



Life Matters Journal

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LETTER FROM THE EDITOR

Dear Reader,

As always, thank you for picking up this magazine. I believe that now more than ever it is critically important to engage with the challenging topics you will find within these pages.



When looking at the current state of our world there is much to despair over for those of us concerned with human rights for all human beings. People's lives are being destroyed and families are being torn apart by the war in Ukraine. Several states are making moves to legalize or expand the state-sanctioned ableism and violence of assisted suicide. Violence in many different forms is widespread and all too often either ignored or supported by many in our culture.

Despite all of this, there is also room for immense optimism and even joy in this moment. At the time of writing, it appears that the U.S. Supreme Court is preparing to finally overturn the disastrous *Roe v. Wade* decision that has led to the deaths of over 63 million children since 1973. This would be a historic expansion of human rights protections to some of the most marginalized and defenseless among us. That said, there is still much work to be done to ensure that the material needs of pregnant and parenting people are being met so that, regardless of the law, no one ever feels as though abortion is their only option.

Whether your primary emotion right now is grief, joy, or somewhere in between: let it spur you into action. I hope that the explorations into these issues and more that our writers have presented to you in this magazine prove edifying and fruitful in your work to build a culture of peace and life.

For life,

Herb Geraghty

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

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

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

Disclaimer

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

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Life Matters Journal

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Editor in Chief Maria Oswalt

Managing Editor Aimee Murphy

Staff Editors Francis Ittenbach,

John Whitehead, Emily Waller, Samuel B. Parker

Staff Writers Sophie Trist, Kristina Artuković,

Samuel B. Parker, Jack Champagne

Executive Director of Rehumanize International Herb Geraghty

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Justice After *Roe*

By Jack Champagne

If a leaked draft opinion is to be believed, the Supreme Court will imminently overturn one of its precedents: the decision in *Roe v. Wade*. While *Roe* has been modified by several subsequent decisions, its essential holding — that procuring an abortion is a Constitutional privacy interest that outweighs the state's interest in the preservation of the life of an unborn child — has remained intact. With this newest decision, this will no longer be the case. Contrary to a popular political narrative, this will not result in a blanket ban on abortion nationwide. Rather, this will remove the greatest legal impediment to state-by-state restrictions on abortions by no longer recognizing abortion as a constitutionally protected right.

However, it is the case that several states have passed laws designed to provoke a legal challenge to *Roe*, to circumvent *Roe* by restricting abortions indirectly, or to immediately be enforceable in the event that *Roe* is overturned.¹ In many cases, these laws adopt an excessively penal approach to abortion which — while politically advantageous to legislators wanting to demonstrate their commitment to anti-abortion politics — are not designed with the protection of life or the mother in mind. At their worst, they dehumanize the mother in favor of her unborn child. We have already seen the results of such an approach, such as in Alabama, a state which once indicted a woman for being on the receiving end of a shooting that killed her unborn child² and prosecuted another woman for taking prescription painkillers while pregnant (thankfully, charges against both were later dropped).^{3,4} Legislators in one such state, Louisiana, have gone so far as to propose a bill that would make procuring an abortion a capital offense, in what can only be described as a cartoonish parody of pro-life politics.⁵ In the most extreme cases, you have Ohio encouraging doctors to re-implant an ectopic pregnancy⁶ — a procedure which is not currently possible — to avoid charges for murder, and Missouri's botched attempt to criminalize the ending of ectopic pregnancies.⁷

Collateral consequences for innocent women is an unacceptable price to pay for legal protections of the unborn. If indeed the Supreme Court has re-empowered lawmakers to regulate access to abortion, we need a better path forward. The end of *Roe* was never the end, but rather the beginning of a serious consideration of what a pro-life politics will look like in action, and we can start with the way we seek to limit abortions. Almost none of these states poised to restrict abortion have effectively demonstrated any preparedness for a post-*Roe* legal reality, which makes addressing this shortcoming an urgent priority.

This may necessitate a new paradigm entirely, which exists in the form of restorative justice, a term that was first introduced into criminal justice theory in the 1970s through the work of those such as criminal psychologist Albert Eglash, legal sociologist Nils Christie, and law professor Randy E. Barnett.⁸ It is an alternative paradigm responding to the infirmities of traditional, retributive approaches to criminal justice. Restorative justice is conceived as a response to

the belief that retributive justice frequently fails to meet the needs of victims, the broader community, and often the offender, that retributive criminal justice frequently fails at meeting its stated goals, and that retributive justice is often alienating to the offender, resulting in permanent dis-integration from their community and sense of self. These problems are even more urgent in the case of abortion, wherein the woman who procures an abortion is usually victim as well as offender. Few people elect to terminate a pregnancy on a whim; the widespread notion that, absent legal restrictions, it would simply be used as a casual form of birth control is out of touch with the reality of how and why abortions are sought.⁹ Restorative justice is a broad, flexible approach that accepts varying degrees of co-existence — or none at all — with penal approaches to criminal justice, but any restorative justice measure requires significant community and institutional support in order to be properly implemented, making its implementation a political challenge.¹⁰

Regardless of method, any attempt to regulate abortions in the aftermath of *Roe*'s demise needs to carefully balance the humanity of the mother and that of the child. States with trigger laws would do well to carefully review the legislative history and consequences of their acts and eliminate those which are unduly punitive. Legislators looking to pursue new schemes of regulation should proceed deliberately, with their goal being the protection of life rather than victimizing women in order to make a political point. The time is now ripe to pursue a new politics of rehumanization, if only we are willing to do what is necessary.

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Toddler Magis

By Michael Jezewak

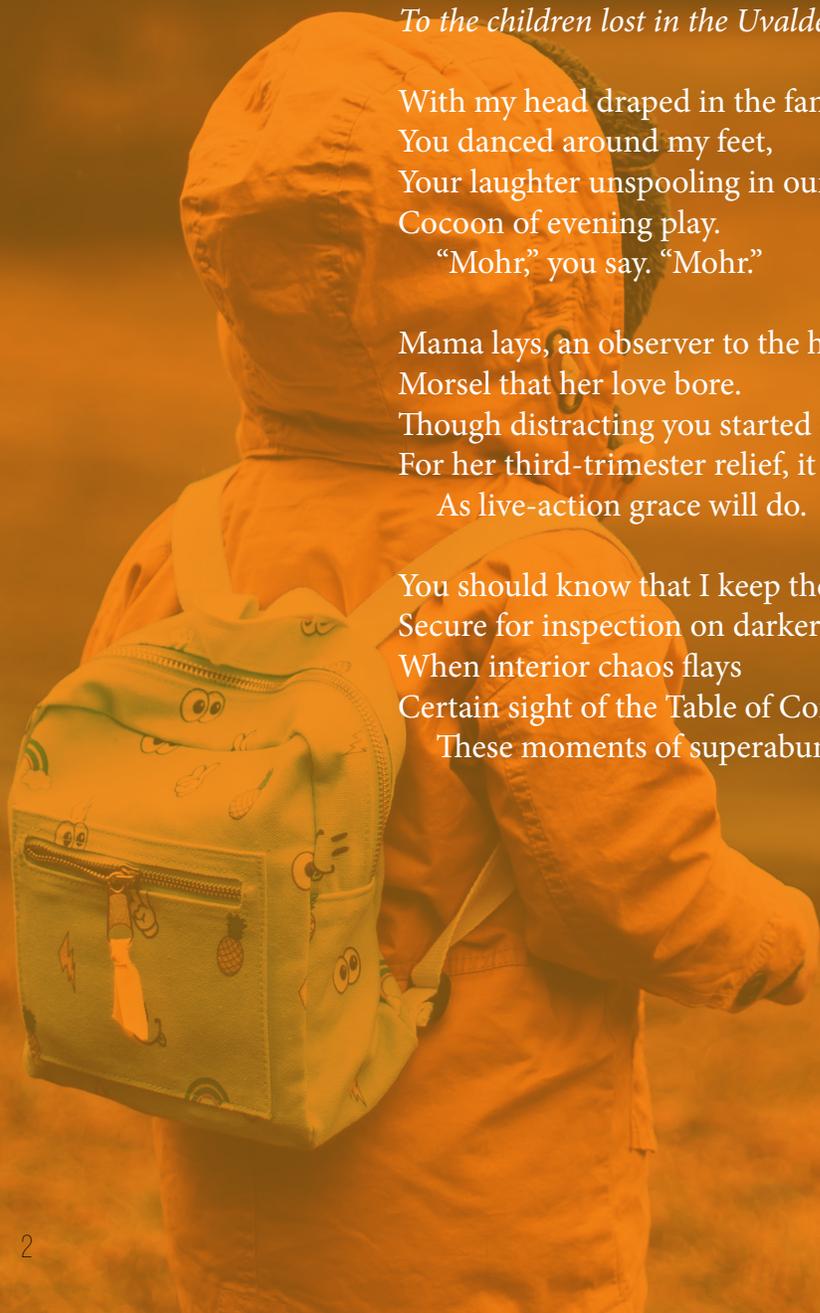
To the children lost in the Uvalde school shooting

With my head draped in the family blanket,
You danced around my feet,
Your laughter unspooling in our sweet
Cocoon of evening play.

“Mohr,” you say. “Mohr.”

Mama lays, an observer to the heavenly
Morsel that her love bore.
Though distracting you started as a chore
For her third-trimester relief, it swelled beyond duty,
As live-action grace will do.

You should know that I keep these marbled memories
Secure for inspection on darker days
When interior chaos flays
Certain sight of the Table of Communion.
These moments of superabundance remain.





Wimbledon Drops the Ball: the Exclusion of Russians from International Athletics is Unethical Hypocrisy

By Samuel B. Parker

On April 18th, organizers of the Boston Marathon followed through on their resolution to prohibit Russian and Belarusian competitors from participating¹ in one of the most prestigious annual athletic events in the United States. Two days later, organizers of the Wimbledon tennis championships announced the enactment of a similar ban² on all athletes from Russia and Belarus. And while these decisions generated a modicum of opposition, they also appeared to satisfy the general public, which largely responded with apathetic acceptance.

In spite of a notable lack of widespread concern, however, the implications of barring people on the basis of their national origin are obviously disturbing, and the precedent established by excluding individuals in response to the transgressions of their governments is ominous. Even more troubling, these were not isolated incidents. Taken together, they indicate an emerging — and troubling — trend.

That developing pattern is concerning because it reveals an attitude that is demonstrably dehumanizing: an attitude that reduces the complexity of human identity to the meaningless happenstance of birth country, that denies human individuality by falsely amalgamating and “othering” entire groups of people due to characteristics and associations outside of their control, and that devalues each member of those groups by connecting their worth and dignity to their extrinsic traits.

This is not a new idea. It is the very same one that has informed and undergirded many of the atrocities committed throughout human history. In the United States in 1942, this fundamentally dangerous line of reasoning engendered the policy of Japanese internment,³ wherein the U.S. government detained Japanese American

citizens without warrants and incarcerated them without due process throughout the first half of World War II. The justification? Because the Japanese military had attacked Pearl Harbor and initiated an aggressive Pacific campaign against the United States, President Franklin D. Roosevelt and his advisors determined that all people of Japanese descent represented a significant threat to national security and could be held personally accountable for the crimes of the Japanese government. “The Japanese race is an enemy race,” remarked Lt. Gen. John DeWitt,⁴ who headed the Western Defense Command under President Roosevelt, “[and] the racial strains are undiluted.” And thus, the United States did not simply go to war with the empire of Japan, but waged a violent and discriminatory war against Japanese men, women, and children everywhere. They did so because they were incapable of or unwilling to distinguish between the conduct of state actors and the actions of innocent people.

Russian and Belarusian civilians are not being seized and imprisoned, but individual people are increasingly subjected to ostracism: punished for misdeeds in which they had no part and, in fact, may ardently oppose.⁵ A desire for misguided retribution has clearly taken root, and it must be dispelled before it progresses any further.

Make no mistake: the governments of Russia and Belarus have perpetrated unspeakably horrific acts. They have violated the autonomy of a sovereign nation. They have deliberately targeted civilian populations⁶ and reportedly engaged in the summary execution of noncombatants.⁷ The Russo-Ukrainian War has yielded profound evil.

Can individual Russian and Belarusian people be held responsible for this evil? Those who claim that they can must answer some diffi-

cult questions. Why was a U.S. national soccer team included in the 2010 FIFA⁸ World Cup shortly after the leaked Collateral Murder videotape,⁹ Afghan War Diary,¹⁰ and Iraq War Logs¹¹ exposed the extent of U.S. war crimes? Why were individual American competitors permitted to compete in both the Boston Marathon and Wimbledon in 2016, mere months after the U.S. military bombed a Doctors Without Borders hospital and murdered 42 people inside?¹² If individual people ought to be punished for the wrongdoing of governments and state actors, how is it possible that individual Americans are included in the international community?

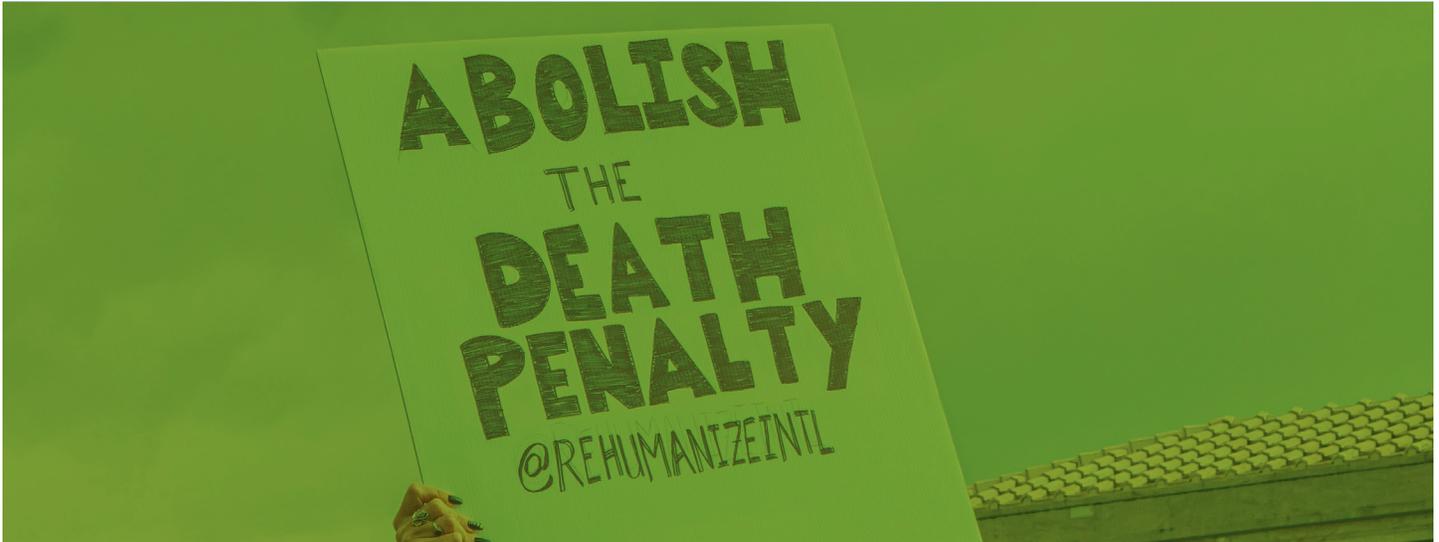
The unconditional and indiscriminate proscription of Russian and Belarusian citizens is as unethical as it is hypocritical. It is immoral because it robs people of their individual value and agency by implicitly defining them in terms of the group to which they belong: isolating and banishing individual people solely because of their nationality, and inflaming tribalistic tensions. It is inconsistent because it is not the standard by which individual people are typically evaluated under other circumstances.

The world must stand together against the Russian invasion of Ukraine. But it also must stand against bigotry that serves only to inflict harm upon innocent people and to exacerbate the partisan divides that have yielded this crisis.

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Nagaenthran Dharmalingam and the Gross Injustice of Capital Punishment for Nonviolent Drug Offenses

By Sophie Trist

In the United States, the death penalty is generally used for those convicted of first-degree or premeditated murder, but in other parts of the world, governments can legally kill people for a much broader swath of offenses. According to Harm Reduction International's 2020 report, 35 countries, mostly in the Middle East and Asia, still retain the death penalty for nonviolent drug crimes.¹

In 2020, China, Iran, and Saudi Arabia carried out a total of 30 confirmed executions for nonviolent drug offenses. Although the number of people executed for drug crimes has been decreasing due to both political changes and the COVID-19 pandemic, death sentences are unfortunately trending upward.² Around the world, some 3,000 people sit on death row for these nonviolent crimes.

In Singapore, as little as half an ounce of heroin can get a person hanged. Twenty-three people have been executed for nonviolent drug crimes in the city-state since 2010.³ This gross violation of human rights and international law was recently highlighted by the horrific execution of 34-year-old Nagaenthran K. Dharmalingam, an intellectually disabled man from Malaysia.⁴

Dharmalingam, whom his lawyers claimed had an IQ of just 69, which is internationally recognized as within the range of intellectual disability, was convicted of smuggling one and a half ounces of heroin into Singapore and sentenced to death in 2010. His execution was stayed in 2021 when he contracted COVID-19.⁵ International human rights organizations and disability rights advocates joined with Dharmalingam's family and delegations from

several European nations to plead for mercy, but to no avail. He was hanged on April 27, 2022. After the hanging, officials in Singapore defended the country's inhumane actions, saying that Dharmalingam knew what he was doing and that his actions were purposeful and deliberate.⁶

In response to the execution, Amnesty International issued a statement calling the hanging an abhorrent act and said that Singapore was pursuing a cruel path directly at odds with the global trend toward abolition of the death penalty.⁷ Reprieve, a group which fights to end the death penalty worldwide, called the case a tragic miscarriage of justice, saying that executing someone who was coerced into trafficking less than three teaspoons of heroin is completely unjustifiable and a gross violation of international law.⁸

Like virtually all death row prisoners, Nagaenthran Dharmalingam spent much of the last decade in solitary confinement, which many experts agree amounts to torture.⁹ On his last day, Dharmalingam was only allowed to hold hands with his family through a gap in a glass barrier; they weren't even allowed to hug. After a court turned down his final appeal, he could be heard crying for his mother as he left the courtroom.

Unfortunately, support for capital punishment remains high in Singapore, with 81% of residents saying it is an appropriate punishment for murder and 66% saying it's appropriate for drug trafficking. A majority of Singapore's residents also believe that capital punishment deters crimes.¹⁰ Death Penalty Information Center has

gathered and summarized many of the existing studies on deterrence and found that capital punishment can't clearly be linked to a decrease in criminal activity.¹¹

Since the death penalty affects only a small minority of even convicted murderers, it's unlikely that fear of execution stops many crimes. Deterrence may be more powerful in countries like Singapore which use the death penalty more widely, but any deterrent effect it may have is not worth the dehumanizing cost.

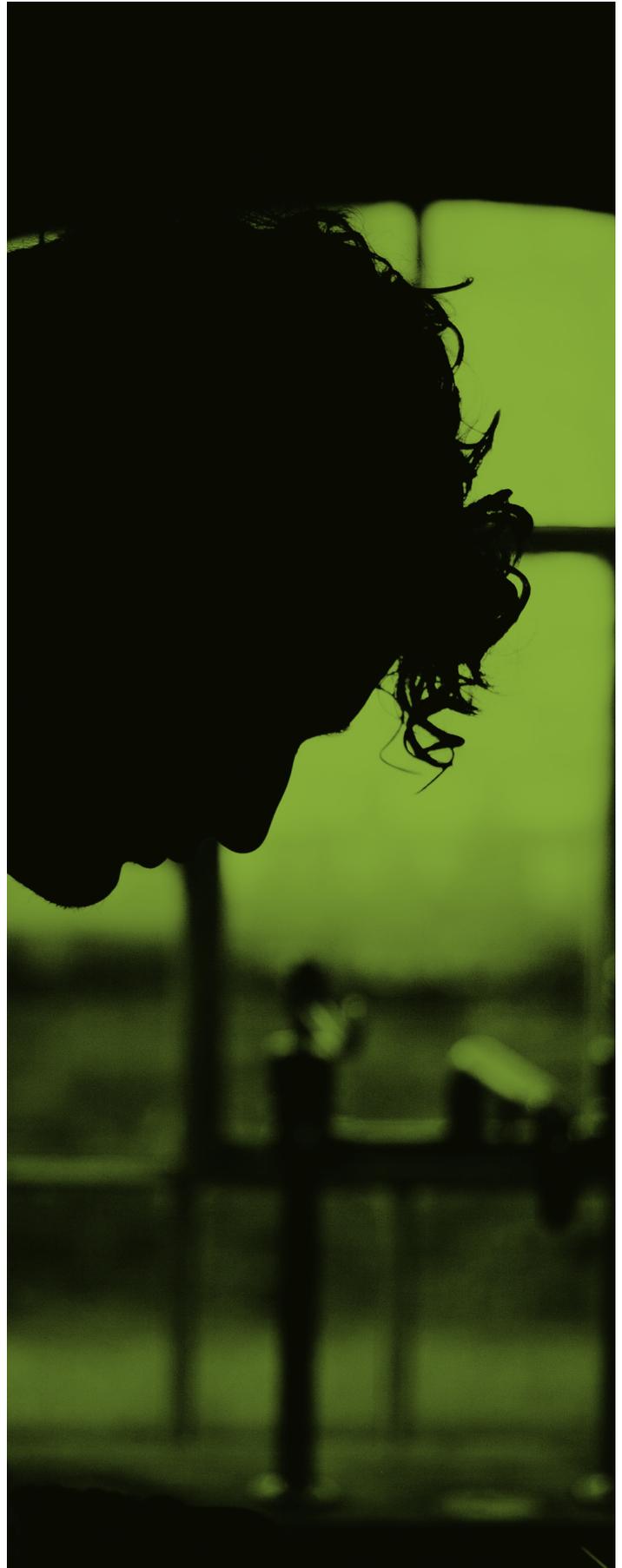
Whenever I write about the death penalty, civil rights attorney Bryan Stevenson's assertion that each of us is more than the worst thing we've ever done remains front and center in my mind. Killing a helpless prisoner in cold blood is always and forever an affront to human dignity and the very antithesis of justice. Legality cannot legitimize the taking of any human life.

The death penalty is especially egregious when used for non-violent crimes, and executing the disabled and other vulnerable, marginalized people is the epitome of cruelty. The use or trafficking of drugs does nothing to diminish a person's humanity. Drug users require rehabilitation, love, and community support. Imprisonment and execution have done nothing to decrease drug use.

It's time to abandon the brutality of the death penalty for all offenders and look to a restorative justice model that affirms the value of every human life. For now, we can only pray for peace for Nagaenthran Dharmalingam and his loved ones and work toward a world where no one else suffers his fate.

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Justice for the Five: The Tales of Death and Disability

By Kristina Artuković

When the images of five late-term babies aborted in the Washington Surgi-Clinic were published at the end of March,¹ there was an instant turmoil on social media. Everyone — even pro-lifers — was caught off-guard.

Christopher X, Harriet, Phoenix, Holly, and Ángel were among the 115 aborted children whose bodies were obtained by Lauren Handy and Terrisa Bukovinac.² The state of these five children's remains indicates that they may have been the victims of illegal partial-birth or born-alive abortions.

Following these discoveries, I spent the better part of multiple days online, watching the pro-choice response assume the form of several different strategies.³ Some picked the angle of shaming Lauren Handy, who took the primary blow of the mainstream media reaction. Some ventured into denying the very validity of the discovery. But some, looking at those pictures, suddenly turned into medical specialists and claimed non-viability or disability for these abortion victims. This article is about them.

You are probably reading this because you are pro-life. You may have defended the right to life of these children regardless of their alleged condition, arguing that it did not make them any less valuable. You also might have said that we do not prevent suffering by killing the sufferer. Or that imagining disability as nothing more than suffering is extremely ableist.

If you are pro-choice, you've probably heard these arguments before. But they did not matter much. Why? Because, as a pro-choice person, you set your focus firmly on the pregnant person. You see a dead baby's body and you don't see its tragedy. Your mind goes to *reasons* and the pregnant person's situation.

The first reason that comes to your mind is some type of disability. You see the shape of Harriet's head (or what's left of it) and you insist on anencephaly as the only possible explanation. Or you see Phoenix forever trapped in the sac, and claim non-viability. Looking at Christopher X in the arms of one of two ladies who unearthed this horror, you imagine he died in the womb, as if mothers went to abortion clinics to deliver children who had already passed away.

Why is disability so useful for pro-choice apologetics?

People who are disabled often say they are impaired but *dis*-abled by others' notion of what ability is. To disable a human means to take their physical or mental impairment and place it against an ideal, some normative idea of "wellness" and "ability" we are all trained to operate with.

In this particular case, you are virtually disabling the dead babies

you are seeing. And I suspect you are doing it in order to feel better about their deaths.

I understand the impulse to persevere in your opinion in the face of these horrors. It's actually kind of brave to be willing to engage in online debates and try to think something, anything about these concrete humans instead of just splashing in the shallow waters of tangential trolling.

However, I think that to disable a human in order to erase them from your consideration is way more problematic. The fact is, this strategy would not be possible if disability were not deeply rejected and despised *by default*.

Disabled babies are usually wanted prior to their diagnosis, whether terminal or not. The moment a person finds out about their baby's condition, they are crushed. They are bound to go through all stages of grief. Abortion preys on them somewhere between denial, anger, and bargaining, offering an alluring option to simply get off that train.

But if a disability or terminal condition can turn a once wanted child into an "it" to be discarded without any tangible reminder of the love that had been there, what can we hope to give to our other loved ones who might face a scary diagnosis in the future? What will we be able to expect from others if we fall seriously ill?

The way we deal with disability determines the true quality of our relations. But the way we deal with death determines the meaning we attach to our lives and to the lives of others. There is more dignity in embracing our ultimate vulnerability than in just cutting it off at some arbitrary point. And there is more compassion in a long, heartbreaking goodbye than in discarding family members because of their conditions.

There's something in all of us that screams rejection towards ultimate vulnerability. We are constantly coming up with different ways that enable us to give in to this scared and ungiving part of ourselves, dehumanizing ourselves and others: killing for false mercy or self-defeating justice. But resisting this part makes us love truer, heal better, and live bigger.

See these babies as they are. Mourn them as they were.

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Terminal Discrimination

By Jack Champagne

In 1998, Dr. Gregor Wolbring, then Bioethics Advisor to the Council of Canadians with Disabilities (CCD), wrote and published *Why Disability Rights Movements Do Not Support Euthanasia: Safeguards Broken Beyond Repair*.¹ Wolbring, a disability advocate and scholar, was primarily concerned with the supposed “safeguards” designed to limit the use of euthanasia and alleviate concerns about its abuse. He identifies four in total: 1) limitation to those who are terminally ill, 2) limitation in purpose to abolish physical pain, 3) informed consent by the person and 4) a general goal of patient self-determination. Wolbring notes that even at the time of his writing, the definition of “terminal illness” had already been drastically expanded by Right to Die advocates due to the inherent level of imprecision in determining when a disease was truly terminal. So too had “physical pain” been expanded to include emotional anguish, including physical dependency on others alleged to cause psychic humiliation to the patient.

However, Wolbring reserves his most visceral and incisive criticism for the last two planks. He recounts with disgust the Latimer case, in which a Saskatchewan man’s decision to murder his 13-year-old daughter was met with widespread sympathy due to her suffering with severe mental and psychological disabilities.² Wolbring was a vocal critic of public and political response to the Latimer case, considering it rooted in stigmas against disabled persons so deeply ingrained that “they foster a different morality.”³ He also discusses the Katie Lynn Baker case, in which a mother allowed her 10-year-old daughter with Rett’s Syndrome to starve

to death. One of the symptoms of Rett’s Syndrome, a severe congenital neurological disorder, is a disinclination to eat, a fact used by the mother to insist that Katie Lynn had “chosen” to die. The Attorney-General refused to prosecute, a choice which outraged both Wolbring and the CCD.⁴

Far from being an exercise in shock therapy, the grotesque nature of the cases is meant to illustrate Wolbring’s main concern. Namely, that the liberalization of euthanasia in Canada will ultimately interact with the dehumanizing way society as a whole treats people with disabilities to create tragedies that would in any other circumstance be regarded as plainly reprehensible. However, these concerns have been ignored, as is often the case with disability rights concerns, and the drive towards increasing the scope of access to euthanasia has continued apace.

In June 2017, Canada passed its Medical Assistance in Dying (MAiD) Act. MAiD recognizes two different methods: 1) clinician-administered medical assistance in dying, where a licensed medical practitioner administers a lethal drug — usually a barbiturate such as diazepam or pentobarbital — and 2) self-administered medical assistance in dying, where a physician prescribes the drug for the patient to use on themselves. The clinical language describes euthanasia and physician-assisted suicide respectively, treating them as two different methods of the same legal procedure. In March 2021, the eligibility requirements to seek MAiD were expanded, no longer requiring illness to be terminal. “Track Two” patients, as they are called to distinguish from the traditionally dying “Track One” patients, require only a “serious illness, disease

or *disability*” that cannot be reversed, and is causing “unbearable physical or mental suffering” that “cannot be relieved under conditions that [the patient considers] acceptable.” Notably, this does exclude patients whose sole illness or disability is mental. At least until March 2023, due to the provision being subject to a sunset clause which will cause it to automatically expire at that time.

On April 9th, 2022, Toronto-based CTV News published an investigative piece titled “Death Wish: A rare look at Canada’s growing demand for medical assistance in dying”.⁵ The article describes the rapidly expanding practice of physician-assisted suicide, a practice the article refers to as a “new area of medicine.” Highlighted is the family practice of Dr. Stefanie Green, author of *This Is Assisted Dying: A Doctor’s Story of Empowering Patients at the End of Life*. The Victoria, B.C.-based doctor’s office is alleged to devote 90% of its time and effort to ending the lives of its patients. An emblematic case of a Track Two patient is discussed, one John Priddle whose qualifying condition was Friedreich’s ataxia, a congenital neurological disorder whose symptoms generally worsen with age.

On April 30, 2022, CTV published a subsequent article, detailing the pursuit of MAiD by a 31-year-old woman identified only as “Denise.”⁶ Denise, an indigent woman and wheelchair user with Multiple Chemical Sensitivity Syndrome (MCS), was granted eligibility for MAiD after 6 months of failing to find affordable housing that would not aggravate her condition. MCS is a poorly-understood condition that results in higher-than-normal sensitivities to environmental irritants such as smoke and fumes, management of which is largely a matter of trial and error. Denise’s particular sensitivities stemmed from cigarette smoke, laundry detergents, and air fresheners, any of which can cause life-threatening reactions. Denise and her loved ones tried without success to find housing that she could afford on a meager, government-provided income that could guarantee her freedom from the pollutants that drastically reduced her quality of life. 10 different agencies declined to help. This is a stark contrast to the remarkable ease with which she was able to apply for — and eventually be granted — MAiD, in spite of the fact that her condition is eminently treatable by wheelchair-accessible housing with clean air.

Dr. Wolbring’s fears that the gradual erosion of safeguards in the provision of euthanasia would occasion the devaluation of the lives of disabled people have come to fruition in precisely the manner he predicted. Denise’s case can hardly be considered an isolated incident, given her frankness that “abject poverty” caused by her disability and the inability to have it adequately accommodated are the direct cause of her seeking government-sanctioned death. Disabled people in Canada experience poverty at nearly three times the rate of abled Canadians, a statistic that is chilling in light of this view of what the MAiD process can represent. And just a week before Denise was “Sophia,” another woman with MCS who sought death after a two-year quest to find affordable housing.⁷ In a heartbreaking video recorded shortly before her death, Sophia despairingly says, “The government sees me as expendable trash, a complainer, useless and a pain in the ass.”

Despite the high-minded language in the preamble to the MAiD bill about the inclusion of disabled people, despite the posturing of MAiD advocates about the alleviation of incurable suffering, *this* is the reality of physician-assisted suicide in Canada. Canada’s most vulnerable citizens have been repeatedly rejected by a society that

refuses to accommodate them, encourages them to view their own lives as disposable, and tells them that the best relief that they can hope for is a cocktail of life-ending drugs. No just society treats its people this way; no healthy society accommodates such a blatantly instrumental view of the ability to kill its citizens with legal and ethical impunity.

The coda to Dr. Wolbring article is a manifesto of sorts:

“We believe that every safeguard put forward at the beginning of the debate has already been broken beyond repair. We believe that as long as disabled people are viewed as a suffering entity, as an object of charity, as a life not worth living, we cannot accept the broadening of our access to death[...]We believe that the legalization of euthanasia will force people to be euthanized in a misbegotten effort to do the right thing: save their loved ones from financial ruin, remove family members from the care taker role, cease to be a burden on the state[...]We believe that the majority of death wishes are based on a lack of support and understanding for the individual by society. We believe that euthanasia is another technique to free society of unwanted members of society among them disabled people and another expression of the ableism in western societies.”

With another safeguard set to expire at roughly this time next year, yet another group of people will be categorically declared amongst the “unwanted.” We can only hope that the joint tragedies of Denise and Sophia will amplify Wolbring’s jeremiad and the unheard voices of the disabled.

Notes

1. Wolbring, Gregor. 2022. *Why Disability Rights Movements Do Not Support Euthanasia: Safeguards Broken Beyond Repair*. Independent Living Institute. Independentliving.Org. <https://www.independentliving.org/docs5/Wolbring-geuthanasia.html>.
2. Three quarters (73%) of Canadians indicate that Robert Latimer was “acting out of compassion and should receive a more lenient sentence.” In fact, a plurality (41%) of Canadians believe “mercy killing” “like in the Latimer case” should “not be against the law under appropriate circumstances.” Another 38% say “mercy killing” should still be illegal, “but people who do it should be treated with leniency and compassion.” “THREE QUARTERS (73%) OF CANADIANS BELIEVE ROBERT LATIMER ENDED HIS DAUGHTER’S LIFE OUT OF COMPASSION”. Ipsos. <https://www.ipsos.com/en-ca/three-quarters-73-canadians-believe-robert-latimer-ended-his-daughters-life-out-compassion>.
3. “An Interview With Gregor Wolbring | Council Of Canadians With Disabilities.” *Ccdonline.Ca*. <http://www.ccdonline.ca/en/humanrights/endoflife/latimer/1998/10e>.
4. *Ibid*.
5. CTVNews. 2022. A rare look at Canada’s growing demand for medical assistance in dying. <https://www.ctvnews.ca/w5/a-rare-look-at-canada-s-growing-demand-for-medical-assistance-in-dying-1.5854612>.
6. “Woman With Disabilities Nears Medically Assisted Death After Futile Bid For Affordable Housing”. 2022. Ctvnews. <https://www.ctvnews.ca/health/woman-with-disabilities-nears-medically-assisted-death-after-futile-bid-for-affordable-housing-1.5882202>.
7. “Woman With Chemical Sensitivities Chose Medically-Assisted Death After Failed Bid To Get Better Housing.” Ctvnews. <https://www.ctvnews.ca/health/woman-with-chemical-sensitivities-chose-medically-assisted-death-after-failed-bid-to-get-better-housing-1.5860579>.

