



Life Matters Journal

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INSIDE THIS ISSUE:

On the Moral Implications of Vaccination

COVID-19

Injection Only

Biden's Promise to Close
Guantanamo Bay

Reducing Maternal Mortality Rates

Police Reform Legislation: A First Step to
Dismantling Systemic Racism

LETTER FROM THE EDITOR

Dear Readers,

It is surreal to be writing my very first Letter From the Editor for *Life Matters Journal*! I started out as just an intern layout designer for this magazine back in 2015, was hired on full-time as the Director of Creative Projects for Rehumanize International in 2018, and now, as Rehumanize International's Creative Director, I serve as *Life Matters Journal*'s Editor in Chief. I have loved seeing this publication change and grow over the years. Throughout it all, one thing has stayed the same: our passion and respect for human dignity.



Within the pages of this April 2021 issue, you will find a wide array of topics: we've got Sophie Trist covering the criminal justice sphere with her pieces on police reform and solitary confinement; Stephanie Hauer commenting on everything from mass shootings, to COVID-19 vaccines, to maternal mortality; Katherine Noble interpreting President Biden's latest statements on the Guantanamo Bay Detention Camp; and Rana Irby taking a closer look into that very same camp through her review of *The Mauritanian*. The thread that connects each of these pieces together is a focus on the future, on building a better world. In this issue, our Staff Writers dare to ask: what would our world look like without these dehumanizing institutions? How can we, as a community, heal from violence? I have hope that their words will bring us closer to finding the answers we seek.

For peace and every human's life,

Maria Oswalt

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: Biden's Promise to Close Guantanamo Bay	1
CURRENT EVENTS: Police Reform Legislation: A First Step to Dismantling Systemic Racism	2
CURRENT EVENTS: How to Rehumanize After a Mass Shooting	3
WORLD: On the Moral Implications of Vaccination	4
MEDIA REVIEW: Why No One Should Turn a Blind Eye to Torture: A Review of <i>The Mauritanian</i>	6
ESSAY: Reducing Maternal Mortality Rates	7
ESSAY: Solitary Confinement Amounts to Cruel and Unusual Torture	9

Life Matters Journal

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Biden's Promise to Close Guantanamo Bay

By Katherine Noble

President Joe Biden's press secretary Jen Psaki has said it is the intention of the Biden administration to close down Guantanamo Bay Detention Center.¹ In 2009, Biden promised the audience at the Munich Security Conference that "We will uphold the rights of those who we bring to justice. And we will close the detention facility at Guantanamo Bay."² These promises are similar to the ones made early on in the Obama administration,³ which were never fulfilled. Can Biden be trusted to follow through on this?

Guantanamo Bay has been a breeding ground for human rights violations since it began holding detainees twenty years ago. It is currently holding 40 detainees, most of them without any charges, and none having received a fair trial.⁴ Biden is now the fourth president to preside over the prison, and he has the power to close it.

Guantanamo Bay is most known for its brutal history of torture, including waterboarding, forced feeding, and sleep deprivation. Amnesty International released a new report on January 11th, 2021, detailing the nineteen years of human rights violations perpetrated at Guantanamo.⁵

This report details how the people detained at the facility are tortured, given inadequate medical care, and are denied fair trials. It is difficult to get out once you get in. Even those cleared for release from the detention facility have remained incarcerated for years with no escape.

We hope that Biden will take steps to shut down Guantanamo Bay and end the abuses going on there. However, we stay skeptical because Biden served as Vice President under President Barack Obama, who admitted that "we tortured some folks" but said we must move on from it.⁶ Obama did reduce the number of detainees at Guantanamo, but the actions he took were paltry and appalling in light of the horrific conditions at the prison.

In 2016, then-President-elect Donald Trump not only vowed to keep the facility open but declared that "We're gonna load it up with some bad dudes, believe me."⁷ Trump established a policy to keep the facility open and ready for new detainees, completely backtracking any progress made by the Obama administration.

Biden's press secretary, Psaki, announced no official details or

timeline and did not establish it as a priority for the Biden administration. Guantanamo Bay Detention Center is a blot on the name and history of a country that claims to be free, just, and honorable. We must put pressure on our elected officials to take action on this issue.

When it comes to taking action on an individual level, you can learn more by reading updated information on Guantanamo Bay from advocacy organizations like Witness Against Torture,⁸ Amnesty International,⁹ Human Rights Watch,¹⁰ or Muslim Advocates.¹¹ You can vote for programs and people that support refugees, oppose torture and Islamophobia, and prioritize rehabilitation. If you have time, write an email or letter to your elected representatives and sign petitions. Post about it on social media. Small acts are not worth nothing. Even just posting about human rights issues on your social media can raise awareness and prompt others to further investigate and take action on the issues that matter.

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Police Reform Legislation: A First Step to Dismantling Systemic Racism

By Sophie Trist

Almost one year ago, George Floyd's brutal murder at the hands of Minneapolis police officer Derek Chauvin ripped open old scars that have been present since before our nation's founding. Millions of people took to the streets across America and the world in a massive wave of mostly nonviolent protest. This bottom-up call for racial justice paved the way for critical conversations about how America's criminal justice system, from encounters with police officers all the way through trial and incarceration, consistently and systemically devalues Black Lives. The George Floyd Justice in Policing Act of 2021,¹ sponsored by Rep. Karen Bass (D-CA), chairwoman of the House's Black Caucus, provides a first step in our long fight to dismantle systemic racism and create communities which rehumanize instead of criminalize people of color.

The George Floyd Justice in Policing Act (JPA) aims to ban the use of chokeholds like the one that ended George Floyd's life, restrict the use of no-knock warrants such as the one that led to the death of Breonna Taylor,² and ban racial or religious profiling by police departments. The bill also aims to hold police officers accountable for abuse by rolling back qualified immunity, making it easier for victims of police brutality to get justice through the courts. The JPA also streamlines the process for prosecuting cases of police misconduct and makes provisions for independent prosecutors to investigate police brutality, as cops often have very close and compromising relationships with district attorneys. Though the federal government has little control over how state and local governments police their populations, the JPA incentivizes reform by making provisions to redirect federal funding toward police departments which comply and away from those which don't.³

The JPA is not without its critics. While many civil rights groups applaud the bill as a first step, they maintain that it doesn't go far enough in dismantling systemic racism and militarized policing. The ACLU calls on Congress to perfect the JPA by completely eliminating the program which gives police officers access to military-grade weapons and turns communities into war zones.⁴ They also urge the Senate to go further in eliminating qualified immunity and to prevent facial recognition technology from police body cameras from contributing to our already Orwellian surveillance system. Human Rights Watch (HRW) points out that despite months of racial justice protests, 645 people have been killed by police officers since George Floyd's murder.⁵ HRW is concerned that the JPA does not do enough to divest from police and reinvest in life-affirming community programs. Instead of creating more studies and commissions, HRW argues, the JPA should focus on drastically rethinking systems which criminalize people of color, people with disabilities, and people in poverty.

As a white woman, I never learned to fear the police. I was taught, from an early age, that police could always be trusted, and it is only in recent years that I've come to see the vast gulf between my experiences with law enforcement and those of my BIPOC brothers and sisters. While there is no comprehensive national data on police violence (something the JPA aims to fix), statistics show that unarmed Black people are killed by police at significantly higher rates than whites.⁶ Of the more than 1,000 unarmed people killed by law enforcement between 2013 and 2019, one-third were Black. The statistics on mental illness and police violence are equally abhorrent, with people suffering from untreated mental illness being sixteen times more likely to be killed by police.⁷ Being poor, Black, or mentally ill should never be treated as a crime. By over-relying on law enforcement to deal with social problems like homelessness, addiction, and mental illness, we're upholding racist structures which violate the human dignity and human rights of poor, Black, and disabled people on a daily basis. All lives won't matter until Black lives matter, and that starts with rethinking policing in this country. The JPA is far from the be-all and end-all of racial justice, but it opens the door for future conversations about what a truly whole-life society can do to reform law enforcement and create thriving, supportive communities.

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How to Rehumanize After a Mass Shooting

By Stephanie Hauer

Editor's note:

On Tuesday, March 16, 2021, eight people were killed by 21-year-old Robert Aaron Long at three massage parlors in the Atlanta area. One person survived the shooting, and according to CNN, they are in stable condition.¹ Several of Long's victims were Asian women, causing many to reflect on the recent rise in anti-Asian violence.² In a statement to police, Long claimed the attack was not racially motivated; he said he aimed to attack sex workers because of his own issues with sexual addiction.³

Rehumanize International unequivocally condemns violence against sex workers, violence against women, and violence against Asian people. All communities deserve to live free from violence. Below, Staff Writer Stephanie Hauer offers suggestions that may help communities heal and rehumanize in the aftermath of such tragedy.

GIVE IF YOU CAN.

If you live near the site of the shooting, go to the hospital and donate blood to support the victims. If you don't live nearby but can give monetarily, donate to the families and/or communities that have been directly affected. Medical care and funeral services are expensive. While money can never replace the person who was lost, having those expenses addressed means there's one less obstacle for those who are grieving.

VOLUNTEER YOUR TIME.

This can take the form of political activism, community outreach, direct support to survivors of gun violence, or participating in other programs to benefit communities. Your time and your presence is valuable. Offering up your time and efforts can help create a world where these tragedies happen less frequently.

EDUCATE YOURSELF.

Take the time to learn the names of the victims, survivors, and direct responders to the incident. Learn about their lives and what they loved. Honor and remember them by rehumanizing them.

We are all people, and we deserve to be treated as such. Violence undermines our humanity, but you can help restore that dignity.

PREPARE YOURSELF.

Thinking about mass shootings can be overwhelmingly terrifying. It's definitely scary to think about, but learning what to do in an active shooter event can help ward off some of that anxiety. It's a way to feel some sense of control, and that knowledge could even save lives someday.

EXPRESS YOURSELF.

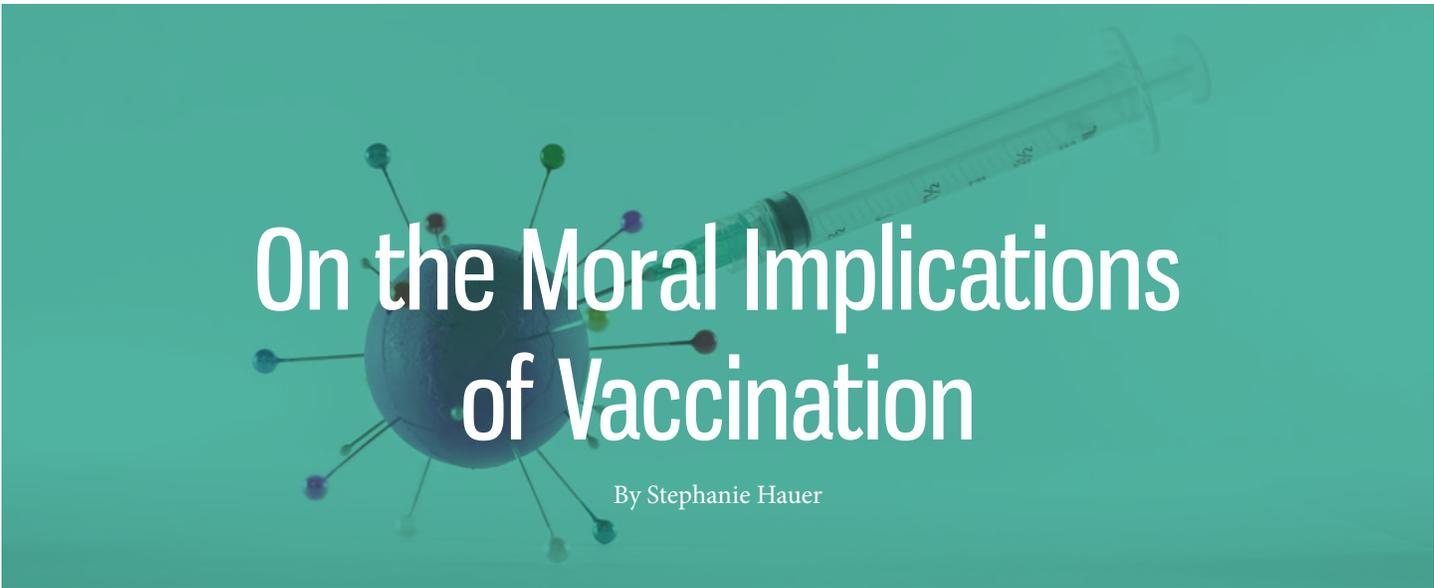
Explore your emotions and find healthy ways to express them. Whatever emotions you're feeling in response to this incident are completely valid. It's important to process those feelings and not bottle them up or trap them. Try making an art piece, exercising, or writing out a poem or story.

PRACTICE SELF-CARE.

Unplug from social media and take time to be present with whatever grounds and recharges you. This can take on many forms depending on your individual preferences. Spend time with your pets or with loved ones to revitalize your connections with other living creatures. Attend an affinity group meeting or cultural festival to connect with a larger community. Give yourself permission to prioritize your mental health, and rehumanize yourself.

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On the Moral Implications of Vaccination

By Stephanie Hauer

I'm sure I don't have to remind you of all the ways that COVID-19 has impacted us. Across the globe, around 2.68 million people have died.¹ Millions more have been infected, some of whom are now navigating the long-term symptoms that may become chronic health issues. Even those who haven't been infected aren't entirely unscathed. With so many deaths, most of us know someone or know someone who knows someone who lost their life to COVID-19.

Widespread distribution of effective vaccines is our best hope for controlling this virus. Countries all over the world are working hard to get the vaccines into people's bodies — with varying degrees of success. As time passes, more and more groups of people become eligible for vaccine appointments, which makes the question ever more urgent: should you get the vaccination?

This question has inspired a lot of discourse, both online and in-person. A main point of debate is whether the COVID-19 vaccines (and by extension, many other vaccines) were developed ethically, specifically regarding the use of fetal cells in their testing and production. It's a complicated issue for a pro-life person to navigate.

The benefit of the vaccine is two-fold. It protects you, the recipient, from getting dangerously sick. And when you don't get infected, you aren't spreading the virus to other people, which helps to protect your community. This contributes to something known as "herd immunity."² If lots of people in a group are immune to a specific disease, then that disease has trouble spreading through that community. This protects everyone, whether they themselves are immune or not. So if everyone who is able to receive a vaccine against a specific disease gets that vaccine, then people who can't receive the vaccines (due to allergies, health conditions, etc.) are better protected because their community is less likely to spread that disease to them.

When we consider getting vaccinated, we have to remember that we're not just deciding for ourselves. The choice to vaccinate makes things safer for our entire community, especially the more vulnerable among us. And that's a very pro-life goal.

But herd immunity and personal safety aren't the only factors

that matter here. If we're going to support vaccines, it's important to know exactly what we're supporting. Most modern vaccines use fetal cell lines. These lines originated with cells that were taken from a tissue sample procured from an aborted fetus. Those original cells were then replicated extensively in a lab, and these replicated cells are used in various industries, such as the food, cosmetics, and medical industries.³

The three COVID-19 vaccines that are currently available in the United States are from Pfizer, Moderna, and Johnson & Johnson. All three used fetal cell lines to create their vaccines.⁴ Pfizer and Moderna only used the cell lines for early testing. Johnson & Johnson used the cell lines both in testing and also to produce vaccine doses. Other modern vaccines that are created using fetal cell lines include the vaccines for hepatitis A, rubella, and rabies.

The particular cell lines used for the COVID-19 vaccines were HEK-293 and PER.C6. The cells used for HEK-93 were obtained from the kidney of a female fetus who died in 1973; it is unclear whether the baby died of natural causes or as part of an abortion procedure. The cells for PER.C6 were gathered from an embryo who was aborted in 1985. Even though it was a long time ago, the lives of these babies still matter.

Many proponents of fetal cell line use will emphasize that one abortion from many years ago can provide the material needed for infinite tests, products, and medicines because the cell lines can be replicated indefinitely. That's how we're still able to use cells from a sample that was collected forty-eight years ago. But this idea of an "immortal" cell line is only mostly true. While the cell lines can be replicated quite extensively, they degrade over time. It is rare, but fresh material does need to be collected periodically.⁵ Fetal cell research is not as self-sustaining as it is often painted to be.

That's why it's so important for us pro-lifers to advocate for more ethical research practices. We must move away from fetal cell line usage and replace it with ethical and effective alternatives. We must speak up and demand change. If you're looking for actionable ways to start advocating now, Children of God for Life offers some great resources.⁶

But until that day comes, we are left with a choice. Many of the vaccines available to us now, including the COVID-19 vaccines, are morally compromised because they're not produced with entirely ethical methods. So what should we do? Do we skip the shot entirely, or do we grit our teeth and get it?

It's an incredibly nuanced decision, and there are a lot of factors to consider. Only you and your medical care providers can make that choice, based on your specific needs and priorities. Though it is certainly complicated, I believe that getting the vaccine is the best thing those of us who want to build a culture of life can do at this time to achieve our goal. Because we recognize the inherent and unwavering dignity of each and every person, I feel that it is our goal and our duty to reduce needless deaths. We work against acts of aggressive violence, yes, but we also strive to eliminate deaths derived from carelessness, or those that could have been prevented through reasonable intervention and action. Vaccination is a reasonable course of action that can literally save lives.

We can't go back in time and rescue the little babies whose cells came to be known and used as HEK-293 or PER.C6. But we can make choices here and now to contribute to a better present and create a better future. We can advocate against fetal cell line usage and also receive the vaccine to protect ourselves and others from this immediate threat that is COVID-19.

This is an example of remote material cooperation. In ethics, there is a whole set of language used to describe how one participates in an act of evil.⁷ The *agent* is the person who carries out the evil action. A *cooperator* is someone who, in some way, participates or assists in the evil act. That assistance can be *formal*, whereby the cooperator intends for the evil action to occur. Or that assistance can be *material*, which means that they provided some type of resource or support for the evil action without intending for it to occur. It's important to consider the necessity of the material cooperation. If the material provided is necessary for the evil action to occur, and the cooperator provides it, that's a different moral circumstance than if the material provided is not necessary for the evil action to occur. Similarly, if the cooperator contributes to the evil action in a way that commissions or initiates it, that's a very different moral circumstance than if the cooperator contributes without commissioning the evil action.

How do all these ethics terms apply to the COVID-19 vaccine? Getting vaccinated is an example of *remote material cooperation*. Here, the evil action is the unethical use of cells derived from aborted fetuses. By receiving a dose of the vaccine, you are technically contributing to that evil action by creating a viable market for it. But even if you refuse the vaccine, the fetal cells were already used, so your contribution to the evil action is not required for it to occur. Your dosage of the vaccine did not commission the evil action. The vaccine was not made for you personally. It was made for millions and millions of people, so whether you get the shots or not, the evil action was already initiated. In this instance, your participation in the evil action is so tertiary, it's considered *remote material cooperation*, which can be justifiable with a proportionate reason. The prevention of COVID-19 for yourself and your community is certainly a justifiable reason for remote material cooperation.

While remote material cooperation in evil is obviously undesirable, it's also kind of unavoidable right now. In our modern society,

pretty much everything we do or touch or purchase carries with it some amount of remote material cooperation. As an example, let's focus on just one item — say, the shirt that you're wearing right now. In order to produce that shirt, someone had to gather the raw materials, weave them into fabric and thread, construct the garment, and then ship it to the vendor from which you bought it. Each and every step of the way, there were any number of opportunities for evil to creep in. Was the raw material harvested or produced under ethical and environmentally-friendly conditions? Was the shirt constructed in an ethical factory? Was it shipped to you in a way that doesn't harm the environment? What about the vendor you bought it from? Are they an ethical corporation, from their entry-level employees all the way up to their CEO, and all the policies connecting them?

It's usually impossible to verify the morality of each and every step taken to create even just that one shirt. Now think about how many objects you use and services you access on a daily basis. Think about how many companies took how many steps to create all of those things. There's definitely some evil somewhere along the line in at least some of those goods or services, if not in all of them.

In our world today, remote material cooperation in evil is practically unavoidable. If we obsess over that cooperation, we'll be paralyzed completely. Instead, we just have to do our best. Make the most ethical choice out of the options that are reasonably available to you. When it comes to the COVID-19 vaccines, or any other vaccine, the trade-off for remote cooperation with evil is direct and impactful good on your community. You are saving lives.

That said, regardless of whether or not you receive the vaccine, we can all take steps to reduce the spread of this deadly virus and protect our own lives and the lives of others. Please follow safety precautions, do your part to reduce the spread, and stay safe!

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Why No One Should Turn a Blind Eye to Torture: A Review of *The Mauritanian*

By Rana Irby

Fair warning: if you watch the film *The Mauritanian* (which you absolutely should), it's going to be a tough experience. This is not only because the movie is two hours long, but also because the story is quite heart wrenching. You may even need to take breaks with the knowledge of the fact that the story the movie is based on is true, and the actions perpetrated against Mohamedou Ould Slahi, a prisoner without charge at Guantánamo Bay, were done in the name of the citizens of the United States of America. Since the war on terror began nearly 20 years ago, you may have heard in passing about the treatment of detainees at Guantánamo, with talking points being either for or against the United States' actions. *The Mauritanian* puts a literal face on what has happened, and continues to happen, in the name of waging war on terror. The film makes you stop, look, and not turn a blind eye to torture.

As mentioned above, *The Mauritanian* tells the story of Mohamedou Ould Slahi's fight for freedom after being detained in Guantánamo Bay for more than 14 years without being charged.¹ The movie is based on Slahi's memoir *Guantánamo Diary*. Director Kevin Macdonald grippingly depicts Slahi's (played by Tahar Rahim) pursuit of justice along with his attorney Nancy Hollander (played by Jodie Foster), her assistant Teri Duncan (played by Shailene Woodley) and Lt. Colonel Stuart Couch (played by Benedict Cumberbatch). The reason I use the word gripping is because each moment of the film presents the viewer with a sense that all those involved in making the film knew the serious nature of the story and wanted to convey it as powerfully as possible. Each scene did such a great job of conveying the injustices against Slahi that I

actually had to watch the movie in two sittings, to give myself time to process everything that was going on.

Not only was Slahi detained for years without charge, he was tortured, which is depicted in the film. Thankfully, the actions were portrayed in snippets, so the viewer can get a sense of the horrendous nature of the actions without the film being too gratuitous. As for the characters, the movie did a spectacular job of presenting Slahi as a human being, as well as emphasizing the moral weight his case took on those involved. It left me, and hopefully anyone who watches the film, with the sense that no matter the accusation or offence, guilt or innocence, no one should be tortured. One finishes the film with no other option than to consider the dignity of the human person.

The Mauritanian is an engaging look at the fight for justice and dignity of the human person, especially in light of torture. The film places the subject front and center, demanding attention, and crucially ascribing a human face on the victims of torture. For us Americans, the egregious acts inflicted on Mohamedou Ould Slahi were done in our name. Thus, it is a must watch.

The Mauritanian tells the story of Mohamedou Ould Slahi's fight for freedom after being detained in Guantánamo Bay for more than 14 years without being charged.

Notes

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Reducing Maternal Mortality Rates

By Stephanie Hauer

Welcoming a baby to the world outside the womb is exciting, but giving birth can be scary. The reality is that childbirth can be very dangerous for both the infant and the mother. A moment that is supposed to be about life carries with it the risk of death.

Maternal mortality is defined by the World Health Organization as “[a death] from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of the termination of pregnancy.” In the United States today, the average maternal mortality rate is 17.4 deaths per 100,000 live births. This means that out of the 3,791,912 births were recorded in 2018, approximately 660 people died. When you compare those two numbers — 3.7 million and 660 — it can make the maternal deaths seem small. But all of those people were unique and unrepeatable human beings. The loss of them matters.

This rate changes if you break it down by certain demographics. Women aged 40 or older have a much higher mortality rate (81.9) compared to women under age 25 (10.6). Hispanic women have a rate of 11.8, while non-Hispanic white women have a rate of 14.7, and non-Hispanic black women have a rate of 37.1. That ratio has remained consistent over the past decade.

America’s rate of maternal death is high when compared to other developed countries. Canada and France, for example, have half the number of maternal deaths that we do: 8.6 and 8.7 out of 100,000, respectively. Australia has 4.8, Switzerland has 4.6, and Sweden has 4.3. Both Germany and the Netherlands have around 3 deaths per 100,000, while Norway and New Zealand have just under 2. When measured against our peers, America is the most dangerous place to give birth.

In countries with less infrastructure, the maternal mortality rate jumps staggeringly high. Of the fifteen countries ranking high or very high on the Fragile States index, the maternal mortality rate ranged from 31 to 1150. In Sierra Leone, 1,360 mothers die for every 100,000 live births — the highest rate in the world.

Nearly 75% of all maternal deaths are a result of one of these

causes: severe bleeding (especially after birth), infections, high blood pressure during pregnancy, complications from delivery, and unsafe abortions. The remaining 25% are usually associated with infections such as malaria or chronic conditions like diabetes or cardiac diseases. Most of these complications are preventable or treatable. Many lives could be saved if offered the proper medical care.

There is a clear need for change in America, and steps are being taken around the nation to enact that change. The state of New Jersey recently announced its Nurture NJ Maternal and Infant Health Plan. Its goal is to make the state “the safest and most equitable place in the nation to give birth and raise a baby.” The plan includes more than seventy recommendations for actionable steps to improve outcomes for mothers and babies, directed at a variety of stakeholders.

One example of a strategy for change is to raise awareness, availability, and involvement of midwives. The World Health Organization recommends midwife-led care as a way to reduce the maternal mortality rate. Specifically trained to help healthy women through labor and delivery, as well as to provide postpartum support, midwives play a vital role in providing pregnancy care. Midwife-led care has been shown to offer equivalent or even better experiences than physician-led care in terms of maternal and neonatal outcomes, efficient use of health care resources, and patient satisfaction and well-being.

Other states are considering bills designed to address this problem. Minnesota, Maine, and Oklahoma have bills proposed that would expand their data collection, allowing them to get a better handle on maternal deaths and their causes. Vermont has a bill that would include additional experts, such as social workers and mental health clinicians, to serve one-year terms on the state’s Maternal Mortality Review Panel. And in West Virginia, a bill is in consideration that would create a maternal mortality review panel, among other fatality review panels.

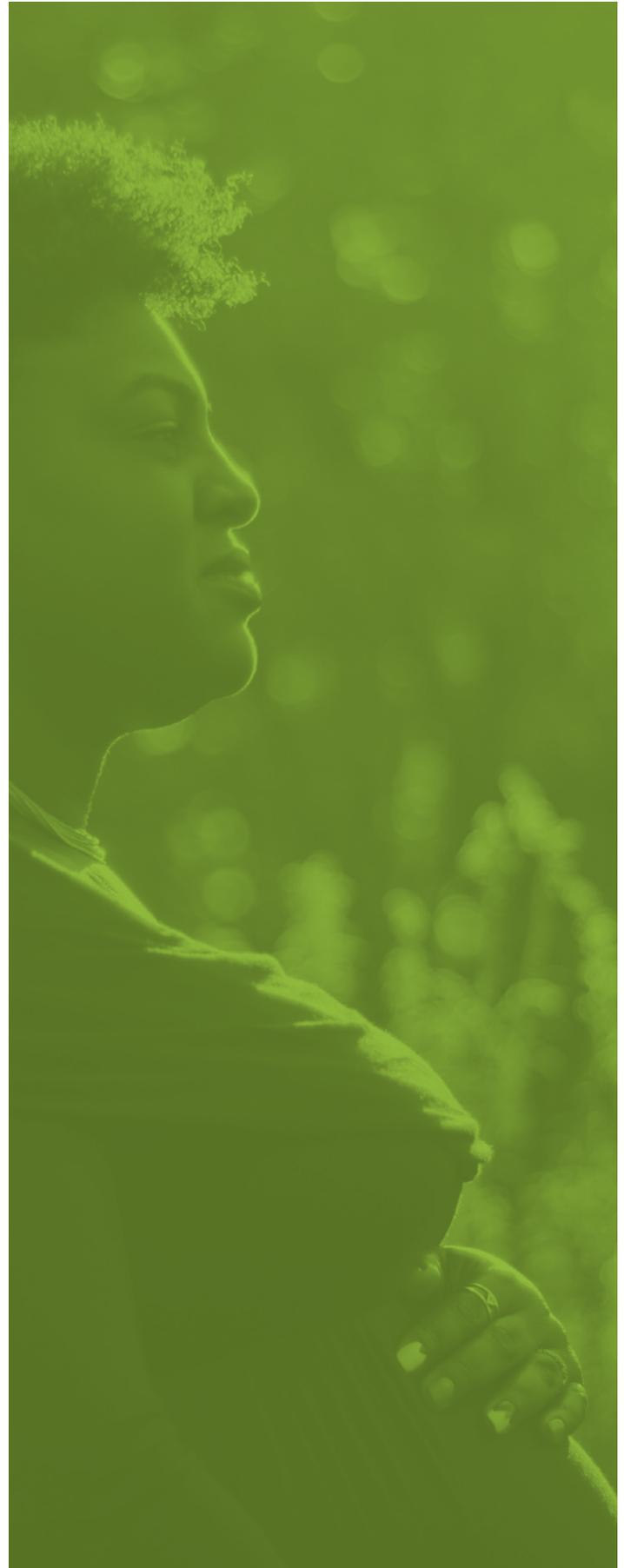
When we work to reduce maternal deaths, we do so with the recognition that every human being has a right to live. But that right

is attacked when the work includes abortion. In the institutional change section of New Jersey's Nurture plan, action step 7.3 reads "Provide access to the full range of family planning services, including all safe and effective contraception methods and abortion care, through stronger provider relationships." This section calls upon the governor and the state legislature to codify *Roe v. Wade*, ensuring abortion access within the state. This directly contradicts the life-honoring motivation of the Nurture plan.

Pregnancy should not be a death sentence. Our country is not providing the quality of care that it should be offering, and people are dying of preventable causes because of that failure. It is vital that we take steps to eliminate the gaps in our healthcare in ways that are equitable and life-sustaining for everyone.

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Solitary Confinement Amounts to Cruel and Unusual Torture

By Sophie Trist

Many people are familiar with the tragic story of Kalief Browder, a Black teenager from New York City who was arrested in 2010 for allegedly stealing a backpack and spent three years on Rikers Island before his case was dismissed in 2013.¹ During his incarceration, Browder spent over two years in solitary confinement, which caused significant damage to his mental health. After his release, Browder attempted to resume normal life, but due to crippling anxiety and paranoia, he was in and out of psychiatric hospitals. In 2015, Kalief Browder, who had attempted suicide several times during and after his stints in solitary confinement, took his own life.

When an inmate is subjected to solitary confinement, he or she is locked in a cell — typically about the same size as an elevator — for up to twenty-three hours a day, with minimal human contact, virtually no access to rehabilitative or educational programs, and extremely limited physical and mental health treatment. The United Nations Convention Against Torture defines torture as “any state-sanctioned act “by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person” for information, punishment, intimidation, or for a reason based on discrimination.”² Nils Melzer, a UN special rapporteur on torture, writes that his mandate has long caused him to be concerned about the excessive, arbitrary use of solitary confinement across the world, but especially in the United States.³ Such deprivation is extremely detrimental to both physical and mental health and amounts to torture. We must end the dehumanizing practice of solitary confinement because people’s lives are at stake.

According to a 2017 survey, roughly 61,000 men, women, and children are confined in isolation across the country.⁴ However, this figure is likely a very low estimate, as it does not take into account inmates in local jails, juvenile facilities, or immigrant detention centers. Like most human rights abuses, solitary confinement is difficult to track because there’s no federal reporting system in place to determine how many people are being isolated at one time. As with every measure of incarceration in the United States, people of color are overrepresented in solitary confinement.⁵ There is an assumption that solitary confinement, like the death penalty, is reserved for only the worst of the worst, but the truth is that prisoners have spent months or even years in solitary for relatively

minor offenses, such as stealing a pack of cigarettes or talking to a suspected gang member.

The UN’s Mandela Rules stipulate that solitary confinement should not be used against youth or people with disabilities and that no one should be isolated for longer than fifteen days.⁶ Despite this, it is estimated that between one-fifth and one-third of prisoners in solitary confinement struggle with mental illness before they are isolated.⁷ But if inmates aren’t mentally ill when they go in, they’re almost sure to be when they come out. Stuart Grassian, a psychiatrist from Harvard Medical School, has interviewed hundreds of inmates who survived solitary confinement, and he concludes that extensive isolation can lead to visual and auditory hallucinations, panic attacks, chronic insomnia, hypersensitivity to external stimuli, a loss of impulse control, development of paranoid obsessions, and loss of cognitive and memory abilities.⁸ In a study of California inmates between 1999 and 2004, Grassian discovered that people in solitary confinement made up nearly half of the prison system’s suicides. A 1995 study of the federal prison system revealed that 63% of inmate suicides occurred among those who had experienced long-term isolation.

The adverse mental health effects of solitary confinement are demonstrably worse for juveniles,⁹ whose brains are still developing and thus have a greater need for socialization. A sixteen-year-old Florida teen held in isolation for four months took up self-harming because, she told Ian M. Kysel of *The Washington Post*, “It is the only release of my pain.”¹⁰ Leno Silva, who experienced solitary confinement as a child, describes it thus in a 2014 report by the American Civil Liberties Union: “Being in a room for over twenty-one hours a day is like a waking nightmare, like you want to scream but you can’t.”¹¹ DOJ research found that more than 60% of young people who died by suicide in prison had a history of being held in solitary confinement. If parents confined their children to a small, non-air-conditioned room for twenty-three hours a day with no human contact, it would be called child abuse.

Solitary confinement had its heyday in the 1990s and early 2000s when the United States developed “tough on crime” policies which scoffed at rehabilitation as useless and ineffective. Fortunately, the past few years have seen meaningful efforts to restrict or eliminate this form of torture. In 2016, President Obama called solitary con-

finement “an affront to our common humanity.”¹² In 2019, despite a resurgence in dehumanizing rhetoric against incarcerated people, twenty-eight states introduced legislation to limit solitary confinement, and twelve states passed laws that do things like limiting isolation to a maximum of twenty days and prohibiting isolation for vulnerable populations such as young people, pregnant and post-partum people, the elderly, and people with disabilities.¹³ In 2020, Louisiana, which holds people in solitary confinement at rates four times the national average, introduced a bill to ban solitary confinement for pregnant people in all but the most extreme cases.¹⁴ The ability to exist in a community and access education and rehabilitation programs should not be regarded as a privilege for incarcerated men, women, and children, but a basic human right. President Obama was absolutely right to call long-term, abusive use of solitary confinement “an affront to our common humanity.” Creating a culture of life means doing away with these torturous practices and implementing restorative justice models which put the inalienable human dignity of both victims and offenders at the center of our social discourse and policies.

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