has performed a signal service in the fight against female genital mutilation (FGM). But a significant next step still is needed.

What the NEJM did that was noteworthy was publish a clear, graphic account of the practice by a Sudanese physician in New York, Nahid Tobia, M.D. (Sept. 15). In it, she characterizes the mildest form of FGM, amputation of the clitoris, as "anatomically equivalent to amputation of the penis" in men. The journal published in the same issue an editorial signed by Rep. Patricia Schroeder (D-Colo.) that explains very clearly why FGM is — or should be — of major concern to Americans far beyond the feminist movement:

FGM is performed on girls — usually ages 4 to 10 — because "it is an important component of their [parents'] belief system ... and because they are convinced it is in the child's best interest." But it is not required by any religious doctrine.

Dangerous Parallels Drawn

As such, Schroeder asserts, FGM is similar under law to faith healing practices like handling poisonous snakes, or Jehovah's Witnesses' forbidding blood transfusions for their kids. Courts have held that the child may suffer irreparable harm from handling snakes or not getting blood — and have ruled that society has the right to interrupt the dangerous behavior and protect the child.

The same can and should be said about FGM, Schroeder maintains, even in the absence of a federal law banning it. Schroeder has introduced such a law in Congress. She says FGM is child abuse, or, as other experts say, it is assault and battery.

"The state can intervene on a child's behalf when the parents' actions, whatever their motivation, threaten the child's life or could cause irreparable physical or mental harm," Schroeder writes in the journal. "We have an obligation to protect all children equally within our legal jurisdiction, regardless of where their parents are from and what customs they practice there."

More broadly, we think, this protection is guaranteed in the Bill of Rights affirmation of "the right to life, liberty and the pursuit of happiness" — which is denied by penile or clitoral amputation.

Doctors Are Silent

If Schroeder has stated the case so well, what's missing? What is missing we think is an editorial by NEJM editors — or other physicians — declaring it impermissible for doctors or other health professionals to perform these procedures in the
Schroeder ...

continued from preceding page

United States. A guest editorial from a politician, however eloquent, carries less clout than a clear statement of disapproval by professional leaders.

In Ontario, where there are many East African immigrants, who traditionally practice FGM, the College of Physicians has stated unequivocally:


We have through the years asked U.S. professional medical associations if they have taken a comparable stand. The answers have invariably been: no.

We phoned the American Medical Association and the American College of Obstetricians and Gynecologists last month for an update.

The AMA has no official position, a spokesman said. The ob-gyns now "oppose all forms of medically unnecessary surgical modification of the female genitalia."

But they don't tell their members explicitly not to do it.

---

**Ban Sought**

"Governments are urged to prohibit female genital mutilation wherever it exists, and to give vigorous support to efforts among non-government and community organizations and religious institutions to eliminate such practices."

— Cairo declaration on human and reproductive rights

---

**PROBE Is on The Road!**

*For your information and Entertainment!!!*

When you arrange for a guest speaker, do your listeners doze off? They won't sleep when the speaker is PROBE editor and publisher David Zimmerman. We promise:

Your class, club, or organization will be kept on their toes with fresh facts and new insights about the escalating attack on science — and why and how this onslaught is succeeding.

You and your associates may already be worried about this rampant attack — by New Agers, fundamentalists, and other irrationalists. They are out to trounce reason, and also the democratic precepts that protect our individual freedoms.

**Zimmerman is a refreshing antidote! He speaks on these topics:**

- The Attack on Science: Why? What is to be done?
- The Mind/Body Movement's Hidden Agendas
- Is American Science Corrupt?

For information, phone

**Tom Gilgut**

**PROBE Speakers Bureau**

(914) 876-4653

Your audience will say "Thank you!" to you for bringing them Zimmerman's first-hand PROBE report!