

Life Matters Journal

"DIY Abortions" in a Post-Roe America

Pro-Life Victories in South Dakota

Deregulating Mifepristone Is a Disaster Waiting to Happen

Racial Disparities in the Death Penalty

LETTER FROM THE EDITOR

Dear readers.

As an advocate for the Consistent Life Ethic I often find that my job is twofold. Firstly, I seek to end aggressive violence waged against human beings whether it come in the form of abortion, war, capital punlishment, police brutality,



or anything else. Often, though, I will find myself not defending my position on any one of those issues but rather on the framing of them within the context of the Consistent Life Ethic itself as wider political philosophy. Some people feel as though using this lens conflates distinct issues or can cause distraction.

Within this magazine you will find explorations into threats against human life at its very earliest stages in Sophie Trist's article on embryo experimentation and in Christy Yao's essay on the growing support for self-administered abortion within the pro-choice movement. You will also find an exploration into Western imperialist interventionism in Africa via Rany Irby's "On the Problem of AFRICOM," as well as articles on the failures of the retributive death penalty model including a discussion of racial bias in sentences.

Of course, all of the issues that we cover differ in many significant ways — war affects those who are more *developed* than the "clumps of cells" killed by abortion; abortion affects those who are more *innocent* than the "thugs" killed by the death penalty. Every issue is distinct, but they share a common thread: the violent destruction of human life. Because we believe that human life is precious, we cannot simply ignore any of the forms of systemic violence that plague our world. I welcome you, reader, to join our movement.

For peace and every human's life,

Herb Geraghty

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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REHUMANIZEINTL.ORG



Pro-Life Victories in South Dakota Choose Life By Rana Irby

Protection for unborn children

gained major victories in South Dakota these first few months of 2021. The recent legislative session in the state saw five bills advancing the cause of life. Included were a ban on abortions of children with Down syndrome and a law requiring medical care for babies born alive in failed abortions. The bills passed through the state legislature despite opposition from some members of the local medical community and abortion rights advocates.

H.B. 1110, S.B. 183, H.B. 1114, H.B. 1130 and H.B. 1051 were signed into law by South Dakota Governor Kristi Noem.¹ Garnering much attention were H.B. 1110 and H.B. 1051, the ban on Down syndrome abortions and the "Born Alive" bill, respectively. The other bills make forcing an abortion through surrogacy contract illegal, more specifically defines abortion, and sets rules for when particular literature has to be given to women who were provided abortion-inducing drugs.² Not without significant effort did the measures make it to Governor Noem's desk, especially in regards to H.B. 1110 and H.B. 1051.

Governor Noem herself initiated H.B. 1110, noting the right to life for those with Down syndrome.3 The measure passed unanimously through the state House and Senate before getting back to her for signature.4 It prohibits doctors from performing abortions on women seeking the procedure because of a possible Down syndrome diagnosis resulting from a screening.⁵ The lead up to the passage of the bill included testimony from people with the condition and their family members.6 Supporters touted the ban as a fight against "eugenics," invoking the example of countries with high rates of abortion associated with Down syndrome diagnoses.⁷ Opponents, however, raised concern regarding abortion access and the relationship between doctors and patients. Planned Parenthood Action Fund in South Dakota manager of advocacy Kristin Hayward was quoted in the Associated Press as referring to the recent bills as infringement on abortion rights and the doctor-patient relationship.8 Seventy medical workers from around South Dakota sent a letter to legislators expressing disapproval of the bill on the grounds it would negatively impact doctor-patient relations and that there are no exceptions for lethal fetal conditions.9 A section in the bill states, though, that it does not affect abortions "necessary to save the life of the pregnant woman because her life is endangered by a physical disorder...if no other medical procedure would suffice for that purpose." ¹⁰ Also of note is that the measure does not criminalize the mothers.11

H.B. 1051, or the "Born Alive" bill, received just as much effort during its process through the legislature. It added provisions to the state statute making it mandatory for doctors to provide medical care to babies born during an attempted abortion, as well as

levying a \$10,000 fine for doctors that fail to comply and requiring that a report on the number of babies born surviving abortions be compiled by the state health office.¹² In addition, doctors involved in these situations can be sued by the mothers and children who survive the abortions and may have their medical license revoked.¹³

As in the case of H.B. 1110, the measure drew testimony from those with stake in its outcome. Abortion Survivors Network founder and author Melissa Ohden testified in support of the bill and recounted her experience of surviving an abortion. ¹⁴ The aforementioned medical workers expressing opposition to the pro-life bills included disagreement with H.B. 1051 based on the supposed harm the bill would do to women's healthcare. Nevertheless, the legislation passed the South Dakota State Senate 32-3 and made it back to Governor Noem's desk for signature. ¹⁵ This and the success of the other bills is on top of the fact that elective abortions are not performed in the state after 13 weeks. ¹⁶

The push for the cause of life in South Dakota came with no small exertion of energy. This came in the form of no less than five bills protecting life passing the legislature and becoming law in the first few months of this year. Despite opposition, it was a significant step for life in the state.

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n international team of scientists has created embryos that are part human and part monkey by injecting human stem cells into the embryos of macaque monkeys, which are relatively close genetically to humans.¹ After a day, the scientists observed human cells growing in 132 of the macaque embryos. When they unveiled their discovery on April 15, the scientists explained that the monkey-human embryos could help in the quest to grow organs for those who require transplants. The demand for organs far exceeds the supply; every year, thousands of people die waiting for organ transplants.² However, noble intentions do not make this form of embryonic research any less dehumanizing.

The Consistent Life Ethic holds that each human being is a unique, infinitely valuable individual from the moment of conception. Combining human DNA with that of other species is a violation of the dignity of these newly-conceived children. No human being, regardless of stage of development, should ever be treated as a means to an end or an object for scientific experimentation.

Research on human embryos has long made the public uncomfortable and stirred ethical debate. Many countries have laws (in the United States, they are not legally binding, just widely accepted research guidelines) which prevent scientists from keeping human embryos alive after two weeks, by which point the central nervous system begins to develop, the embryo can no longer split into twins, and it is considered an individual.³ In short, once embryos become too individualized, too "human," they are destroyed.

This protocol is logically inconsistent because it operates on the premise that we "become" human at some point in our development, when the truth is that we will never be any more or less human than we were at the moment of conception. Because the human-monkey embryos were not fully human, they were not subject to the 14-day rule. The team of scientists was able to study them for 19 days.

Some bioethicists oppose the 14-day rule, arguing that since embryos used for research are destined to be destroyed anyway, scientists may as well study them for as long as they can keep them alive. This mentality of objectification makes the entire field of embryonic research anathema to the pro-life movement. Creating, mutilating, and discarding tiny human beings at will shows no regard for human life and reduces human beings to things that can be thrown away when no longer useful. Any research conducted on human beings must always hold dignity and the greatest respect for human life at the center of every endeavor.

Science cannot make true progress unless and until it abandons all forms of aggressive violence against human beings, and that includes destructive embryonic research. This type of research dehumanizes, objectifies, and discards preborn children in horrific numbers. Figuring out how to grow organs in a laboratory will doubtless save countless lives, but it must be done ethically, without destroying other human lives in the process.

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Deregulating Mifepristone Is a Disaster Waiting to Happen

By Sophie Trist

In May of 2017, Dr. Sikander Imran

of Arlington, Virginia, was arrested

for slipping an abortion pill into

his girlfriend's tea, killing their

seventeen-week-old child.

n April 13, the Biden administration announced changes to the FDA regulations on mifepristone, also known as RU486, an abortion pill used in conjunction with misoprostol to kill preborn children in the first ten weeks of pregnancy. The FDA first approved mifepristone in 2000, but the agency's current Risk Evaluation and Mitigation Strategy (REMS) requires that the drug be prescribed by a licensed provider, that women pick up the drug in person from a hospital or

clinic, and that women receive adequate counseling on the risks of the drug. Given mifepristone's deadly effects, these are common-sense regulations, but the Biden administration announced that it is lifting these restrictions and allowing mifepristone to be distributed by mail.

For now, these changes only extend until the end of the COVID-19 pan-

demic. However, deregulating RU486 has been a long-standing dream of the abortion industry.³ In 2017, the ACLU filed a lawsuit in Hawaii to make abortion pills more widely available.⁴ A recent Atlantic article suggests deregulating mifepristone as a way for the Biden administration to permanently expand abortion access, circumventing the courts and the people's duly elected legislators.⁵ The abortion industry is clearly making the most of this public health emergency to pave the way for pushing deadly abortion pills into local pharmacies and mailboxes. Mifepristone is used in about 39%

of abortions in the United States, an increase of 25% since 2014. Deregulation of mifepristone may cause the biggest spike in abortions since *Roe v. Wade*, and it will be a disaster for pregnant people and preborn children.

Though relatively few pregnant people seem to die from mifepristone use, its greatest danger lies in its potential as a tool for abusers and human traffickers.⁷ In 2018, senior Trump aide Jason Miller was credibly accused of giving his pregnant mistress a smoothie

which contained RU486.8 The woman lost her baby and nearly lost her life. That same year, a Wisconsin man named Jeffrey Smith tried to coerce his girlfriend into aborting their baby, and when that failed, he ordered mifepristone and misoprostol online and slipped one of them into her water bottle.9 Fortunately, the woman noticed the pills crushed in the water, and she and her baby were spared.

crushed in the water, and she and her baby were spared.

In May of 2017, Dr. Sikander Imran of Arlington, Virginia, was arrested for slipping an abortion pill into his girlfriend's tea, killing their seventeen-week-old child. Imran was sentenced to twenty years in prison for fetal homicide, but he will only serve three. In 2013, John Welden pleaded guilty to fetal homicide after tricking his girlfriend Remee Lee into taking an abortion pill. Imrevy day

is a nightmare for me ever since this began," Ms. Lee told CNN. If mifepristone is widely available at local pharmacies or through the mail, abusers and traffickers can gain easy access, and without medical oversight and counseling, there will be no way of knowing whether a pregnant person is truly seeking abortion or is being coerced, manipulated, or outright deceived.

Any drug which ends a human life should never be treated lightly. We see this in the strict protocols surrounding drugs used for executions and assisted suicide. Imagine being able to walk into a drugstore and order a lethal drug over the counter, or to obtain lethal drugs anonymously via the Internet. Lifting the FDA restrictions on mifepristone during the COVID-19 pandemic sets a very dangerous precedent. If mail-order abortion becomes the norm, there's no way of predicting how many preborn children will die. Pregnant people will face increased risk of forced abortions from abusive partners with easy access to these drugs. In short, deregulating RU486 is a nightmare, and countless pregnant people and their children will suffer untold physical and psychological trauma because of it.

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Racial Disparities in the Death Penalty By Julia Smucker

n 1998, the Death Penalty Information Center (DPIC) released an extensive report demonstrating "the infectious presence of racism" in the death penalty's application throughout the United States.¹ One study cited found that Black defendants were sentenced to death at nearly four times the rate of other defendants for similar crimes, while a second study — focused on decision-makers in capital cases — found those individuals to be "almost exclusively white." The studies found that statistically, "[r] ace is more likely to affect death sentencing than smoking affects the likelihood of dying from heart disease." The report concluded that these studies "add to an overwhelming body of evidence that race plays a decisive role in the question of who lives and dies by execution" in the U.S.

Although the 1986 Supreme Court case *Batson v. Kentucky* prohibited the removal of jurors on the basis of race, it's often up to defendants to demonstrate that this has occurred, and prosecutors are often well-versed in justifications for striking Black jurors using language designed to circumvent Batson.² A 2011 study found that among defendants on North Carolina's death row, "prosecutors across the state removed qualified black jurors at more than twice the rate of non-black jurors."

The studies found that statistically, "[r]ace is more likely to affect death sentencing than smoking affects the likelihood of dying from heart disease."

Another report released by the DPIC in 2020 drew on several studies from the 2010s that showed "cases with white victims being more likely to be investigated and capitally charged; systemic exclusion of jurors of color from service in death-penalty trials; and disproportionate imposition of death sentences against defendants of color." Some of these studies demonstrate the role of racial bias in "putting a thumb on the scale in favor of death" in sentencing

proceedings. For example, people with darker skin or features commonly perceived as African-American were more likely to receive higher culpability ratings given the same set of facts, and were also more likely to be sentenced to death, specifically in capital cases involving Black defendants and white victims. This pattern belies popular perceptions of criminal justice as blind and unprejudiced.

Both DPIC reports mention the case of death row exoneree Clarence Brandley, "one of two high school custodians who discovered the body of a white female student who had been raped and murdered" in 1980. Brandley was told by a Texas police officer, using a racial slur, that he was "elected" to be hanged for the crime because he was Black. In another example, South Carolina prosecutor Donald Myers compared Black defendant Johnny Bennett to "King Kong on a bad day," also calling him "a 'caveman,' a 'mountain man,' a 'monster,' a 'big old tiger,' and a 'beast of burden."

Sadly, statistical evidence suggests that such comments are not merely rare occurrences of individual prejudice but are "symbolic of a more systemic racism" pervading the U.S. legal system. As the 2020 DPIC report summarizes, "[s]tructural racism and implicit and explicit bias influence decisions made from the earliest stages of a case, before a crime has even been charged, all the way to its conclusion."

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On the Problem of AFRICOM

By Rana Irby

Much discussion on the U.S. military's presence abroad in recent years has focused on the Middle East.

What seems to not have garnered as much attention, however, is America's military presence in Africa. Known as the U.S. African Command (AFRICOM), this presence is approaching its 15th year of operation. In that time, it has raised concerns of being another project with exploitative effects on the continent – concerns that aren't without merit. They are concerns crucial to fostering a global culture of non-violence.

AFRICOM was created in 2008 with the goal of fostering peace and development on the African continent. The command does this through "military-to-military partnerships to improve the capacity and operability of African armed forces, assisting other US [sic] agencies in fulfilling their tasks in Africa and, where necessary, undertaking military activities in Africa to protect America's national interests." In contrast to other American military outlets abroad, AFRICOM's structure includes officials from such agencies as the U.S. Department of State and the U.S. Agency for International Development (USAID). However, there remains the question of the U.S. continuing a militaristic stance through AFRICOM.

As Ebrahim Shabbir Deen notes, a number of African political leaders and intellectuals haven't forgotten the history of American backing of militias and dictators on the continent. In addition, according to the Black Alliance for Peace, the U.S. and NATO attack in Libya in 2011 resulted in the U.S. establishing military-to military relations with 53 out of the 54 African nations, as well as a number of bases and special forces troops operating across

the continent.² Thus, a reasonable concern that the U.S. is again employing a military approach to foreign relations at the expense of diplomacy has arisen. It is an approach that, as Deen concludes, will lead to more violence and civil war if things don't change.

Many voices have and are speaking out. Most important of these voices are those from African nations themselves.³ Opposition to AFRICOM on the continent has been so strong that the command had to halt plans to move its headquarters to Africa. Another voice that's doing significant work to end the problem of AFRICOM is that of the aforementioned Black Alliance for Peace. Recognizing the important connection between militarization in Black communities in the U.S. and U.S. militarization in Africa, the organization calls for the end of AFRICOM's operations and an investigation into the command's impact on the continent.

In the effort to create a culture of anti-violence around the world, AFRICOM has shown itself to be a significant area of concern. That concern is that U.S. involvement in Africa through this command is yet another example of employing military solutions over diplomacy in foreign relations. For those who want a world free of violence, supporting the efforts to end the militarization of Africa, including the work of Black Alliance for Peace, is worth engaging in.

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Innocence and the Death Penalty

By Sophie Trist

n April of 2017, the state of Arkansas likely executed an innocent man. Recently-tested evidence from the 1993 murder of Debra Reese uncovered DNA other than that of Ledell Lee, who was executed for the crime.¹ Lee appealed for DNA testing in his case, but the courts repeatedly denied his motions. The day before his execution, Ledell Lee told the BBC, "My dying words will be as it has always been, I am an innocent man."² The DNA tests were performed only after Mr. Lee's sister Patricia Young, the ACLU, and the Innocence Project sued the state of Arkansas. If Lee is posthumously exonerated of Debra Reese's murder, it will no doubt bring his family much-needed closure, but it won't change the fact that our broken, brutal system of state-sanctioned homicide took another innocent life.

Since the death penalty was reinstated in 1976, 185 people on death row have been exonerated — approximately one for every ten prisoners sentenced to death.³ Three to four times a year, courts in this country determine that an innocent person is locked in a cell for 23 hours a day awaiting an inhumane execution. In my home state

of Louisiana, 11 people on death row have been exonerated, putting us fourth in the U.S. for number of exonerations.⁴ The Death Penalty Information Center maintains a list of men who were executed despite strong doubts about their guilt.⁵ According to the Innocence Project, DNA evidence has been critical in 232 exonerations since 1992,⁶ eighteen of which have involved people on

death row.⁷ Eighteen people owe their lives and their freedom to the DNA testing that may have saved Ledell Lee. Despite this, states frequently resist calls for extensive forensic testing in death penalty appeals,⁸ even when further testing is supported by the victims' families. One capital defense lawyer whose client was denied post-conviction DNA testing said, "I'd like to know what the state is so scared of... Why are they afraid of the truth? This is sad and so disturbing."

Witness to Innocence is the only organization in the United States led directly by death row exonerees and their families. WTI empowers death row survivors to tell their stories, become advocates for abolition, and directly challenge political leaders and the

general public to confront the inhumanity of capital punishment. The organization also provides critical support to those facing the unique social, psychological, and financial challenges of life after exoneration. In addition to abolition of the death penalty, Witness to Innocence calls for fair and speedy compensation for the wrongly convicted and their families and works

Eighteen people owe their lives and their freedom to the DNA testing that may have saved Ledell Lee.

to put justice back into the criminal justice system.

Racism and classism are woven into every facet of the American death penalty system. But one of the most horrifying aspects of our broken system is its propensity for sentencing innocent people to die. With one person on death row exonerated for every eight to ten people executed, the likelihood of executing an innocent

person is far too high. No human being is infallible, and death is irreversible. The thought of anybody having that power — especially a government with a history of abuse against the marginalized — is terrifying.

Statistics on innocence and the death penalty are just one symptom of a much larger issue of dehumanization and the systemic devaluation of people who are BIPOC, low-income, or disabled. The right to life should not belong only to the innocent. As best-selling author, civil rights activist, and founder of Equal Justice Initiative Bryan Stevenson puts it, "Each of us is more than the worst thing we've ever done." Every man and woman on death row, innocent or guilty, possesses incalculable human dignity and worth. It is time to consign our broken system of state-sanctioned homicide to the ash heap of history.

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"DIY Abortions" in a Post-Roe America

By Christy Yao Pelliccioni

The ending of Roe v. Wade in America,

although a celebratory event for many pro-lifers, will present new and unique challenges to the pro-life movement. Although there would be great benefits to antiabortion legislation, a potential drawback is an increase in "DIY abortions" often promoted in online spaces.¹ While the dangers of pre-Roe v. Wade illegal abortions have historically been exaggerated,² the mass influx of information via social media and the internet has the alarming potential to turn this myth into an even scarier reality. In a Post-Roe world, pro-life feminists will need to double down on refuting the acceptability of this DIY dehumanization and promoting safe, life-affirming, and empowering choices.

Perhaps the most prominent piece of literature foretelling the challenges for pro-life feminists post-legalized abortion is *The New Handbook for a Post*-Roe *America*, which came out in March 2019. This updated version of The Handbook for a Post-*Roe* America is a pro-choice manual for a future where *Roe v. Wade* is overturned. The book claims to help "get the health care you need." This includes self-managed abortions.

The book does not entirely shy away from the dangers of self-managed abortions. According to *The New Handbook's* website, the most dangerous part of a self-managed abortion is feeling like you cannot go to the hospital.³ However, the authors go on to say that the legality and potential for arrest are the only factors that make at-home abortions via medication dangerous. So which is it? If at-home abortions are so safe, why is there a fear of going to the hospital at all?

The waters get murkier. The handbook's website also says it is better to seek out a legal abortion provider, especially if one is seeking to end their pregnancy in the 2nd trimester, but they then give instructions on how to perform at-home abortions later in pregnancy.⁴ The site links to Women Helping Women, a group that encourages those facing at-home abortion complications to lie to

hospital staff and claim that they had a spontaneous miscarriage. How is this safe? Wouldn't this affect medical care?

On social media, many pro-choice activists boast about helping others to end the lives of their preborn children. They truly believe this is the right thing to do, and often have a vigilante-esque air to them. It wasn't so long ago that I saw my own Facebook friends offering to help their out-of-state friends obtain abortions when antiabortion laws were passed in states such as Georgia. (In my state of Maryland, where the abortion laws are among the laxest in the world, ending a pregnancy is very easy.) I truly believe these pro-choice advocates want to help people facing unexpected pregnancies. However, they are failing to recognize the humanity of the preborn, and in doing so, I believe they are failing to work towards true equity and empowerment. Ending the life of a child will not help improve the lives of women. True empowerment is walking with someone facing a crisis pregnancy, helping her to care for the life inside her. True empowerment is loving both the mother and the child.

- 1. "Whatever's Your Darkest Question, You Can Ask Me." *The California Sunday Magazine*, March 28, 2018. https://story.californiasunday.com/abortion-providers.
- 2. Kessler, Glenn. "Analysis | Planned Parenthood's False Stat: 'Thousands' of Women Died Every Year before *Roe*." *The Washington Post*. WP Company, May 31, 2019. https://www.washingtonpost.com/politics/2019/05/29/planned-parenthoods-false-stat-thousands-women-died-every-year-before-roe/.
- 3. Handbook for a Post-Roe America. https://postroehandbook.com/
- 4. Robin Marty. "Looking for Info on Managing Your Own Abortion? Here's What You Need to Know." *Handbook for a Post*-Roe *America*, June 4, 2019. https://postroehandbook.com/2019/02/18/looking-for-info-on-managing-your-own-abortion-heres-what-you-need-to-know/.

