systems can be effective against short-range SLBMs or in defending European areas against IRBMs, when combined with anti-missile interceptors and ground-based lasers within a few hundred miles of all potential launch sites.

Sources say that White House thinking on "early deployment" involves the unveiling of a U.S. potential to build a partial, largely ground-based ABM system for the United States, and another for Europe, over a period of a few years, as a direct response to accelerating Soviet moves toward using their pre-emptive strike capability to destroy NATO.

The quantity and quality of the Soviet buildup has entailed more and more blatant violations of both the SALT I (ABM) and SALT II treaties. The Soviets possess a three-to-one advantage in land-based warheads. They have developed and tested four additional new types of ICBMs. They have so far deployed 350 SS-20 launchers with 700 warheads, ostensibly against Western Europe, which boasts no more than 30 strategically significant targets. Most of those SS-20s are probably fitted with only one 50-kiloton warhead and therefore could reach U.S. targets, as neutron bomb expert Samuel T. Cohen points out in the September issue of *Armed Forces Journal*. In addition, the U.S.S.R. has repeatedly threatened to station nuclear missile submarines very near U.S. coasts, a short, low-trajectory missile-flight away from U.S. targets, in response to U.S. installation of Pershing II missiles in Europe. And the Soviets have already built and installed the huge radars for an ABM defense system to protect their largest missile fields and military command centers from retaliatory strikes.

Therefore, in the late-September planning among strategic defense advocates around the White House, the U.S. drive for accelerated development of partial ABM defense would be linked directly to large-scale public exposure of these treaty violations and the growing "window of vulnerability."

It is this somewhat byzantine approach to accelerating the beam weapons timetable—still falling far short of a full, public crash program to throw away the MAD doctrine and develop strategic defense in depth. Kissinger and the Scowcroft Commission are both demanding the abandonment of this crash program approach . All aspects of Reagan's accession to the "build-down" proposal—including the setting up of a separate "build-down working group" in the U.S. START talks delegation, which will not be directed by the chief of the U.S. delegation, Charles Rowny, indicates their success in setting Reagan up for disaster. The "build-down working group" will be headed by R. James Woolsey, who is both a Kissinger protege and Scowcroft Commission member, and a former Carter administration DOD official.

Kissinger is employing the notorious method of SALT I: he will tell Reagan to make offers the Soviets will reject, in order for the President to make gains in the MX debate and also appear to be a "man of peace." Then he will offer to give up beam-weapon ABM development, the one program that can achieve U.S. and European security, in exchange for whatever phony Soviet promises might be peddled in American election-year politics.

Legalized murder bill

by Susan Welsh

Less than two weeks after registered nurse Sandra Bardenilla recounted the shocking facts of the medical murder of patient Clarence Herbert in a California hospital to a Washington, D.C. conference of the Club of Life, California became the first state in the Union to legalize the murder of so-called terminally ill patients.

Clarence Herbert was a 55-year-old man who was murdered in Kaiser Permanente Hospital near Los Angeles in 1981 after being in a coma for less than 48 hours. Cost-conscious doctors had advised his family that it was futile to try to keep him alive.

Sandra Bardenilla, a registered nurse specializing in the care of the critically ill, was on the Kaiser Permanente staff when Herbert died. She brought a complaint against staff doctors Nedjl and Barber, and charges were filed against them in August 1982 for first degree murder and conspiracy to commit murder. The case is still before the courts.

Senate Bill 762, the Durable Power of Attorney bill, which passed the California state House and Senate without opposition on Sept. 29, will set an important precedent for such cases, since it gives health care professionals immunity from criminal prosecution, civil liability, and professional disciplinary actions when operating within the provisions of the bill.

Governor George Deukmejian, a Republican, failed to veto the bill despite pressure from the Club of Life and other constituency groups to do so. The
sign over to a designated family member or other person the right to decide that medical care should be discontinued should the person be hospitalized for a serious illness.

Nancy Spannaus, U.S. chairman of the Club of Life, denounced the decision as "an odious sign of the degeneration of our society." The decision of Governor Deukmejian and the state legislature, she said, displayed "just the kind of pragmatism that millions of Germans demonstrated during the spread of euthanasia practices in Nazi Germany. It is the kind of pragmatism which is leading us to tolerate the Death Lobby and Global 2000's drive to wipe out larger and larger sections of the U.S. population as 'useless eaters,' and entire nations in the developing sector under the same excuse."

Speaking at a conference of the Club of Life in Washington, D.C. Sept. 16, Ms. Bardenilla described the shocking

passes in California

NSIPS/Philip Ulanowsky

Sandra Bardenilla speaking on the Clarence Herbert case at the Club of Life conference in Washington, D.C., Sept. 16.

facts of the Herbert case, and her fight to uphold the ethics of the medical profession.

Mr. Herbert, she said, came to Kaiser Foundation Hospital in Harbor City for an elective abdominal surgery to close a prior-made surgical opening in the small intestine. Kaiser is classed as a Health Maintenance Organization, with prepaid medical insurance. It was experiencing grave financial difficulties during the period of Mr. Herbert's ordeal, according to its own staff circulars.

Following his surgery, Herbert suddenly went into a coma and was transferred to the intensive care unit, where Ms. Bardenilla was his nursing supervisor. "The next morning, Aug. 28," she said, "less than 48 hours after placing Mr. Herbert on a respirator, the nurses were directed by written order not to treat Mr. Herbert if he developed hypo- or hypertension or cardiac arhythmias. Later another physician wrote an order directing the nurses to remove Mr. Herbert's respirator when his family arrived, and then the physician left the department.

"The nurses refused to carry out this order, because Mr. Herbert did not show clinical signs of brain death, and because the EEG, which had been ordered by the neurologist, had not been done."

Later that day, she explained, Mr. Herbert's EEG was completed and did not indicate brain death, though it did show a lower voltage than normal. Early the next morning Mr. Herbert remained alive, with stable vital signs, and, for the short moments while he was being weighed, the nurses documented Mr. Herbert breathed on his own without using the respirator. Later that morning, after the family had been contacted and had written a note authorizing all machines that were sustaining life to be discontinued, the doctors removed Mr. Herbert's respirator.

Yet Mr. Herbert did not die. "Nurses were verbally ordered not to initiate the routine care measures for patients with artificial airways. Approximately two hours later, when I had arrived in the unit, an order was obtained and this routine care was initiated. Around 2:30 p.m. I spoke with Dr. Nedjl, the surgeon. He was angry that we had obtained the order to place a mist to Mr. Herbert's endotracheal tube. He told me, and I quote, 'Patients are taken off respirators so they will die.' "

Two days later, the tubes supplying Herbert with food and water were removed, and he was moved to a private room. He remained without food and water for six days before he died on Sept. 6, despite Nurse Bardenilla's fruitless efforts to convince the hospital administration to review the case. The hospital autopsy reported "dehydration" as the principal cause of death.

When the hospital still refused to conduct any investigation, Ms. Bardenilla resigned and filed a complaint.

"It is time for the American public to wake up," Ms. Bardenilla concluded. "The American public has been infected by one of the most venomous public relations schemes in this decade. Even middle America's Abigail Van Buren and Ann Landers, have been encouraging people to send for their 'living wills.'

"The anti-technology fervor grows daily. Let us not fall for the psychologically slick slogans: 'a right to die' cannot be equated with an obligation to be killed. 'Quality of life' must not fall into the old perverted trap of 'social worthiness.' No human being should be labeled a 'subhuman'; human beings are not 'vegetables,' 'sea slugs,' 'snails' or 'things,' as some of the defense attorneys are wont to call them. Certainly it would be difficult for a nurse to relate to or care for someone labeled as such. This is purposeful. Consider too the hateful idea of 'not wanting to prolong the dying process.' This undefined phase may include the last hours, days, weeks, months or years of your life, since life is the only factor capable of prolonging one's death. . . .

"It is time the American public said no. We fought World War II to stop a crazed Nazi dictator who used eugenic practices in Europe. We will not allow the same horrid conditions to systematically undermine the dignity and value of the individual citizens of the United States of Ameria. We will speak out. We will ask the questions and we will persist until we get the right answers. As a nurse, a parent, and a citizen, this is my responsibility."

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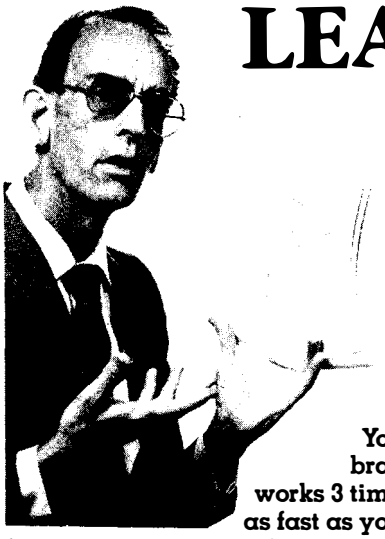

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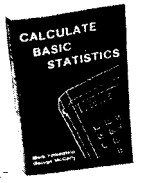

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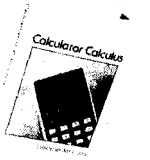

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