



Life Matters Journal

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Who Really Chooses?

Is it possible for true autonomy to exist in regards to legal abortion and euthanasia?

Bad Words: Modeling Rehumanizing Action Against Dehumanizing Talk

CJ Williams summarizes a panel discussion from the Life/Peace/Justice conference.

FEMM: Women's Health In Sync With Women's Needs

Health education should empower women to make informed choices.

LETTER FROM THE EDITOR

Dear friends,

Let's talk words. Words aren't just sound and fury, signifying nothing. Words are the cases we make for conveying truths; words are little soul cases, for naming fellow human beings; words are either fitted, or not fitted, for the reality we cram into them.

We always talk words in *Life Matters Journal*, but in this issue especially, our concern with how words affect the state of human dignity in our world is cast in particular relief. To begin with, we recap the keynote presentation for October's Life/Peace/Justice Conference about our outreach tour that is entirely related to language that dehumanizes or rehumanizes. *Bad Words* brings the reality of the impact our choice of language has home — or to a campus or community event near you.

In an unassuming piece of lyric poetry, Genevieve Greinetz evokes the images we draw with words when we name each other, and how those sounds and symbols form our perceptions and actions.

But we also have a strong vein of *pro-life feminism* in this issue. That's no misnomer. In fact, feminism necessarily requires one to act on pro-life, and consistent life, principles because it is based on the concept that all human beings deserve to live free of violence, discrimination, and inequality. It is based on care for the vulnerable.

On that point, I am extremely pleased to include World Youth Alliance Director of Advocacy Nadja Wolfe's piece on FEMM, healthcare and fertility awareness for women — religious or secular — that treats their bodies naturally and not with the chemical assault of modern birth control. Karina Tabone, a trained physicist, writes from a scientific perspective about the development of human life; and our amazing intern Kate Kleinle, studying in Ireland, explores the journey of Jane Roe, or Norma McCorvey, and her shift to radical regard for human life and disavowal of her role in *Roe v. Wade*.

It is all timely as the anniversary of *Roe v. Wade* approaches. Read it, and consider: How do *I* use words? It is the small matters, or small ones, that often make an unpredictable impact. Women. Preborn children. *Words*. They're just...

Yours for peace and every human life,
Happy new year!

CJ Williams



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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.

REHUMANIZEINTL.ORG



encounter elder, other, human

By Genevieve Greinetz

i know im not the first
to wander down the lines
time has pressed into your skin

not the first
to trace the seasoned path
of tears and waterfalls
down your mountain face

not the only one
whose wondered about the stars
that streak your hair
or the stories
gazing from your pupils

no im not the first
to love the time
capsuled in your skin
or to hold
your river hands

no, i know
i'm not the first



Staunch Woman for Death, Staunch Woman for Life: The Change Made By Encounter

By Kate Kleinle

The story of Jane Roe is a short one. It is the story of a Texan woman who was raped, impregnated, and refused to carry the baby to term. It is the story of a woman who never testified in court but whose case brought abortion rights to the entire United States of America. It is also the story of a woman who did not know or understand what she was being used to advocate for.

The story of Norma McCorvey, on the other hand, is a complex one. It is the story of a woman who was uneducated, a woman who was lied to, a woman who was abused. It is the story of a woman who made an egregious choice but who rose from the ashes and into redemption. It is a tragedy but also a story of hope. It is the story of the abortion-rights activist turned pro-life icon who went by the pseudonym Jane Roe.

Roe v. Wade is one of the most widely known Supreme Court cases in the United States' history, and yet most know little about the woman known as "Jane Roe." Her name was Norma McCorvey, and at the time she was bringing her case to court, she was 21. She had just become pregnant and was suffering from severe depression. She was the unwanted child of a broken home, a rape survivor, a homeless runaway, a drug abuser, a high school dropout, and an attendee of reform school. Having been pregnant three times, each by different men, she carried all three children to term (ironically, McCorvey herself never actually had an abortion.) In actuality, she later admitted that she had little to no knowledge of what abortion really entailed.

She became involved with abortion rights during her third pregnancy. Seeking an abortion, she was advised to fabricate a rape story so she could legally terminate the pregnancy under Texas law. When this story failed, she sought out a lawyer, eventually finding herself in the office of attorneys Linda Coffee and Sarah Weddington. Two attorneys who were actively seeking pregnant women to help them change Texas abortion law, Coffee and Weddington eagerly took on McCorvey's case—sloughing through three full years of trials before eventually arguing for abortion rights in front of the Supreme Court of the United States.

Throughout the duration of this case, McCorvey never once entered a courtroom. She neither acted as a witness nor advocated for herself at all and *acted more as a symbolic political pawn than anything else*. She later revealed the extent to which she was isolated from her own legal proceedings. "I was never invited into court," she says in her autobiography. "I never testified. I was never present before any court on any level, and I was never at any hearing on my case... I found out about the decision from the newspaper just like the rest of the country." In fact, by the time Roe v. Wade actually reached the Supreme Court, McCorvey's pregnancy was long

over — years beforehand she had birthed a baby girl, who had been adopted into a safe and loving Texas home.

After the decision, McCorvey struggled to understand what she had done. Trying to justify her decision, she became a staunch pro-choice advocate, attending rallies and taking a job at an abortion clinic. Eventually Operation Rescue, a pro-life organization, set up a headquarters right next to the clinic, and she took every opportunity to shout abuse at the protesters who lined her walk to work—after all, she knew that her case was the reason they needed to be there in the first place.

A lifelong smoker, McCorvey would regularly leave the clinic for smoke breaks throughout the workday. Upon doing so one day, she encountered an Operation Rescue volunteer, a Christian preacher named Philip "Flip" Benham. They eventually struck up an unlikely friendship, and he led her to an understanding of the human being as valuable from preborn to natural death. Benham's influence eventually even led her to attend church and be baptized. McCorvey became not only a born-again Christian but, more startling still, a fully committed pro-life activist, appearing on national television to denounce abortion and reveal her newly pro-life stance.

She became extremely outspoken in the national media, published an autobiography about her pro-life conversion, and starred in a documentary, all in an effort to sway public opinion against the pro-choice movement, which she once so desperately embraced.

For the rest of her life, McCorvey remained a staunch pro-life advocate. She marched on Washington, DC, appeared on television, and spoke with politicians at length. Speaking in a pro-life advertisement, she said, "I think it's safe to say that the entire abortion industry is based on a lie... I am dedicated to spending the rest of my life undoing the law that bears my name. You read about me in history books, but now I am dedicated to spreading the truth about preserving the dignity of all human life, from natural conception to natural death."¹ She died in February, 2017.

While Roe v. Wade may have been a tragic decision, McCorvey's legacy is so much more. From her, we can learn the importance of communication, the importance of outreach, and the importance of respecting those across the political aisle. If the plaintiff in the most famous abortion rights case in America could become pro-life through conversation over cigarettes, then any of us can create change through dialogue — as long as we remember that, pro-life or pro-choice, every one of us is human.

Notes

¹ Norma (Jane Roe), Virtue Media ([VirtueMedia.org](https://vimeo.com/49600976)): <https://vimeo.com/49600976>.



Bad Words: Modeling Rehumanizing Action Against Dehumanizing Talk

By CJ Williams

Is language an area that deserves attention in the quest for the protection of human rights? This question was addressed by pro-life feminists at the Life/Peace/Justice Conference in Pittsburgh this October. The panel was made up entirely of women, and regardless of whether women (as one thoughtful observer wondered before this closing keynote discussion) are more receptive to the subtleties of words, it is certainly true that they, amongst other groups of human beings, have been particularly jarred and jabbed by words that demean, mis-label, and dehumanize them.

What does the revolution look like?

Rosemary Geraghty, the New Media Coordinator for Rehumanize International and the panel moderator, remarked at the opening of the keynote: “We’re now going to talk about *bad words*. And when we say *bad words*, we don’t mean curse words...we mean words that dehumanize.”

As Rehumanize’s Director of Outreach & Education, I briefly introduced the Bad Words Project. The Bad Words Project, recently launched by Rehumanize, visually and linguistically illustrates the history of language used as a tool of *violence*. I began with a quote: “To their murderers, these wretched people were not [human] individuals at all.” (one prosecutor at the Nuremberg Trials).

I went on to say

Let that sit for a moment. Because while people can be very resilient about language, our words form society and culture; they have impact on the people around us just as our ability to model proper use of language and call human beings valuable

has an impact [...]...But if we use other language, or if we are silent when other people use dehumanizing language...”

The Bad Words Project has a card which, in text laid out in honeycomb form, runs the gamut historically, showing instances of genocide and severe injustice and linking them to the authorities or cultural language used at the time about the people killed or attacked.

From slavery (and Dred Scott) to Roe v. Wade, the quotes beside the euphemisms, and the echo of the lives lost and maimed, visualised in accompanying images, are startling and chilling.

Also on the panel was Rachel MacNair, the Vice President of the Consistent Life Network and a social psychologist who has intensively studied the psychological causes and effects of violence. She discussed some of the psychological underpinnings of this deadly use of language, and what a “rehumanizing revolution” might look like. MacNair described the chilling Milgram Experiments, in which people were asked to administer higher and higher electric shocks to fellow human beings -- and overwhelmingly did. The exception to this pattern was when experiment participants saw someone else across the room refusing to obey the order or arguing about the ethical reason. In those situations, participants were much more likely to refuse to obey the order themselves. As MacNair commented, “You see, *when we provide a model* it is remarkably effective [in changing outcomes] in these situations.”

But what do *bad words*, and dehumanizing language, really look like in terms of outcome? Why do we use this kind of language?



FEMM:

Women's Health in Sync with Women's Needs

By Nadja Wolfe

Women deserve healthcare that meets their needs. Yet in recent years, article after article has shown that there are serious gaps in care—and too often little regard for what women actually want and need.

Health outcomes and healthcare can greatly affect other areas of women and girls' lives. Good health enables participation in the social and economic life of one's community. Poor health can lead to less schooling and hurt women's ability to reach their professional potential. International law recognizes a right to the "highest attainable standard of health,"¹ and yet women and girls are often told that the symptoms they experience are simply part of being a woman.

These symptoms — such as acne, weight gain, depression, migraines, pain, irregular bleeding, and conditions such as polycystic ovarian syndrome — are often signs of hormonal imbalances. They can have a profound effect on a woman's ability to participate in the workforce. They can also have serious long-term health consequences and affect her ability to achieve her family planning goals. A failure to meet these needs is a failure to ensure that women are able to realize their goals and contribute to their communities.

Yet many women's concerns are disregarded or, if they do receive treatment, it is often through the provision of hormonal contraceptives. Such contraceptives may alleviate symptoms, but they fail to treat the underlying causes of hormonal imbalances and restore the necessary and delicate balance that women need for optimal health. Moreover, hormonal contraceptives carry their own risks; many women experience unpleasant side effects, and some women cannot or do not want to use them.²

Women deserve better.

Better healthcare for women starts with informed choice. Women need the ability to make decisions free of coercion on the basis of options, information, and understanding. A meaningful choice of treatments requires more options than symptom management or continuing to suffer. Also, there is evidence to suggest many women lack key information about their reproductive health and its connection to their overall health.³ Women cannot make informed choices if they do not understand how their bodies work and how various treatments affect their bodies.

Women cannot make informed choices if they do not understand how their bodies work and how various treatments affect their bodies.

Real health education empowers women. Women who understand their health are better able to access the healthcare that they need. They know when they need to seek medical help, ask more questions, and better understand the treatments and instructions doctors provide.⁴ This turns women into active participants in their care.

Fertility Education & Medical Management (FEMM) is a knowledge-based health program for women inspired by the right of women to be informed participants in their own healthcare.⁵ In line with this mission, it offers education for women, teaching them about the health-hormone connection and how to track hormonal activity, identifying healthy patterns and hormone problems, and explaining how to use FEMM as a method of family planning. FEMM's free mobile app, now available in English and Spanish on Apple and Android phones, supports women as they chart their health.

Doctors need to be able to identify the precise hormonal imbalance in order to treat it, but have often lacked the tools to do so. Hormonal health is a delicate balance requiring sufficient levels of

nine essential hormones in a pattern to achieve ovulation, a key health indicator for women.⁶ FEMM's researchers have developed medical protocols to ensure that women can receive this level of care through existing health infrastructures. These protocols provide a diagnostic guide to ensure that women get a pinpoint diagnosis and treatment tailored to their particular needs.

Doctors trained in FEMM's medical protocols are better able to take women's symptoms seriously. They work with the patient, often spending a significant amount of time getting her full history and understanding her concerns. FEMM doctors use tailored lab tests to create a complete hormonal profile and identify the precise hormonal imbalances. Patients are informed about how diet and lifestyle choices affect their hormonal health and receive medical support to restore healthy hormonal function.

FEMM's approach differs from existing medical models. It is less commodity-based, less reliant on surgical intervention, and requires a greater investment of time up front. But it also takes women's concerns seriously and offers real solutions.

Authentic healthcare empowers patients and restores their health. When so many women rely on symptom management rather than real treatment, it is a sign that we have failed to meet women's needs. It is up to us to ensure that women receive the care they need in order to thrive. FEMM offers an innovative way to realize that goal.

Notes

¹ International Covenant on Economic, Social and Cultural Rights art. 12, opened for signature Dec. 19, 1966, 993 U.N.T.S. 3.

² A recent high-quality study found a correlation between hormonal contraceptives and depression. See Charlotte Wessel Skovlund, Lina Steinrud Mørch, Lars Vedel Kessing, and Øyvind Lidegaard, "Association of Hormonal Contraception with Depression," *JAMA Psychiatry* 73, no. 11 (November 02, 2016): 1154-1162, doi:10.1001/jamapsychiatry.2016.2387.

³ Lisbet S. Lundsberg, Lubna Pal, Aileen M. Garipey, Xiao Xu, Micheline C. Chu, and Jessica L. Illuzzi. "Knowledge, Attitudes, and Practices regarding Conception and Fertility: A Population-Based Survey among Reproductive-Age United States Women," *Fertility and Sterility* 101, no. 3 (March 2014): 767-774, at 769-772, doi:10.1016/j.fertnstert.2013.12.006. The authors note that their respondents had slightly higher than average education levels (see 772).

⁴ Informed patients often have better health outcomes. See Robert Adams, "Improving Health Outcomes with Better Patient Understanding and Education," *Risk Management and Healthcare Policy* 2010, no. 3 (October 12, 2010): 61-72. doi:10.2147/rmhp.s7500.

⁵ More information about FEMM can be found at www.femmhealth.org.

⁶ See FEMM Health, "What Story is Each Cycle Telling Us? Lecture by Dr. Pilar Vigil, M.D., Ph.D.," filmed June, 2015; YouTube video, 1:07:27, posted June 30, 2015, <https://youtu.be/BIUp1-e4Ey8>.





Blind To Scientific Facts

By Karina Tabone

We live in a world in which science has become more and more important in our daily lives. The general public knows more scientific facts than perhaps during any other age in history; and despite the current lamentations of many scientists about our ignorance, we don't only know more, we have access to more at the flip of a thumb on a touchscreen. Still, the intellectual elite (perhaps you saw the article in *Psychology Today*¹, where the writer, an MD, is doing flips to figure out why people deny climate change) are having conniption fits about society's supposed misperception of evolution, global climate change, and even vaccinations. But they have remained silent on issues of genetic experimentation, and eugenics in developing countries. They have remained silent about abortion. Strangely quiet.

Why?

People deny the facts of human embryology as unreasonably as they deny the facts of climate change. Though there is no doubt that topics aside from abortion must be dealt with as well, raving on some issues but silence from scientists regarding abortion is deafeningly inconsistent.

Too many people pretend that human life is something that magically occurs at the moment at which a baby is extracted from her mother. But we know better than that. We know too much about the science of pregnancy and the whole process of the creation of life to pretend such a thing. To believe anything else is a lie that is based on pseudoscience and wishful thinking.

Why is the belief that a human is formed at conception such a controversial idea that we can't speak about unless we know the circumstances of the birth? After all, the idea that life begins at conception is such a well-known scientific principle that even scientists are able to create human embryos in the lab and implant them into women so that these women might possibly conceive a child, via *in vitro* fertilization, or IVF. If this is the scientific reality that we live with today, then why do we shy away from talking about what makes a human alive?

Of course the fetus is human. The very nature of its DNA determines this fact. Even at the moment of conception, the fertilized

egg contains all the DNA necessary to be human.

Of course the fetus is alive. The fetus moves, grows, has DNA and RNA, is able to transform energy and convert it into something useful for the organism, and is able to reproduce via cellular reproduction. Scientifically, that's the definition of life as we know it.

Of course it's a lump of cells — so are we.

We know all of this from basic biology. This isn't even difficult biology. All of these shouldn't be up for scientific debate. In fact, I would argue that the general population should be scientifically educated enough to understand these basic facts of biology, at the very least.

Mind you, I am not saying this to dismiss any of the concerns of women who are scared and are seriously considering having an abortion. Far from it. Many women who do eventually choose to procure an abortion are poorer women who have little to no support and would encounter extreme struggles — physically, mentally, spiritually, and financially — were they to have a baby. To those who can barely support themselves, supporting another life seems an overwhelming responsibility.

Nor am I saying that pregnancy is easy. On the contrary, pregnancy can be very difficult. I was just diagnosed with gestational diabetes with my current pregnancy and, frankly, I'm still reeling from that diagnosis and trying to understand what it means. And this is just a minor complication — many other women have had more extreme issues come up as they go through their pregnancy. Pregnancy can be terrifying.

For these issues and more, it is necessary to develop a safety net for those who have none and to make sure that those who are undergoing difficulties in their pregnancy get the medical help that they need. After all, there will always be people struggling in some way who can barely support themselves, let alone a child. We need to support them so that they are not so overwhelmed. And pregnancy, even with all our advanced medical technology, can be difficult, making it all the more necessary to ensure that women have access to the medical care they need.

How to do this? Honestly, I am not sure.

Yet, I do know that we must realize that this does not change the science of early human development.

The fetus is human. The fetus is alive.

Just because this fetus may not be wanted at this particular time by her parent or parents does not change the fact that she is human.

Just because the fetus is psychologically undeveloped does not mean she isn't alive.

And we have to realize this before we make important policy decisions and major reforms. We just have to. We can't blind ourselves to this scientific fact that this fetus is indeed a human, just because it makes us feel uncomfortable. We can't cast a blind eye to all the women overwhelmed with their pregnancies, hoping that perhaps if they have the choice to get rid of the fetus, then the problem will just solve itself.

After all, it's a matter between life and death. Literally.

Notes:

¹ "Why Do People Refute Climate Change?" Grant Hillary Brenner, 27 Apr. 2017: <https://www.psychologytoday.com/blog/experimentations/201704/why-do-people-refute-climate-change>



Who Really Chooses?

By Richard Stith, Ph.D

The legal right to choose may paradoxically bring harm to the legal chooser herself. This harm can occur whenever the legal chooser is not the actual chooser. In this situation, the law's attempted empowerment of the nominal right holder has the unsought effect of really empowering someone else.

When someone is in subjection, any legal liberty for her will be exercised by the person who actually controls her life. While the conferral of a new legal right may appear on the surface to be a gift to her, in reality it will give him an additional option — and thus augment rather than diminish his power over her.

Examples abound: A laborer's "right to work" (that is, to be employed without having to pay dues to a union) does not empower her but rather her employer, if the latter controls the terms of the contract. Similarly, although a "right to do sex work" may well liberate some educated adults, for vulnerable young girls and boys it empowers bad parents and pimps instead.

Similarly, wherever men make women's sexual decisions for them, the option of abortion will be a man's choice, regardless of how the law may label it. To the degree that a culture reflects male dominance, the legalization of elective abortion can make women relatively worse off by giving men another weapon to use to manipulate women. For example, insofar as an economy employs only men, leaving women dependent on economic handouts from their partners, women may be unlikely to resist pressures to make use of abortion when those men do not wish to be fathers.

Catherine MacKinnon has pointed out another way legal abortion increases male power. "[A]bortion facilitates women's heterosexual availability. In other words, under conditions of gender inequality, sexual liberation ... does not free women; it frees male sexual aggression ... The Playboy Foundation has supported abor-



tion rights from day one ... [Roe's] right to privacy looks like an injury got up as a gift. ... Virtually every ounce of control that women won out of this legalization has gone directly into the hands of men ...¹ MacKinnon's concern here is about more than males directly forcing abortions on women; she objects to various ways in which the availability of abortion facilitates male domination over sexual relations.

Much of the resistance to the legalization of assisted suicide and voluntary euthanasia comes from the recognition of a similar coercive effect. Granting some sufferers an escape through death may at the same time put into motion machinery forcing others to die against their will, and this occurs in two ways. First, insofar as the very old and the very ill are weak in body or mind, they may be pushed or tricked by family members or other caregivers into choosing death, even though they really wish to live. Second, a right to die also provides one more defense for actual murderers, for those who straightforwardly take the lives of unwilling victims

...the availability of
abortion facilitates
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sexual relations.



and then claim falsely to have assisted a suicide or to have provided requested euthanasia. (Adding any new justification for homicide creates new possibilities for deception, but this risk is especially great here, where the new justification is the consent of an isolated victim.)

The tension between the liberating and the enslaving sides of the rights to abortion and to assisted suicide can, of course, be mitigated by empowering the potential victims either individually or collectively. If campus housing is provided for undergraduate parents and their children, a female student will be less easily pushed into abortion by a boyfriend. If workers are able to form a strong union despite a “right to work,” they may well resist many forms of exploitation.

Yet while domestic violence can certainly be curbed and women made stronger through education and good jobs, the generally greater physical strength of men, the dynamics of sex and sexual competition, and the limited possibilities of intimate collective action (that is, of some sort of women’s union setting down the rules for sex) may mean that women’s rights to abortion can never become completely their own.

Even less likely would be the achievement of true, de facto autonomy for the medically dependent and disabled. While persons with disabilities have found some strength in unity, coming together (in groups such as Not Dead Yet) in order to call attention to the dangers inherent in any legal right to die, those speaking up must necessarily be those less imminently endangered. It is hard to see how the most helpless among us could ever be made strong enough to protect themselves in a world where they were given the option of death. Their autonomy might sometimes both serve and mask their actual forced deaths.

Notes:

¹ Catherine MacKinnon, “Privacy vs. Equality: Beyond Roe v. Wade,” in *Feminism Unmodified: Discourses on Life and Law* (Cambridge, Mass: Harvard University Press) 93, 99–101. (1987)



Interested in getting involved?

Want to join the movement against aggressive violence? For information on volunteering or writing for the next issue of *Life Matters Journal*, send an email to info@lifemattersjournal.org.

For information about available internships and upcoming events, check out our website:

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