



# Life Matters Journal

V. 5, ISSUE 4— JANUARY 2017

## Election 2016: No Conscientious Objection Allowed

Despite all appearances, Donald Trump and Hillary Clinton surprisingly have this in common: neither supports conscientious objection.

## Lengthening Limits to Liberty for Life

Throughout United States history, conscientious objectors in the military have had protection in theory, but not in fact. For their refusal to take fellow human lives, they have been subjected to systematic abuse and torture.

## Physician Assisted Suicide and Therapeutic Ideation

Prescribing fatal drugs with the express intent to kill flies in the face of the Hippocratic duty, and violates patients' trust in physicians as healing, comforting professionals.



# LETTER FROM THE EDITOR

Dear Readers,

I frequently start up conversations in my commutes and jaunts around Boston. Topics range from the necessity (or curse) of academia to the curse (or necessity) of the Red Sox, and from the comparison of Boston brews to Old World ales to an epistemology of book-binding. But I often find — especially among my snake person peers — that the value and purpose of human persons hovers on the periphery.



Our culture is warped by the use and abuse of human life, by implicit demands by laws and anti-person prejudice that we put power over person, money over person, unlimited autonomy over person — and these demands are not just implicit, but overtly codified in judgments like *Roe v. Wade*.

But we're human. These demands just don't sit well with what we know intuitively — even if intellectually we've been formed to ignore it — that human lives are tantamount; and human persons have incalculable value.

So two days ago, a Beantown Uber driver was ranting at me that social media had robbed my generation of the ability to value human relationship.

"I think you're right," I said. But I think what has robbed my generation more deeply is a nation that believes human lives can simply be choices, depending on their situation, environment, or utility.

In this issue, many excellent writers examine war, abortion, and assisted suicide through the lens of conscientious objection. The question I ask you is: Will we even be able to understand the concept of *objection to taking another human life* much longer if we do not change our laws, our attitudes of living, our societal prejudices towards utilitarianism?

"They live in a bubble," my Uber driver said, "They can't even see out. They get freaked out by a phone call."

Because we live in a country that abuses conscientious objectors, and glorifies the decision to kill children in the womb — do we live in a bubble? Do we forget the necessity of *objecting to taking a human life*?

I hope the content in this issue will help pop the bubble. Nothing can rob us of our ability to value and protect human life unless we let it.

Yours for peace and every life,

**CJ Williams**

This journal is dedicated to the aborted, the bombed, the executed, the euthanized, the abused, the raped, and all other victims of violence, whether 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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# Physician Assisted Suicide and Therapeutic Ideation

By Catherine Glenn Foster

Physician-assisted suicide proponents have been calling in favors to get in the media a lot recently, using sympathetic stories of disease to build goodwill towards their agenda. Rarely do they mention the failures and the bitter mechanics of the process, the gross lapses in oversight, or the threats to the disabled, elder adult, and depressed/suicide-minded communities.

Neither do they discuss the danger posed by assisted suicide to the healthcare community, those we all rely on for treatment and sound medical advice. But doctors, nurses, pharmacists, and coroners have expressed concern about assisted suicide as a threat to their professions and their conscience.

The very purpose of assisted suicide, after all, is to enlist healing professionals who have sworn to “first do no harm,” to put lethal means in the hands of vulnerable patients. Most versions of the Hippocratic Oath have physicians swear, “I will give no deadly medicine to any one if asked, nor suggest any such counsel”; in *Roe v. Wade* the U.S. Supreme Court called this Oath, with its 2500-year history, “the apex of the development of strict ethical concepts in medicine” and “the nucleus of all medical ethics.”<sup>1</sup>

Prescribing fatal drugs with the express intent to kill flies in the face of the Hippocratic duty, and violates patients’ trust in physicians as healing, comforting professionals. In *Blick v. Office of Div. of Crim. Justice*, the Connecticut Superior Court listed numerous problems with assisted suicide, including the disintegration of the integrity of the medical profession and of the doctor-patient relationship. Americans echo these worries; many polls have found concerns about sloppy procedures on the part of doctors and that patients lose trust in a doctor who would be willing to participate in assisted suicide.<sup>2</sup>

To conflate assisted suicide with medicine is to encourage patients to doctor-shop until they find an M.D. willing to write the scrip, treating doctors as vending machines rather than experienced professionals. Therefore, patients who should have received a referral for counseling and appropriate treatment have been documented to have simply visited doctor upon doctor in search of one who wouldn’t ask too many questions. Some patients, such as Jeannette Hall,<sup>3</sup> have been saved due to the heroic efforts of a physician; others have not been so lucky.<sup>4</sup>

Thus in *Gonzales v. Oregon*, Justice Scalia in dissent noted, “Virtually every relevant source of authoritative meaning confirms that the phrase ‘legitimate medical purpose’ does not include intentionally assisting suicide. ‘Medicine’ refers to ‘[t]he science and art dealing with the prevention, cure, or alleviation of disease.’”<sup>5</sup>

And in *Washington v. Glucksberg*, the U.S. Supreme Court cited the AMA determination that “[p]hysician-assisted suicide is fundamentally incompatible with the physician’s role as healer.”<sup>6</sup>

As Canadian hematologist Dr. Sheila Harding put it, assisted suicide “eviscerates what medicine is intended to be [and] is contrary to the very core of medicine.”<sup>7</sup> A Canadian news article reported that Dr. Jennifer Tong warned, “coercing physicians against their conscience’ would damage patient-doctor relations and push some out of the profession.”<sup>8</sup>

So the American Medical Association forbids doctors from “perform[ing] euthanasia or participat[ing] in assisted suicide.”<sup>9</sup> Likewise, the American Nurses Association “prohibits nurses’ participation in assisted suicide and euthanasia because these acts are in direct violation of Code of Ethics for Nurses . . . , the ethical traditions and goals of the profession, and its covenant with society.”<sup>10</sup>

Indeed, the very integrity of the medical profession depends on its ability to utilize the best practices, with the best information, to promote patient well-being. And the government has a role in the preservation of this integrity, as the U.S. Supreme Court found in *Washington v. Glucksberg*: the government undoubtedly “has an interest in protecting the integrity and ethics of the medical profession.”<sup>11</sup>

But despite this clear incompatibility between assisted suicide and the healing profession, doctors, nurses, and pharmacists are facing forced participation in assisted suicide and/or euthanasia via mandatory provision or referral.

Most doctors do not want to participate in assisted suicide in any way, most recently confirmed by this year’s survey of Canadian physicians.<sup>12</sup> Studies have shown a majority of nurses opposed to assisted suicide, as well.<sup>13</sup> And most pharmacies, due to the thousands of drugs on the market and their limited shelf life, stock only a small percentage of the available drugs on the market at any given time; to do otherwise could run counter to demand and increase administrative burden, in addition to potentially violating the conscience. Yet Washington State has a history of intruding into pharmacy stockrooms and mandating that pharmacists order and stock certain drugs, when a patient could simply walk down the street to the next pharmacy and get that same drug. Pharmacists are right to be concerned about the government’s reaction to their conscientious objection to dispensing poison pills, just as doctors and nurses are about their prescription.

Conscientious objectors to assisted suicide should be able to practice their profession with confidence, knowing that the U.S. Constitution and federal statutes support their moral stand. More-

over, in *Roe v. Wade*, the U.S. Supreme Court quoted the AMA House of Delegates resolution affirming that “no physician or other professional personnel shall be compelled to perform any act which violates his good medical judgment [or] personally-held moral principles.”<sup>14</sup>

Yet faced with unwilling agents of death, the Vermont Board of Medical Practice began to attempt to force doctors to counsel or refer their patients for assisted suicide. After Act 39, Vermont’s assisted suicide bill, passed with limited protections for conscientious doctors, Vermont’s medical licensing authorities, through the Vermont Department of Health, published FAQs on Act 39 that include:

Do doctors have to tell patients about this option?

Under Act 39 and the Patient’s Bill of Rights, a patient has the right to be informed of all options for care and treatment in order to make a fully-informed choice. If a doctor is unwilling to inform a patient, he or she must make a referral or otherwise arrange for the patient to receive all relevant information.

Vermont medical professionals who hold opposing views and follow the dictates of their conscience rather than the dogma of the state are threatened with professional, civil, and criminal consequences. But rather than accept this perversion of their profession, in July the Vermont Alliance for Ethical Healthcare, Christian Medical & Dental Associations, member physicians, a member nurse, and a member pharmacist, through their attorneys with Alliance Defending Freedom, sued the Vermont Board of Medical Practice to assert their rights as conscientious objectors under the First Amendment Freedom of Speech and Free Exercise of Religion, Fourteenth Amendment Due Process, 42 U.S.C. § 1983 / Church Amendments and Affordable Care Act, and the State of Vermont Constitution and statutes. No government should order healthcare professionals to violate their conscience by encouraging patients to kill themselves, if they wish to continue in their healing profession.

**One of the very points of assisted suicide is to have the death listed as something other than suicide; otherwise, a patient with suicidal ideation might go through with it without guidance from a doctor.**

Finally, coroners in California quickly grasped their state bill’s impact on their livelihood. First, as President Rocky Shaw of the California State Coroners Association wrote, coroners have concerns about “what [they] should do if a guy takes life-ending drugs [unbeknownst to the coroner] and then goes to sit in a park to die, and [they] find him there.” Presented with a body, how should

a coroner proceed? Shaw questioned how the autopsy standards might change, both in terms of autopsy decisions and procedures. And one of the very points of assisted suicide is to have the death listed as something other than suicide; otherwise, a patient with suicidal ideation might go through with it without guidance from



a doctor. Thus, coroners are being encouraged or even required to lie on death certificates by listing the patient’s disease, not the drug, as the cause of death. Shaw questioned how to classify a death by assisted suicide. And if a death certificate lists a disease, not assisted suicide, as the cause of death, it could create a legal inability to prosecute criminal behavior and affect civil suits by dictating the legal fact that the death was caused by the underlying disease and not by an act of man.

As Dr. Kevin Fitzpatrick wrote, “When non-disabled people say they despair of their future, suicide prevention is the default service we must provide. Disabled people, by contrast, feel the seductive, easy arm of the few, supposedly trusted medical professionals, around their shoulder; someone who says ‘Well you’ve done enough. No-one could blame you.’”

Conscientious objectors to assisted suicide are bravely standing against the licensing of their professions to decide which lives are worth living, and which people are eligible for death. They are refusing to cooperate with government-endorsed suicide, and are reclaiming their professions for suicide prevention, for healing, and for life.

Notes:

<sup>1</sup> 410 U.S. 110, 131-32 (1973).

<sup>2</sup> <https://www.kofc.org/un/en/resources/communications/kofc-end-of-life-debate-ct-survey-032014.pdf>

<sup>3</sup> <http://dailysignal.com/2015/05/18/assisted-suicide-how-one-woman-chose-to-die-then-survived/>

<sup>4</sup> <https://dredf.org/public-policy/assisted-suicide/some-oregon-assisted-suicide-abuses-and-complications/>

<sup>5</sup> 546 U.S. 243, 285-86 (2006) (Scalia, J., dissenting).

<sup>6</sup> 521 U.S. 702, 731 (1997) (quoting AMA, Code of Ethics § 2.211 (1994)).

<sup>7</sup> <http://www.cbc.ca/news/canada/nova-scotia/canadian-medical-association-still-polarized-by-doctor-assisted-deaths-1.3203143>

<sup>8</sup> <http://www.theglobeandmail.com/news/national/less-than-a-third-of-doctors-willing-to-participate-in-assisted-dying-poll/article26100505/>

<sup>9</sup> American Medical Association, Decisions Near the End of Life H-140.966(4).

<sup>10</sup> <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Ethics-Position-Statements/Euthanasia-Assisted-Suicide-and-Aid-in-Dying.pdf>

<sup>11</sup> 521 U.S. 702, 731 (1997).

<sup>12</sup> <https://www.cma.ca/Assets/assets-library/document/en/advocacy/maid-survey-summary-june-2016-english.pdf>

<sup>13</sup> <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Ethics-Position-Statements/Euthanasia-Assisted-Suicide-and-Aid-in-Dying.pdf> 14 410 U.S. 110, 144-45 n.38 (1973).

<sup>14</sup> 410 U.S. 110, 144-45 n.38 (1973).

<sup>15</sup> <http://www.latimes.com/local/political/la-me-pc-california-coroners-have-issues-with-new-assisted-suicide-law-20151006-story.html>



# Refusing to Practice Lethal Medicine: Conscientious Objection and Abortion

By Chrissy Healy

There has been a lot of media attention recently on conscientious objection (CO), mostly due to a bill currently being considered by the US Congress: HR 4828, the Conscience Protection Act of 2016.<sup>1</sup> The bill protects all health care providers and health care insurance companies from facing discrimination or fines for being pro-life. It states that the government cannot force health care providers (such as churches and universities) to cover abortions through their insurance plans, nor can the government force health care professionals to perform or participate in abortions.

A bill like this seems like common sense to me. After all, historically, individuals have been able to object to and refrain from participating in acts which take human lives. Individuals have been allowed to object to participating in wars, and physicians have even been excused from performing duties such as administering lethal injections as part of capital punishment. It is scientifically certain that abortion, too, takes the life of a human being. It's therefore logical that if abortion is to remain legal, the right to conscientious objection should extend to protect a physician's decision to excuse themselves from performing this procedure.

However, these types of laws are frequently criticized for being paternalistic, by giving greater importance to the judgment of a health care professional than a patient, and for limiting a woman's access to abortion. Christian Fiala and Joyce Arthur (the second of whom belongs to the Abortion Rights Coalition of Canada) refer to conscientious objection (CO) in the case of abortion as "dishonourable [sic] disobedience." They state that "healthcare professionals who exercise CO are using their position of trust and authority to impose their personal beliefs on patients, who are completely dependent on them for essential healthcare. Health systems and institutions that prohibit staff from providing abortion or contraception services are being discriminatory by systematically denying healthcare services to a vulnerable population."<sup>2</sup>

In my medical training, I have been told to avoid paternalism with respect to my patients' treatments in favor of "shared-decision making." Shared decision making is described by the Informed Medical Decisions Foundation as "a collaborative process that allows patients and their providers to make health care decisions together. It takes into account the best clinical evidence available, as well as the patient's values and preferences." They go on to say that,

"Shared decision making brings at least two experts to the table... The provider is an expert in the clinical evidence. Patients are experts in their experiences and what matters most to them."<sup>3</sup>

In this way the patient and the provider enter a partnership in which they both agree to work together with the information each of them has to develop a solution for the patient that best fits their needs. Ideally, shared decision making should "honor both experts' knowledge." In this model, the patient cannot be forced to undergo a treatment based solely on the physician's decision. But in the same way that a patient has the right to refrain from a treatment based on what they believe is right for them, so too does the provider have the right to object to administering a treatment that they have good medically based reasons to believe could cause harm.

Physicians do have reasons to believe that abortion causes harm. The science is clear on the fact that the life of a human organism begins at fertilization. Abortion, therefore, ends the life of a human. Moreover, there is a mound of literature supporting the connection abortion has with breast cancer, preterm birth, and psychological harm. These studies are often criticized for coming from supposedly pro-life sources. However, pro-choice documentary filmmaker Punam Kumar Gill has criticized the pro-choice community, in her recent documentary, *Hush*, for disregarding, without good reason, the massive amount of evidence supporting claims of a link between abortion and these health problems.<sup>4</sup>

Thus, given that abortion ends the life of a human being

and that it is associated with grave aftereffects for pregnant women, it is well within the realm of shared decision making for a physician to refuse to perform an abortion on the grounds that it does more harm than good to their patient(s). Implying that this objection is paternalistic also implies that the patient is forced to go along with their decision, but of course this is not the case. Patients are free to find another provider who will provide these services if they truly believe they are what the patient needs. To take the example of a different type of medical situation, some physicians favor more holistic and natural medicine and refuse to provide prescriptions for painkillers. In such cases, patients are free to seek such prescriptions from other physicians.

Of course this brings us to the next criticism of CO laws: that they limit a woman's access to abortions. In certain areas of certain countries, a large number of providers will not perform abortions,

Physicians do have reasons to believe that abortion causes harm. The science is clear on the fact that the life of a human organism begins at fertilization.



so that it's difficult for women to find anyone who is willing to provide them one. For example, 69% of all gynecologists in Italy refuse to perform abortions; in some regions of the country, the number is over 80%.<sup>5</sup> The question that is important to ask, however, is whether or not the right to an abortion, in communities where abortion is legally permitted, is to be understood as a positive or negative right.

In ethics, a positive right is generally understood to be a claim by one person that other people are obligated to fulfill. A negative right is a claim by a person that others are obligated not to thwart or interfere with. Which rights should be considered positive or negative is open to debate, but one basic minimum standard for judging a right to be positive is whether someone's life depends on fulfilling the claim entailed by the right. For example, individuals in the United States have a positive right to emergency health care in dire circumstances—if an individual is dying and goes to the Emergency Department seeking care, physicians are required to stabilize him or her.

If the right to an abortion is a positive right in the same way as the right to emergency care, then if a woman wants an abortion, a physician would be obliged to provide one should no other physician be available. However, if it is a negative right, then the only thing that is required is that no one try to prohibit a woman from obtaining an abortion if she wants one, and so a physician could invoke CO to opt out of personally providing one. So is the right to abortion a positive right, analogous to an individual's positive right to emergency care?

I think the answer to this question is obvious: absolutely not. Emergency care is necessary to improve the health of an individual who is dying. However, while abortion is often portrayed as a vital women's health service, there is nothing essential about it as a medical procedure. Let me be clear: there is absolutely no medical indication for abortion in the case of a healthy pregnancy. Pregnancy is not a disease. Moreover, there is no reason to believe that a woman's health will be improved by carrying out an abortion procedure and, as we already covered, there are actually several reasons to believe her health could be harmed (breast cancer, preterm birth, and psychological stress). To say that a physician is harming their patient by conscientiously objecting to providing an elective procedure is a radical and extremist position, based on false information. Abortion, in the cases where the pregnancy is healthy, is a completely elective procedure, and thus, there is not a substantial enough reason to consider it a positive right (if it should be considered a right at all) in order to override physician consciences.

If abortion is a negative right, then all that is important is that an individual doesn't actively impede a woman's ability to obtain an abortion, and of course simply refusing to be the individual who provides the abortion through CO is not the same as actively preventing her from obtaining one. Consider another elective procedure: cosmetic surgery. A patient is free to seek a surgeon who

is willing to perform a cosmetic surgery on him or her, but if the surgeon feels, for whatever reason, ethically conflicted about the surgery the patient is requesting, the surgeon certainly shouldn't be obliged to perform it. Cosmetic surgery, like abortion, is not a life or death situation, and neither one of these procedures function to improve the patient's health.

Many are quick to point out, however, the instances when pregnant women may have chronic conditions or complications in their pregnancy that could lead to their death if not for abortion. They assert that in these cases doctors are obliged to provide abortions. However, whether or not these situations ever actually exist is contested. In fact, since 2012, over 1000 medical professionals have signed the Dublin Declaration on Maternal Health, which states that, "As experienced practitioners and researchers in obstetrics and gynaecology [sic], we affirm that direct abortion—the purposeful destruction of the unborn child—is not medically necessary to save the life of a woman."<sup>6</sup>

The reasoning for this is that, in any case in which a pregnancy might be harming a woman's health, there are treatments available that don't involve the direct and intentional termination of the preborn child's life. The Declaration explains, "We uphold that there is a fundamental difference between abortion, and necessary medical treatments that are carried out to save the life of the mother, even if such treatment results in the loss of life of her unborn child."

Given the availability of alternative treatments in cases where the mother's life is in danger, CO to abortion should still be the right of a physician. CO is something that is easily accommodated by the shared decision making model of medicine. If limited access results because a large percentage of physicians object to performing the procedure, then we need to keep in mind that while a woman may have the legal right to seek an elective abortion, it certainly shouldn't be mandated that physicians provide them. However, the most important reason CO should remain an option so long as abortion remains legal is the sheer fact that it is an act that terminates the life of a human being. No person should be forced to participate in such an act of violence against their will.

To say that a physician is harming their patient by conscientiously objecting to providing an elective procedure is a radical and extremist position, based on false information.

#### Notes:

<sup>1</sup> "H.R.4828 - Conscience Protection Act of 2016," US Congress, accessed October 22, 2016, <https://www.congress.gov/bill/114th-congress/house-bill/4828>.

<sup>2</sup> Christian Fiala and Joyce H. Arthur, "Dishonourable Disobedience—Why Refusal to Treat in Reproductive Healthcare is Not Conscientious Objection," *Woman—Psychosomatic Gynaecology and Obstetrics* 1 (2014): 12–23.

<sup>3</sup> "Why Shared Decision Making?" Informed Medical Decisions Foundation, accessed July 24, 2016, <http://www.informedmedicaldecisions.org/shared-decisionmaking.aspx>.

<sup>4</sup> For more information, see the documentary website, <http://hushfilm.com/>.

<sup>5</sup> Fiala and Arthur, "Dishonourable Disobedience."

<sup>6</sup> "Dublin Declaration on Maternal Healthcare," accessed October 26, 2016, [www.dublinddeclaration.com](http://www.dublinddeclaration.com).



# Lengthening Limits to Liberty for Life: The Pursuit of Freedom of Conscience within the Military

By Maria Santelli and Thad Crouch

*Maria Santelli is the executive director of the Center on Conscience & War, a 76 year-old organization dedicated to extending and defending the rights of conscientious objectors to war.*

*Thad Crouch is the National Program Coordinator for the Consistent Life Network and a U.S. Army veteran. He assisted the Military Law Task Force of the National Lawyers Guild with CO cases from 2009 to 2012 and served on the 2010 Truth Commission on Conscience and War.*

## **“I was told it was necessary... I was brainwashed.**

As a US Army Chaplain, I watched on August 6th as the Enola Gay took off for Hiroshima; on August 9th when Bockscar took off for Nagasaki. I said nothing! I knew hundreds of thousands of women and children would be vaporized, incinerated, and I said nothing. I was silent.... We – all of us—must no longer be silent.”<sup>1</sup>

These are the words of Father George Zabelka, a WWII Catholic Chaplain and Conscientious Objector (CO).

As long as there has been war, there have been COs. Throughout United States history, military COs have had protections in theory, but yet have endured systematic abuse and torture simply because of their “crime” of refusing to take another human life.

Still, even in the face of centuries of persecution, the conscience could not be silenced and organized resistance to war has continued.

By the late 1930s, it was clear that the US was going to enter World War II. COs and their families who had witnessed or experienced the brutalization of people of conscience who came before them, were determined to prevent the same from happening to another generation. Members of what are known as the traditional “Peace Churches” – Quakers, Mennonites, and Brethren – as well as members of the Methodist Office of World Peace worked with the federal government as it was drafting the country’s first peace-time draft law, to enact real, enforceable protections for religious COs in the law. In 1962, the Pentagon instituted policy allowing COs to object from within the military, based on a demonstrated change in beliefs, after either being drafted or volunteering. By 1970, COs in the military or those facing the draft no longer were required to hold strictly religious beliefs, and could object based on moral or ethical beliefs.<sup>2</sup> This policy remains in effect today as a legal avenue by which COs can apply for discharge or non-combat status.<sup>3</sup>

Regularly, people unfamiliar with COs are surprised to hear that it still exists in our “all-volunteer” military. They might ask, “didn’t these people know what they were getting into – that the military’s purpose is to fight wars?” Often, they wonder why they should care about these COs at all.

The answer is as simple as their witness is powerful.

Consider Abby Johnson’s crystallization of conscience on abortion that led her to become a Pro-Life organizer and Consistent

Life Ethicist.<sup>4</sup> One might pause and realize that if a volunteer in Planned Parenthood who became a career clinic director can have a change of conscience, then it’s also possible that even those who volunteer for the most well-funded, well-armed military – which by far engages in the most killing away from its own borders than any other military or terrorist organization – can also have a change in conscience! And would we not welcome and hope changes in conscience prompt members of ISIS and the North Korean military to become Consistent Life Ethicists? Whether we pray, wish, or work for world peace, do we believe it could ever come to be unless people in our own military have changes in conscience?

The reality is that military COs reveal our true nature by actively challenging the common belief that humanity is violent and war is inevitable. It is not. Conscientious Objectors serve as daily reminders and compelling case studies. Our conscience tells us that violence and injustice against one another is wrong. Remarkably, it is the military who knows this better than anyone.

Look no further than basic military training: the science of killing, which has been meticulously designed to circumvent our natural moral judgment by conditioning a soldier to kill reflexively, without thinking, and *without filtering through the conscience*. Training to kill requires constant reinforcement.<sup>5</sup> If killing was natural it would come easily for us. Hundreds of thousands of veterans struggling with the trauma of Moral Injury – wounds to the soul caused by a transgression against the conscience – are poignant proof of our tragic misunderstanding of human nature.

Moral Injury is a kind of traumatic stress caused by participating in activities that are contrary to our deepest held values and can occur rather than — or in addition to — traumatic stress from being endangered.<sup>6</sup> Moral Injury can be seen very clearly in the examples of drone pilots, who engage in war from the safety of a military base in Nevada and commonly experience traumatic stress by participating in killing without ever having been in danger.<sup>7</sup> They can suffer damaging consequences.<sup>8</sup>

Because the conscience always makes itself heard.

And for the vast majority of us, it already has spoken: only one percent of us has volunteered to join the military. The other 99% have said, by default, “No, I choose not to fight, not to kill or even train to kill.” Even the one percent who has joined the military has

done so not with the to take another life, but to make something greater of their own. It is not surprising when the conflict between who they are and what they are being asked to do compels some of them to object.

Unfortunately, following their crisis of conscience, members of the military may find the path ahead riddled with obstacles: frequently they, and even their chaplains or commands, are completely unaware that applying for CO discharge is an option; once they do navigate the complex process to apply, COs will often endure violations of not only their right to due process, but also their rights of conscience at the hands of unsympathetic or hostile commands<sup>9</sup>; finally, the strict definition of CO as opposition to “war in any form,” may effectively deny conscience protection to objectors who observe Just War or similar doctrines or principles such as this journal’s stated ethic of non-aggressive violence.

The military calls this “Selective Conscientious Objection” (SCO).<sup>10</sup> Despite the First Amendment, Article 18 of the UN Declaration on Human Rights, and evidence that being forced to take part in a mission that one does not believe is a Just War is a violation of conscience,<sup>11</sup> the Supreme Court has ruled SCO illegal twice.<sup>12</sup> *If you enlist willing to fight and die for Americans’ freedoms, yet attempt to live by the most widespread institutional religious belief on war in America, then America will not hesitate to violate your freedom of conscience and religion.*

In order to be classified as a CO, an applicant must answer a series of complex, confusing questions, describing their beliefs in great detail and how those beliefs developed, leading up to the exact moment or experience that led to their “crystallization of conscience.” They must then provide evidence from their life that affirms that their beliefs are “firm, fixed, sincere and deeply held.”<sup>13</sup> The CO is then required to be interviewed by a military chaplain, and undergo a psychological evaluation, an investigation and an official hearing. The case is then forwarded through command channels *all the way to the level of the Pentagon* – the level of the Headquarters of each particular branch — for final disposition. The entire process can take up to a year, while the CO remains in the military, in violation of their conscience.

This is not due process.

For all these reasons above, some *factual* COs call themselves “resisters” since they may not currently qualify as *legal* COs. Some neither apply for CO status, nor even talk with a CO advocacy organization, such as the Center on Conscience & War. Effective CO organizations can walk one through many options and, *in some cases*, help those who *theoretically* think they are “SCOs” attain legal CO status because they truly could not in good conscience participate in any *real* war “in any form” in the *real* world regardless of *hypothetical* wars fought by *hypothetical* militaries in *hypothetical* worlds.<sup>14</sup>

Some do time in prison.<sup>15</sup> Some flee even, though despite decades without use, *the death penalty remains legal for desertion.*<sup>16</sup>

In contrast, medical personnel who refuse to take part in abortion or prescribe contraceptives have legal though costly options to quit their jobs and freely follow their conscience at any time. Further, while COs to mandated employer-provided insurance coverage for contraception have successfully won rulings under the Religious Freedom Restoration Act, civilian courts do not require the

rigorous tests of sincerity and numerous levels of skeptical review that military COs must overcome.<sup>17</sup>

It’s due time for due process for military COs. It’s time those of us who value human rights, human life take a stand for those *soldiers of conscience* who joined the military to stand up for us, but had a change of heart and acted with courage to stand for life. If we envision a world where all life is honored, it’s truly the least we can do.

*"War will exist until that distant day  
when the Conscientious Objector  
enjoys the same reputation and prestige  
as the warrior does today."*

—President John F. Kennedy, 1963

Notes:

<sup>1</sup> “The Reluctant Prophet,” GNV Team, accessed September 23, 2016, <https://vimeo.com/48820359>

<sup>2</sup> *Welsh v. United States*, 398 U.S. 333 (1970)

<sup>3</sup> Department of Defense Instruction 1300.06

<sup>4</sup> “Abby Johnson Card,” Consistent Life Network, accessed September 14, 2016, <http://www.consistent-life.org/johnsoncard.pdf>

<sup>5</sup> “On Killing: The Psychological Cost of Learning to Kill in War and Society by David Grossman,” GoodReads, accessed September 21, 2016, [http://www.goodreads.com/book/show/78127.On\\_Killing](http://www.goodreads.com/book/show/78127.On_Killing)

<sup>6</sup> “Moral Injury in the Context of War,” U.S. Department of Veterans Affairs National Center for PTSD, accessed September 23, 2016, [http://www.ptsd.va.gov/professional/co-occurring/moral\\_injury\\_at\\_war.asp](http://www.ptsd.va.gov/professional/co-occurring/moral_injury_at_war.asp)

<sup>7</sup> Jesse Kirkpatrick, “Military Drone Operators Risk a Serious Injury,” *Slate*, January 2016, [http://www.slate.com/articles/technology/future\\_tense/2016/01/military\\_drone\\_operators\\_risk\\_moral\\_injury.html](http://www.slate.com/articles/technology/future_tense/2016/01/military_drone_operators_risk_moral_injury.html)

<sup>8</sup> Nicola Abé, “Dreams in Infrared: The Woes of an American Drone Operator,” *Spiegel Online*, December 14, 2012, <http://www.spiegel.de/international/world/pain-continues-after-war-for-american-drone-pilot-a-872726.html>

<sup>9</sup> Thad Crouch, “I Pray For An Army Chaplain As Well As For A War Resister,” *War Is A Crime .org*, accessed September 23, 2009, <http://warisacrime.org/node/45658>

<sup>10</sup> J. Curwood Witt, “COMMENT: Gillette v. United States: The End of Selective Conscientious Objection,” *Tennessee Law Review*, Fall, 1971, <https://litigation-essentials.lexisnexis.com/webcd/app?action=Document-Display&crawlid=1&doctype=cite&docid=39+Tenn.+L.+Rev.+157&src-type=smi&srcid=3B15&key=f02f23f4553c4ddbaca3eb27ccec58>

<sup>11</sup> Patricia Zapor, “Selective conscientious objection to war service gets new push,” *Catholic News Service*, November 12, 2010, <http://www.catholicnews.com/services/englishnews/2010/selective-conscientious-objection-to-war-service-gets-new-push.cfm>

<sup>12</sup> *Gillette v. United States*, 401 U.S. 437 (1971) and *Negre v. Larsen*, 394 US 968 (1969)

<sup>13</sup> Department of Defense Instruction 1300.06 para 5.3.2, p. 6

<sup>14</sup> J.E. McNeil and Bill Gavin, “Who is a Conscience Objector? Military Law,” (pamphlet) Center on Conscience & War, May 2007

<sup>15</sup> Andreas Speck, “USA: Conscientious objector Travis Bishop sentenced to one year in prison / 30 days for Victor Agosto,” *War Resisters’ International*, August 26, 2009, <http://www.wri-irg.org/node/8561>

<sup>16</sup> U.S. Code, Title 10, Subtitle A, Part II, Chapter 47, Subchapter X, Section 885, Article 85. Desertion, <https://www.gpo.gov/fdsys/pkg/US-CODE-2011-title10/html/USCODE-2011-title10-subtitleA-partII-chap47-subchapX-sec885.htm>

<sup>17</sup> Roger Severino and Elizabeth Slattery, “Little Sisters of the Poor Win Big in Obamacare Case,” *The Daily Signal*, May 16, 2016, <http://dailysignal.com/2016/05/16/little-sisters-of-the-poor-win-big-in-obamacare-case/>





# Can We Hyde War Taxes? Conscientious Objection to Military Taxation

By Thad Crouch

**F**inancial self-help author Vicki Robin says “Money is something we choose to trade our life energy for” when we work. She further explains that the use of our money is a use of our life energy. This implies that our use of money impacts our own human dignity.

Currently governments and employers around the world violate the consciences of a portion of their citizens and workers by coercing them to use their life energy to directly work to kill human beings. Some medical professionals cannot in good conscience participate in abortions, assisted suicide, or executions and, in some nations, people apply for military Conscientious Objection (CO) status. Practically all nations coerce most citizens to use their life energy for lethal purposes through taxation.

If we agree with Robin, then money taxed for killing is life energy used for killing—especially when the taxes are tied to income. A nation’s budgetary decisions are ethical decisions. Pro-life activists know this and have successfully restricted federal spending for abortion in numerous ways, most notably through the Hyde Amendment. Pro-peace activists and consistent pro-life activists have yet to even gain legal recognition for Conscientious Objectors to Military Taxation (COMTs), however. What is our best chance to do so?

While we have not drafted young adult males for war since 1973, the federal income tax has continuously drafted taxpayers’ life energies for war since becoming permanent in 1913. The Selective Service Act provides legal protection for Conscientious Objection to military participation, but the tax code does not. Many women and men who find it unconscionable to directly kill in war also find it unconscionable to pay others to do so. If it’s wrong to murder another person, it’s clearly wrong to pay someone else to do it.

It is currently illegal under US law both to earn a livable income and simultaneously to follow the dictates of one’s conscience to practice Just War or pacifism or to abstain from participation in killing. It’s illegal to get a paycheck and love one’s enemies. COMTs have had their wages, bank accounts, homes, and cars seized. Some have been imprisoned. Neither the First Amendment, Article 18 of the UN Universal Declaration of Human Rights, nor the US Religious Freedom Restoration Act (RFRA) have successfully protected them thus far.

The RFRA was passed in 1993 and prohibits the government

from burdening someone’s exercise of religion unless the government has a compelling interest involved, in which case it must use the least restrictive means to further that interest. In the 1990s, the RFRA was applied to a legal case in which pro-life activists sought an exemption to a mandatory university registration fee that subsidized health insurance covering abortion. In the same decade, pro-peace activists tried to use the RFRA to protect Conscientious Objection to military taxation. Both cases lost in appellate court. To date, the Supreme Court has not heard any case that challenges military taxation by invoking the RFRA.

Recently, the Supreme Court has ruled twice in favor of RFRA exemptions to the Affordable Care Act (ACA). These new rulings on the RFRA’s application to the ACA compelled employers to provide healthcare but without certain types of coverage that violated the employers’ religious beliefs, on the grounds that employees could get the relevant services through supplemental coverage. As a result of the rulings, the employers also did not have to pay government fines. Applying the RFRA to the ACA to exempt otherwise legally required payments set precedents for religious freedom.

Might these precedents apply to military taxation?

No one has yet challenged military taxation under the RFRA since the Supreme Court has applied the RFRA to the ACA. If someone did, we can expect the government to argue it has a compelling interest to fund the military, yet COMTs may find new allies among those who championed the recent RFRA-related cases. There is also a decades-long, ongoing effort to protect COMTs through legislation.

The Religious Freedom Peace Tax Fund Bill, sponsored by the member of Congress and civil rights hero John Lewis, would divert the taxes of COMTs to a fund to be used for any nonmilitary purpose without reducing COMTs’ tax liability. In short, the bill extends the legal protection for military CO to taxpayers. While “religion” appears in the bill’s name, neither the bill nor military CO in general require religious belief. The National Campaign for a Peace Tax Fund says the bill would also require tax forms to explain that one can become a COMT, which would clearly raise awareness of the issue.

Until there is legal protection, practicing religious COMTs, such as Bill Ramsey and Lincoln Rice, risk consequences. Ramsey became a COMT during the American war in Vietnam. Rice is younger and was motivated by personal encounters with war refugees. All COMTs who spoke to me point out that the risk of prison is real but rare. The IRS prefers to coerce tax payment and seize assets rather than take prisoners. The collective COMT experience is that the IRS always offers a payment plan.

This option of a payment plan allows COMTs a choice to become either military taxation refusers, who will not cooperate with the IRS, or to become military taxation resisters who avoid imprisonment and limit financial loss. Some choose to be resisters because their objection to military taxation is in the context of other commitments, such as doing peace work or raising children. Others become resisters because they don’t think it’s currently strategically effective to be imprisoned or simply because they have lines they are not willing to cross. (Most COMTs in both categories actually call themselves “war tax resisters.”) Rice is categorized as a resister because he has agreed that his wife can, if needed, pay his IRS



debt to avoid consequences. Ramsey helped create a COMT escrow fund from which contributing resisters can withdraw money to avoid prison and protect their property and finances.

Understanding their risks and options to manage them is vital for COMTs. Many look to the National War Tax Resistance Coordinating Committee, which has been educating and supporting COMTs since 1982. Education could increase awareness of COMTs' options, the number of active COMTs, and awareness of the Religious Freedom Peace Tax Fund Bill. Yet not all COMTs would use the bill if it did pass.

Karl Meyer is a "military taxation refuser," not a resister. His atheist "be-ism" is based on reverence for all life. Meyer has lost assets to seizure, spent nine months in prison, and carefully crafted a lifestyle and income to avoid US taxes. He describes himself as a "skunk" peacefully going about his life in a way that has respectfully, lovingly taught the IRS to let him be. They now do. Meyer would not use a Peace Tax Fund law, were it to be passed. He thinks a mass of skunks refusing taxes would be a more effective means to end war.

Meyers may be right. Former Secretary of State Alexander Haig once said, "Let them march all they want, as long as they continue to pay their taxes." We seem far from a Hyde-like restriction on war funds.

However, great progress could be made if pro-lifers saw war as a life issue or if resources protecting freedom of conscience regarding war matched those on abortion. The potential for cooperation among pro-peace and pro-life activists is real.

The Consistent Life Network brought both groups together in the past in a joint amicus brief. The occasion for the brief was when pro-choice activists wanted to prosecute abortion protesters as organized criminals under the RICO Act. When pro-peace activists saw that such a precedent could apply to themselves, they joined pro-lifers in upholding free speech.

Perhaps a future with more life chosen and more life protected may be found with pro-life and pro-peace activists joining together to defend the shared value of freedom of conscience and religion.

#### Notes:

<sup>1</sup> Vicki Robin and Joe Dominguez, *Your Money or Your Life: 9 Steps to Transforming Your Relationship with Money and Achieving Financial Independence* (New York, Penguin, 1999), 51.

<sup>2</sup> "Goehring v. Brophy," FindLaw, accessed December 15, 2016, <http://caselaw.findlaw.com/us-9th-circuit/1120776.html>.

<sup>3</sup> "Adams v. Commissioner of Internal Revenue," FindLaw, accessed December 15, 2016, <http://caselaw.findlaw.com/us-3rd-circuit/1441988.html>; Ruth Benn and Ed Hedemann, eds., *War Tax Resistance: A Guide to Withholding Your Support from The Military*, 5th ed. (New York: War Resisters League, 2003), 46.

<sup>4</sup> Bill Gavin, former board chair, the National Campaign for a Peace Tax Fund, in discussion with the author, September 14, 2015.

<sup>5</sup> Lincoln Rice, Conscientious Objector to military taxation, in discussion with the author, September 13, 2016.

<sup>6</sup> Bill Ramsey, Conscientious Objector to military taxation, in discussion with the author, September 13, 2016.

<sup>7</sup> "Statement of Purpose," National War Tax Resistance Coordinating Committee, accessed December 17, 2016, <http://nwttrcc.org/about-nwttrcc/statement-of-purpose/>.

<sup>8</sup> Karl Meyer, Conscientious Objector to military taxation, in discussion with the author, September 14, 2016.

<sup>9</sup> Robert A. Irwin, *Building a Peace System* (ExPro Press, 1989), 145.

# The Killing Game

By Mariana Fernandez del Castillo

Pip's mom was too busy to notice Pip searching deep in a pile of long-forgotten electronics. Suddenly a beep sounded, and a voice said, "Voice activation not available, you need service first." Pip stared at it with fascination. Her mom turned slowly and hit her on the side of the head.

"What did you just do?" her mom asked.

Pip spoke, "Mommy, I voice with power station."

It was year 60 after The World Government. This was the day Pip was stolen, as she — 2 years old — collected junk beside her mother to sell.

Her mom looked sharply around to see that no one else was within earshot. "Pip, you can't do this. I don't want them to take you.." She took the object out of Pip's hands and noticed her daughter had used some round cylinders with words on them and a wire to generate power for it. "These will be worth several coins," her mother muttered as she removed the power station and examined the object.

But Secret Police always had a way of finding things out, and 2-year-old Pip was taken from her room that night while her mom sat in front of the vision screen, pushed carefully into a crate and given a sedative to keep her quiet on the speed tube to Military Headquarters. In her cell, no one came to her even as she screamed. She sobbed for 12 hours straight until she fell asleep out of sheer stress. Once she awoke, she had no strength. A doctor and Salmar, the military commander, came in. The doctor checked her over, made notes, and gave her several inoculations. "Superhuman intellect, yet she is still very baby-like in her speech and her actions. I suggest immediate desensitization." They gave her a crushed up pill to eat, tied her to the bed, and walked out. They turned on a screen showing people — chimeras, and aliens — getting killed, tortured, and kidnapped. Pip watched in fear that suddenly faded away. "Attendant, release 495 to A-3 dormitory."

495 — Pip — had no recollection of her past life and knew HQ as her only home. She, like the other soldiers in training, was given a pill daily. It was just as much a part of her routine as brushing her teeth.

For the next five years, she learned about military history, tactical plans, the aliens, chimeras, and how to fight, kill, and torture. She did this alongside 494 other children under the tutelage of Commanding Officer (C.O.) Twintu, and General Finka, a cruel man who pitted the children against each other to see how manipulative they could be and how viciously they fought. He gave privileges to the children who won, and sometimes to the weaker children, to create animosity. His anger was swift, and no one dared make a mistake in his presence.

495's C.O., Finka who taught her classes, had also been a child taken in the night. Neither remembered. She was much less coniving than Finka but still very strict in her demands.

495 learned about the seven World Leaders; her job e to protect them. She pledged her loyalty daily during the beginning of in-



struction. The Leaders had never made many friends, but they used fear and repression to keep their enemies at bay. The Seven crushed small human factions that defied the injustices committed by the government. The Leaders' pretense, to keep the populace happy, was that these were wars with aliens. Not humans.

Ten years later, 495 became a lieutenant. She was 17. She had proved herself a ruthless leader. She was training the young fighters when General Finka sent word he wanted to see her.

She sauntered towards Finka's office, wondering. She knew she was the best candidate for this job and had never disappointed. She had a slight feeling of pomposity wash over her. "I'm the best this military has ever seen."

"Lieutenant, you have been an invaluable force to our team, and The Leaders have decided they want to meet you," Finka told her. "Please go to Main Elevator 12 and be taken to the 98 floor." She had a growing sense of self-importance, as she walked down the corridor to the elevator.

"495 you may proceed," said the doors before opening.

No one had planned for what transpired as the elevators opened again. Voices echoed down the hall. She started to walk slowly down the hall. After turning a corner, the voices became more pronounced. She had heard these voice before on her vision screen, and she knew them: the voices of The Seven.

"Glith, this is why our military is genius. Dr. Speck has been researching ways to make the effects of the pill more potent. She is working on a single implant that is placed into the cerebral cortex, meaning we could see permanent effects. She asked that we authorize the secret police to steal some more new-births. She wants to see what the effects of this surgery and new pills have on psychopathy long term."

"495 has been a huge success story; I suggest her as the first adult test subject," said Glith, laughing.

"Stop dawdling, 495." An orderly grabbed her arm. "The Seven hate to be kept waiting." A wave of something like self-pity washed over her. She felt soothing uncomfortable in the dark recesses of her mind — she had never felt anything like this before.

The hallway looked never-ending, but 495 walked confidently, and entered the room.

"495, we've been expecting you. We never properly commended you for making lieutenant. I hope you know each of us from the vision screens. We trust you wholeheartedly to protect order and thus maintain peace."

Even as she listened, she replayed the scene in her head. "What would happen if I stopped taking the pill? Who would I be?" Anger hit her. They kept talking. Then the feeling was gone. Maybe she'd palm the pill tomorrow. Why not? And she was dismissed.

Nothing could have prepared 495 for what happened towards the middle of the next day. She had a splitting headache. A baby crying in restricted sector seven caused stopped her flat. She didn't remember her own stay.

Now she turned, and went back. A cry meant a baby was learning the ropes. She took several deep breaths, shook herself. Suddenly her heart started to palpitate, and it felt like a knife was digging into it. She couldn't breathe. "Pip," she gasped and began to run.

Back in her room, the feeling dissipated; she fingered the pill inside her pocket. She wondered what the word "Pip" meant. A fuzzy image of a girl and her mom floated in her head. It couldn't be her.

The pill's effects wore thin, and the symptoms of withdrawal hit their apex. "Remember 495, alien DNA is inferior to our own. They are inferior. We kill anyone or anything that gets in our way." Suddenly it was as if a veil was lifting from her eyes. The world looked different too. It was less sharp but more stimulating. Then, marching feet outside the door broke her thoughts. She let all the thoughts go.

As days and months passed, the effects of the pill dissipated. Pip no longer wanted a part in the military but knew that she had to keep up a facade; it would be instant death if she left. Pip wondered too many things. A new world opened up, but her past training was still very much a part of her life. She still despised aliens and chimeras with a passion and vowed to do whatever The Seven needed in their quest for peace. She was happy those things born with such afflictions not allowed to spread their inferior DNA. 495 felt proud to help save the human race, but doubts crept like cats in the recesses of her mind.

Soon the World Leaders learned from General Salmar that aliens from planet Ho8 were in orbit. They wanted to take Earth's mineral wealth.

Traboid, one of The Seven, had one quick solution: "I want every one of those buggers dead. They brought disease and their inferior DNA into our world: Down's syndrome, autism, Trisomy." A rousing chorus of agreement erupted.

Military Headquarters was informed, and even the youngest cadets called into service. Every child was outfitted with a gun. "Twintu, Lieutenant 495, we head out in a week. Cadets to your dorms, now. Lieutenant come see me, after lights out." The general walked away, and 495 made sure everyone marched single file to their respective dorms.

She was told The Seven wanted to see her again because they had some tactical plans they needed to discuss. She thought it was strange they were consulting a mere lieutenant. She walked to the elevator and walked into the room

"Lieutenant 495, come, come, come," boomed the voice of Vixtron, the loudest of all The Seven. She walked over to the rectangular table and waited. He spoke again, "Let's cut to the chase, shall we? We know we can count on you for anything, right? We need

all the children under your care to die during the first night of the war. This directive is easy enough. We'll send them off to an unsecured location to keep them safe. The aliens will find out and

kill them one by one. It will be up to you to ensure there are no survivors. The babies can't hold a gun yet, and the other children will await your orders. We will parade their bodies on all vision screens and have every human on our side. This plan will keep the masses happy and content. War will rally human hate for such an important cause. Also a promotion looks imminent if this plan works. Oh, and Commander — uh, Lieutenant, thank you."

She felt uneasy but spoke, "Leaders, as you wish it."

*To be continued...*

*"What would happen if I stopped taking the pill? Who would I be?"*



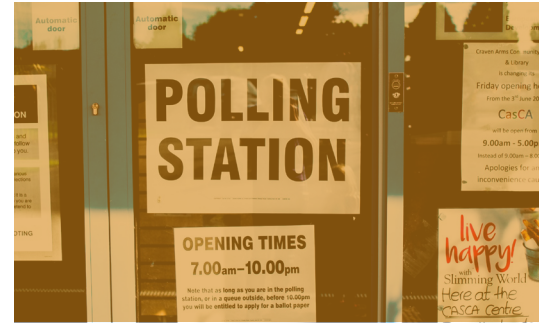
# Election 2016: No Conscientious Objection Allowed

By Joey Garrity

The 2016 presidential election in America is turning out to be the most polarizing political season in a long time. On one side, we have Donald Trump of the Republican Party, and on the other, Hillary Clinton of the Democratic Party. Anyone who has been exposed to news media at all these last few months can tell you how these two candidates and their supporters are on completely opposite sides of the political spectrum and agree on seemingly nothing at all. However, despite seeming like they have nothing in common, both Donald Trump and Hillary Clinton have one stance in common: they both oppose conscientious objection.

On one side of the aisle, we have Donald Trump, who has advocated for both the torture of prisoners of war and suspected terrorists as well as the killing of their families and children as a military tactic. When servicemen condemned these remarks and made it loud and clear that they would refuse such orders, even if they came from a President of the United States, Trump responded by saying, "They won't refuse. They're not gonna refuse me. Believe me." On the other side, Hillary Clinton proposes the overturning of the Hyde Amendment and forcing everyone to directly fund all abortions, whether they want it or not, even going so far as to say "religious beliefs about abortion will have to be changed." Both these positions speak a terrifying truth about modern politics: that conscientious objection is no longer allowed and that we must submit to supporting injustice or potentially end up in jail. And with the looming threat of the return of

strong-arm all opposition into supporting it, even when it demands others commit violence or passively aid those committing violence? For the most part, it seems each side supports only conscientious objection to those offenses their political tribe cares about most. Conservatives have been more or less leading the fight for conscientious objection to abortion, while liberals have long been known for their support of conscientious objection to war. However, both these sides seem to completely change their minds on it when it comes to those human rights violations they support and want others to support. In a way, the modern American public supports a philosophy of "conscientious objection for me but not for thee." Such thinking is dangerous and goes against everything the consistent life ethic stands for. It is my hope that future generations look back at this election season's rejection of conscientious objection as a low point in the history of America.



the draft after the recent debate over drafting women, it is clear that conscientious objectors are facing some trying times ahead.

The fact that both of our major candidates are so opposed to conscientious objection raises some massive concerns about our world today. What happened that made conscientious objection so unacceptable to the American public? Have some of us become so consumed by our political affiliations that we wish to

In a way, the modern American public supports a philosophy of "conscientious objection for me but not for thee."