



Life Matters Journal

V. 8, ISSUE 1 — MARCH 2020



THIS ISSUE'S THEME:

How Violence Is Normalized

LETTER FROM THE EDITOR

Dear Readers,

What comes to mind when you hear the word “violence?” As I write this, among the top ten most popular U.S. Google searches containing the word “violence” in the past twelve months are “domestic violence,” “gun violence,” “family violence,” “sexual violence,” “school violence,” and “police violence.” Expanding to the top 25, I also found “violence against women,” “workplace violence,” and “gang violence.”¹ The fact that these searches are so popular shows that these forms of violence are common, on people’s minds, or both. A possible side-effect of so much exposure and discussion is normalization.



However, the reverse may also be true; a form of violence may have already been so effectively normalized that it isn’t talked about. War is mentioned so regularly — often only in passing — on the news that I sometimes wonder whether people even remember that war entails violence. Violence can also be normalized if it becomes a medical “treatment,” as in the case of abortion.

Normalization of violence is the theme of this issue of *Life Matters Journal*. John Whitehead examines the government’s apparent acceptance of widespread military violence. Rehumanize International Executive Director Aimee Murphy shares excerpts from an RI white paper on the medicalization of violence. And Herb Geraghty reflects on how language contributes to the normalization of violence. I hope these and other pieces help you recognize how pervasively our culture has normalized violence, so that you can work to make it not only no longer normal but, hopefully one day, unthinkable.

For justice, peace, and life,

Kelly Matula

1. Data are from Google Trends, accessed at Google.com/trends on February 28, 2020. The remainder of the Top 10 was searches simply for the word “violence” or similar words (e.g., “violent”), asking for a definition or synonym, or repeating (exactly or nearly) a search term I’d already included.

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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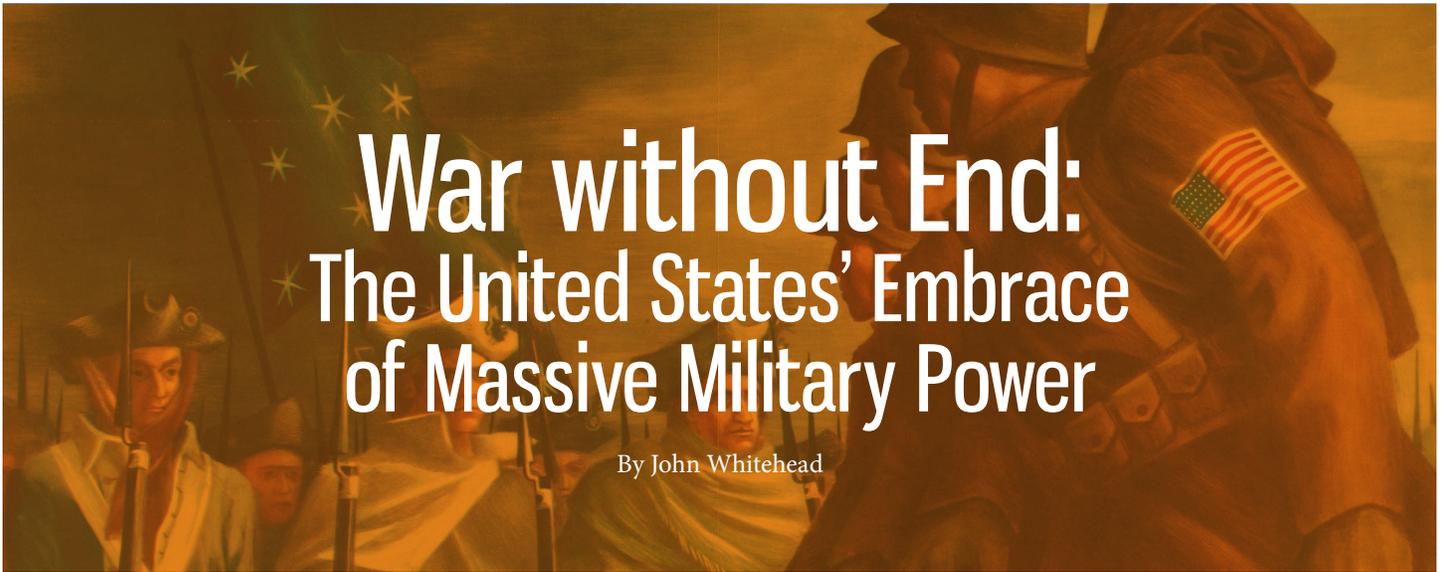
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War without End: The United States' Embrace of Massive Military Power

By John Whitehead

While Americans' attention was focused this past December on a president's impeachment, a significant instance of bipartisan cooperation among both houses of Congress and the executive branch unfolded. In seeming defiance of the divided state of American political life, Congress passed and President Trump signed the 2020 National Defense Authorization Act (NDAA). This latest version of the annual legislation to fund the U.S. military and enact other policies apparently demonstrated that both parties can sometimes agree. The 2020 NDAA demonstrated Democratic and Republican support for passing a gigantic \$738 billion military budget — a roughly \$20 billion increase over 2019 — without imposing even some relatively minimal constraints on American military might.¹ Even in a bitterly polarized nation, maintaining the United States' ability to use armed force around the world, regardless of cost, is accepted with relatively little controversy.

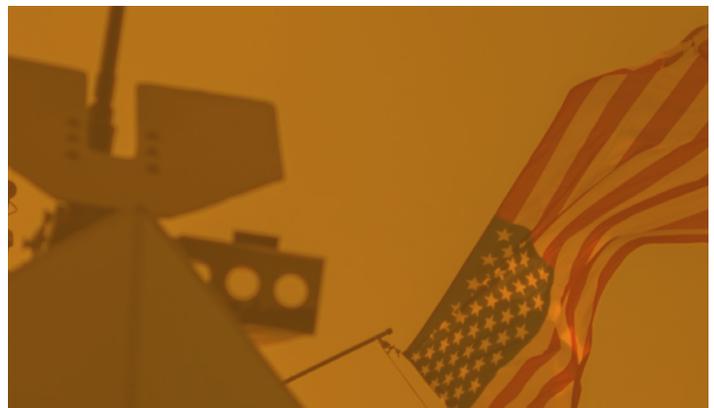
The 2020 NDAA is only one, impressively expensive, example of this general acceptance of American military power. The perpetual presence of American troops in various countries, including war zones, across the globe is another. Perhaps the most striking example of these accepted overseas military deployments is the 18-year-long involvement of U.S. armed forces in Afghanistan's civil war. Despite the general lack of progress in the U.S.-supported Afghan government's war against Taliban insurgents, and despite recent revelations that the U.S. government has been deceiving the public about how badly the war has gone, when American troops in Afghanistan will return home remains murky. Evidence suggests we are simply continuing to accept a massive, globe-spanning military presence indefinitely.

SPENDING ON AN UNRESTRAINED MILITARY

If nothing else, the 2020 NDAA was a nice Christmas present for the Pentagon. The Act included \$12.2 billion to fund a force of 90 F-35 fighter jets, \$3 billion for the long-range stealth B-21 bomber, and \$2.2 billion for 165 Abrams tanks, as well as \$40 million to establish a new branch of the armed forces dedicated to operations in outer space.²

The money for the armed forces in the 2020 NDAA is part of a recent trend towards increased military spending. U.S. military spending, which rose dramatically in the 2000s following the September 11th attacks and then fell somewhat in the 2010s (without ever returning to pre-9/11 levels), has risen again in the last few years.³ Countering terrorism and fighting the associated wars in Afghanistan and Iraq have been a major object of military spending over the past few decades: Brown University's The Costs of War Project estimates the war on terrorism has to date incurred cumulative costs of \$6.4 trillion.⁴ A relatively more recent concern of U.S. policymakers and military planners is countering Russia and China.⁵ Both Pentagon officials and a Congressionally-appointed outside commission have accordingly recommended increasing military spending partly to deal with these potential powerful rivals.⁶

To put this spending and desired spending in perspective, consider that the United States already spends far more money on its military than does any other country on earth. The U.S. military budget is more than triple that of China (estimated at roughly \$230 billion in 2018) and almost 10 times that of Russia (roughly \$64 billion in 2018).⁷ Consider also that the United Nations estimates that an investment of \$30 billion annually could help feed the 862 million hungry people in the world.⁸



Earlier in 2019, the House of Representatives had successfully included in the NDAA several provisions meant to restrain some of the more destructive tendencies in U.S. military policy. One provision limited U.S. support for the Saudi Arabian-led war on Yemen, which has created a devastating humanitarian crisis in that country. Another provision limited U.S. sales of weapons to Saudi Arabia.⁹ Yet another would have prohibited funding for waging war against Iran without Congressional approval.¹⁰ A fourth would have prohibited funding for a new type of nuclear weapon that critics fear is more likely to be used in a conflict.¹¹

All these provisions were removed from the final version of the 2020 NDAA. Politicians from both parties have therefore accepted not only continued expansion of an already-huge military budget but the possibility of continued involvement in the Yemen war, war with Iran, and even the use of nuclear weapons

GLOBAL AMERICAN REACH

A gigantic military budget and expansive use of military power is nothing new for the United States. The 2020 NDAA's passage is merely the latest episode in the United States' roughly 75-year-long history as the dominant military power in the world. While marked with peaks and valleys, the overall trend in American military spending since the 1940s has been ever-upward, from a little over \$100 billion in 1949, to a Cold War average of over \$400 billion annually from 1950 to 1991, to a post-9/11 average of over \$600 billion annually (all amounts are in 2017 prices).¹²

The American military reach resulting from this spending and the accompanying military interventions is reflected in the presence of U.S. military personnel around the world. About 200,000 American troops are currently stationed overseas, their presence frequently a legacy of past wars or interventions. Japan is the location of the largest presence, with 50,000 U.S. troops stationed there, half in Okinawa. South Korea has the next largest presence, with over 28,000 troops. Another 35,000 are stationed in various NATO member countries, 4,500 in Poland and the Baltics as a hedge against Russia.¹³ Moreover, U.S. military activity in Europe is set to grow in 2020, with more troops to be sent there to participate in the largest military exercise since the Cold War, involving 20,000 U.S. troops — all of which is again presumably directed toward Russia.¹⁴

American intervention in the Middle East and Central Asia has led to a continuing military presence there as well. About 12,000 U.S. troops remain in Afghanistan, 6,000 in Iraq, and 200 in Syria, as well as 45,000-65,000 stationed in the general Persian Gulf region. Thousands more troops are currently stationed in Somalia, Niger, Chad, Mali, and other countries.¹⁵

In short, whether the mission is fighting Russia, North Korea, or terrorism, the U.S. military is likely to turn up in any given corner of the world. The Costs of War Project estimated that during 2015-2017, the United States engaged in some type of anti-terrorism activity in 76 different countries.¹⁶ Given this context, perhaps it is no surprise that passing a \$738 billion military budget should be so uncontroversial.

QUESTIONS AND THE AFGHANISTAN EXAMPLE

While some may accept the United States' global military presence and the massive military that supports it as simply an inevitable part of the country's superpower status, we would do well to ask

some questions about both.

Is spending hundreds of billions of dollars every year on the military the best use of national treasure? Would these sums, or at least a substantial part of them, be better spent on other goals, such as addressing poverty in the United States and abroad? Even if a large military budget is judged necessary, should it still perhaps be capped at some point? How sustainable is a perpetually-rising military budget? For that matter, is it a sustainable strategy to respond to every possible rival or threat, from Russia to China to North Korea to Iran to terrorist groups, by building up and using military force? Is it sustainable for the United States to remain permanently involved in the security and conflicts of every country in which it intervenes, from South Korea to Afghanistan to Iraq?

What has become the longest war in American history has resulted in 2,300 American troops killed, 3,814 U.S. contractors killed, and a cost of over \$900 billion.

The United States' experience in Afghanistan over the past 18 years should be an occasion for special reflection on these questions. The United States invaded Afghanistan and overthrew the Taliban regime in late 2001 and has been involved ever since in propping up the new Afghan government while fighting the Taliban. What has become the longest war in American history has resulted in 2,300 American troops killed, 3,814 U.S. contractors killed, and a cost of over \$900 billion. Yet the Taliban continues to fight, the Afghan government remains unstable, and the U.S. government's own internal review office has found that the Afghanistan intervention has been marked by corruption and failure.¹⁷

As one government report rather blandly put it, "We found the stabilization strategy and the programs used to achieve it were not properly tailored to the Afghan context, and successes in stabilizing Afghan districts rarely lasted longer than the physical presence of coalition troops and civilians." Or as James Dobbins, who served as a U.S. envoy to Afghanistan, put it more bluntly, "We invade violent countries to make them peaceful and we clearly failed in Afghanistan." This failure was despite the United States spending more to rebuild Afghanistan than was spent on the post-World War II Marshall Plan for Europe. Moreover, this failure was also despite repeated misleading assurances from U.S. officials that the United States has been winning in Afghanistan.¹⁸ Such a record in Afghanistan should make us all very skeptical about the wisdom of pouring American blood and treasure into similar interventions or preparations for them.

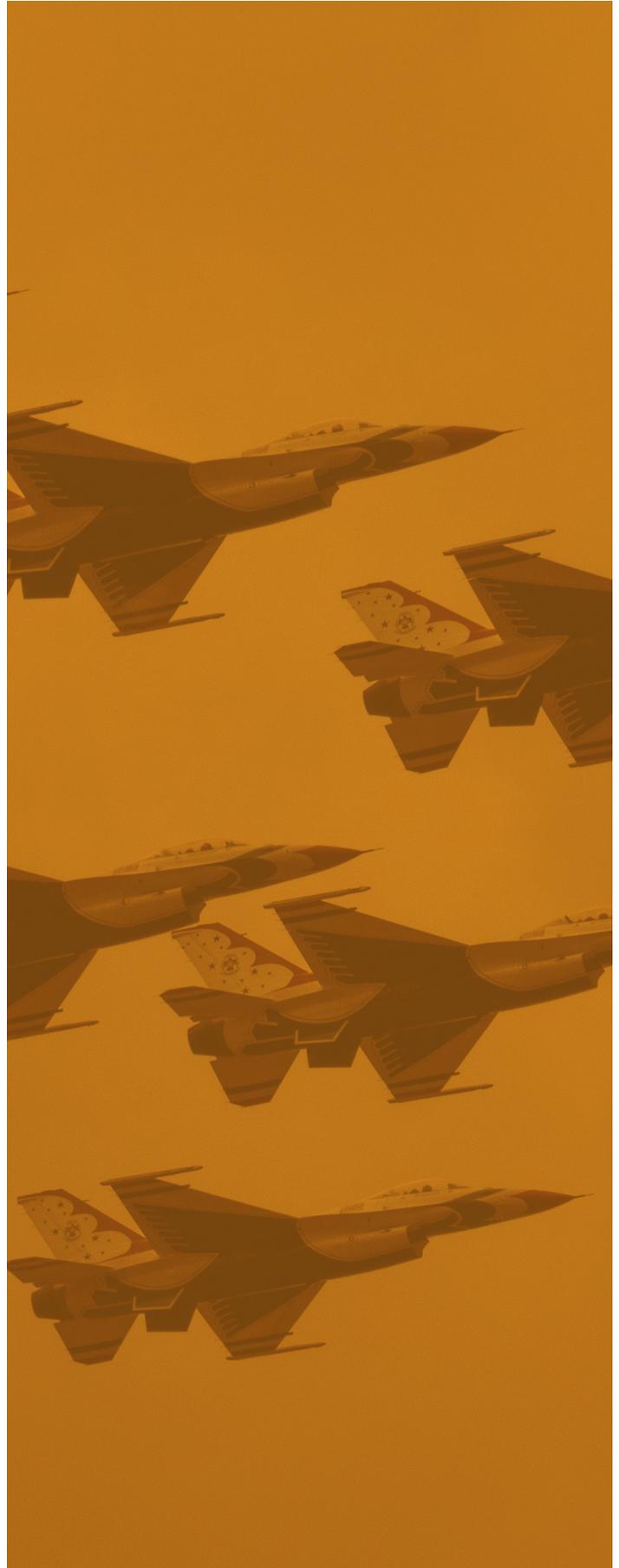
AN END IN SIGHT?

None of this means that an alternative to the United States' global military presence will be easy to find. Simply withdrawing Amer-

ican power from Afghanistan or the many other arenas where the military is currently engaged will not automatically bring peace and stability to the world. Breaking with past American policy will doubtless involve sacrifices and hard choices. We should at least try to find such an alternative, however. We should no longer accept the costly, unsustainable, and frequently disastrous policy of global military dominance we have pursued for so long.

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The Medicalization of Violence

By Aimee Murphy

[Editor's Note: This piece is a summary of the white paper published by Rehumanize International in October 2018 entitled "Do No Harm: Addressing the Medicalization of Violence and the Need for Human-Centered Healthcare." Many sections included in this article are pulled directly from that document. Some sections of the document have also been eliminated for brevity, so those interested in more information should see the full document on the Rehumanize International website]

"To please no one will I prescribe a deadly drug, nor give advice which may cause his death."

– Oath of Hippocrates, 5th Century B.C.

The Hippocratic Oath has guided medical practice for centuries and has shaped the expectations of patients when seeking out a physician. However, the Oath of Hippocrates is not the global norm and is no longer widely adhered to, but many everyday folk assume their doctor still makes an oath to "do no harm."¹ However, in fact physicians are participating in medical violence in many forms: from embryonic stem cell research to abortion, from forced sterilization to physician-assisted suicide.

WHAT IS MEDICALIZATION?

According to the Oxford English Dictionary, medicalization is the "treatment of something as a medical problem, especially without justification."² However, a much deeper phenomenon is captured by that short definition. After all, as notable psychiatrist Thomas Szasz observes in his book *The Medicalization of Everyday Life*:

"The concept of medicalization rests on the assumption that some phenomena belong in the domain of medicine and some do not. Accordingly, unless we agree on clearly defined

criteria that define membership in class called "disease" or "medical problem" it is fruitless to debate whether any particular act of medicalization is valid or not."³

In short, it's the process by which we decide which problems are medical and which ones aren't. After all, no one complains about the medicalization of AIDS, malaria, or cancer. Szasz had this to say in his book about the selection process behind medicalization:

"In practice, we must draw a line between what counts as medical care and what does not. What is a disease and what is not? The question is where to draw that line... where we draw the line between "health care" and "not health care" is informed more by economic and political considerations than by medical or scientific judgments. Moreover, we must not only demarcate disease from nondisease, we must also distinguish between medicalization from above, by coercion, and medicalization from below, by choice."⁴ Various actions currently viewed as medical care are in fact violence. Before we discuss this concept in detail and provide examples, though, we must understand what constitutes violence.

WHAT IS VIOLENCE?

The World Health Organization (WHO) defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."⁵ The element of intentionality is important because it prevents unintended tragedy from being labeled as violence. This makes clear that just because an action results in injury or death, does not mean the action was violent. The converse is also true: just because an action did not result in injury or death doesn't mean the action wasn't violent.

Thus, violence depends on intention rather than outcome. For

example, in medical malpractice, even if death or serious injury resulted, the action(s) taken by the physician would not be violent because medical treatment, rather than death or serious injury, was the intended outcome. Likewise in the case of surgical complications. However, when a physician intends to harm a human being, whether by lethal injection, dismemberment, starvation, or other means, the process being medical does not preclude the action from being violent: because harm is intended, it is violence.

I will now briefly examine several instances of medicalized violence, showing how they are performed, what makes them violence, and why we must oppose them.

EMBRYONIC STEM CELL RESEARCH

Stem cells are cells that have the potential to become all different types of more specialized cells, a potential which makes them highly valued tools for research and could potentially provide the basis of therapies for a wide range of diseases, including diabetes and heart disease.⁶

Most embryonic stem cells are taken from embryos abandoned at IVF clinics after their parents were done bearing children. By contrast, adult stem cells, also called somatic stem cells, are chiefly found in somatic (body) cells of already developed adults. Somatic stem cells have been used for more than 40 years in bone marrow transplants, and research has discovered these cells in more areas of the body than previously imagined, leading to exciting research possibilities.⁷ In 2006, induced pluripotent stem cells were created from such adult stem cells, and the “successful reprogramming of differentiated human somatic cells into a pluripotent state would allow creation of patient- and disease-specific stem cells.”⁸

Though embryonic stem cells are often claimed to be a potential source of cures for Alzheimer’s disease, they haven’t proven so effective. Dr. Marilyn Albert, the chair of the Medical and Scientific Advisory Council of the Alzheimer’s Association said in 2004 that “I just think everybody feels there are higher priorities for seeking effective treatments for Alzheimer’s disease and for identifying preventive strategies” than stem cells.⁹ This proved to be prophetic, as a literature review of stem cell research revealed that “Stem cell-based cell replacement strategies are very far from clinical application in AD.”¹⁰

Still, some may question why we should care about embryos, labeling them “clumps of cells.” According to the Mayo Clinic and embryology texts the world over, during the process of fertilization, the zygote has a genetically unique chromosome profile as a distinct new member of the parent species. In the course of development from before until long after birth, this new being will pass through the stages of embryo, fetus, neonate, infant, toddler, adolescent, adult, and aged. There is no stark moral difference between the individual in any one of these given stages: they are always a human being.

In the case of embryonic stem cell research, the embryonic human is prevented from implantation and is destroyed in research, thereby preventing their continued development into the remaining stages of growth and life.¹¹ The rationale for this treatment of the embryos is that they would otherwise be destroyed because they are just the excess product of in-vitro fertilization. But instead, the moral question should not be looking at them as “medical waste”, but should instead value them as the human beings they

are, worthy of care. However, the derivation of the useable human embryonic stem cells requires harvesting cells in a way that kills the embryo.¹² Thus, embryonic stem cell research cannot be done without violence; indeed, this is violence against the weak for the sake of those larger and more capable.

ELECTIVE ABORTION

The medicalization of abortion hinges most basically on the creation of a medical problem for which abortion can be prescribed treatment. In order for this to occur, the wombless, cisgender male body must be viewed as physiologically normative.¹³ Pregnancy then becomes a deviation from normal health, and the preborn child becomes analogous to a virus or disease to be treated. This is the logic that allows abortion to be seen as a standard medical procedure and included as part of normal obstetrics/gynecology training.¹⁴ Opposition to teaching or learning the procedure is then framed as an illogical restriction on a physicians’ ability to provide the broadest and best “healthcare” possible.

Additionally, the idea of abortion being necessary to “save the life of the mother” is frequently used to carve out legislative exceptions. However, medically speaking, this exception isn’t usually necessary. Donald Sloan, a pro-choice obstetrician who performed many abortions himself said this:

“If a woman with a serious illness — heart disease, say, or diabetes — gets pregnant, the abortion procedure may be as dangerous for her as going through pregnancy... with diseases like lupus, multiple sclerosis, even breast cancer, the chance that pregnancy will make the disease worse is no greater than the chance that the disease will either stay the same or improve. And medical technology has advanced to a point where even women with diabetes and kidney disease can be seen through a pregnancy safely by a doctor who knows what he’s doing. We’ve come a long way since my mother’s time... The idea of an abortion to save the mother’s life is something that people cling to because it sounds noble and pure — but medically speaking, it probably doesn’t exist. It’s a real stretch of our thinking.”¹⁵

This quote explores the fact that even most so-called therapeutic abortions are elective in a certain sense: they target the preborn child for death in a case when nonviolent options exist to treat the underlying pathology. Abortion is distinctly different from other nonviolent treatment options that seek to save the mother’s life and/or address the underlying disease rather than viewing the child itself as the disease. Thus, medications and treatments (e.g. chemotherapy) to treat these diseases are not violence, even if they may very likely impact fetal development, nor are early induced labor or caesarean section that are intended save the mother’s life, so long as the physicians sincerely attempt to save the child’s life as well.

Unlike these life-saving procedures, all abortion techniques constitute violence, as these brief descriptions will show. The “abortion pill” RU-486 depletes the hormones necessary for the maintenance of the uterine lining or placenta that provides nourishment to the growing child, effectively starving it to death. In vacuum aspiration, the child is sucked out of the womb using a device 27 times

more powerful than a household vacuum. In dilatation and curettage (D&C), the child is suctioned out of the uterus, and a small knife is used to cut the placenta & umbilical cord. The uterus is then suctioned to ensure that no tiny body parts have been left behind.¹⁶ In Dilatation & Evacuation (D&E), the cervix is dilated substantially and the attending physician uses forceps to remove the limbs, snap the spine, and crush the skull.¹⁷ Finally, in the induction or prostaglandin method of abortion, medications are administered to give the fetus a fatal heart attack. Labor is then induced to deliver the dead child.¹⁸

The medicalization of the violence that occurs in abortion begins with the dehumanization of the fetus, despite the fact that science has proven that the zygote, embryo, and fetus that results from human reproduction is indeed a human being. It is then followed by the pathogenic labeling of preborn children and the pathologization of pregnancy. Coupled with the legitimization of abortion as a standard, “safe”, medical treatment, broader society is conditioned to accept it as the cure for unwanted pregnancies, dangerous or otherwise. Finally, women are coerced, by others inside and outside the medical community to treat their constructed disease (pregnancy) and return to wellness (non-pregnancy) via these extremely violent means.

THE DEATH PENALTY

Capital punishment, otherwise known as the death penalty, has been a part of the human justice experience since antiquity. It has more specifically been an integral part of the American justice system since the nation’s inception during the colonial era. While the methods have changed, along with levels of support for the punishment, one thing hasn’t: the violence of the death penalty.¹⁹

The death penalty is barbarically violent, which becomes immediately apparent when the “procedure” goes wrong. Although lethal injection was devised to be a more humane method of killing the prisoner, when it goes wrong it is torturous. On July 23, 2014, the State of Arizona’s execution of Joseph Wood lasted two hours; he was injected with drugs 15 times in 114 minutes. Furthermore, the AMA notes that if not administered correctly “the sequential use of sodium thiopental for anesthesia, pancuronium bromide for paralysis, and potassium chloride to cause cardiac arrest can go awry at any stage” with the horrifying result that “a number of prisoners executed in California had not stopped breathing before

technicians had given the paralytic agent, raising the possibility that they had experienced suffocation from the paralytic and felt intense pain from the potassium bolus.”²⁰ There’s nothing humane about that.

The key assumption of the death penalty is that violence can be made humane. Through the right combination of drugs and force, the taking of a life can be sanitized. Why is this humane killing considered necessary? Because the person in question has violent tendencies that supposedly render them dangerous to society, they should be put down. In the *Gregg* decision that reaffirmed the constitutionality of the death penalty, one of the factors for consideration was that it be focused on the “worst of the worst”; this implies that extremely violent criminality is a trait that can be found in some but not all people who commit crimes. In *Jurek v. Texas*, the court found that there didn’t have to be a set of aggravating and mitigating factors. Instead, one of the elements that could be considered was the “future dangerousness” of an individual, along with whether they had a prior record of capital offenses.²¹

The government’s given answer to the constructed disease of violent criminality is humane execution. Even the term used “lethal injection” is a sterilization of violence under the guise of medicine. One could just as easily say “poison to death.”

This method of execution was exclusively constructed by the medical profession. In 1977, the medical examiner of Oklahoma, Dr. Jay Chapman, was asked to concoct a lethal cocktail of drugs. His warnings were that if it were not properly administered, a prisoner might not die, which proved prophetic as we have seen. Yet, this did not stop the medicalization of the procedure. As Atul Gawande wrote in his article in the *New England Journal of Medicine*:

“Lethal injection now appears to be the sole method of execution accepted by courts as humane enough to satisfy Eighth Amendment requirements — largely because it medicalizes the process. The prisoner is laid supine on a hospital gurney. A white bedsheet is drawn to his chest. An intravenous line flows into his or her arm. Under the protocol devised in 1977 by Dr. Stanley Deutsch, the chairman of anesthesiology at the University of Oklahoma, prisoners are first given 2500 to 5000 mg of sodium thiopental (5 to 10 times the recommended maximum), which can produce death all by itself by causing complete cessation of the brain’s



electrical activity followed by respiratory arrest and circulatory collapse. Death, however, can take up to 15 minutes or longer with thiopental alone, and the prisoner may appear to gasp, struggle, or convulse. So 60 to 100 mg of the paralytic agent pancuronium (10 times the usual dose) is injected one minute or so after the thiopental. Finally, 120 to 240 meq of potassium is given to produce rapid cardiac arrest.

Officials liked this method. Because it borrowed from established anesthesia techniques, it made execution like familiar medical procedures rather than the grisly, backlash-inducing spectacle it had become. (In Missouri, executions were even moved to a prison-hospital procedure room.) It was less disturbing to witness. The drugs were cheap and routinely available. And officials could turn to doctors and nurses to help with technical difficulties, attest to the painlessness and trustworthiness of the technique, and lend a more professional air to the proceedings.²²

Simply put, capital punishment is state-sanctioned and state-sponsored coercion into death. In several states, you even have the “opportunity to choose” your own method of execution.²³ Additionally, long before that, in capital cases, juries are systematically rigged to exclude anyone who would be in favor of nullifying the capital sentence. This means that everyone who sits on a jury in these cases is to some degree in favor of the death penalty. Studies have shown that this leads to more capital convictions.²⁴ Clearly, the state goes out of its way to coerce people they feel are incorrigibly violent into the treatment they feel is appropriate and just: execution.

However, physicians are very likely to be conscientious objectors to the death penalty. A Gallup poll revealed that support for the death penalty is at the lowest point since 1972, with about 55% of Americans approving of the measure in an Oct 2017 poll. Americans also favored the death penalty over life in prison without possibility of parole. When asked about their reasons for supporting the measure, 35% of supporters saw it as a retributive measure in line with the “eye for an eye philosophy.” 3% believed that it was justified because the person couldn’t be rehabilitated. 65% of people thought lethal injection was the most humane form of execution.²⁵ This is in direct contrast the broad rejection of the death penalty of all 20 of the major medical associations. The AMA has articulated a view in opposition to all executions, with its Council on Ethical and Judicial Affairs saying this: “A physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorized execution.”²⁶

Despite physicians associations’ unequivocal opposition to the death penalty, state governments still recruit doctors to participate to increase the perception that it is “humane.” This effort to increase the humaneness of execution was based on a District Court ruling in 2006, where it was ruled that an anesthesiologist had to be present to ensure that the prisoner was sufficiently unconscious to avoid the torturous pain of the procedure, so that the execution would not violate the Eighth Amendment.²⁷ But even if “painless” it is, such violence towards the prisoner, is contrary to the inherent dignity that we all share as human beings regardless of guilt or innocence.



EUTHANASIA AND PHYSICIAN-ASSISTED SUICIDE

Euthanasia is defined as “the act or practice of killing or permitting the death of hopelessly sick or injured individuals (such as persons or domestic animals) in a relatively painless way for reasons of mercy.”²⁸ In euthanasia, a physician is legally allowed to end a patient’s life using “painless methods.” There are also two types of euthanasia: voluntary and involuntary. Voluntary euthanasia is when the patient expresses the desire to die. This option is currently legal in several European countries and U.S states. Involuntary euthanasia is euthanasia that the patient did not request; the decision is usually made by another person because the patient was deemed unable to consent. However, in physician-assisted suicide, the patient takes their own life, with the help of a physician. Assisted suicide can be defined as “intentionally helping a person commit suicide by providing drugs for self-administration, at that person’s voluntary and competent request.”²⁹

Euthanasia constitutes the act of intentionally killing someone; physician-assisted suicide, on the other hand, is a bit more nuanced (in this case a doctor will prescribe a lethal dosage that a patient will be expected to administer themselves).

While PAS may seem less violent than euthanasia, in which the physician performs the killing directly, it is still problematic. This is because of the lethal double-standard assisted suicide legislation creates in medicine. In none of the states that have legalized PAS does this so-called “right” to die apply to all citizens. Rather, the patient must have some sort of illness, disability, or qualifying condition. For this reason, nearly every major national disability rights group that has taken a position on assisted suicide has come out in opposition to the practice.³⁰ They understand that the wording of assisted suicide legislation creates a clear contrast between the rights of the disabled and ill and the rights of the non-disabled. This contrast is even more concerning in light of the mountains of

research documenting that mental health issues including suicidal ideation are frequently comorbid with disabilities, particularly terminal illnesses.³¹ Assisted suicide, like many acts of discrimination, relies on the idea that some lives are worth more than others. It creates a legal situation in which some (read: physiotypical) patients are given suicide prevention and others (read: disabled persons) are given suicide assistance in the form of a poison pill.

There is an inherent element of coercion in these end-of-life issues that must be addressed. Of course, involuntary euthanasia by definition implies coercion and force against the patient being killed. However, in the cases of voluntary euthanasia and PAS, coercion is still a concern. For example external factors, such as financial burden of treatment, may influence whether others, such as hospital administrators or relatives, decide to keep someone alive. In the case of physician assisted suicide on the other hand, we are dealing with a population of patients who are experiencing suicidal ideation, typically considered a mental health crisis, and are therefore at a greater risk of coercion.

Increasingly, euthanasia and physician-assisted suicide are being broadly accepted by a wide segment of Western society. According to a Gallup poll in May 2016, 69% of Americans believe that physician-assisted suicide should be legal. Yet only half of Americans (53%) think the practice is morally acceptable. In the last 20 or so years, this number has fluctuated between 45% and 56%.³² The broader societal acceptance of euthanasia and physician-assisted suicide stands in direct contrast to its lack of popularity among practicing physicians. The incredibly influential American College of Physicians had this to say about physician-assisted suicide: “As a proponent of patient-centered care, the American College of Physicians (ACP) is attentive to all voices, including those who speak of the desire to control when and how life will end. However, the ACP believes that the ethical arguments against legalizing physician-assisted suicide remain the most compelling. On the basis of substantive ethics, clinical practice, policy, and other concerns articulated in this position paper, the ACP does not support legalization of physician-assisted suicide. It is problematic given the nature of the patient–physician relationship, affects trust in the relationship and in the profession, and fundamentally alters the medical profession’s role in society. Furthermore, the principles at stake in this debate also underlie medicine’s responsibilities regarding other issues and the physician’s duties to provide care based on clinical judgment, evidence, and ethics. Society’s focus at the end of life should be on efforts to address suffering and the needs of patients and families, including improving access to effective hospice and palliative care.”³³

Euthanasia and physician-assisted suicide are forms of medicalized violence. They both act and intend to end the life of humans, as a response to a constructed condition like “needless suffering.” They carry philosophically abhorrent underpinnings of ageism and ableism. Coupled with the legitimization of this killing as medical

procedures for the treatment of these diseases, these forms of violence have gained broader societal acceptance. However, as the American College of Physicians noted in their paper, the proper policy prescriptions should be focused on better access to palliative care and compassionate hospice care.

CONCLUSION

This article has examined several examples of medicalized violence, though there are others. As is clear from these examples and discussions, medicalization is one particularly insidious way in which violence can be normalized and camouflaged within the wider culture. It is imperative for Consistent Life Ethic advocates and others concerned with the reduction of violence in society to look beyond whether something is labeled as a procedure, to see its motives and means, to see if it constitutes violence. And where we find medical violence, we must work to unmask the flawed reasoning that creates false analogies to truly healing medical care and gives

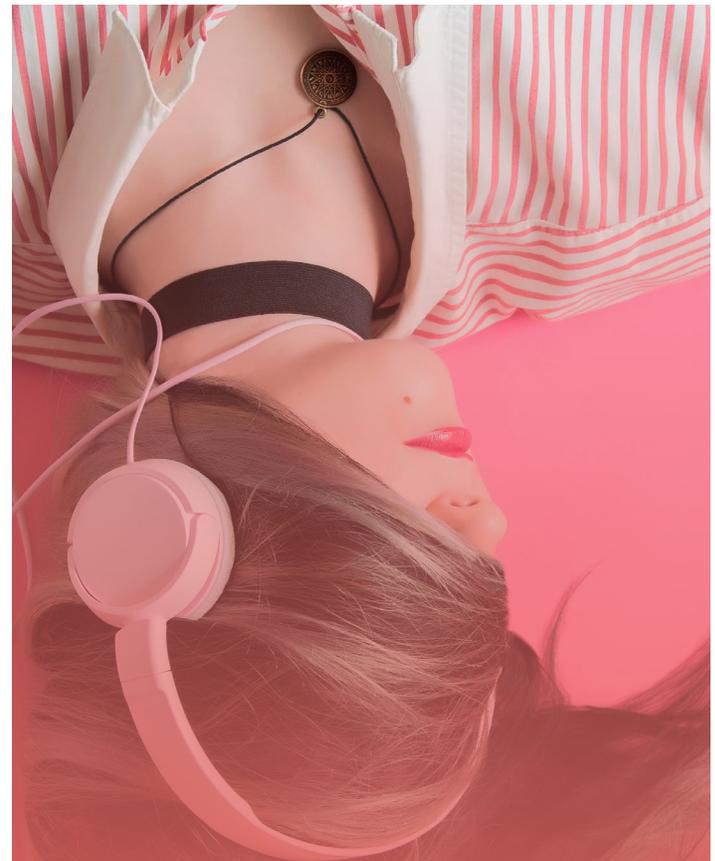
these practices their veneer of respectability. Hopefully this article has enabled you to do so. Those seeking further information and examples should see the full Rehumanize International white paper, as well as the sources on which it draws. Hopefully, we can one day end the alliance between healing and violence, so that the medical profession will once again be committed, as the Hippocratic Oath urges, to “do no harm.”

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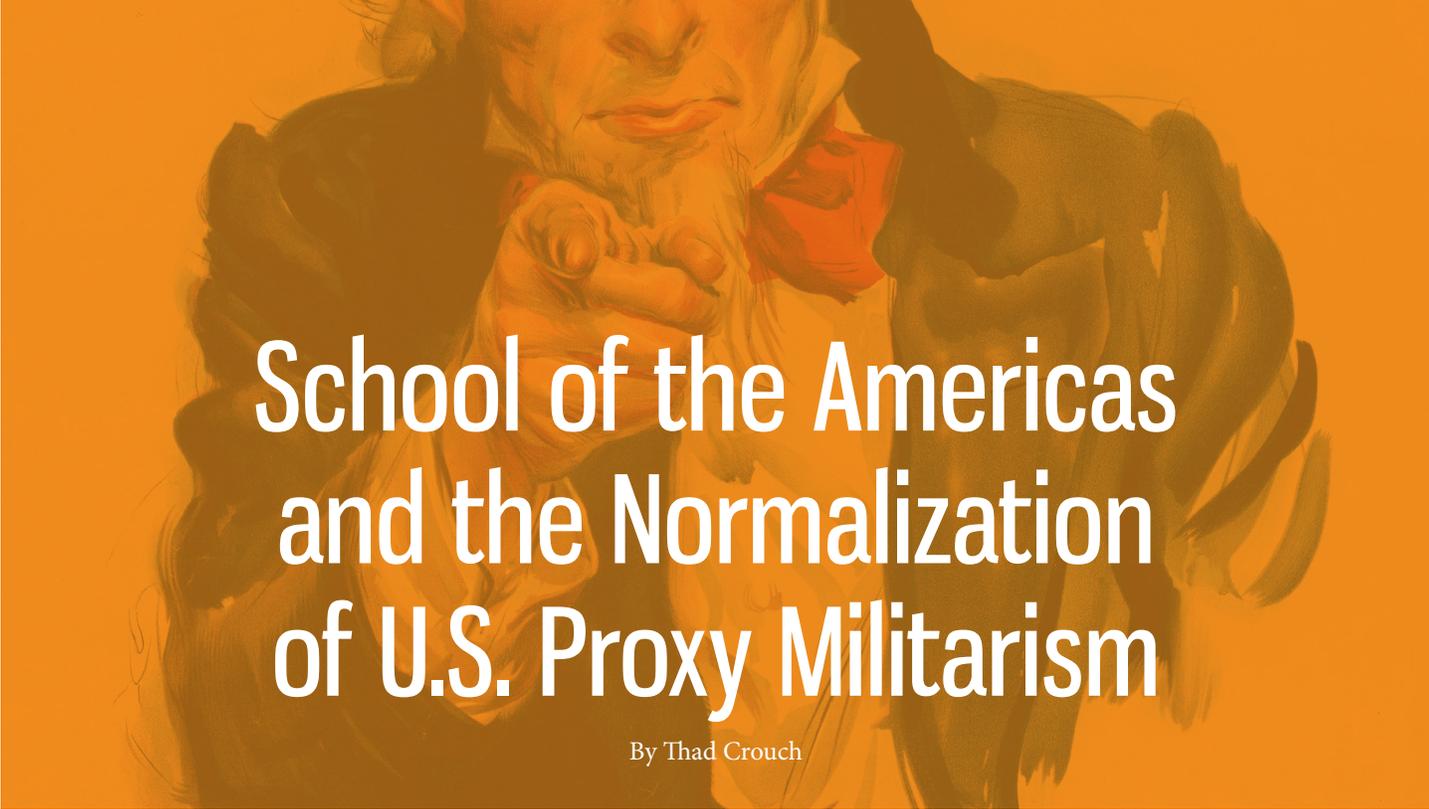
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School of the Americas and the Normalization of U.S. Proxy Militarism

By Thad Crouch

They brought all the men into the center of the village and shot or killed them . . . Rufina saw her husband die. Then they brought out the women and began killing them . . . She heard the soldiers say, “What will we do with the children?” . . . Rufina said: “I could hear my children calling me; I knew their voices: ‘Mamma Rufina,’ my son cried, ‘they’re killing us!’” Rufina lost four children that day.¹

Iranian General Qassem Soleimani, recently killed in Iraq by U.S. airstrike, cultivated relationships with high-level Iraqi political and military officials.² When the U.S. resumed sending troops to Iraq to fight ISIL, Iran provided military training for Iraqis in Iran.³ Soleimani skillfully used proxy militarism to kill or wound nearly 1000 U.S. troops in Iraq and inflict terror on civilians as he carried out regional foreign policy objectives which allowed Iran to deny direct complicity.⁴ The U.S. has a long history of proxy militarism with results similar to Iran’s. The School of the Americas (SOA) has been and remains a glaring tool of proxy militarism by which the U.S. provides training and cultivates relationships with foreign military leaders. The School of the Americas (SOA) is the most well-known of five names for a U.S. Army school that opened in Panama in 1946 to train Latin American troops. SOA relocated to Ft. Benning, Georgia in 1984. One of the main human rights groups that keeps track of SOA’s activities is School of the Americas Watch (SOAW) which was founded in 1990 by Roy Bourgeois, Vietnam Veteran, Veterans for Peace member, and at the time, a Maryknoll missionary Catholic priest who was motivated by a mass shooting of Catholic priests.

Militarism is the use of the military for economic or political

gain.⁵ When used for economic gain, it’s aggressive violence for international armed robbery; when used for political gain, it’s simply state terrorism. One clear example of militarism is the 19th century Opium Wars in which the British took Hong Kong from China and forced them to legalize opium for the British drug trade. Proxy militarism is simply the outsourcing of militarism.

The U.S. transitioned from direct to proxy militarism in Latin America near the end of the thirty-six-year-long Banana Wars (1898-1934) in which U.S. Marines invaded and occupied several nations.⁶ In 1933, before leaving the area, the Marines trained the Nicaraguan National Guard as a proxy U.S. military force headed by U.S.-educated Anastasio Somoza. In 1936, Somoza overthrew the government and amended the Constitution to concentrate his power.⁷ His sons followed him to rule Nicaragua with an SOA-trained National Guard keeping them in power until the Sandinista revolt ended their dynasty in 1979.⁸ The Sandinistas, named for Agosto Sandino who fought to oust U.S. Marines during the Banana Wars, thought of the last Somoza as the “Last Marine” since the 1912 occupation.⁹

The U.S. also employed proxy militarism in Guatemala when Colonel Carlos Castillo Armas led CIA-trained forces in a 1954 coup to overthrow the democratically-elected President Jacobo Árbenz.¹⁰ Árbenz’s agrarian reforms impacted the profits of United Fruit Company. CIA director Allen Dulles was on United Fruit’s board of directors and United Fruit had hired the law firm of his brother, Secretary of State John Foster Dulles.¹¹¹² The coup led to the Guatemalan Civil War which lasted from 1960 to 1996 and resulted in 200,000 civilian deaths.¹³ As another example, on November 16, 1989, Salvadoran troops killed everyone inside a Jesuit

residence at the University of Central America in San Salvador: six college professors who were Catholic priests, their housekeeper, and her daughter. The troops placed the priests' brains next to their bodies as they did not approve of them teaching justice and dignity.

In 1993 SOAW used the Freedom of Information Act (FOIA) to obtain 60,000 SOA alumni names and then demonstrated that in the cases of both many specific atrocities and of entire truth commission reports from the 1980s and 1990s, SOA graduates made up large portions of those cited for violent human rights abuses. To list but a few, SOAW documented that SOA graduates included two accused of murdering Salvadoran St. Archbishop Romero in 1980, 124 of 247 Colombian officers cited for human rights violations in 1992, ten who participated in the 1981 massacre of over 800 civilians in the village of El Mozote — whose only surviving witness, Rufina Amaya, was quoted at the start of this article — and 19 of 26 troops implicated in the 1989 mass shooting of those Jesuit college professors.¹⁴

SOAW came within one Congressional vote of closing the SOA in 2000. The Army then closed SOA on January 16, 2001, added a human rights course, changed its name to Western Hemisphere Institute for Security Cooperation (WHINSEC), and reopened it the very next day. WHINSEC's website states its mission is to "...provide professional education and training ... within the context of the democratic principles set forth in the Charter of the Organization of American States (OAS)... promoting democratic values, respect for human rights, and ... understanding of United States customs..." SOAW responded with "New name, same shame" and continues to point out the SOA's impact on Latin American to this day.

Before the SOA ceased FOIA compliance, Chile had the second-largest national quantity of SOA graduates.¹⁵ As of Human Rights Day, December 10th, 2019, Chilean human rights activists documented 1,957 political prisoners held in pretrial detention, 2,808 injuries, 517 complaints of cruelty and torture, and 106 complaints of sexual violence, 23 deaths, and six manslaughter complaints, attributed to Chilean military and police within a period of less than two months!¹⁶¹⁷



Photo credit: Alan Pogue, Texas Center for Documentary Photography

In October 2019, the Organization of American States (OAS) suspected fraud in Bolivia's national election after an uptick in President Evo Morales's favor after a twenty-three-hour power outage paused an unofficial electronic vote count. The uptick can easily be explained by time zones and polls in regions of Bolivia historically known to heavily support Morales's party.¹⁸ However, the head of Bolivia's armed forces "suggested" Morales step down. Morales did so and fled the country on November 10th.¹⁹ The Senate named U.S.-friendly Jeanine Añez as interim president, whom the U.S. quickly recognized. Añez initially stated her goal was to hold elections within 90 days and step down.²⁰

On November 13, 2019, Jeb Sprague uncovered that six SOA alumni were involved in plotting the coup, including the armed forces head who "asked" Morales step down. Five alumni were documented plotting on audio. Sprague showed that the U.S. had cultivated key relationships with some of them which began at SOA.²¹ Within seven days Añez replaced top cabinet members and heads of state-owned companies and ejected Cuban medical doctors.²² The "90-Day" elections are scheduled for May, Añez announced her presidential candidacy, and, without proof of fraud, will not allow Morales to run in new elections. Añez issued a decree granting troops and police who shoot and kill protestors immunity from prosecution.²³ By November 20, SOAW said troops and police had killed about 30 people.²⁴

These events are similar to a 2009 coup, led by at least four SOA alumni generals, who abducted and banished Honduran President Zelaya without trial.²⁵ The Bolivian events are highly suspect since WikiLeaks published former Secretary of State Hillary Clinton's emails showing the U.S. was pushing the OAS to forbid Zelaya to run in elections.²⁶ Additionally, the Añez administration hired CLS Strategies, the same U.S. lobbying firm the Honduran government had hired a decade earlier, to frame messaging to get influential U.S. political and media connections.²⁷ In 2017 a tribunal declared Juan Orlando Hernandez as president, even though some think his candidacy was unconstitutional and his re-election was fraudulent. In the protests that followed, Honduran security forces injured hundreds of people and killed 30.²⁸ This might explain the United Nations' listing political instability and violence among causes for Honduran refugees.²⁹ About half of all U.S. asylum applications are from Central America and Mexico, with a 991% increase from Honduras, Guatemala, and El Salvador between 2011 and 2017.³⁰ The UN expected over a half-million displaced Central Americans by the end of 2019.³¹ SOAW say the U.S. "must acknowledge the historic role the US has played in creating the conditions of violence that force people to flee their homelands."³²

More effective at publicizing these issues to the wider world than numbers of refugees, deaths, and implicated SOA alumni was the exposure in 1996 of "torture manuals" that SOA has used for decades.³³ The training manuals advocated torture and even the arrests and beatings of suspects' parents and employees!³⁴ The manuals enabled the SOAW movement to shine a scrutinizing light on previously-obscure school and put SOA on the defensive when faced with accusations that they were training torturers.³⁵ The manuals contradicted the SOA's stated mission and provided the momentum that almost led to Congress closing it. The SOA pointed out that these were not SOA manuals but U.S. Army Intelligence manuals. A 1992 investigation had shown that the Army's Foreign



Intelligence Assistance Program, entitled "Project X," had given the manuals to thousands of troops from eleven nations!³⁶

The manuals, just like the militarism of the Banana Wars and proxy militarism in Bolivia, Honduras, and Nicaragua, were not anomalies. They situate SOA as part of a normative policy of militarism extending both before the school and beyond Latin America. Major General Smedley Butler, perhaps still the most decorated Marine in US history, fought in the Banana Wars and WWI. In a 1933 speech, he said, "I spent thirty- three years and four months in active military service as a member of this country's most agile military force, the Marine Corps . . . I spent most of my time being a high-class muscle- man for Big Business, for Wall Street and for the Bankers. In short, I was a racketeer, a gangster for capitalism."³⁷

The way for such U.S. militarism in the in the Western Hemisphere was paved before "gunboat diplomacy" and the Banana Wars, with the 1923 Monroe Doctrine. And after the U.S. was victorious in two world wars fought abroad with minor exceptions, George Keenan, then head of State Department planning staff, wrote what was then a 1948 top-secret document, Policy Planning Study 23 which states:

...we have about 50% of the world's wealth, but only 6.3% of its population In this situation, we cannot fail to be the object of envy and resentment. Our real task in the coming period is to devise a pattern of relationships which will permit us to maintain this position of disparity to do so, we will have to dispense with all sentimentality and day-dreaming; and our attention will have to be concentrated everywhere on our immediate national objectives We should cease to talk about vague and. . . . unreal objectives such as human rights, the raising of the living standards, and democratization. The day is not far off when we are going to have to deal in straight power concepts. The less we are then hampered by idealistic slogans, a better.³⁸

At a briefing of U.S. Ambassadors to Latin America in 1950, Keenan stressed that protecting access to all materials was a major concern.³⁹

In addition to proxy militarism being unjustified deadly aggressive violence which puts profit and power above respecting human life, sometimes it leads to blowback, repercussions that endanger U.S. lives and policies. In the 1980s the United States provided

weapons to Iran, Iraq, and even weapons and training to the Taliban for shortsighted gain.⁴⁰ These actions arguably paved the way for many of the deadly situations in which we have found ourselves in this century, including the 9/11 attacks, terrorism, and long wars in the Middle East.

Both direct and proxy militarism is normalized violence in U.S. policy, but it has not been normalized yet in culture. While our culture openly uses the word "abortion", it does not openly discuss militarism because much of the public would not accept killing civilians and thwarting democracy for profit. Militarism is spoken of as "war" or "police actions" and proxy militarism is spoken of as "aid." Both are hidden behind false or half-truth messaging around their motives such as "justifiable," "necessary," "human rights," "freedom," "democracy," "war on drugs," and "fighting terrorism." The success of SOAW from 1993 to the early 2000s demonstrated that truth-telling and strategic, effective, broad-based organizing can make a difference. Truthful education, cultural discourse, and effective action can both unmask militarism and make it a thing of the past.

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Torture and Truth:

A Review of *The Report*

By Herb Geraghty

With its star-studded cast that includes the talents of Adam Driver, Annette Bening, Michael C. Hall, and Jon Hamm, *The Report* serves as a decent introduction to the United States' recent history of torture within the War on Terror. The film follows the real-life story of Dan Jones (Driver), the Senate staffer tasked by Dianne Feinstein with leading an investigation into the CIA's rendition, detention, and interrogation program. While Driver's performance is excellent, the choice to center a white non-Muslim American in a film documenting U.S.-sponsored violence against predominately Arab Muslim men should not be overlooked, as it unfortunately results in a story that highlights the bureaucracy and red tape behind the delay of the release of the report over the actual human beings whose lives were taken or changed forever by these policies.

Additionally, most of the scenes that do feature Muslims engage in graphic depictions of their abuse with little to no attempt to rehumanize the victims of this blatant dehumanization. There is certainly a case to be made that U.S. citizens should be shown the violence that was inflicted in our names; however, I am not confident that the benefits outweigh the harms of showing this type of content. Consider the perspective of Dr. Maha Hilal, an expert on institutionalized Islamophobia; in her article, "Watching *The Report* through Muslim eyes," she writes:

"Even with the purpose of showing the brutality of the CIA's torture methods, the consequence is that those who were tortured are stripped of any agency again. For me, viewing these scenes was not just uncomfortable, it was traumatizing. They were a reminder of the humiliation, degradation, and abuse that have been sanctioned toward Muslims post-9/11 and of the fact that proof is still needed to substantiate the facts of their torture."¹

One important thing that the film does accomplish is a scorching rebuttal to the common myth that the CIA's so-called "enhanced interrogation techniques" were an effective tool for getting information. In particular, *The Report* brings attention to the Panetta Review, the formerly classified internal CIA document that outlined the reality that practices such as waterboarding detainees were providing no useful information that helped save lives. Of course, ineffectuality is only a secondary reason to oppose inflicting extreme psychical and psychological trauma on human beings; however, it is still worthwhile to assert the truth that torture simply doesn't work, especially considering how it is often glamorized in mainstream media as a useful tool for gathering life-saving counterterrorism intelligence (see *Zero Dark Thirty*, 24, and

Homeland for particularly egregious examples of this dangerous and inaccurate trope).

Overall, *The Report* is worth watching, especially if you are unfamiliar with its subject matter. However, I urge viewers to consider how in both obvious and subtle ways the film contributes to the dehumanization of Muslims within the context of War on Terror. I also caution viewers to reject the idea that

this movie documents a particular moment in American history that we have reckoned with or moved past as a nation. Especially because there are still survivors of CIA torture being detained in places like Guantanamo Bay, including men who have never been charged or convicted of a crime, the public must remain vigilant and committed to preventing this kind of horrific violence from continuing on our watch.

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Should Media Portray Violence?

Rehumanize International (and by extension, *Life Matters Journal*) is dedicated to ending aggressive violence against human beings. There are myriad acts of aggressive violence that are addressed in this magazine because of that central principle. However, there are also issues which fall in the periphery of the causes for peace and life; on these topics, Rehumanize International does not take an official stance, but we still find them important and worthy of discussion. This section of *Life Matters Journal*, "Opposing Views," aims to highlight varying perspectives on such issues.

Affirmative

By Kelly Matula

In several important ways, the effort to remove violence makes the media less reflective of people's lived experience and deprives us of an important tool for exposing violence and rehumanizing both victims and perpetrators. The most obvious example involves news coverage or other actual footage of violence, from war reporting to releases of police body cam footage. As disturbing as these videos or images are, completely avoiding them, or preventing others from seeing them, keeps society ignorant of the extent of the violence and hampers our ability to hold its perpetrators accountable. Abuse, war crimes, and other atrocities, are more likely the fewer people who are looking. Turning camera lenses on these events helps show the world how terrible they are and motivates actions to prevent them in the future.

Fictional violence can also be important. Some media may depict historical instances of violence, in which case they can serve the same sort of accountability or collective-memory purposes as actual footage, and can explore the stories, reactions, and humanity of both victims and perpetrators in ways that rehumanize and build empathy. Even if the violence is fictional, it may reflect someone's lived experience, and we should not tell them they cannot share that with the world just because it makes us too uncomfortable. Even if not drawn from real life, a media depiction can still teach us important lessons about the causes, realities, and victims of violence. And, importantly, not all media-depicted violence is aggressive; a depiction that is troubling because of being violent may in fact show someone bravely and heroically acting to defend others or defeat evil, such as, to take a less serious but well-known and -loved example, the *Lord of the Rings* books and films.

I don't think violence in the media is completely unproblematic, or that there shouldn't be age or maturity limits to the media people see; I am conflicted about video games in particular. But I think removing or limiting media violence would ultimately do more harm than good.

Negative

By Stephanie Hauer

The consumption of violent media is dangerous because it normalizes and sanitizes violence. By seeing acts of violence in our movies, books, television shows, video games, and more, we get used to the presence of violence in our lives. It becomes not a poignant and frightening tragedy, but a common and unsurprising event. In any form of media, the saturation of violence increases our tolerance for aggression.

In third-person point-of-view media, such as television or movies where the characters carry out the aggressions, we as the viewers are removed from the situation. We grow used to seeing violence around us that we cannot interrupt, which reinforces the bystander effect in real life. It dulls our natural instinct to intervene, and reinforces feelings of powerlessness and despair about real-world violence.

In first-person point-of-view media, such as video games where the consumer becomes the perpetrator, we are carrying out the violence ourselves. We view acts of violence through a completely dehumanized lens, uncoupling the actions of aggression from their consequences. Media such as video games pride themselves on being life-like, so knowledge gained in video games often translates to real-world information about weapons and violence.

Media is escapable. We can close the book or turn off the screen if the fighting is too upsetting. But real-world violence cannot be turned off in that same way. And real-world violence carries with it aftermath that is generally not shown in the media. These stories usually gloss over the impact of violence due to time or plot constraints, so the viewer doesn't dwell on things like the physical pain of healing from an injury, the emotional pain of trauma, the financial struggle of medical bills, or any other aftermath.

If media is going to portray violence, the least it can do to mitigate the risks of violence saturation is spend equal time showing the effects of that violence, so the audience has an opportunity to understand the devastation it can cause and rehumanize the characters involved.



Bad Words: How Our Language Can Normalize Dehumanization and License Violence

By Herb Geraghty

What exactly are bad words? The first things that probably come to your mind are a couple of four letter expletives. While those kind of words are certainly rude to say in a number of contexts, they really aren't so bad, and they're not my focus here. The "bad words" I'm talking about are the ones that seek to dehumanize.

These often take the form of slurs. Slurs are used by people with certain privilege to intentionally other and dehumanize those below them on the social hierarchy.

What is perhaps even more insidious than these intentionally dehumanizing slurs though, is language that dehumanizes unintentionally — This is because even well-meaning people may get caught up in it.

But let's take a step back — why does this matter? Who cares if our words dehumanize? Aren't they just words?

Well it matters for two reasons. The first is that the words we use shape our perceptions. By using dehumanizing language, we negatively shape the way we view groups of people. We begin to view them as "subhuman". As studies have shown, when we view someone as less than us, it creates a psychological separation which makes it easier to commit violence or to permit violence against them.¹

Consider history. What are ways that whole groups of people have been subjugated under the law? Examples that spring to mind include: slavery, the Holocaust, genocide of the indigenous peoples of the Americas. In all of these cases and more; before mass

violence could be perpetrated against these groups, dehumanization had to occur. When we examine some of the different ways human beings have been dehumanized, certain parallels become apparent.

The Nazis referred to the Jewish people as "parasites" and other animals — a rhetorical move that American media condemned while then turning around and themselves calling the Japanese "yellow vermin" to justify things like immoral internment camps, desecration of Japanese soldiers' bodies, and even eventually the mass murder of civilians in Hiroshima and Nagasaki.² In fact, two days after hundreds of thousands of men, women, and children were killed by the American military with the atomic bombs, our President, Democrat Harry S. Truman, defended the decision when he said, "the only language they seem to understand is the one we have been using to bombard them. When you have to deal with a beast you have to treat him like a beast. It is most regrettable but nevertheless true."³

Flash forward to today, how many of us have heard pro-choice people say that, "the fetus is just a parasite on a pregnant woman's body"? Or despite the mountains of evidence that immigrants actually contribute to and improve the economy,⁴ have heard them referred to as parasites or dangerous animals; this is similar to the invention of the term "welfare queens" to paint poor typically black mothers as undeserving burdens, parasitic on the system.

There is common thread — instead of viewing people as human beings first, there is often incentive to see them as only tools for financial gain or loss.

This is abundantly clear when one looks at the abortion indus-

trial complex, who claim to be necessary because they're there to help people facing crisis pregnancies; when in reality, organizations like Planned Parenthood are merely profiting off of those crises, by selling lucrative abortion services in place of any actual help.⁵ That's why according to their own annual report, for every 41 abortions Planned Parenthood performed in 2016 they provided 1 one person with prenatal care. And for every 82 abortions — just 1 adoption referral. It's why over 96% of pregnant women who walk into a Planned Parenthood for pregnancy related services walk out without their child, whose body is now either in a medical waste bin or getting ready to be shipped off to the highest-paying researcher.⁶ It's why they claim they need millions and millions of our tax dollars to prevent women's suffering but use their SuperPAC to pour millions and millions of dollars into influencing elections.

Profit is frequently a motivator of dehumanization and violence. It's not a coincidence that on the other side of the political spectrum from Planned Parenthood, we see weapons manufacturers pouring money into electing Republicans who they believe will champion hawkish foreign policies.⁷ Usually, those championing such policies are simultaneously dehumanizing the citizens of whatever country they're campaigning to bomb.

It matters how we talk about these issues because it affects how we see them, and on a societal scale this vision can affect policy. Consider the greater public's reaction to high profile celebrity suicides. All over social media you will see eulogies for the ones who have passed, along with calls for mental health awareness and wider access to treatment. This response is generally good; however, I can't help but notice an inconsistency from some of the posters.

Frequently, some of those eulogizing the deaths of wealthy celebrities are the same people pushing for greater access to assisted suicide in our country. On the surface, this may appear odd. However, when you dig a little deeper and view the issue through the lens of the historical oppression and dehumanization of disabled people it starts to make sense. Very few proponents of assisted suicide will stand behind the idea that this "right" to die should be available to all Americans. For example, in no state can I — a relatively physically healthy 23-year-old with depression — be treated with physician assisted suicide. Rather, the patient must have some sort of illness or qualifying condition. It is for this reason that nearly every major national disability rights group that has taken a position on assisted suicide opposes bills to legalize the practice. They intimately understand that the way assisted suicide legislation has been drafted creates a clear contrast between the rights of the disabled and ill and the rights of the physically healthy. This reality becomes even more concerning when examining the mountains of research that establishes that mental health issues, including suicidal ideation, are frequently comorbid with disabilities, particularly terminal illnesses.⁸ Assisted suicide, like many acts of discrimination, relies on the idea that some lives are worth more than others, and creates a legal double standard where some are given suicide prevention and others are given suicide assistance in the form of a poison pill. This is just part of a long history of the sick and disabled being treated as subhuman and being given grossly different standards of care.

Think back to the horrible case of Terri Schiavo, and the thousands of people who get referred to as simply "vegetables." Talking about disabled people in this manner is so ingrained in our culture that often we don't even notice that we're using language that incor-

rectly categorizes human beings as mere objects.

Yet another example of this type of objectification is the way some people choose to weaponize the pronouns they use for others. Something all too common, especially online, is referring to trans or gender non-conforming people with "it" pronouns.⁹ When perpetrators do this, not only are they not respecting how the person has asked to be referred to, they're also refusing to refer to us as a people at all. Calling someone "it" doesn't remove their gender — it disregards their humanity. And sadly, this is being done to a segment of the population that is already at much higher risk of experiencing physical violence and discrimination.¹⁰

A lesser version of this that actually strikes me as comical is the tendency to call preborn children "it." "It's a boy." "How far along is it?" I don't think this is as dangerous as other forms of dehumanization but I do think it's interesting and I wonder if, when we as a culture finally start recognizing the humanity of preborn children, such speech will fade away.

The final way human beings are treated as something other than humans is when they're referred to as simply "property." This concept, of people as property, has been the ideological basis of nearly all instances of slavery, from the Jewish people in Egypt, to American chattel slavery, to the modern exploitation of incarcerated humans through forced and severely underpaid labor within the prison industrial complex. For all these groups, seeing and speaking of them as property has helped normalize mistreatment and violence against them.

This ideology is also prevalent in the ways our law treats the advancement of reproductive technologies. According to the law, embryonic human beings created via in vitro fertilization are the literal property of their parents. Earlier this year, a freezer malfunctioned at a fertility clinic in Ohio, causing the deaths of thousands of tiny human beings; do you know what the bereaved parents seeking justice were offered? A refund. When one couple attempted to sue for the wrongful death of their unborn child the Judge wrote: "The parents may believe that the embryos they created are already persons, but that is a matter of faith or of their personal beliefs, not of science and not of law."¹¹

This leads us to one of the most effective forms of dehumanization: the idea of the human "non-person."

This leads us to one of the most effective forms of dehumanization: the idea of the human "non-person." It's so effective because it relies on partial truth. They're not denying the "humanity" of the person or group they are attempting to oppress — rather, they're saying just that this standard isn't as important as we think.

This is why we have the anomaly of a pro-choice embryologist or doctor. Of course, no self respecting believer in science will deny

that the product of a same-species reproduction is also a differentiated member of that same species or that during human reproduction what is produced at fertilization, or conception, is a genetically distinct, whole, living, human, organism.¹² Rather they will try to say that this human with distinct DNA is not “a human being” or a “person.”

While I appreciate the work of countless pro-life activists who came before me who have fought to include the preborn within the legal definition of personhood — I’d like to humbly suggest an alternative. I contend that this very concept of personhood is an illegitimate social and legal construct that throughout history has almost exclusively been used to discriminate against whole classes of human beings. I believe in human rights, not person-rights, because the definition of who can or can’t be a person is ultimately a political and ideological debate that ignores basic scientific facts. If there could ever be a category of “human, non-persons” then personhood is either a useless signifier at best or dangerous and deadly at worst.

If we are going to claim to be supporters of “human rights,” we must apply them to all humans — regardless of age, size, level of development, location, or level of dependency.

Earlier I said that there were two reasons we should avoid dehumanizing language. The first being how our words can shape our perceptions.

The second though, and possibly more important, is that dehumanizing language simply isn’t true. In our culture seeped in “fake news” it’s necessary to state — truth matters. Without correctly calling something what it objectively is and understanding it as such, it’s impossible to come to an accurate moral position on how to treat that thing: and when that thing might be a human being it really matters. To dehumanize means to use our words to take away the humanity of someone; but here’s the thing — that can’t really be done. Our humanity belongs to us despite the words people may use.

Regardless of our age, size, race, gender identity, sexual orientation, nationality, immigration status or ability level, we are all equally human. This isn’t an opinion, it’s a scientifically demon-

strable fact. We gain our humanity when we come into existence at the moment of sperm-egg fusion during fertilization and we do not lose it when we cross a border, or develop a disability, or take cross-sex hormones, or commit a crime, or do anything — other than die.

Human beings are never objects, nor parasites, nor beasts — we are always human and we deserve to be referred to as such.

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