



Life Matters Journal

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LETTER FROM THE EDITOR

Dear Reader,

Before diving in, I want to say that I am exceedingly grateful to the staff and board for allowing me to join this great organization. Special thanks to Maria for doing the heavy lifting on this issue, preparing it before I came on board.



In this issue, John Whitehead continues to look at the threat of growing war in the Middle East, as well as conflicts that have not come to wider attention in the US. Grattan Brown examines the Kate Cox case from both ethical and legal perspectives. Finally, we take the opportunity to dive deeper into the core values of Rehumanize with Sarah Slater examining the goals of the organization.

I encountered the then-nascent *Life Matters Journal* while organizing and educating in 2012. Those promoting the consistent life ethic was a small, vitally important group of activists and as a result, I was immediately drawn to this radically unique organization among the pro-life community. Their willingness to engage in conversation, deepened by a shared philosophical vision, was immediately endearing. My wife became a staff editor of the magazine, while I wrote film reviews. I attended the consistent life meetups at the March for Life, and when I moved across the country, I continued promoting their work and stayed involved in local activism as a voice for the consistent life ethic.

Now, as the new Executive Editor of *LMJ*, I have great hope and anticipation for the years to come.

Peace,

Joseph Antonello

This journal is dedicated to the aborted, the bombed, the executed, the euthanized, the abused, the raped, and all other victims of violence, whether that violence is legal or illegal.

We have been told by our society and our culture wars that those of us who oppose these acts of violence must be divided. We have been told to take a lukewarm, halfway attitude toward the victims of violence. We have been told to embrace some with love while endorsing the killing of others.

We reject that conventional attitude, whether it's called Left or Right, and instead embrace a consistent ethic of life toward all victims of violence. We are *Life Matters Journal*, and we are here because politics kills.

Disclaimer

The views presented in this journal do not necessarily represent the views of all members, contributors, or donors. We exist to present a forum for discussion within the Consistent Life Ethic, to promote discourse and present an opportunity for peer-review and dialogue.

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Life Matters Journal

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Overlooked Conflicts: Ongoing Violence at the End of 2023

By John Whitehead

Although the Ukraine-Russia war and the Gaza war have dominated the news, other countries have been suffering violent conflicts recently. In several pieces this year, I highlighted contemporary wars and other conflicts that are too often overlooked. Here is an update of the status of these conflicts.

NOTE: This piece discusses sexual violence and other human rights violations.

Ethiopia

Ethiopia's bloody civil war between the central government and rebel forces in the northern Tigray region ended in a government victory in November 2022. This resolution came after violence that may have claimed more than half a million lives.¹ The war's end has not brought peace, though.

Ethnic conflict has been an ongoing problem in Ethiopia. The civil war pitted the Tigrayan ethnic group against the Amhara and the Oromos, the country's two largest ethnic groups and the key supporters of the central government led by Prime Minister Abiy Ahmed.²

The war's end sparked a new conflict between Abiy's government and the Amhara, many of whom felt the civil war ended on terms unfavorable to them. Violence broke out this year when Amhara militias that had fought in the war refused to disarm. The government responded with a military crackdown and the violence escalated over the summer, threatening several major cities.³ While the conflict has not become a new civil war, Ethiopia's stability remains shaky.

To restore national unity, Abiy might resort to war against an external enemy. He has publicly expressed a desire for landlocked Ethiopia to have access to the Red Sea, raising tensions with neighboring Eritrea. Abiy denies plans to invade another country, but both Ethiopia and Eritrea have reportedly moved troops closer to their shared border. (Adding to the hostility is the fact that the Eritrean government supported Abiy's government during the civil war and was disappointed by being excluded from the war's settlement.)⁴

Hunger and deprivation are major problems, especially in post-war Tigray. Earlier in 2023, local researchers identified hunger as

the leading cause of death in Tigray.⁵ Over 5 million Tigrayans and roughly 20 million Ethiopians nationwide need humanitarian aid.⁶

Access to humanitarian aid is uncertain, however. The UN World Food Programme suspended aid to Ethiopia for part of 2023 because of concerns over food aid being stolen. The United States similarly has suspended food aid to Ethiopia over theft concerns, although American food aid goes to Ethiopian refugees in other countries.⁷

Haiti

Haiti continues to suffer from the collapse of its national government. Violent criminal gangs now dominate the country, especially the capital of Port-au-Prince. The gangs have grown, expanded the areas under their control, and formed alliances: seven major gang coalitions compete for control of Haiti.⁸

Gang violence against Haitians includes extortion, kidnapping, and punishing those suspected of cooperating with rival gangs. The United Nations reports that thousands have been killed and hundreds kidnapped in 2023. Gangs use murder and sexual violence to assert their control; women, girls and LGBTQI+ people are particularly targeted for sexual violence.⁹

Gang violence has disrupted vital aspects of Haitian life. Criminal control of roads as well as violence in a key farming region have interfered with access to food and increased food prices.¹⁰ Almost half of Haitians are estimated to be food insecure. Other gang activity has disrupted fuel supplies.¹¹

Haiti's corrupt and understaffed police forces usually cannot cope with the violence: dozens of officers have been killed and police stations sacked by gangs.¹² Informal citizen militias have arisen to combat gangs and may have had limited success in curbing gang violence.¹³ A more official response is a plan for UN peacekeepers to deploy to Haiti.¹⁴ A long-term solution to Haiti's chaos remains elusive, though.

Sudan

Since April, Sudan has been wracked by violent conflict between two factions of the military, which has ruled the country since 2021.¹⁵ Fighting has centered around the capital, Khartoum,

and the western Darfur region. One faction, a paramilitary group known as the RSF, has a strong presence in both these areas, while the traditional military dominates the rest of Sudan.¹⁶

Thousands have been killed and millions displaced by the conflict.¹⁷ The United Nations estimates about 4.8 million people have been internally displaced and another 1.2 million have fled the country.¹⁸ About 18 million urgently need food aid.¹⁹

RSF violence in Darfur threatens to repeat the terrible crisis that occurred there in the early 2000s. The RSF has reportedly targeted the Masalit ethnic group in Darfur. A November RSF attack on a displaced persons camp reportedly led to the killing of six Masalit leaders and their families as well as hundreds of others. As one survivor recounted, “They went house to house to search for men and killed each one they found.”²⁰ The discovery of mass graves in Darfur points to similar killings in the region.²¹

The African Union, Saudi Arabia, and the United States have coordinated talks between the warring factions to facilitate the delivery of humanitarian aid.²² A resolution of the conflict is not in sight, though.

Ways Forward

These conflicts require concerted diplomatic efforts to broker ceasefires among the different factions. They also require extensive humanitarian aid.

The United States can play a role in both these efforts, as well as in providing a haven for refugees from the conflicts. The Biden administration should expand the number of Haitians allowed into the United States under the current parole program.²³

American citizens should contact President Biden by phone and email and contact their representatives in the House and Senate to urge them to take the above steps.

Those wishing to financially help people affected by these conflicts can donate to Action against Hunger, Catholic Relief Services, Hope for Haiti, Islamic Relief USA, and the Mennonite Central Committee, all of which work in one or more of these countries.

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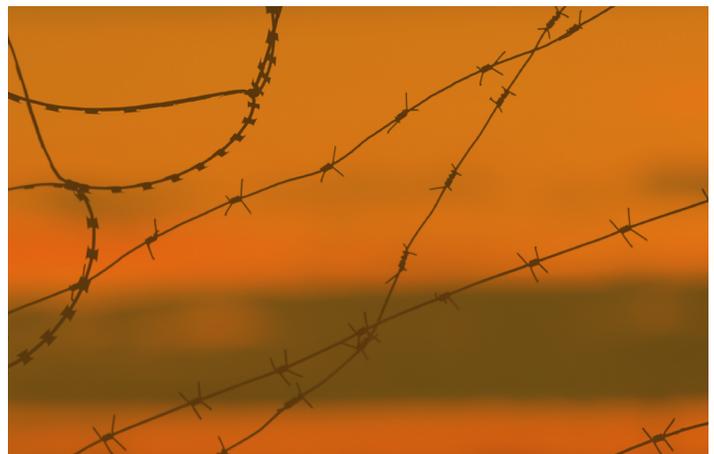
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The Kate Cox Case Is Not the Challenge It Claims to Be

By Grattan Brown, STD

Most of the public commentary on the tragic case of Kate Cox has been emotionally fraught and terribly misleading. Texas law allows termination of pregnancy to prevent death or serious harm to the mother, but just about every reason offered by Cox's lawyers to challenge the law does not require this procedure, except possibly harm to her reproductive system. Termination of pregnancy should have never come up when it did. Contrary to most public commentary, the Texas law is successfully challenging the deliberate killing of children in the womb while protecting the lives of their mothers.

Even if Texas' legal language were unclear, ethical clarity is possible on the main issues.

The basic ethical difference is between terminating the pregnancy to deliberately end the life of the child, which is unethical, and terminating the pregnancy to address a medical condition which currently threatens the mother with death or serious harm and which cannot be handled in another way. The Texas law attempts to prohibit the former, which is a method of deliberate killing, and permit the latter, which is a method of addressing medical complications that regrettably results in the death of a child.

Could we say that everyone, pro-choice and pro-life advocates both, agrees that we do not want a society that ends a human life in order to solve problems when other solutions are available? Finally, could advocates on both sides say that we do not want a society that treats people with disabilities differently than people without them?

If we look carefully at Ms. Cox's case, it appears that she was never in danger of death or serious harm and requested an abortion to avoid risk and suffering. This is terminating her pregnancy to deliberately end the child's life, not to address an existing medical condition. The baby's condition itself, Trisomy 18, does not endanger the mother's life or future ability to carry a child to term and is not a reason for abortion. For Kate Cox's advocates to emphasize the baby's condition makes it sound like the child's disability, rather

than danger to the mother, is the actual reason for the abortion. Some might think the fact that the child may be stillborn or not live very long after birth is a reason for abortion. Ms. Cox has expressed the desire that her child not suffer, but the abortion procedure that would be used on the child would dismember it, inflicting suffering. If the thinking is to relieve Ms. Cox of the burdens of carrying a child whom they do not expect to live very long, then she is avoiding those burdens by inflicting great suffering and death on a disabled child when she would have borne them for a baby without disability. Texas law rightly defends her child against all these reasons to terminate the pregnancy.

But what about the danger to Ms. Cox? It is concerning that Ms. Cox went to the emergency room multiple times. When she did, doctors and the emergency room staff successfully managed her complications without terminating the pregnancy. They would have continued to manage any complications that emerge, if possible, without terminating the pregnancy — but they could have terminated it ethically if emerging circumstances made that no

longer possible. Pro-life doctors have developed ways of terminating pregnancies under these conditions that respect the life of the child, even when they cannot save the child, while saving the mother. Sometimes public commentary misrepresents this standard medical practice as waiting until the

mother is at death's door before intervening and presents actual cases as evidence. But these are cases of medical malpractice rather than unjust law.

It is also concerning that carrying her disabled child could require another cesarean section, increasing the risk of complications in future pregnancies. Avoiding grave harm to her reproductive system is the only reason stated thus far that, depending on the circumstances, could justify terminating a pregnancy and meet the legal standard of laws like the one in Texas. Her doctors' goal, of course, should be to manage her pregnancy so that she can greet her Trisomy 18 baby and go on to have

...could advocates on both sides say that we do not want a society that treats people with disabilities differently than people without them?

another successful pregnancy. If that becomes impossible, doctors, the patient, and the family confront the truly difficult ethical and legal issue. Should doctors terminate the pregnancy to avoid the kind of harm to a mother's reproductive system that increases risks of complications for future pregnancies?

Not if doctors can manage those complications, and it seems likely that they can. Even the evidence provided by Ms. Cox's lawyers at the Center for Reproductive Justice shows that doctors can likely manage complications associated with a 3rd and 4th C-section and drive down risks for carrying future pregnancies to term:

When *The Dispatch* asked the Center for Reproductive Rights (CRR) for studies backing up the argument that a third C-section would place Cox at "high risk" for "multiple serious medical conditions such as uterine rupture and hysterectomy,"¹ a spokesperson pointed to an amicus brief filed by the American College of Obstetricians and Gynecologists (ACOG) and Society for Maternal-Fetal Medicine.² That amicus brief itself cited a 2006 study published in ACOG's own peer-reviewed journal that found that hysterectomy was required for 0.65 percent of mothers after a first C-section, 0.42 percent after a second, 0.9 percent after a third, and 2.41 percent after a fourth.³

The 1% risk of hysterectomy after a 3rd C-section is very low, and the Center for Reproductive Rights and the courts should be forthcoming about all the risks in cases where human life is at stake. In any case, it seems that the Cox family tried to avoid all these risks by deliberately ending the life of their child well in advance. In her interview with the *New York Times* podcast "The Daily," Ms Cox said that when the Trisomy 18 diagnosis was confirmed, they went to their doctors, said that they did not want to continue the pregnancy, and asked what the options were.⁴ At that point, they asked for an abortion, which Texas law prohibits, and not a procedure for complications that doctors could foresee emerging and begin to manage.

The *Texas Tribune* quoted Ms. Cox saying "I do not want to put my body through the risks of continuing this pregnancy, ... I do not want to continue until my baby dies in my belly or I have to deliver a stillborn baby or one where life will be measured in hours or days."⁵

Everyone should be able to empathize emotionally with the difficult circumstances Ms Cox is facing. At the same time, we want women to treat disabled children in the womb the same way they treat those without disabilities. Ms. Cox was prepared to carry to term a child without disabilities. She might have done so for her disabled child if her social support structure, especially her doctors, had helped her imagine the benefit of carrying and meeting her disabled child and assured her of their ability to manage her pregnancy.⁶

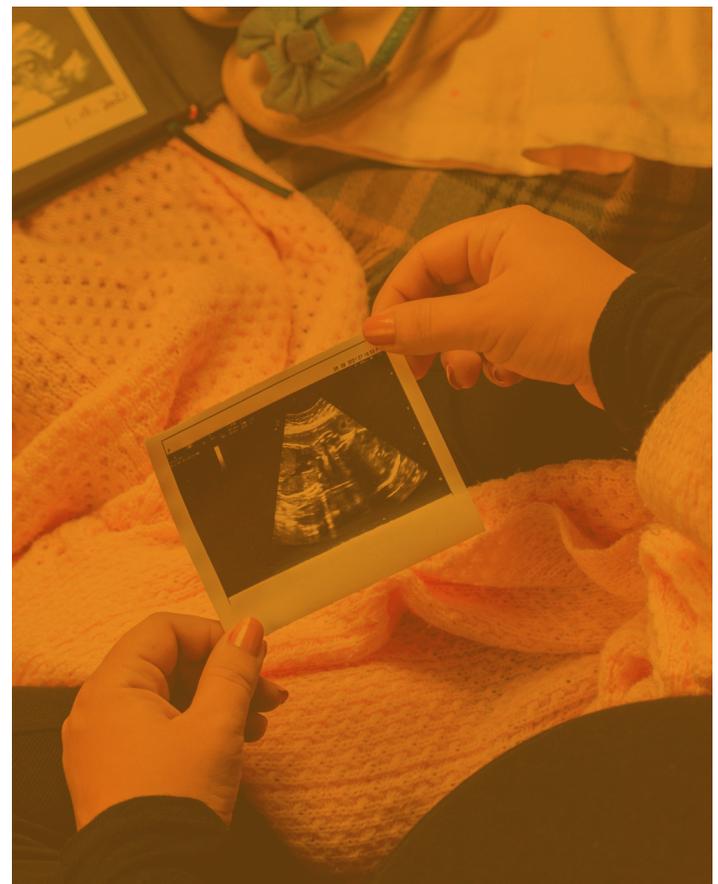
Ethically competent medical practice avoids two extremes. It refuses to wait until the mother is near death or grave harm before intervening, and it refuses to end a child's life in order to avoid the possibility of complications that could lead to death or serious harm for the mother. Avoiding these extremes creates a range of reasonable medical judgment within which doctors manage complications, help mother's give birth to their children, avoid

procedures that end the child's life, and prioritize the well-being of the mother, even if that means terminating the pregnancy in a way that the child cannot survive.

The public presentation of the case of Kate Cox has brought more confusion than clarity. More and more, it sounds like a tragic case of ending the life of a disabled child that the pro-choice movement has turned into abortion propaganda, fear-mongering, and legal maneuvering.

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Ripples from Gaza: The Threat of a Wider Middle East War

By John Whitehead

The Gaza War has taken a terrible human toll within Israel and Palestine while also threatening to escalate into a larger regional war. The Israeli-Palestinian conflict has had violent repercussions in Lebanon, Iraq, Syria, and Yemen and the Red Sea.

The recent strikes by the United States and its allies on Yemen are the latest escalation in this broader Middle East conflict, and further escalations seem likely. The risks of a wider war provide another reason, if any were needed, to end the Gaza War.

Violence in Lebanon

Lebanon is a major base of operations for Hezbollah, a militant group affiliated with Iran. Hezbollah and the Israelis have a long history of violent conflict along Israel's northern border with Lebanon. Since the Gaza War began, Hezbollah and Israeli forces have regularly exchanged fire across the border.¹

This low-level violence spiked on January 2 when an air strike in a Beirut suburb killed seven Hamas members, including Saleh al-Arouri, a leader in Hamas' armed wing and a liaison with Hezbollah. Lebanese state media attributed the strike to an Israeli drone. Israel did not openly take responsibility, but an Israeli Defense Forces (IDF) spokesman commented, "The IDF is in a very high state of readiness in all arenas, in defense and offense" and is "focused on fighting Hamas."²

Hezbollah declared the strike "a serious assault on Lebanon, its people, its security, sovereignty, and resistance" and "that this crime will never pass without response and punishment."³ Hezbollah subsequently increased its cross-border attacks on Israel, leading Israel to retaliate with air strikes that killed several Hezbollah members in Lebanon. Israeli officials have also warned that pushing Hezbollah back from the border might eventually require a military offensive.⁴

Violence in Iraq and Syria

Roughly 2,500 US troops are currently stationed in Iraq to help the Iraqi government prevent a resurgence of ISIS.⁵ These troops have been targets of over 50 attacks by Iranian-affiliated groups

since the Gaza War began, although no Americans have been killed.⁶ US forces have responded with retaliatory attacks, including a January 4 drone strike in Baghdad that killed two leaders of Harakat Hezbollah al-Nujaba, a militant Iraqi group with ties both to Iran and the Iraqi government.⁷

The drone strike has strained the US relationship with Iraq's government. Iraqi Prime Minister Mohammed Shia Al Sudani condemned it as "blatant aggression and violation of Iraq's sovereignty and security."⁸ Al Sudani also announced US troops should leave Iraq, although he apparently walked that statement back later.⁹

The 900 US troops stationed in Syria to combat ISIS have been attacked more than 70 times by militants since October and have also retaliated.¹⁰ These retaliatory strikes presumably create tensions with Syrian authorities, as US forces are in Syria against the government's express wishes.¹¹

Violence in Yemen and the Red Sea

Yemen is currently dominated by the Houthis, another militant group allied with Iran. Yemen's location next to the Red Sea, a vital transit point for international shipping, have given the Houthis the ability to threaten global trade.

As retaliation for Israel's war in Gaza, the Houthis have repeatedly attacked commercial ships in the Red Sea. This has disrupted the activities of some major shipping groups such as Maersk and could increase global inflation.¹²

In response, the United States and allied nations began Operation Prosperity Guardian in late December, sending military ships to the Red Sea to protect commercial vessels. When Houthi attacks continued, the allied coalition issued a warning that "The Houthis will bear the responsibility of the consequences should they continue to threaten lives, the global economy, and free flow of commerce in the region's critical waterways."¹³ A Houthi spokesman commented that they "will continue to prevent Israeli ships or those headed to the ports of occupied Palestine from sailing in the Arabian and Red Seas until the aggression stops and the siege on our steadfast brothers in Gaza is lifted."¹⁴

After further Houthi attacks, US and allied forces carried out a series of air and naval strikes on Houthi targets in Yemen on January 12. More strikes followed on January 13.¹⁵ A Houthi spokesman commented that the strikes would “not go unanswered and unpunished.”¹⁶

Stopping a Downward Spiral

The US-Houthi conflict is the most immediately volatile situation, but any of the conflicts described above could flare up into wider, bloodier confrontations. Such confrontations would not only kill still more people but would also almost certainly be futile from a political standpoint.

Just as devastating Gaza is unlikely to defeat Hamas or bring security to Israel, bombing militants in Lebanon, Iraq, Syria, Yemen, or elsewhere is unlikely to end the violent opposition to Israel and the United States across the Middle East.¹⁷

Given the limited resources required to conduct sporadic hit-and-run attacks or disrupt commercial shipping, groups such as the Houthis can probably continue to wreak havoc even while being bombed by the United States. The Houthis survived years of a Saudi Arabia-led bombing campaign against Yemen and likely can do the same in the face of US bombing.¹⁸

The Houthis even seem eager for a fight, with their leader, Abdulmalik al-Houthi, declaring “We, the Yemeni people, are not among those who are afraid of America... We are comfortable with a direct confrontation with the Americans.”¹⁹ Meanwhile, the human costs of US or Israeli military actions will further fuel hatred and opposition to both nations across the Middle East.

The best response to the conflicts simmering across the Middle East is not more violence but an end to the Gaza War. The United States needs to use its influence on Israel to achieve a ceasefire and allow unimpeded humanitarian aid to reach Gaza’s people. US citizens should contact the Biden administration by phone, at 202-456-1111, or email and contact their representatives in the House and Senate to urge them to support this policy.²⁰

Violence will not solve the Middle East’s current turmoil but only beget more violence. A different approach is necessary.

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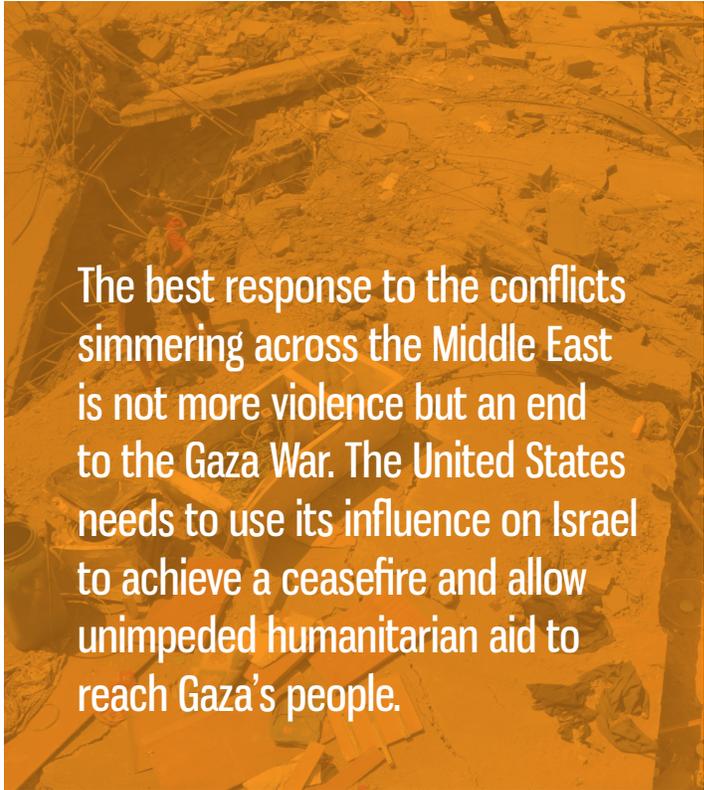
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The best response to the conflicts simmering across the Middle East is not more violence but an end to the Gaza War. The United States needs to use its influence on Israel to achieve a ceasefire and allow unimpeded humanitarian aid to reach Gaza’s people.



Safe Delivery of a Trisomy 18 Child

By Grattan Brown, STD and Matthew Harrison, MD

This story comes out as another tragic one plays out in Texas. In that case, a woman named Kate Cox and her family approached their doctor after their third child's Trisomy 18 diagnosis was confirmed; they said that they did not want to continue the pregnancy, and asked for their options.¹ The doctor informed them that Texas law permits termination of pregnancy only in order to prevent death or serious harm to the mother, not in cases of a disability like Trisomy 18. To challenge the law, a pro-choice law firm, The Center for Reproductive Justice (CRJ), filed suit on the family's behalf alleging that the pregnancy posed a threat to Cox's life, reproductive system, and ability to have a child in the future.

There are many ethical and legal problems with CRJ's argument, but the most fundamental problem in this case seems to be a widespread social distancing from disability. As the case unfolded, doctors managed Cox's complications, including several trips to the emergency room. Babies suffering from Trisomy 18 are born every week, usually by Cesarean section. Having a Cesarean section slightly increases the risk of uterine rupture and hysterectomy in future pregnancies, but these risks apply later in pregnancy after a child is viable, and are regularly managed by doctors. Perhaps Cox has individual physical circumstances related to the Cesarean section procedure that leave her reproductive system more vulnerable to harm now and significantly increase risks during a future pregnancy, but if so they have not been made public.

Thus it is hard to see how Cox's case is really one of unmanageable complications and not one of deliberately ending her child's life in order to avoid having to carry a disabled child to term. What makes the case so difficult is that every way of handling this pregnancy involves suffering. Carrying the child to term will be burdensome for the mother, who is concerned about her disabled child's suffering and her ability to have future children. The child will suffer either the pain of a dismemberment abortion or, if Cox does not receive an abortion, possibly several days or weeks of living with this disability.

In the story below, Dr. Matthew Harrison's patient, Mary, approached him with a different question than the abortion requested by Cox. Although similarly devastated by the diagnosis, Mary asked how she could safely have her baby.

Here is Dr. Harrison's story in his own words.

Mary was a member of our secretarial staff who decided to get certified as a medical office assistant in order to have more direct patient care. She was always in a good mood, bubbly, and energetic, always ready to help and a good problem solver. When Mary became pregnant with her first child, she was excited about the prospect of her growing family. However, during her ultrasound, we noticed that the baby had some deformities. Her head was larger than normal, and she had fluid on her brain. Her stomach and intestines were also developing outside of her body, a condition known as an omphalocele. Because of these abnormalities Mary had genetic testing done and ultimately found out that her baby had Trisomy 18, a condition considered terminal in which the baby has three copies of chromosome 18 and rarely lives for more than a few hours after birth.

Mary was devastated. She wanted this baby more than anything and loved her dearly. She came to me for advice, and I stressed to her to treat her baby in the womb the same way she would treat her baby if she was out of her womb. In other words love her baby, do nothing to harm her, and try to prevent her from being in pain or suffering. The majority in the medical community would recommend abortion in this case. They will do so under the guise of preventing suffering for a baby who is going to die anyway. They also are trying to protect the parents from experiencing a more devastating wound by losing a baby to whom they are more closely bonded after having carried and birthed the child.

The pregnancy does become more risky because this type of patient cannot be safely delivered vaginally. Therefore, for parents that choose life, these babies will need to be delivered by cesarean section. If a baby does not have a terminal illness such as Trisomy 18, the omphalocele can be surgically repaired and the baby can develop normally after the operation. The continuation of the pregnancy does not affect the future fertility of the mother, in other words, her ability to conceive. Even if she has had multiple Cesarean sections, she can carry any future pregnancy to a viable age with little risk to her or her future babies.

Mary and her husband decided to love their child as much as they could and spend all the time they could with her. I entrusted her care to a very good obstetrician friend of mine. He was kind and gentle and very skilled in his care for this mother with a high-risk pregnancy, sensitive to her desires to love this baby and bring her to delivery. Mary delivered a beautiful baby girl, Caroline, by cesarean section and held her and loved her for several hours before she passed away peacefully in the arms of the parents who protected her in such a loving way.

Caroline never felt the pains of an abortion, which is usually done without anesthesia for the baby, and studies have shown that these babies will feel pain and will react to the instrument during an abortion. Mary and her family were then able to grieve the loss of their daughter and bring closure to this painful episode in a loving and compassionate way. They were able to bury Caroline's body with a ceremony and are still able to go back to that grave to remember and love their daughter.

Too many mothers that have chosen abortion or have been coerced into it have been robbed of the chance of properly grieving their lost child. They have also experienced deep guilt for choosing or participating in an abortion which has produced another wound that has to heal.

The direct and purposeful killing of a child is never the answer to a medical problem for the mother or the baby. Rarely and unfortunately, the death of the child may occur as a secondary effect from a treatment designed to save the mother's life but done without the intention of killing the child. There are also wonderful resources for devastating diagnoses that are most compassionately treated with neonatal hospice services. Be Not Afraid is a group that supports families while they navigate the healthcare landscape when experiencing a terminal diagnosis for their unborn child. I have great admiration for Mary and her family who retained Caroline's dignity and allowed her to leave this life as a loved and wanted child.

Notes

1. McCormack, John. "A Close Look at the Texas Abortion Controversy." *The Dispatch*. <https://thedispatch.com/article/a-close-look-at-the-texas-abortion-controversy/>



What Are Our Goals?

By Sarah Slater

Introduction

This project intends to make our organization's values clear to all our supporters, friends, and allies, so we can explain why we make the decisions we do.

In this essay, I will elaborate on our four primary goals, to better explain what drives our work and why we do things in the way that we do.

As an organization we have four primary goals that guide all of our actions. These goals find expression in written form, as parts of our mission and vision statements.

1. Bring an end to violence against human beings at every stage of life from conception to natural death.
2. Create a culture of peace and life, to replace our currently existing cultures of war, violent conflict and killing.
3. Ensure that every human life is respected, valued, and protected, rather than disrespected, devalued, and attacked.
4. Maintain a commitment to nonviolence and nonviolent means in everything we do, because we believe that violence can never produce peace.

The first goal is the primary focus of our efforts, and is stated negatively: we want to end these forms of violence. The second goal describes the kind of society necessary to achieve that goal. The third goal relates to the specific way that people in that society should treat each other. The final goal relates to the means we strive to use.

Goal: Bring an end to violence against human beings at every stage of life from conception to natural death.

As an organization, and as participants in a number of different movements, our goal is to see the end of aggressive violence as a means to resolve conflict, since we believe that an end to conflict precipitated by killing does not, in fact, result in peace—only a temporary cessation in hostilities. This is the fundamental mission which has driven us as an organization since Aimee Murphy created *Life Matters Journal* in summer 2011, as an online magazine.

An End to Violence

The single thing which unifies our staff, board, and supporters is opposition to aggressive violence against human beings. We differ in our preferred means, the priority we give different kinds of violence, our tactics, strategies, and in many other ways, not limited to: politics, religion, background, preferred language for discussing violence, personal experiences with violence, what we consider acceptable ways to protest, and more.

Aggressive Violence

What specifically, though, do we mean by violence? “Violence” can be used to speak of a variety of things, and certain actions (like surgery) resemble or are even identical to acts we would consider violence, yet because of their intentions they are not what we would consider to be a violent act we would oppose. By aggressive violence, we at Rehumanize mean, specifically, actions intended to wound the physical body of, or end the life of, a human being.

In addition to actions like shooting, stabbing, or punching (actions commonly recognized as violence), we also include opposition to medical violence. Medical violence is the administration of a medication or other medical action undertaken with the deliberate intention to end the life of a human being. Examples of medical violence include such practices as medication or surgical abortions, lethal injection as a method of capital punishment, and the administration of medications to end the life of a human being (in the context of MAiD, euthanasia, assisted suicide, etc.)

Physical Violence

While language is an important justification for aggressive violence, and we advocate against dehumanizing rhetoric, we do so as a means to our primary goal of working to end actions that can literally kill human beings. We avoid talking about language as “violent”, preferring instead to use more specific descriptive language like “dehumanizing”, “aggressive”, “insulting”, “abusive”, or to state that it is language which “incites hearers to violence”.

At the time of writing this document, we focus our efforts on opposing legal and/or socially acceptable forms of violence. We recognize that even imperfect legal systems are the proper forum

for dealing with offenses against justice like murder or rape. We would like to see the legal system expand to cover what we consider illegitimate forms of violence (abortion, assisted suicide) and reduce or eliminate its own violent actions (capital punishment, war, torture).

Human Beings

Science demonstrates that human beings are human from the moment a new, genetically distinct individual is formed after sperm-egg fusion, and we argue that they retain full rights and dignity from that point on. We rarely use the term “person” because of its use in contemporary political debate to deny rights to some human beings.

We unite around care for human beings’ lives in our advocacy. We avoid becoming entangled in arguments about the morality of issues like eating meat or environmental protection concerns, because our supporters and fellow movement members have a variety of opinions about those issues.

We don’t rank human beings in importance. Every human being’s life is equally important. We reject the utilitarian mindset that says that the death of many is more important than the death of a few human beings.

At Every Stage of Life, from Conception to Natural Death

We affirm that each human being is worthy of protection starting at their conception—the beginning of their life as a distinct, self-directed human being. We believe it is right to treat human beings at the end of life with equal dignity to those in the active/“productive” years, or those at the very beginning of their lives. Human beings are not important for what they are or can do; and human beings cannot lose their dignity by doing wrong.

Goal: Create a culture of peace and life.

Abolishing violence is a monumental, idealistic goal, and could be pursued in a number of ways. It’s also a negative vision for what the world should not be, not a positive vision for what the world ought to be like. In order to end violence, we believe it is important to work to build a culture of peace and life, to replace our currently-existing cultures of war, violent conflict, and killing.

Create a Culture

All of our supporters unite around a rejection of our existing culture’s valuation of human life as interchangeable, disposable, and unworthy of protection. Our culture has a high tolerance for killing, sees support for war as identical with patriotism, and has difficulty imagining a world without violent resolution of conflict.

Because we exist as a bridge-builder between movements and organizations, and are nonsectarian and nonpartisan, we do not offer our supporters a singular religious or political philosophy. Instead, we join together around what we have in common: support for the first and most fundamental human right—the right to life. What we have in common is a desire to see a society which values each individual human life.

A Culture of Peace and Life

Peace is not simply the state of “not being at war” but entails positive conditions of joy and flourishing, not simply for some, but for all of society. We are united around a vision for a culture of peace and life: we want to see society flourish, with every human being able to live in harmony with one another, without the risk of being killed for another person’s convenience.

The phrase “culture of life” is commonly used to describe a culture that values human beings’ lives. Occasionally, the phrase “culture of life” connotes bare life to the general public outside of the pro-life movement, i.e., the condition of only being alive but suffering miserably. Being alive is better than being killed, but we have a wider imagination for what life can be, than simply a reduction in how many people are killed.

Goal: Ensure that every human being’s life is respected, valued and protected.

The preceding two goals have discussed the principal reason for which we organize (our goal of ending aggressive violence), and cast an intentionally broad vision for what a society that could end violence would look like. Our third goal more specifically discusses the way in which we encourage our supporters to treat other human beings’ lives: to respect, value, and protect them.

Human Life is Protected

No one is fully in conscious, fully independent control at all times during their lives, and at some times in every human being’s life we are all fully dependent on others. We advocate for protection of human life that we can all rely on when we cannot protect ourselves; protections which should be both in law and in social norms.

Protection in the Law

We hope to live in a society one day where people aren’t executed for crimes, no matter how horrendous. We also hope to see a world where deliberate killing is illegal for any reason, including by state actors and the medical industry. (Intentional killing by private actors is generally already illegal, with reasonable exceptions we don’t object to—like those exceptions for self-defense).



We are also specifically interested in seeing legal institutions which care for other people refrain from dealing out death or actively kill people in their care (killing in war, euthanasia, killing of unwanted children in abortion clinics).

Protection in Social Norms

Our goal is to see a world where people don't allow others to kill with impunity. There have always been taboos against killings in some situations, but there are also intentional killings that are not taboo. Often, agents of the state are permitted to kill certain types of people in certain situations without consequence—even where those killings are already illegal, such as in jails and prisons.

We imagine a world where people don't look the other way when killings or attacks happen, even against vulnerable people (the homeless, the unborn, those in prison, enemy combatants in POW camps, civilians in other countries, migrants, elderly people, those with disabilities.)

Human Life is Respected

Human life is fragile and every human being is unique and irreplaceable. We believe that the fragility and uniqueness of human life should be recognized. Furthermore, people should take actions, not only to avoid killing others, but also to avoid putting people in situations where they may be at increased risk of killing. For example, in addition to putting people at risk for involuntary euthanasia, legalizing assisted suicide has been shown to put pressure on humans who are poor, disabled, and/or aged to seek it out for themselves.

Respect for human life entails not putting people in places where they feel that their life has no meaning, or that they are a burden to others.

Human Life is Valued

Although we are people of all faiths and none, we are united in our belief that human life is good and valuable. Our societies should treat human life as a good in itself, something every human being has as an inherent right, which no one can take away from them under any circumstances. Others have an obligation to take active action to preserve the lives of others, even when external conditions are unfavorable. Because human life is a good in itself, for every human being, we all have an obligation to protect others' possession of it.

*Goal: Maintain a commitment to using **nonviolent means** to accomplish the goals above, and specifically through 1) **education**, 2) serving as a forum for **discourse**, and 3) engaging in public **action***

Our fourth goal regards our means to achieve our desired goals (discussed above). We are deliberately committed to nonviolent activism in our means, because we don't believe that violent revolution, or violent coercion, can result in peace. Our three chosen nonviolent means primarily include education, discourse, and action.

Our commitment to nonviolent conflict resolution is intrinsically related to our opposition to capital punishment, police brutality, and war. Violence is generally seen in our society as the only method to obtain peace. We don't agree. Violence leads to more violence, and killing leads to more killing.

Education

We were founded as a print and online publication, and education remains a key component of our work. We both educate the general public about our areas of interest, as well as equipping those who agree with us to understand reasons for opposition to violence.

Discourse

We are also a forum for discourse. We both engage in debate with those who don't agree with us, and encourage discussion among those who partially agree but disagree on some substantive issues on or on means.

Action

Our last principle is action. Nonviolence is an active practice, not a passive theoretical position. We encounter the public through protests, public lectures, sidewalk advocacy, and demonstrations outside sites where violence is justified or commonly takes place. By promoting our beliefs in public, we demonstrate that support for human life can be consistent, contra those who deny that that is possible.

Why these specific means?

It is true that there are a number of goals we hold which will require other means than education, discourse, and public action (for example, changes to the law require political action.) There are reasons we remain committed to these primary means rather than expanding our work into other areas.

We were founded as a publication and our educational mission remains important to us. We focus on the connections between issues rather than operating as a single-issue group; single-issue groups are better able to achieve political ends, but often can lose sight of other equally important issues. We believe that other groups, by specializing, can achieve their goals by focusing narrowly on whatever means are important to them (for example, legal aid clinics, or direct service groups). We strive to work in partnership with people across sectarian lines/political lines. Finally, we strongly believe in grassroots activism rather than a top-down approach. Though legal changes are necessary to protect human life, and we do work with many groups who are working to change the laws, legal change unsupported by the public will not last. So we have focused our work on working with people one-on-one.

