



Life Matters Journal

V. 8, ISSUE 3 — DECEMBER 2020

INSIDE THIS ISSUE:

Fetal Cells in the Cosmetics, Food, and Medical Industries

Amy Coney Barrett on Life Issues

Confusion And Controversy Over
“Eugenic” Abortion in Poland

Nonviolent De-escalation Techniques
for Mental Health Emergencies

LETTER FROM THE EDITOR

Dear Readers,

2020 has been an absolutely wild year, full of ups and downs. We've weathered an election, we still find ourselves still in the throes of a global pandemic, and there's been so many monumental happenings to reflect on with every passing week. I am so sorry about the massive delay we made you endure earlier this year in waiting for issues; as you can imagine, our team struggled through the early part of the pandemic — but we have since adapted and pivoted adeptly to shift our team's energy and efforts to make the best of what the world has given us.



So, with that being said, this issue marks the first in our new model of publication: the printed magazine will now be a “best of” for our recent pieces on our online blog. So what you receive in the mail every other month will be handpicked for you based on current events, essays, and thought-provoking narratives. I must admit that I'm simultaneously pleased at the diversity of pieces in this issue, but also dismayed that there's such a wide range of topics of violence and dehumanization that need to be discussed here again at this moment in history. Alas, it's what this organization exists for: to educate on human dignity, and to activate you, the reader, to work to end every act of aggressive violence in your own communities.

As Rehumanize International enters our tenth year of existence, we will grow and change to equip this organization to reach a new generation with our message of nonviolence. As part of this change, I'm honored to take up the mantle of Director of Publications: I am now the Managing Editor for the Rehumanize International blog and Life Matters Journal, and will be for the foreseeable future. I hope that this and all future issues of this vital publication help you to bring this holistic, compassionate, and human-centered philosophy to your own corner of the world.

For peace and every human's life,

Aimee Murphy

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.

CONTENTS

CURRENT EVENTS: Amy Coney Barrett on Life Issues	1
CURRENT EVENTS: How the Covid-19 Crisis Can Contribute to a Mental Health Crisis	2
WORLD: Confusion And Controversy Over “Eugenic” Abortion in Poland	4
MEDIA REVIEW: Seeing Beyond Ourselves in <i>Us</i>	6
ESSAY: Forced Surgeries on Intersex Children Are a Human Rights Violation	7
ESSAY: Fetal Cells in the Cosmetics, Food, and Medical Industries	8
ESSAY: Nonviolent De-escalation Techniques for Mental Health Emergencies	10

Life Matters Journal

DECEMBER 2020

Editor in Chief Maria Oswalt

Managing Editor Aimee Murphy

Staff Editors Francis Ittenbach, John Whitehead

Staff Writers Christy Yao, Julia Smucker,
Stephanie Hauer, Katherine Noble, Sophie Trist,

Vanesa Zuleta Goldberg, Rana Irby

Executive Director of Rehumanize International Aimee Murphy

REHUMANIZEINTL.ORG



Amy Coney Barrett on Life Issues

By Grace Aquilina

As of September 26th, Amy Coney Barrett is the Supreme Court nominee to succeed the late Justice Ruth Bader Ginsburg. Barrett is a Notre Dame law professor and currently serves as a judge for the seventh circuit. A conservative Catholic and mother of seven children, Barrett's religious beliefs and views on reproductive rights have been objects of intense analysis in the media.

Let's take a look at what her views are on the two life issues that have received the most scrutiny: the death penalty and abortion.

DEATH PENALTY

Although Barrett opposes capital punishment, it is unclear how this belief will affect her work as a Supreme Court Justice. In a 1998 article, Barrett argued that Catholic judges ought to recuse themselves from Capital cases, as their religious beliefs prevent them from enforcing the death penalty. The *New York Times* noted that in her 2017 confirmation hearing for the appeals court, Barrett reiterated that she would recuse herself in death-penalty cases but also added that "she had assisted Justice Scalia in capital cases as a law clerk." The *New York Times* also notes that Barrett has "voted to allow executions to proceed."¹

While Barrett's personal convictions about the death penalty seem clear, her record is somewhat ambivalent, and it seems unlikely that she will challenge the court's current handling of death-penalty cases and appeals.

ABORTION

Barrett is anti-abortion and says that abortion is "always immoral."² In 2018, Barrett joined a dissent supporting laws that required burial or cremation for fetal remains, and forbidding abortion based on "eugenic goals," including the sex or ability of the preborn child.³ In that same year, though, Barrett "voted to uphold precedent" regarding Chicago's "bubble zone" ordinance,⁴ which forbids sidewalk counselors from coming within eight feet of people who are in the vicinity of an abortion clinic.

Some argue that, although she has been vocal about abortion's immorality, Barrett will uphold precedent regarding *Roe* and abortion rights more generally. During her confirmation hearing for the appeals court in 2017,⁵ Barrett contended that circuit courts are not allowed to challenge precedent established by the Supreme Court, and when asked if she would follow Supreme Court precedent even regarding abortion, Barrett responded "Absolutely I would." A key question for Barrett's work on the Supreme Court, then, is whether

her respect for precedent will extend to the highest court.

The answer may be found in Barrett's work on *stare decisis*,⁶ a legal doctrine that requires the courts to respect precedent. Barrett has written that, while *stare decisis* must be strictly followed in the courts of appeals, it is a "soft rule" in the Supreme Court. "The public response to controversial cases like *Roe* reflects public rejection of the proposition that *stare decisis* can declare a permanent victor in a divisive constitutional struggle," Barrett argues. It seems that, while Barrett sees precedent regarding abortion cases as binding to the lower courts, she would not see *stare decisis* as binding on the Supreme Court, leaving her open to challenge *Roe*.

Precedent aside, Barrett has made it clear that she does not see overturning *Roe* as the most effective way to eliminate abortion. When speaking to a group of Notre Dame students, Barrett noted the "emotional and physical difficulty" that come with an unwanted pregnancy and reminded her audience that the people who are most likely to get an abortion are those who do not have the means or support to raise a child.⁷ "I think supporting poor, single mothers," Barrett told the students, "would be the best way to reduce the number of abortions in the U.S."

Notes

1. Liptak, Adam. "Barrett's Record: A Conservative Who Would Push the Supreme Court to the Right." *The New York Times*. November 3, 2020. <https://www.nytimes.com/2020/09/26/us/amy-coney-barrett-views-abortion-health-care.html>.
2. Gerstein, Josh. "How Amy Coney Barrett Might Rule." POLITICO. September 27, 2020. <https://www.politico.com/news/2020/09/26/how-amy-coney-barrett-might-rule-422055>.
3. *PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC., et al., v. COMMISSIONER OF THE INDIANA STATE DEPARTMENT OF HEALTH*, et al., (United States Court of Appeals For the Seventh Circuit of Chicago, Illinois June 25, 2018).
4. *VERONICA PRICE v. CITY OF CHICAGO*, (United States Court of Appeals For the Seventh Circuit of Chicago, Illinois).
5. "Amy Coney Barrett Testifies at Seventh Circuit Confirmation Hearing (2017)." C-SPAN, September 6, 2017. <https://www.c-span.org/video/?433501-1%2Famy-coney-barrett-testifies-seventh-circuit-confirmation-hearing-2017>.
6. Coney Barrett, Amy. "Precedent and Jurisprudential Disagreement." *Texas Law Review*, August 2015. <https://doi.org/http://texaslawreview.org/wp-content/uploads/2015/08/Barrett.pdf>.
7. Myers, Christian. "Law Professor Reflects on Landmark Case // The Observer." *The Observer*, January 21, 2013. <https://ndsmcobserver.com/2013/01/law-professor-reflects-on-landmark-case/>.



How the COVID-19 Crisis Can Contribute to a Mental Health Crisis

By Stephanie Hauer

There are three main terms used to describe the limitation of contact due to coronavirus. Social distancing refers to the practices of maintaining a six-foot distance between you and people outside your household and avoiding gatherings of people or crowded areas. Quarantine refers to avoiding social contact when you have been exposed and you're waiting to see if you develop symptoms. Isolation refers to total and complete sequestration when you are sick with Covid-19, and your only contact with the outside world is medical treatment. Isolation is the strictest level, and it comes with the highest risk to mental health, but even social distancing can have a negative impact, especially when it is applied long-term. In July, a Kaiser Family Foundation poll found that "a majority of adults (53%)... say that stress and worry related to the pandemic has had a negative impact on their mental health."¹

There are a lot of factors that make social distancing hard, including "a drop in meaningful activities, sensory stimuli and social engagement; financial strain from being unable to work; and a lack of access to typical coping strategies such as going to the gym or attending religious services."² In addition to these changes to one's routine, there's the loneliness. Experts have shown that social connection contributes to overall health. Physical touch, like hugging or holding hands, can even reduce symptoms of various conditions, such as elevated blood pressure or physical pain.³ And prolonged loneliness and isolation can contribute to "a weakened immune system response, higher rates of obesity, high blood pressure, heart disease and a shorter life span."⁴ Between fears of the vi-

rus itself and concerns about the impacts it can have on health and quality of life, it feels like a perfect storm. These circumstances are apt to create signs of anxiety and depression, regardless of previous mental-health history.

And if you do have a prior history of mental illness? These same factors are likely to exacerbate it. As one psychologist notes, "Psychological studies show that social isolation can trigger or intensify depression. Avoidance of anxiety-provoking situations exacerbates anxiety and related disorders. And lack of structure and everyday human interactions can significantly set back patients who are battling addictions or psychoses."⁵ And for people with contamination OCD — a form of obsessive compulsive disorder that focuses specifically on germs and illnesses — it can feel like everywhere they turn is a new trigger. Wendy Sparrow shared her experiences of navigating the pandemic with OCD: "Having OCD in a world that is suddenly validating all you've worried about for decades is numbing in my case. I thought I wanted this acknowledgment that the world is a hostile, unclean place to justify the way I've lived my life. But now that it's here, it's almost bewildering."⁶

Even more soberingly, "secondary consequences of social distancing may increase the risk of suicide."⁷ Those same factors that can contribute to feelings of anxiety — potential for illness, uncertainty and disruption, and inability to access coping mechanisms and routines — can also contribute to suicide rates. America has already seen a rise in suicide-related deaths in the past two decades, so the additional stressors of a pandemic are especially concerning.

Each and every human life is valuable and deserves protection. But different people have different circumstances, so protection can take on different forms. We need to prevent the spread of coronavirus, but we also need to protect our mental health. No one is exempt from or immune to these risks. How do we balance these needs?

Fortunately, there are strategies and coping skills that can help mitigate some of these risks, for yourself and for others.

1. LIMIT YOUR NEWS CONSUMPTION

It's important to stay updated so that you can make the most informed decisions about your health and the health of those around you. But spending too much time taking in information can cause the heavy emotions to linger. Make sure that the information you seek is from reputable sources, and consider setting concrete time limits on your daily consumption.

2. TRY TO STICK TO A ROUTINE

When you're in isolation, sometimes time can feel slippery, and the days can feel muddy. Setting a routine can help give each day a sense of purpose. It can also help ensure that you include healthy activities in your day, whether that's cooking a nutritious meal, exercising, engaging with your creativity through a hobby, or relaxing through your favorite activities.

3. KEEP CONNECTED

While you have to remain physically apart from many people, that doesn't mean you can't connect in other ways. We live in an age of unprecedented virtual capabilities; many of us have access to a host of different virtual connection options, from text messages to video calls. Using these to converse with your friends and loved ones can be hugely helpful in warding off the loneliness that's such a prominent risk of social distancing.

4. USE PSYCHOLOGY TECHNIQUES

There are plenty of coping strategies and techniques available to help with feelings of anxiety, depression, or anything else that could trouble you. Activities such as meditative breathing, gratitude journaling, and/or cognitive exercises can be used to work through the complex emotions that this situation generates. There are apps, articles, and workbooks available online. Everyone is unique, so you might have to try a few different techniques before you find one that fits you, but they can be really effective.

5. TRY TO SEE THE GOOD

Taking the time to highlight the positive elements of your circumstances is a common and effective technique to combat anxiety. It's refreshing to infuse some positivity into your day, and it can combat some of the doom-and-gloom feelings that accommodate depression. And focusing on the things that you can control, rather than constantly thinking about things outside of your control, can help you feel empowered.

6. BE KIND (TO YOURSELF AND TO OTHERS)

We're living through a pandemic. It's normal to experience all sorts of different emotions in response to that, and you shouldn't hold yourself to your normal standards of productivity. If you're

using your extra time at home to be productive to take your mind off things, great! And if you're using your extra time at home to just rest because that's all you can handle, that's also great! Your emotions are valid, and so are those of other people. With so much going on in the world, it's important to be patient and kind as much as possible.

7. SHARE RESOURCES

There are a number of resources for people who are struggling with social distancing. The National Suicide Prevention Lifeline has a list of numerous resources and tips for people in need.⁸

When it comes to mental health, it's not all bad news. In March, graduate students from the University of Washington initiated a study tracking the mental health of 500 people. Every day, the participants logged information about their mental health and wellbeing and social connections. The data showed a variety of symptoms, like intrusive thoughts, but over time, those symptoms decreased. Adam Kuczynski, the leader of the study, said the data told "a story of resilience and adaptation."⁹ Despite it all, we're going to get through this, and we're going to get through it together.

Notes

1. Kearney, Audrey, and Liz Hamel. "KFF Health Tracking Poll – July 2020." Kaiser Family Foundation, August 14, 2020. <https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-july-2020/>.
2. "Keeping Your Distance to Stay Safe." American Psychological Association. <https://www.apa.org/practice/programs/dmhi/research-information/social-distancing>.
3. Gupta, Sujata. "Social Distancing Comes with Psychological Fallout." Science News, March 31, 2020. <https://www.sciencenews.org/article/coronavirus-covid-19-social-distancing-psychological-fallout>.
4. "How Social Distancing Can Impact Your Mental Health." Voice of America. <https://www.voanews.com/science-health/coronavirus-outbreak/how-social-distancing-can-impact-your-mental-health>.
5. Kecmanovic, Jelena. "Commentary: Social Distancing Is Testing Us. For Those with Mental Illness, It Can Be Dangerous without Help." [chicagotribune.com](https://www.chicagotribune.com/opinion/commentary/ct-opinion-coronavirus-social-distancing-mental-health-20200323-563twgve2rgenokdn3azga6zoe-story.html). Chicago Tribune, March 23, 2020. <https://www.chicagotribune.com/opinion/commentary/ct-opinion-coronavirus-social-distancing-mental-health-20200323-563twgve2rgenokdn3azga6zoe-story.html>.
6. Sparrow, Wendy. "I Have OCD, And COVID-19 Is Giving Everyone A Small Taste Of What It's Like To Be Me." Women's Health. Women's Health, March 24, 2020. <https://www.womenshealthmag.com/health/a31900754/coronavirus-ocd-essay/>.
7. Reger, Mark A. "Suicide Mortality and Coronavirus Disease 2019-A Perfect Storm?" JAMA Psychiatry, November 1, 2020. <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764584?guestAccessKey=c40eefb2-c634-47ed-b3c3-f00b005e3cf2>.
8. "Emotional Wellbeing During the COVID-19 Outbreak." Lifeline. <https://suicidepreventionlifeline.org/current-events/supporting-your-emotional-well-being-during-the-covid-19-outbreak/>.
9. Welch, Craig. "Are We Coping with Social Distancing? Psychologists Are Watching Warily." National Geographic, April 15, 2020. <https://www.nationalgeographic.com/history/2020/04/psychologists-watching-coronavirus-social-distancing-coping/>.

Confusion And Controversy Over “Eugenic” Abortion in Poland

By Lucy Lee

Recently, I had an interesting interaction on social media. I saw an Instagram post about telemedicine abortions, which are becoming incredibly accessible across the United States. Beneath the post, someone wrote, “I wish Poland was like that. Our government just took our right to eugenic abortion.”¹ I immediately took a screenshot of the comment and sent it to Aimee Murphy of Rehumanize International to ask if she had heard anything about this news. “Eugenic abortion?!” I thought, “shouldn’t everyone, even pro-choice advocates, at least be against that?”

According to Merriam-Webster’s online dictionary, eugenics is defined as “the practice or advocacy of controlled selective breeding of human populations (as by sterilization) to improve the population’s genetic composition.”² I hope most of us would agree that eugenics, as it enacts systematic discrimination and reproductive violence, is a bad thing.

So, where is the confusion? Why might someone be upset by Poland’s ban on eugenic abortions? Let’s dive into this case a little bit.

THE CASE

First of all, I admit that I don’t know much about Poland or how court cases work there. After reading roughly fifteen articles, I was still unsure of the name of this case. Still, here the following is a summary of what I was able to discover.

The highest court in Poland ruled on October 22 that a law permitting abortion when “prenatal examinations or other medical data indicate a high probability of serious and irreversible disability of the fetus or an incurable life-threatening illness” is unconstitutional. Poland will now only allow abortion in cases of rape, incest or when the health of a pregnant person is at risk.³

To arrive at this decision, the court argued that terminating a pregnancy due to a fetus’ “defects” amounted to eugenics; what Monika Scisłowska with the Associated Press defines as “a 19th century notion of genetic selection that was later applied by the Nazis in their pseudo-scientific experiments.” The court agreed with the plaintiffs that deciding whether a pre-born child may live based on that child’s health conditions is a form of discrimination. Because this type of discrimination would already be illegal if applied to any human outside of the womb, they argued that it should be illegal when applied also to the pre-born. To justify its decision, the court

stated that “there can be no protection of the dignity of an individual without the protection of life.”⁴ This decision will most likely reduce the number of abortions in Poland, where figures show that around 98% of the 1,110 legal abortions enacted in Poland in 2019 were performed because of fetal abnormalities.

Of course, when abortion is made illegal it does not disappear altogether. To truly affirm life at all stages, one must not simply care for pre-born humans but also for people outside of the womb; mothers and their children, for example. Thankfully, the ruling party in Poland plans to soon propose new legislation with the goal of better supporting women, along with the children who will be born as a result of this ruling.

CONFUSION AND CONTROVERSY

While the reasons provided to justify this ruling are life-affirming, and it’s excellent to see that new legislation to help mothers of disabled children is in the works, the ruling certainly did not come without disagreement. In addition to the aforementioned Instagram comment, lawmakers and protesters took to social media and the streets to express their dissent.⁵

One of the main arguments against this ruling has to do with the implications of language.⁶ The word “eugenic” — eugenika in Polish — is a serious word implying not only discrimination but racism, hatred, oppression and violence. From what I’ve seen online, those who are against this ruling don’t just believe in a right to abortion access. They are upset that the court employed the word “eugenic” to justify its decision. Those who oppose the ruling don’t want to be seen as hating disabled people; if they support abortion for pre-born children with disabilities, they do not see it as a form of eugenics. Yet we who adhere to a consistent life ethic believe that all human beings share equal dignity, and that we are all entitled to the right to life. Such an ethic includes individuals who have so-called “abnormalities” or disabilities. Specifically, many of my friends who are living with disabilities have expressed that they would not have wanted to die in the womb. Many would tell you that their lives are worth living, even when disability makes life difficult.

I once heard that society exacerbates disability when we as communities refuse to put in the work to make our world more accessible. This is to say it is not a disabled person’s fault if they can’t

navigate a society that's not designed for them. We all have unique gifts and abilities, and when someone's body doesn't perform in the same way as the majority in society, that person shouldn't be punished for the things they cannot do. Instead, we should work to make our spaces more accessible to those people so that they can thrive and show us their unique gifts and abilities. We are all important. When people and institutions with the means to kill people they deem "inferior" commit violence against those people, not only do we as a society have blood on our hands, but we also lose the opportunity to experience the unique gifts, talents and abilities with which those we kill could have graced our world.

THE WORDS WE USE

While researching the Polish case and thinking about protesters' discontent regarding the word "eugenic," I began to consider language and how it can cause great confusion and controversy. Abortion is such a complex issue here in the United States, and I personally believe a lot of its complexity exists because of the language we use to talk about it.

First of all, I think abortion has become far too political. It's a human rights issue. I love Rehumanize International's claim that "politics kills" and their refusal to settle for any political party as long as it continues to deny anyone their right to life.

Second, abortion is deeply personal and painful. Therefore, when we talk about this issue we must always do so with grace, patience and understanding. Statistically, one in four women in the United States will have an elective abortion at some point in her life. As such, you most certainly know someone who has made that difficult decision (or was coerced into it). While I believe abortion is wrong, I implore anyone reading this article to discuss the issue with kindness. You never know who has had an abortion. They may be struggling with regret, sadness or guilt. Others may have never had an abortion but suffered a miscarriage, another painful experience that should not be taken lightly.

Third, we must be clear when discussing the issue of abortion. Personally, I think the word "eugenic," although a dramatic choice, does apply in this case. I believe that discrimination against people with birth defects or disabilities is always wrong and that legislation against such discrimination is good, especially when the discrimination is expressed through killing. However, this case is a good example of the fact that we as pro-lifers often use heated, dramatized language instead of simply explaining the reality of the act of abortion. Today, there are a variety of forms of elective abortion, but I'd like to take just a moment to make three things clear:

Abortion employs tactics always aimed at taking the life of a developing human being.

Removing the body of a child who has tragically died in the womb does not constitute an elective abortion.

Terminating a pregnancy in order to save a mother's life is rare and also not considered an elective abortion.

Rehumanize International says it best on their website's topics tab labeled "Abortion" where they've published the following:

"Cases in which the mother's life is seriously threatened (say, an ectopic pregnancy) are not considered 'elective abortion.' In these circumstances the child may need to be removed from the womb (or the fallopian tube) in order to

save the mother's life, and consequently they may have a very, very low chance of survival — but the *intention* is never to kill, and that intention makes all the difference. All efforts should be made to save both mother and child. These tragic situations are not affected by typical abortion laws, which only restrict elective abortion (wherein the end goal is a dead child)."⁷

Being clear on the issue of abortion serves us in a variety of ways: Having a clear pro-life argument truly gives us the scientific and moral highground, as the pro-life stance makes a lot of sense biologically and, in turn, ethically. When we see injustice in the world, it can be tempting to judge those who appear to support it rather than taking the time to hear their reasoning and thoughtfully presenting our own. We shouldn't assume we are superior because we know better. This attitude can lead us to apathy, laziness and judgmentalism. Each of us at some point in our lives has been on the side of some sort of injustice; recognizing this should lead us to compassion and patience. Thoughtfully explaining the pro-life stance with both reason and kindness can help us reach people who do not currently understand the humanity of the unborn. This is not to say we should not be powerful in our critique of abortion because we're too focused on being "nice"; rather, if we can rationalize our pro-life arguments for a wide audience, our words in and of themselves can be powerful. If we take the time to be thoughtful in our approach and argue clearly, we may lead others to think beyond themselves and come to a new conclusion — a life-affirming conclusion.

In the end, I did respond to the comment I saw on Instagram. While we clearly disagreed on the issue of abortion, I was able to address the comment and get some more information. Upon reading that additional information, I responded politely and graciously; I let them know that I recognize how language can be employed to prop up political agendas, and I said that although I am pro-life, I appreciated the insight this user provided. That is one of the crucial aspects of "rehumanization": humanizing *everyone* — from babies in the womb to our supposed opponents — because every single human is important.

Notes

1. Drew Hinshaw and Natalia Ojewska, "Poland's Top Court Tightens Strict Abortion Laws," The Wall Street Journal, Dow Jones & Company, accessed October 24, 2020, www.wsj.com/articles/polands-top-court-tightens-strict-abortion-laws.
2. "Eugenics" Merriam-Webster, accessed October 24, 2020, www.merriam-webster.com/dictionary/eugenics.
3. Grégor Puppincq, "Poland: The Constitutional Court Repeals Eugenic Abortion," European Center for Law and Justice, accessed October 24, 2020, ecjl.org/eugenics/eu/pologne--le-tribunal-constitutionnel-abroge-lavortement-eugenique.
4. Monika Scislowska, "Poland's Top Court Rules Out Abortions Due to Fetal Defects," Associated Press, accessed October 24, 2020, apnews.com/article/international-news-poland-abortion-europe-birth-defects.
5. "Poland Abortion Ruling: Protests Spread Across the Country," BBC News, accessed October 24, 2020, www.bbc.com/news/world-europe-54669257.
6. Zeeshan Aleem, "Poland Had Some of the Strictest Abortion Laws in Europe. They Just Got Even Stricter," Vox, accessed October 24, 2020, www.vox.com/2020/10/24/21531982/poland-abortion-rights-protests?ref=hpver.com.
7. "On Abortion." Rehumanize International. <https://www.rehumanizeintl.org/abortion>



Seeing Beyond Ourselves in *Us*

By Christy Yao

Jordan Peele is a master of statement-making, thought-provoking horror. Following his 2017 debut *Get Out*, Peele gave us another masterpiece: *Us*. There are many different angles to interpret *Us* from race to class to gender, but the message I took away from the movie is a concept that anyone who has ever been to a Rehumanize Conference will be familiar with: *sonder*. *Sonder*, from the *Book of Obscure Sorrows*, is “the realization that any passerby is living a life as vivid and complex as your own — populated with their own ambitions, friends, worries, and inherited craziness — an epic story that continues invisibly around you like an anthill sprawling deep underground, with elaborate passageways to thousands of lives that you’ll never know existed.”

At one very tense moment in the movie, the supposed antagonist, Red, says, “We’re human too.” Earlier in the movie, when the supposed protagonist, Adelaide, asks Red and her family who they are, Red simply answers, “We’re Americans.”

Red’s family is part of an underground group of humans called “the tethered.” In this universe, every American has a “tethered” counterpart — someone exactly like them who is forced to spend their lives underground, mimicking their above-ground doppelganger’s every move. Everything in the underground is worse than above ground — the most notable example being the food. All that the tethered have to eat are raw rabbits, no matter what the people above ground are eating.

The main conflict in *Us* is Adelaide protecting her family from their counterparts, who seek to kill them. Adelaide is already on edge because her family is on vacation in California and going to

Santa Cruz beach, where she had a traumatic experience meeting her tethered counterpart as a young girl. When a tethered family comes to her door, Adelaide assumes that they are violent and reacts with fear. It seems that all the tethered family knows is violence — especially the youngest of the family, who is obsessed with setting things on fire, and when presented with a stuffed rabbit, cuts off its head.

The final twist comes at the end of *Us*, when it is revealed that Adelaide was originally born as a tethered until she forced Red, originally Adelaide, to take her place. For this reason, Red is the only tethered who can talk. The rest are literally voiceless, unable to communicate their dissatisfaction with life other than with screams and grunts. Instead of using her voice to negotiate, Red turns her pain into anger by coordinating a plan for the “untethering,” which includes the mass murder of above-ground humans.

Us shows an example of how those who are more and less privileged need to work together to create a peaceful world. Everyone is “us,” in a way. All people have the same human rights and deserve the same freedoms. When there is injustice in the world, there is injustice to us all. We must work with all our human brothers and sisters to stand up for the underprivileged, who have as complex and meaningful lives as us.

Us shows an example of how those who are more and less privileged need to work together to create a peaceful world.

Notes

1. *Dictionary of Obscure Sorrows*. <https://www.dictionaryofobscuresorrows.com/>.



Forced Surgeries on Intersex Children Are a Human Rights Violation

By Katherine Noble

In our society, we are often taught that everything fits into a binary system.

There is good and bad, black and white, male and female. As we grow up, we tend to realize that not everything is so neatly packaged — that our world contains many shades of gray. The same is true for gender and sexuality.

“Intersex” is an umbrella term for a variety of conditions in which a person is born with a mixture of reproductive or sexual anatomy and/or chromosome patterns that don’t seem to fit our standard definitions of male or female. Usually, this doesn’t incur any kind of negative health consequences, although there is an inconclusive idea that intersex people may have higher rates of infertility.¹

Many babies born intersex undergo cosmetic surgery within the first few months of life to bring their bodies in line with a commonly accepted female or male appearance. For many intersex folks, these invasive and medically unnecessary procedures continue throughout their adolescence without their knowledge or consent.

Intersex people do not make up a negligible portion of the population; in fact, at 1.7% of the global population, being intersex is just about as common as having red hair (1%-2%).²

The entire basis of these surgeries is focused around the “normalization” of the intersex person’s genitalia. In most cases, there is no real need for the surgeries, only the idea that the child’s body doesn’t look the way the doctors or parents think they should. These kinds of procedures, and the general attitude towards “fixing” an intersex person’s body perpetuates an unfounded idea that something is wrong with them.

According to Human Rights Watch, these kinds of surgeries on intersex people can lead to damaged genital nerve endings,

incontinence, reduced sexual function, and the need for lifelong hormone therapy.³

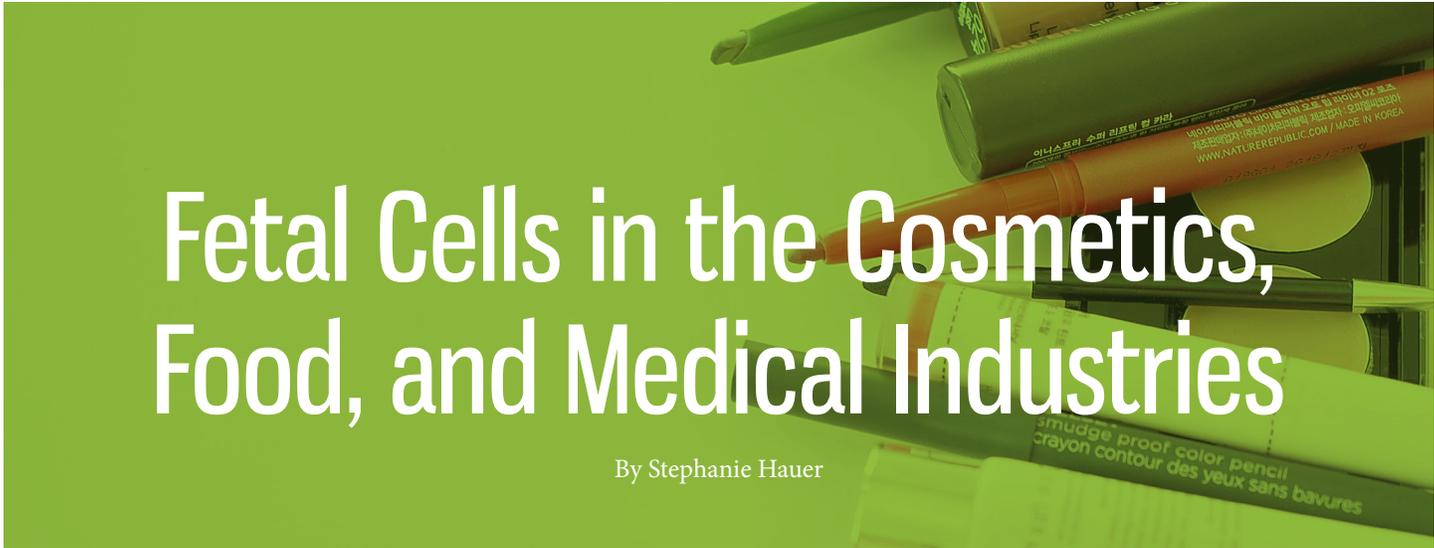
Some advocate for these procedures on infants on the basis that there is a higher success rate for younger children. They also claim that this gives the child a more consistent gender identity. This argument ignores the spectrum of human gender and sexuality as well as the human rights of these children to develop their own gender identity and decide for themselves whether they wish to undergo irreversible medical procedures.

Psychologically, there is the chance that doctors and parents choose the wrong gender to assign to their child. There is no way to know which gender the child will identify with in the future, and surgeries like this make hasty assumptions with all too real consequences.

Ultimately, surgeries such as these are not inconsequential and should be the decision of the person whose body they involve. An infant cannot consent, and no other should get to assume what they might prefer in their adulthood. Making an irrevocable and unnecessary medical decision for the purpose of a “normal” appearance is a violation of bodily autonomy and basic human rights. It’s an egregious offense based on a binary mindset that we should strive to abolish both legally and culturally, for the health and self-determination rights of all people.

Notes

1. Dr. Cary Gabriel Costello. “Intersex Fertility.” EATHAN, October 12, 2016. <https://eathan.org/intersex-fertility/>.
2. Hida. Intersex Campaign for Equality, April 9, 2015. <https://www.intersex-equality.com/how-common-is-intersex-in-humans/>.
3. Human Rights Watch. https://www.hrw.org/sites/default/files/report_pdf/lgbtintersex0717_web_0.pdf



Fetal Cells in the Cosmetics, Food, and Medical Industries

By Stephanie Hauer

Think about the items in your house for a moment. Do you have coffee creamer in the fridge? Mouthwash or anti-aging cream on the bathroom counter? Spices in your kitchen cabinet? How about a bandage on your arm from a recent vaccine, or prescription drugs? If you answered yes to any of these questions, there's a chance that you have a product that was made using human fetal cells. While it's not a universal practice, certain brands in the cosmetics, food, and medical industries use fetal cells for a variety of purposes, from testing and production to inclusion in the final product.

Fetal cells have been used for research since the 1930s.¹ In order to obtain these cells, an aborted fetus is collected after their death,² usually by a biotechnology company, university, or medical center. A tissue donation is removed, and the sample is brought to a lab, where the cells are replicated extensively. These cell lines are given an alphanumeric name. For example, the line known as WI-38 was created from the lung tissue of a three-month-old female fetus aborted in 1962.³ MRC-5 comes from the lung tissue of a fourteen-week-old male fetus aborted in Great Britain in 1970.⁴ The replication process is extremely prolific — meaning that a single sample can be used for many experiments and procedures. However, there are limitations; the samples degrade or exhaust over time. The stocks of cell lines must be replenished periodically. For example, in 2015 a new lung sample was taken from a three-month-old aborted fetus to create a cell line known as WALVAX-2.⁵

These cells have a number of applications. Researchers discovered that the cell line derived from the skin of a fourteen-week-old male fetus aborted in Switzerland had restorative properties for skin. Originally, it was used to treat ulcers, burns, and scars. Eventually the skincare brand Neocutis realized that the same properties that healed injured skin could be used to rejuvenate wrinkled skin. They incorporate cells from that fetal line as a proprietary ingredient in some of their anti-aging products.⁶

In the food and beverage industry, biotech company Senomyx uses the cell line HEK-293 for research and development of new flavor additives.⁷ To be clear, they are not adding fetal cells into

food or beverages. Rather, they use the flavor receptors in the kidney cells of a female fetus aborted in the 1970s as tireless taste testers.⁸ This allows Senomyx to efficiently test new formulations of flavor or scent additives, to produce the most flavor with the least amount of sugar and salt. Companies that have developed products with Senomyx include Ajinomoto, Nestle, and Firmenich.⁹ Other companies — such as Kraft, Solae, Campbell Soup, and Pepsi — have changed or cancelled their contracts with Senomyx to ensure that no fetal cells were used to develop their products.

Fetal cell lines are used most extensively in the medical industry, in testing, production, and treatment. Fetal cells have been used to test treatments for some degenerative conditions, such as Parkinson's disease.¹ Human fetal cells are also used to grow the viruses that are used in certain vaccines, since viruses cannot easily be replicated without a cell to host them. The vaccines for chicken pox, rubella, and shingles are examples of vaccines that use fetal cells in their production process.¹ Not all vaccines are produced in this way, and there are some ethical alternatives that don't use these cell lines in their creation.¹⁰ Some prescription medications, such as Enbrel and Pulmozyme, actually contain fetal cells as an ingredient.⁹ The implantation of fetal cells into the body, similar to the process of transplanting an organ, is being explored as a potential cure for ailments such as retinitis pigmentosa.¹

Despite this type of work going on for decades, not many people know about it. The use of fetal tissue came into the spotlight in recent years when the controversial videos by the Center for Medical Progress — which revealed Planned Parenthood executives discussing the procurement and sale of fetal tissue — were released.¹¹ But the attention brought to this practice by the videos was still not enough to make it a well-known issue; this is partly due to the fact that the range of its use is not clearly advertised. For example, the FDA does not always require cosmetics companies to include a list of their ingredients, though Neocutis freely admits to their use of fetal cells.⁶ Similarly, when the flavor enhancers developed by Senomyx are added to foods, they are in a low enough concentration that they can be labelled as “artificial flavors.”⁷ This means that

consumers cannot easily trace which foods include those additives. Vaccines manufacturers provide a list of their ingredients, but not all patients read through the ingredient list before getting a shot — and when these ingredients are listed, the cell lines are referred to by their alphanumeric name. If you don't know what you're looking for, you might never realize exactly what it means.

There are some regulations surrounding the collection of fetal tissue.¹² For example, a pregnant person can only be asked if they wish to donate blood or tissue from their abortion after they have requested the procedure. Under the Uniform Anatomical Gift Act, it is a federal crime to buy or sell fetal tissue; however, companies and organizations are allowed to collect reasonable fees that cover the costs of handling and processing the tissue. Since there are no hard limits that define what “reasonable” looks like in these instances, it can be difficult to enforce. Additionally, there are no regulations that determine exactly how the tissue can be used. Someone may choose to donate the body of their aborted fetus thinking that their cells will be used for developing medicines, but the sample could end up in the cosmetics or food industry.

There are alternatives — some of which are being tested right now, and some of which are already in use. The viruses for vaccines can be grown in animal cells, for example. In fact, growing viruses in monkey or chicken egg cells used to be common practice;¹³ the switch to human fetal cells occurred to try and reduce the risk of transmitting animal diseases into humans, and to ensure the most precise immune response in the human body. Umbilical cord blood and postnatal placentas are being evaluated for their efficacy in replacing fetal cells for research purposes. And stem cells donated by adults, which are obtained nonviolently, are considered “the gold standard” for stem cell research.¹⁴ They're being used to study diseases such as Alzheimer's.¹ Unfortunately, we have not yet discovered an alternative that would be able to totally replace fetal cells in all forms of research.

One sample of a cell strain does stretch very far — and recent advancements may stretch them ever further¹³ — but new samples are still required periodically, and will be required all the more frequently if we expand the use of fetal cells further. To continue the use of fetal cells in research is to perpetuate the need for acts of violence to provide those cells.

For the pro-life person, the morality surrounding fetal cell usage is complicated. The fact that it's a human cell is not the problem; the issue is the fact that these cells were obtained by killing human children. On the one hand, fetal cells can be used to produce medicines and vaccines that reduce suffering and save countless lives. On the other hand, fetal cells that are obtained through abortions are inherently derived from an act of violence. As mentioned above, donations of placentas or stem cells from an adult do not kill the donor, so they are perfectly ethical to utilize and research. Additionally, cells can be ethically obtained through from a fetus who died of natural causes.

Some pro-lifers elect to avoid any product that was made with fetal cells at all. Others are willing to accept their use in vaccines and medicines, but refuse food products and cosmetics that use them. Some pro-lifers feel that it's acceptable to use the cell lines already in existence for medical purposes but advocate against the collection of any additional samples; they also believe that we should find alternatives to eliminate the need for fetal cell research. It is cer-

tainly a complex issue. Each individual must weigh the situation according to their own conscience — but those decisions start with information and awareness. The prominent watchdog group, Children of God For Life, has been tending to that mission since 1999. For more information, such as annual report cards and information about ethical vaccines, check out their website, cogforlife.org.

Notes

1. Storrs, Carina. 2017. “How exactly fetal tissue is used for medicine.” *CNN Health*. <https://www.cnn.com/2015/07/17/health/fetal-tissue-explainer/index.html>.
2. Congressional Research Service. 2019. “Human Fetal Tissue Research: Frequently Asked Questions.” Federation of American Scientists. <https://fas.org/sgp/crs/misc/R44129.pdf>.
3. Coriell Institute for Medical Research. n.d. “AG05965-C” Sample Detail. https://www.coriell.org/0/Sections/Search/Sample_Detail.aspx?Ref=AG05965-C.
4. Coriell Institute for Medical Research. n.d. “AG06814-NFibroblast from Skin, Lung.” Sample Detail. https://www.coriell.org/0/Sections/Search/Sample_Detail.aspx?Ref=AG06814-N&PgId=166.
5. Ma, Bo, Li-Fang He, Yi-Li Zhang, Min Chen, Li-Li Wang, Hong-Wei Yang, Ting Yan, Meng-Xiang Sun, and Cong-Yi Zheng. 2015. “Characteristics and viral propagation properties of a new human diploid cell line, walvax-2, and its suitability as a candidate cell substrate for vaccine production.” *Hum Vaccin Immunother* 11, no. 4 (March): 998-1009. 10.1080/21645515.2015.1009811.
6. Richardson, Valerie. 2009. “Aborted fetus cells used in beauty creams.” *The Washington Times*. <https://www.washingtontimes.com/news/2009/nov/3/aborted-fetus-cells-used-in-anti-aging-products/>.
7. Byrnes, Andrea. 2019. “Products That Use Aborted Fetuses.” Human Life International. <https://www.hli.org/resources/products-that-use-aborted-fetuses/>.
8. Vaccines and Related Biological Products Advisory Committee. 2017. “Transcript of Meeting on Wednesday, May 16, 2001.” Food and Drug Administration. https://web.archive.org/web/20170516050447/https://www.fda.gov/ohrms/dockets/ac/01/transcripts/3750t1_01.pdf.
9. Child of God for Life. 2020. “U.S. Aborted Fetal Products.” Sound Choice. <https://www.soundchoice.org/wp-content/uploads/Aborted-Fetal-DNA-Products-June-2020.pdf>.
10. Children of God for Life. 2020. “Aborted Fetal Cell Line Products for USA & Canada - and Ethical Alternatives.” COG for Life. <https://cogforlife.org/wp-content/uploads/vaccineListOrigFormat.pdf>.
11. Leonard, Kimberly. 2014. “Anti-Abortion Group Accuses Planned Parenthood of Selling Fetal Organs.” *U.S. News*. <https://www.usnews.com/news/articles/2015/07/14/anti-abortion-group-says-planned-parenthood-sells-organs-from-fetuses>.
12. Leonard, Kimberly. 2015. “Is It Time to Regulate Fetal Tissue Donations?” *U.S. News*. <https://www.usnews.com/news/articles/2015/09/04/beyond-abortion-and-planned-parenthood-regulating-fetal-tissue&sa=D&ust=1604078144479000&usq=AOvVaw1tG24jIuk-gLW2DKAILjOg>.
13. History of Vaccines. 2018. “Human Cell Strains in Vaccine Development.” History of Vaccines by the College of Physicians of Philadelphia. <https://www.historyofvaccines.org/content/articles/human-cell-strains-vaccine-development>.
14. Smith, Wesley J. 2019. “Adult Stem Cells Now the ‘Gold Standard.’” *National Review*. <https://www.nationalreview.com/corner/adult-stem-cells-now-the-gold-standard/>.

Nonviolent De-escalation Techniques for Mental Health Emergencies

By Katherine Noble

Two Philadelphia police officers shot Walter Wallace Jr., a Black man, on October 26th.¹ Wallace was medicated for mental health issues, and his mother was nearby, trying to get the police to leave him alone. A video of the encounter shows Mr. Wallace holding a knife and walking towards the officers. As noted by Mr. Wallace's father, the police did not attempt de-escalation or even use a nonlethal taser. Instead, they shot him perhaps a dozen times.

Police brutality and the mistreatment of the mentally ill are inseparable issues. During a mental health emergency, many people's first response is to call 911. Who responds to 911 calls? Police. Police are trained to view any non-police as an immediate threat. From their perspective, mentally ill persons are live bombs. The first instinct a cop has is to pull the trigger.

Police simply do not have the training to handle these situations. In Minneapolis, where George Floyd was killed, cops only train for sixteen weeks before being given a weapon and being sent out onto the street. There are no national standards, and training times can range from 10 to 36 weeks.²

Social workers are some of the people most equipped to handle mental health emergencies. In contrast to police, a social worker must have at least a bachelor's degree in social work to qualify for an entry-level position.³ To be a clinical social worker, you typically also need a master's degree and at least two years of experience as a social worker.

A commonly cited reason for police violence is that the officers were in fear of their lives. This is an understandable fear. However, emergency room doctors and nurses experience some of the highest rates of workplace violence, and they rarely intentionally kill patients.⁴ Alongside their years of medical or nursing school, healthcare workers undergo de-escalation training, to help them understand how to calm down and work with distressed patients.

All humans have a natural fight or flight response. With the utter lack of training many police experience, it is really only natural that when they see a threat they go with their gut. We need to realign what exactly that gut instinct tells them to do. We must prioritize the safety of all, even or especially when we perceive violence. Nonviolent de-escalation techniques are not new or unused. They're simply not used by police.

So, how does de-escalation and crisis management work? How do ER staff members defuse these situations? There's a process. First, communication. It's simple, but imagine the perspective of a person in a mental health crisis. How much more would it distress you to be yelled at by a man with a gun than to have someone in uniform calmly ask what kind of issue you're facing?

When communication is unsuccessful, physical restraints may be employed. This doesn't just mean to hold the person down in any way. Agitated people often struggle to breathe, and successful crisis management techniques are aware of this. There is specificity to safe positioning. People should not be placed on their chests, as this restricts their breathing. We saw this in the murder of George Floyd, in which an unsafe and inhumane hold was used on him, resulting in his death after almost 10 agonizing minutes of asphyxiation.

Finally, if these do not work to resolve the situation, ER workers will use sedative medications on the patient. Police may not have sedatives on hand, but they certainly have tasers and pepper spray. This is something we've seen in countless social media videos and news stories, as they've unleashed these (generally nonlethal) weapons on protestors. But, somehow, it never seems to be their instinct to use these methods on "dangerous" Black men.

By failing to properly train our police, we are failing to protect our communities. Crisis management is a skill we can all stand to learn, so that, when faced with emergencies, whether those related to mental health or others, we can address them in a safe, humane manner, with respect and dignity for all persons involved.

Notes

1. "What We Know About the Death of Walter Wallace Jr. in Philadelphia." *The New York Times*. <https://www.nytimes.com/article/walter-wallace-jr-philadelphia.html>
2. Kates, Graham. "Some U.S. police train for just a few weeks, in some countries they train for years." *CBS News*. <https://www.cbsnews.com/news/police-training-weeks-united-states/>
3. "How to Become a Social Worker: Qualifications & Requirements." University of Cincinnati. <https://online.uc.edu/becoming-social-worker/>
4. Dr. Onyeka Otugo, Dr. Adaira Landry, Dr. Al'ai Alvarez and Dr. Italo Brown. "ER doctors: We're no strangers to violence but we try to de-escalate without anyone dying." *USA Today*. <https://www.usatoday.com/story/opinion/2020/06/12/george-floyd-death-doctors-tips-nonviolent-deescalation-column/5333716002/>