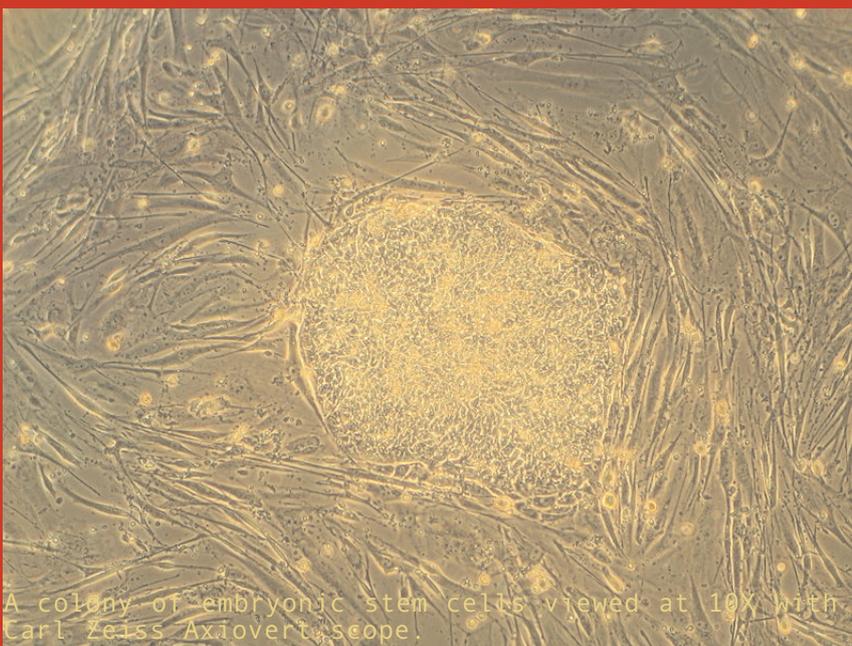


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*Hiroshima 1945, pre-attack, taken from a B-29 Bomber at an altitude of 33,000 feet*



*A colony of embryonic stem cells viewed at 10X with Carl Zeiss Axiovert scope.*

**From the  
Battlefield  
to the  
Medical Field**  
*Catholic Teaching on  
Conscientious Objection*

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## about this issue

In moving “From the Battlefield to the Medical Field,” from issues of war and peace to the so-called life issues, it might appear that with this issue of *The Sign of Peace* we are moving from left to right, setting aside a liberal cause—peace—for the sake of a conservative cause—life. Given the present polarizing dynamics of politics in the United States, this would be understandable, but nothing could be further from the truth. For one thing, we have never approached the concern of violence in war as a mere “issue.” War involves real people (soldiers or those thinking about becoming soldiers) whose actions toward other real people (the soldiers and civilians on the other side) do physical and spiritual damage to all involved. In other words, we approach war and conscience from a perspective of personalism, not politics.

For another thing, we have always been mindful of the connection between violence in war and the damage it does to the lives of those who inflict it, including their family lives. The reverse is true too. When we do violence to those in our families, especially the unborn, the developmentally disabled, and the elderly, we make it easier to engage in, and approve of, the violence of war. The problem is that we get numbed to violence.

Then there is the fact that there is no distinction between the battlefield and the medical field when it comes to intentionally taking the lives of the innocent. In both “fields,” such actions are absolutely prohibited by the natural law. Therefore, in both “fields,” issues of conscience are raised, including the obligation to conscientious objection. With this issue of *The Sign of Peace*, we hope to underscore the truth that God is God of both fields, and that Christians are called to bring, to both fields, the Gospel of Life and Peace. ✠



# The Gospel of Life & Peace

In a recent article in *America* (“Finding Renewal: Why The Pro-Life Movement Should Return to its Roots” February 16, 2009), James R. Kelly urges that the pro-life movement get back in touch with its basic commitment to nonviolence. Citing Tom Cornell, a co-founder of the Catholic Peace Fellowship, and Gordon Zahn, a long-time advocate of conscientious objection to war, he argues that a “consistent ethic of life” originated among opponents to war, in particular the war in Vietnam. The phrase worked its way into mainstream Catholic thinking, Kelly notes, after Cardinal Joseph Bernadin argued in a lecture at Fordham in late 1983 that Church teaching opposes both abortion and military violence directed at civilians for the same reason: it is a direct attack on the innocent. In the mid eighties, groups committed to nonviolence—Catholic Worker groups, diocesan peace and justice committees, Evangelicals for Social Actions, and others—banded together to form “The Seamless Garment Network,” later called simply “Consistent Life.” But soon, the pro-life movement formed an alliance with fiscal conservatives, which led to the impression, still prevalent today, that being pro-life means being pro-Republican. An unfortunate development, but it can be curbed, says Kelly, if the pro-life movement returns “to its deepest moral insight: that a resort to violence in any dimension is a negation of the human good.”

Kelly’s article is insightful in tracing the history of the pro-life movement to its roots in nonviolence and in calling for a recovery of those roots. The only thing we would add is that the reverse is also true: that the peace movement has, for its part, formed too close of an alliance with political liberals, and needs to return to its roots as well. This means steadfastly opposing abortion and protecting unborn life.

In the early seventies, many in the peace movement were drawn to political liberalism as the only hope for ending the carnage in Vietnam. Moreover, political liberals promised to fend for the rights of workers, women, racial minorities, and the poor. But as for the unborn, their rights were contingent on the so-called right to choose. A pro-choice agenda was hammered into the Democratic platform in 1976. By the eighties, many in the peace movement tied their hopes for peace to a resurgence of political liberalism. The pro-life cause was left behind. During the nineties, the divisions between liberals and conservatives hardened. The situation remains basically the same now. Last fall, after eight years of Bush (junior), people in the peace movement strongly supported Obama as the best hope for peace. But an Obama presidency also promised an expansion of “reproductive rights” and a roll back of “conscience clauses” protecting those refusing to participate in abortion. It now seems that these dark promises are being fulfilled.

As it stands, many Christians in the peace movement are exhibiting a moral sensibility that is as naive as it is disturbing. On the one hand, they have continued to cast support for an Obama presidency, even though he backed off early campaign promises to pull troops out of Iraq and then gathered a group of advisors (such as Rahm Emanuel, Hillary Clinton, Robert Gates) with a record of support for—or egregious complicity with—violence against the Iraqi people. Granted, the Obama White House seems ready to undo the Bush policy regarding torture and is presenting a more conciliatory policy overseas. But let us be realistic. Barack Obama is the Commander-in-Chief of the greatest imperium in history, and he has been acting the part. To suppose he is leading that imperium away from the path of violence and domination is to indulge in a desperate kind of sentimentality.

Those in the peace movement are quick to voice concern over other issues related to the quest for just peace: poverty, health care, race relations, the environment, and so on. But when it comes time to speak up for the right to life (all life) a disturbing silence prevails. As for the idea that there should be legal protections for medical professionals who conscientiously object to participating in abortions, this gets dismissed as right-wing extremism. It is as if this country already has enough protections for conscientious objectors. (Tell that to the Marine who called us last week.) It is as if the dignity of the human conscience has no relation to the dignity of human life, as if the defense of human life has no relation to the quest for peace. But life and peace are cut from the same cloth, a seamless garment. Pull one thread loose and all is lost.

When people in the peace movement dismiss or fall silent on pro-life issues, they reveal the extent to which they have been co-opted by US political culture and the long reach of the nation-state. They neglect the fundamental principle on which all peacemaking is grounded: the principle of nonviolence. As Dr. Kelly notes, “no term and no principle is more alien to the nation-state, especially in its foreign affairs, than nonviolence.” For him, this means the pro-life movement must reclaim its biblical roots in nonviolence and risk being marginalized by the mainstream. For us—and we think Dr. Kelly would agree—this means that we in the peace movement must do the same. We must risk the same. We must have the courage to raise our voices for the unborn, even though the world already considers us unrealistic dreamers, even though the world thinks we are fools to be baited with empty promises, even though the world will think less of us the more we speak out for the most defenseless human persons of all. In the current context, this may not make political sense, but it makes perfect sense for the followers of a Lord Who offers us peace, but not as the world gives peace (Jn 14: 27). —THE EDITORS

# Peace Briefs

## News Compiled by the CPF Staff

### For Christians in Iraq the Suffering Continues

The Catholic community in Iraq continues to be violently attacked and Christians there continue to be driven into exile. As many Christians flee, those who remain find themselves in increased danger. Early this year Monsignor Louis Sako, Chaldean archbishop of Kirkuk proclaimed: “I ask the Christian community not to give up on the land of its birth and to remain united.”

At least five more Iraqi Christians were killed in the months of March and April. Church leaders believe organized crime rings in Iraq have now begun to target Christians there.

Iraq’s “ethnic and religious groups have not become truly reconciled and the security situation remains fragile,” Archbishop Sako has said.

Sako observed, “The Army and local police are not able to maintain law and order in the country,” and he believes that the departure of US troops will likely “lead to further violence.”

At the beginning of Holy Week, Sako called on the Church to “pray for peace and stability in Iraq ... Let us pray that the blood of our martyrs may restore peace. The Crucified and Risen Christ calls upon us to persevere and maintain our presence and witness.”

### Peacemakers Cry out from the Nevada Desert

According to *Democracy Now!* US drone bombings have killed at least 687 Pakistani civilians since 2006 and US Predator drones have carried out sixty strikes inside Pakistan, but hit just ten of their actual targets.

Peacemaker Fr. Louis Vitale, OFM of Pace e Bene (himself a military veteran) says that some Air Force personnel at Creech Air Force Base in Nevada, “live with their families in Las Vegas. They drop their kids off at school, drive out in the morning, ‘fly’ their missions, drop their bombs” and “go home and have dinner with their family in the evening.”



Peacemakers gathered for Holy Week Vigil at Creech Air Force Base in Nevada

This past Holy Week, a group held a ten-day prayer vigil lamenting the US drone attacks. Fourteen people from various religious orders and organizations such as Pace e Bene, Voices for Creative Nonviolence, Nevada Desert Experience, the Pacific Life Community and the Catholic Worker movement were arrested at a nonviolent protest outside the Creech Air Force Base in Nevada, at which is headquartered a US fleet of unmanned drone aircraft, that is charged with the current mission of information gathering and destruction in Afghanistan and Pakistan.

### Pope: “Jesus...did not come to bring peace to the world with an army.”

In late March, Pope Benedict XVI offered a reflection on *Gaudium et spes* to an audience of young Italian “workers of peace” gathered at Vatican City. In his address he quoted the Pastoral Constitution stating, “Peace is never attained once and for all, but must be built up ceaselessly,” and commented, “How real this observation is! Unfortunately, wars and violence never end, and the search for peace is always a toilsome business.”

Quoting the Council fathers, the Holy Father explained: “New approaches based on reformed attitudes must be taken to remove this trap and to emancipate the world from its crushing anxiety through the restoration of genuine peace.”

According to Benedict XVI, “the authentic conversion of hearts represents the right way, the only way that can lead each one of us and all humanity to the peace that we hope for.

He continued, “It is the way indicated by Jesus: He—the King of the universe—did not come to bring peace to the world with an army, but through refusing violence.”

The pope told the youth gathered there, “you must be instruments of peace always and everywhere, decisively rejecting egoism and injustice, indifference and hatred, to build up and spread—with patience and perseverance—justice, equality, freedom, reconciliation, welcome, forgiveness in every community.”

### CO Update: Camilo Mejía

Staff Sergeant Camilo Mejía became the new face of the antiwar movement in early 2004 when he applied for a discharge from the Army as a conscientious objector during the Iraq War. His refusal to fight, citing the injustice of the war and occupation helped to rally the growing opposition to the Iraq War and to embolden his

fellow soldiers.

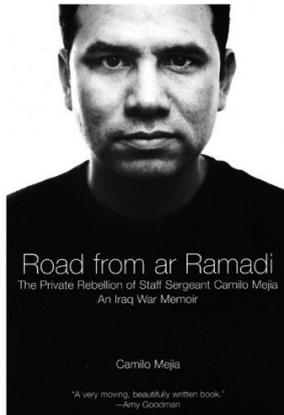
Recently, the CPF staff was honored to have the opportunity to meet up with Mejía (whom we honored in 2004 with the Saint Marcellus Award).

Mejía is currently living in Miami and is the Chair of the Board of Directors for Iraq Veterans Against the War and recently released his memoir, *Road from Ar Ramadi: The Private Rebellion of Staff Sergeant Camilo Mejía* (The New Press). Though he served a prison sentence for his dissent, he is still awaiting a decision from the Army on his conscientious objector claim.

In mid March, Mejía spoke at the University of Notre Dame. He began by articulating the importance of speaking at a Catholic university where there is the presence of both peace and justice groups trying to adhere to Catholic teaching, alongside the ROTC Program which hosts four branches of the military.

At his talk Mejía stated "I realized I couldn't be a good soldier, and simultaneously a good human being."

"When I went to Iraq, I lost hope in all mundane things (activism, politics, military, etc.) and I knew I had to believe in something." Mejía said he began praying again in Iraq, first to see his daughter again, then for the families of soldiers serving with him, moving on to the families of resistance fighters, then for the resistance fighters themselves, then for all military leaders, for peace, and world peace. He was baptized by a chaplain in the Euphrates River, and recalls this as a time of "religious awakening," a process of self-discovery and connection with humanity and a



greater good."

He went onto to say that "Conscience is a temple with which we meet with God. Conscience is a natural—not a religious—thing. But the Catholic tradition gave me the ability to articulate it."

### **Catholic Worker Peace Team to Gaza, Israel, and the West Bank**

In light of Israel's December-January invasion and long-time closure of Gaza, Hamas's firing of rockets into southern Israel, and the Israeli occupation of the West Bank, a Catholic Worker Peace Team traveled to the region from May 8-17. Like previous Catholic Worker Peace Teams to the Palestine and Darfur, they gathered information, delivered aid, and joined nonviolent protests to help promote a just peace.



Catholic Worker Peace Team Praying the Rosary at the border of Gaza

### **GI Rights Update: Army Docs Pressured Not to Diagnose PTSD**

*Salon.com* is streaming a recording of a Dr. Douglas McNinch, an Army psychologist at Fort Carson, Colorado, telling an Army sergeant who suffered a traumatic brain injury in Iraq that affected his short-term memory that Army medical boards and the Veterans Administration have been pressuring Army doctors to refrain from diagnosing soldiers returning from combat with Post-Traumatic Stress Disorder.

"OK," McNinch told Sgt. X, "I will tell you something confidentially that I would have to deny if it were ever public. Not only myself, but all the clinicians up here are being pressured to not diagnose PTSD and diagnose anxiety disorder NOS [instead]." McNinch is on tape as saying that Army medical boards were kicking back his PTSD diagnoses, saying soldiers had not seen enough trauma to have "serious PTSD issues."

"Unfortunately," McNinch told Sgt. X, "yours has not been the only case ... I and other [doctors] are under a lot of pressure to not diagnose PTSD. It's not fair. I think it's a horrible way to treat soldiers, but unfortunately, you know, now the VA is jumping on board, saying, 'Well, these people don't have PTSD,' and stuff like that."

Excerpts from the recording can be heard at: [http://www.salon.com/news/special/coming\\_home/2009/04/08/tape/](http://www.salon.com/news/special/coming_home/2009/04/08/tape/) ¶

# 1974 CPF Statement on Abortion

**T**he January 22, 1973 Supreme Court decision on abortion deprives all unborn human beings of any protection whatever against incursions upon their right to life and has thus created a situation we find morally intolerable, and one which we feel obliged to protest.

In issuing this statement in the name of the Catholic Peace Fellowship, we wish to make it clear that we do not speak for the Fellowship of Reconciliation with which we are affiliated. The FOR has not to this point taken an official position.

From the point of view of biological science the fetus is an individual human life. The social sciences may attempt to define “fully human” in a variety of ways, but their findings are inconclusive and, at best, tentative and certainly supply no basis for determining who is or who is not to enjoy the gift of life. No one has the right to choose life or death for another; to assume such power has always been recognized as the ultimate form of oppression.

A primary obligation of civil society is to protect the innocent. A legal situation such as now exists in the United States, making abortion available upon demand, is an abdication of the state's responsibility to protect the most basic of rights, the right to life.

We make this statement to protest a policy and a practice, not to condemn any individual for a tragic decision she or he may have felt forced to make, just as in our protest against war and its destruction of human life we pass no judgment upon the individual who acts in good conscience.

But just as we urge our leaders to institute policies that will put an end to the constant threat of war, so we call upon them, in particular our legislatures and courts, to undertake a prudent and thorough reassessment of the abortion issue in all its ramifications and to develop a policy that will extend the rights and protections afforded by the Constitution, and inherent by nature, to the unborn, and at the same time to provide every support and assistance to those who might otherwise be driven to consider abortion as a solution to real and demanding personal problems.

We reject categorically the Supreme Court's argument that abortion is an exclusively private matter to be decided by the prospective mother and her physician. We protest the thoroughly logical and perhaps inevitable extension of a practice which, though first argued in a personal context, has rapidly become a social policy involving publicly funded clinics and supportive agencies.

This is not a “Catholic issue,” and to dismiss it as such is to deny the dedication and the contribution of those of other religions and of none. Nor is this simply a matter of one group of citizens imposing its own morality upon others, any more so than our conscientious resistance to the war in Viet Nam, to conscription, etc. Indeed, we insist that these positions are all of one piece, stemming from what Albert Schweitzer called, “reverence for life,” and the consequent obligation to oppose any policy or practice which would give one human being the right to determine whether or not another shall be permitted to live.

For many years we have urged upon our spiritual leaders the inter-relatedness of the life issues, war, capital punishment, abortion, euthanasia and economic exploitation. We welcome the energetic leadership our bishops are giving in the abortion controversy and we are proud to join our voices with theirs. At the same time we must point out that, ultimately, the sincerity of our words and theirs on any of these issues will be measured by our readiness to recognize and deal with the underlying social problems which turn many people to these deadly alternatives, to condemn all forms of social and economic injustice and to work for their elimination and the establishment of a social order in which all may find it easier to be “fully human.”

Signed June 28, 1974 by:

*Dorothy Day · Eileen Egan · Hermene Evans · Joseph Evans, M.D.  
Thomas C. Cornell · James H. Forest · Gordon C. Zahn*

# From the Battlefield to the Medical Field

BY THE STAFF OF THE CATHOLIC PEACE FELLOWSHIP

On April 8, 2009, John Bruchalski announced to the National Press Club that he would rather close his Tepeyac Family Center in Fairfax, Virginia, than acquiesce to regulations requiring his center either to perform abortions or make referrals to clinics that do. The regulations could come as a result of changes called for by the Obama Administration. “From our perspective, the heart of social justice is the Gospel of life,” Bruchalski said, on behalf of forty other doctors, nurses, pharmacists, and others in the medical field. “We have to be obedient to our conscience, which is telling me to love God and neighbor ... I bring a perspective that ought to be heard. If they are silencing that, they’re silencing Catholics from being physicians.”

In late 2007, fifty-two nurses in San Juan, Puerto Rico refused to participate in abortion procedures, claiming “conscientious objection.” Several nurses spoke to *The Tablet*, a Catholic periodical published in London, but asked that their names not be used because the situation was “tense.” They described the new procedures, which include injections designed to kill the fetus in utero, as “brutal.” Their refusal decreased by half the abortion rate at the hospital.

In the summer of 2006, Debra Shipley, a nurse at a county health clinic outside of Memphis, was ordered to administer the morning-after pill to a patient. In an interview for a *Washington Post* article, “A Medical Crisis of Conscience,” Ms. Shipley explained that the order goes against her Christian faith: “I answer to God first and foremost.”

In July 2005, Luke Vander Bleek

and Glenn Kosirog, two pharmacists in Illinois, refused to provide customers with the “Plan B morning-after pill.” In an interview for PBS at the time, Vander Bleek said, “I’m opposed to all forms of abortion. And these abortifacients don’t belong in my pharmacy, and don’t belong under my watch because of my conscientious objection.”

These are just a few cases of moral tension emerging in the medical field in recent years. The number of cases is rising, especially for Christians. Like anyone else, Christians are dedicated to caring for their patients and consider it a work of mercy. But they are finding themselves increasingly uncomfortable with new practices shaping medical care at the beginning and end of life. According to the article in *The Washington Post* (July 2006), a debate is underway in medicine over the role of conscience in medical care, and it “has become acute for some religious [health care] workers, especially devout Christians, for whom the concept of ‘conscience’ plays a particularly prominent role. One development after another has challenged their values: treatments using fetal tissue; physician-assisted suicide; the RU-486 abortion pill; the morning-after pill; fertility clinics discarding thousands of excess embryos; and now a looming wave of therapies derived from embryonic stem cells.” Each of these developments creates conscience qualms for people in medicine, and at times it spurs them to “conscientious objection.”

## **COs in Medicine and the Military**

The phrase “conscientious objection” is usually associated with the

military. But the term is also becoming relevant in medicine. The parallels are unmistakable. Both the military and medical professions are, in theory, intended to provide for the common good. Both are designed for service to others. Both operate under a clearly defined chain of authority. Both have a professional code of ethics with a long history. So when those within these professions claim its code of ethics is being violated and refuse to participate in certain practices, the result is conflict. When the conflict is not resolved, some within the ranks of these professions claim conscientious objection.

Consider the example of Camilo Mejía, a staff sergeant in the Army who refused to carry out his military service in the Iraq War. Speaking of the difficulty of squaring professional duty with a moral obligation to his conscience, he recalls, “But I was a soldier, I am still a soldier, and as good soldiers, we are told not to question the reasons for war. We are not supposed to concern ourselves with politics, nor foreign policies; we fight wars without questioning them. And so I began training and preparing for war. But we still had not made a case for war, and I trusted that our leaders would do the right thing and use military force as a last resort.”

Transposing Mejía’s words into the world of professional medicine, we can imagine a nurse, for example, explaining a similar personal struggle in this way: “But I was a nurse, I still am a nurse, and as good nurses, we are told not to question the reasons for a procedure. We are not supposed to concern ourselves with hospital policy; we carry out medical orders without questioning

them. And so I began to train for work in the OB/GYN unit. But the directors of the hospital had still not made a case for using fetal tissue, and I trusted that they would do the right thing and not use fetal tissue unless they had made the moral case for it.”

These days, it is not unusual for nurses to find themselves in this kind of situation. The same is true for doctors, pharmacists, and others involved in medicine. The pattern is becoming familiar. At first, they find themselves uncomfortable with a set of procedures. They ask questions about it. They are told their job is not to set policy. If their unease develops into a moral problem, they have a choice to make: either set the problem aside and go on with their work, or start taking a stand. The ones who *do* take a stand are in situations not unlike those in the military who claim conscientious objection.

For these reasons, we at the Catholic Peace Fellowship would like to examine the relationship between military and medical conscientious objection, as a way to get to the heart of the matter which is

appointment with a doctor, go in to the office, get examined, and leave with a prescription or treatment that should cure what ails us. We do this routinely, often not noticing the remarkable trust involved. Think about it. We reveal all kinds of things at the doctor’s office that we wouldn’t reveal to just anyone: medical history of ourselves and our families; personal routines and habits; what we eat and drink (and smoke); most of all, we reveal our bodies. We wait in the examining room, the assistant walks in, gives us a skimpy gown, tells us to take off our clothes. After a while, the doctor comes in, looks in our mouth and ears, examines our throat, breasts, stomach, back, butt, right on down to our most private parts. A physical exam can be uncomfortable and a bit embarrassing. But we go along with it. Why? Because it is *for our own good*. And this is why medicine is a good. Its purpose is to make us feel better, to make us well, to heal us.

This notion of medicine as a good is revealed in our ordinary, everyday language. We speak of a “good” doctor, by which we mean one who lis-

ten to family and friends and get a sense of the “good” hospitals in the area. All this talk of ordinary “good” in relation to the practice of medicine is reflected in popular culture. For years now, good doctors have served as wonderful characters on TV shows (just to take one medium); from wise and trusted Marcus Welby, M.D., to the irreverent but competent Hawkeye on *M\*A\*S\*H\**, to the thoroughly human but deeply committed staff on *ER*. Even the main character House, in the TV series of the same name, is a kind of medical anti-hero: he’s not someone you’d want to bring home for dinner, but you *would* want him to operate on your kid’s ruptured spleen.

Our thoughts and feelings about the good of medicine go back a long way. In antiquity, doctors took an oath, formulated by the Greek philosopher Hippocrates, to use their powers to heal and not to kill. In Medieval times, medical care was performed under the auspices of the Church. Healing the sick was the vocation of religious orders, such as the Hospitalers. In the early modern period, as knowledge of the human body expanded, specialized fields emerged and medicine as a whole came to be seen as a modern science, but still, a science one could trust. In the late nineteenth century and early twentieth centuries, medicine became centrally organized, with professional authorities overseeing the training of doctors and nurses, setting codes of conduct and issuing licenses, so that now, we don’t think twice of medicine being regulated by agencies such as the American Medical Association. But even with these institutional developments, medicine was still seen as a time-honored assemblage of beliefs and practices designed to fulfill a good: caring for the sick, curing illnesses, and promoting human health.

### **A Revolution in Medicine**

But over the past fifty years or so, medicine as a profession and field of

### **We at the Catholic Peace Fellowship would like to examine the relationship between military and medical conscientious objection, as a way to get to the heart of the matter which is the same for both: conscience and the struggle to take a stand against practices that are violent, death-dealing, and-as such-constitute an attack on peace.**

the same for both: conscience and the struggle to take a stand against practices that are violent, death-dealing, and—as such—constitute an attack on peace.

### **The Good of Medicine**

The purpose of medicine is to cure illness, to care for us when we are sick, to protect our bodies from disease and so to preserve our health. Medicine is, in the classical philosophical sense of the word, a good. We all know this first hand. When we are sick, we make an

tens to us, has a knowledge of medicine, and knows how to apply that knowledge to our particular situation. We like the assurance of a good doctor, especially when suffering from a compound fracture, or a major heart disease or a stroke. “Who’s your doctor?” “Dr. Hedderman?” “Oh, she’s good.” If you or your loved one has been in the hospital for a long spell, you come to know the “good” nurses, the ones who are warm, reassuring, competent. The same is true of hospitals. You have cancer, you want to go to a “good” hospital, so you talk

knowledge began to undergo drastic change. Three interconnected factors have been involved in this broad transformation. First, technology. Technology has revolutionized the practice of medicine. Much of this has been to the good. Technological advances have enabled those in medicine to intervene on behalf of the sick, whether to cure diseases hitherto thought to be incurable, such as polio and smallpox, or to assist when organs are not functioning properly, as is the case with pacemakers or kidney dialysis machines. But this has led to an emphasis on curing disease rather than providing care, resulting with a patient who is treated in a less personal manner.

Second, the market. The rise in medical technology has been largely market-driven. The demand for advanced care has proven to be tremendously profitable, with medical research corporations reaping great benefits. Here too, the effect has been to the good. But there have been deleterious effects as well. Patients are regarded now as “consumers” or “customers.” Medical staffs have redefined their mission as of delivering “health-care services.” And insurance companies, the only entities than can handle the enormous costs, now determine when, where, and sometimes whether or not medical care is to be given.

Third, the state. Given the rise in technology and onset of market dynamics, the state has entered powerfully into the medical scene. Here too, the benefits have been real, in the form of benefits for those lacking basic medical care, regulations protecting against abuse, and so on. But the downside has been that the practice of medicine has become more bureaucratized and politicized.

In one sense, these changes occurred gradually, over the course of many decades. But looking back, they seem to have come upon us all at once, almost suddenly. Gone are the trappings of personalized medical care: doctors coming to the

home with black bag and stethoscope in hand, nurses donning their traditional nurse’s caps, the friendly pharmacist who knows you by name. Instead, patients, especially patients with serious or long term illnesses, find themselves caught

**It is not long before advocacy groups fight for a “patients’ bill of rights.” All as a way to fend for the patient in the midst of the vast bureaucracy that has become the medical establishment.**

within an enormous bureaucratic maze. Not only do they feel sick, which is bad enough. They often feel overwhelmed, confused, shunted aside, lost.

The response has been a good, ole’ fashioned American one. Patients have begun to assert the one thing they think they have left: their rights.

### **Patients’ Rights**

Given the context of the massive bureaucratization of medicine over the past five decades, it is understandable that patients and their advocates have begun to seek their rights. It gives them a measure of control, or at least the appearance of it, in seemingly uncontrollable circumstances. You pass out, awaken in the ER, get rushed into surgery, and awaken again later to be informed that you’ve had a stroke. The next few days are all a haze. When you come out of it, the doctor says your recovery will be long and that you won’t be able to do things you used to do. The next day he tells you they want to put a G-Tube into your stomach. Your family has to sign off on it. Do you have any say? Do you want to live in a nursing home, being fed and clothed and changed for the next few months or years? A fair question. Shouldn’t you have the right to answer it for yourself? Or, if you have written out your wishes ahead of time, and your family has agreed to abide by them, shouldn’t they be able to say what is to be done?

A similar question applies in

other medical situations. High powered drugs? Other extraordinary means to be kept alive? Shouldn’t patients have the right to decide? The reigning rationale says they should. So patients are given rights, not only to speak up in decisions

that determine their fates, but also in situations in which medical malpractice may have occurred. It makes sense to seek redress in a court of law. It is not long before advocacy groups fight for a “patients’ bill of rights.” All as a way to fend for the patient in the midst of the vast bureaucracy that has become the medical establishment.

### **Freedom and Autonomy in Medicine**

None of these developments—the rise of technology, the commercialization of medicine, the entry of the state into the medical field, the assertion of patients’ rights—occurred in a vacuum. They were part of broader cultural, political, and legal developments favoring individual rights. In the United States, individual rights have long been protected by the First Amendment: the right to freedom of religion, free speech, free assembly, free press, and so on. But in the past half century or so, these freedoms have been extended beyond the political sphere into the most important aspects of life itself, including when it begins and when it ends. The Courts have been instrumental in extending these “freedoms.” In 1965, the right to contraception was upheld. In 1973, the right to abortion was granted. In the early nineties, the right to die was affirmed in some lower courts. And in 1992, the Supreme Court held that people have the right to define for themselves morality, religion, life, death, even the nature of

the universe itself. The Casey ruling, with its famous (or infamous) “mystery clause,” is noted for affirming individual “autonomy.” Literally, the word means “self-law.” In effect, the Court determined that a person

well. Learning to do so, of course, requires years of training, but at the end of it—if the system is in good working order—they will have acquired the knowledge, skill, and good judgment necessary to be good

evil.

This knowledge is present within each of us by means of a human capacity that Aquinas called *conscientia*, what we nowadays call “conscience.” By means of conscience, God reveals to us the natural law concerning good and evil. One precept of the natural law is that it is evil to intentionally take the lives of the innocent. Thus it would be evil for a doctor to perform an abortion or to provide the medical means for a person to commit suicide. In these cases, a doctor, or a nurse or a medical assistant, is obliged not to cooperate in such procedures. One must object for reasons of conscience. Indeed, it is the prudent thing to do, for prudence in medicine involves not only knowing how to practice medicine, but also how to do so in a way that serves the good of human health.

## **Prudence in medicine involves not only knowing how to practice medicine but also how to do so in a way that it serves the good of human health.**

is autonomous, a law unto him or herself.

What do these developments have to do with doctors, nurses, and the good of medicine? Plenty.

Traditionally, when a patient came before a doctor “presenting” an ailment, the doctor decided the nature of the ailment and how it would be treated. Now, under the expanded freedoms and the sense of autonomy, the patient can decide how an ailment will be treated, especially when it concerns the beginning and end of life. A pregnant mother of three tells her doctor she wants an abortion. An elderly diabetic who has already lost one leg refuses a ten-day course of antibiotics. A high-school girl asks a pharmacist for the morning after pill. A clinically depressed woman with stage-four liver cancer clamors for a lethal dose of morphine. In each of these cases, the patient believes it is his or her right to receive the desired “treatment.” But what about the doctors, nurses, and other medical staff? Do they have the right to refuse the requested treatment in these cases? The short answer to this question is: yes, they do. But on what basis? The short answer here is: on the basis of conscience.

### **Prudence and Conscience in Medicine**

When the practice of medicine is in good working order, a medical staff acts on behalf of human health, in accord with the good of medicine. Doctors, nurses, and the others need only to do their jobs

practitioners of medicine. They will have acquired, in other words, “practical wisdom” as it relates to medicine; or what we can call “medical prudence.”

For Thomas Aquinas, prudence is the virtue of knowing how to do the good in particular instances. It is the central virtue, “the mother of the virtues” as he calls it, because without it, our knowledge of the good would not translate in concrete action in particular cases. Thus “medical prudence” involves not only knowledge of medicine, but also the capacity to apply that knowledge in particular cases, and to do so not only with deliberation and care, but also quickly and confidently. When a patient is wheeled into the emergency room after a serious car accident, a doctor carefully but quickly sizes up the injuries and orders the arteries to be clamped off, re-sets the broken bones, and begins to suture up the lacerations—like the medical team on “ER.” In this instance, medical prudence is a moral good because a doctor’s actions are directed to the good of human health.

But what about a situation when the doctor’s actions are not directed to the good of human health? What about an abortion? Or physician-assisted suicide? In these cases, the virtue of medical prudence involves an added task: not just carrying out a set of actions based on medical know-how, but also knowing whether or not these actions are actually directed to the good. The crucial ingredient here is not medical knowledge alone, but also moral knowledge, knowledge of good and

### **The Church on Medicine, Morality, and Conscience**

In the latter half of the twentieth century, as medicine underwent the transformations mentioned above, the Church consistently taught that the practice of medicine must adhere to the principles of the natural law. In the face of technological advances, it issued carefully nuanced directives as to how the principle of not killing the innocent applies, for example, in the case of terminal patients receiving morphine for pain relief. (There are many other examples as well, on which hundreds of scholarly articles and books have been written.) In the face of market forces, the Church has warned against the commercialization of medicine and stressed that the primary purpose of medical care is people, not profit. And in the face of growing state control over medicine, the Church has called for laws and regulations that limit autonomy for the sake of protecting human life. But as the century was coming to a close, it was obvious that the Church’s teaching was not understood or even being heard, in some cases even by Catholics.

To address this situation, Pope John Paul II issued two important encyclicals. The first was entitled *Veritatis splendor* (*The Splendor of Truth*). Issued in 1993, it holds that modern notions of freedom and autonomy are undermining the traditional Catholic teaching that some actions are intrinsically evil (*intrinsece malum*) and therefore never morally permissible. Abortion and euthanasia are both cited as morally evil actions that are incorrectly justified by pointing to the sincere motives or tragic circumstances involved, often in the name of “freedom of conscience.” But freedom, the pope argues, must be ordered to truth as revealed by the natural law, so it can never justify committing an evil.

The argument is long and complex, but the heart of it is simple and straightforward: the commandments were revealed by God and the power to carry them out is given by God to those who seek the mercy and grace needed, as exemplified by Christ and the martyrs. Not surprisingly, *Veritatis splendor* generated considerable controversy, yet only two years later, Pope John Paul II issued yet another encyclical of equal importance and controversy, which directly addresses the role of conscience in the medical field.

### ***Evangelium Vitae* on Conscience**

Entitled *Evangelium vitae*, this encyclical features what Pope John Paul II calls “The Gospel of Life,” which “is at the heart of Jesus’ message,” affirming the divinely-implanted dignity and right to life of every person. But this dignity and right, the pope somberly notes, is being subjected to new threats to human life which constitute a “culture of death,” and he summons Catholics to resist and overcome it, so as “to ensure that justice and solidarity will increase and that a new culture of human life will be affirmed, for the building of an authentic civilization of truth and love.”

The encyclical is divided into four

chapters. In chapter one, John Paul writes of “*a war of the powerful against the weak*” and decries the forces contributing to it: hedonism,

**Indeed, this obligation to conscientious objection is reflected in the Exodus story, where the Hebrew midwives “did not do as the king of Egypt commanded them, but let the male children live” because “they feared God” (Exodus 1:17).**

the profit motive, the contraceptive mentality, pharmaceuticals, new techniques of artificial reproduction and prenatal diagnosis, and hedonism. He identifies abortion and euthanasia as practices that are no longer considered to be crimes but rather as rights deserving legal protection by the state. In this regard, the state, in the name of democracy and freedom, actually degenerates into “a form of totalitarianism,” “a tyrant state,” as he puts it, “which arrogates to itself the right to dispose of the life of the weakest and most defenseless members, from the unborn child to the elderly, in the name of a public interest which is really nothing but the interest of one part.” And yet, he insists, “all the conditioning and efforts to enforce silence fail to stifle *the voice of the Lord echoing in the conscience* of every individual: it is always from *this intimate sanctuary of the conscience* that a new journey of love, openness and service to human life can begin” (italics ours).

Chapter two explains how the unborn play a central role in salvation history (especially in Jeremiah and the early chapters of Luke) and how old age was revered in Israel. The Scriptures trace a dramatic conflict between the culture of death and the Gospel of Life, culminating in the crucifixion and resurrection of Christ: “the glory of the cross is not overcome by this darkness; rather, it shines forth ever more radiantly and brightly, and is revealed as the center, meaning and goal of all history and of every human life.”

In chapter three, John Paul II reiterates the Church’s teaching against abortion and euthanasia and

how this prohibition extends to fetal tissue research and other embryo-destructive practices and to “physician-assisted suicide” and

related practices. The state has no right to enact laws protecting such practices, and when it does, “there is no obligation to obey such laws; instead there is a *grave and clear obligation to oppose them by conscientious objection*” (n. 73). From its earliest times,” he goes on to explain, “the Church reminded Christians of the duty to obey “legitimately constituted public authorities” (cf. Rom 13:7; I Pet 2:13-14), “but at the same time, it firmly warned that ‘we must obey God rather than men’ (Acts 5:29).” Indeed, this obligation to conscientious objection is reflected in the Exodus story, where the Hebrew midwives “did not do as the king of Egypt commanded them, but let the male children live” because “they feared God” (Exodus 1:17). Similarly, legislators should refuse to pass unjust laws attacking life and also provide for legal protections for those who conscientiously object to such practices.

In chapter four, the Pope writes that “we need to bring the *Gospel of life* to the heart of every man and woman and to make it penetrate every part of society.” This will involve proper teaching in seminaries and parishes, forming consciences, and fostering “*a contemplative outlook*” so that people will see in every new life an image and gift of the Creator, and in every instance of sickness and near death, an occasion for hopeful perseverance and solidarity in suffering.” Noting the daily heroism of parents having and raising children, and children caring for their aging parents, he calls for a variety of efforts to promote “the culture of life”: marriage and family counseling centers, clinics for the sick and elderly, associations for

action in the medical field, and concerted political action to “ensure that the laws and institutions of the

States, Catholics are led to think that the two concerns—life and peace—can be played off against

gle and conflicts of conscience, especially when the fields in which we operate are dominated by death-dealing forces seemingly beyond our control. At the outset, we identified technology, the market, and the state as factors creating these forces in the medical field. These factors have long been at work as well on the battlefield. But neither of these fields are overrun, thanks to people who, out of conscience, take a stand for both life and peace. People like Luke Vander Bleek and Glenn Kosirog, the two pharmacists from Illinois; Debra Shipley, the county-health-clinic nurse from outside of Memphis; the fifty-two nurses in San Juan, Puerto; and John Bruchalski of the Tepeyac Family Center in Fairfax, Virginia. And also people like Camilo Mejía, the Army Staff Sergeant who refused to return to Iraq; Josh Casteel, the Army interrogator at Abu Ghraib turned conscientious objector; Jonathan Lace, the airman who refused to participate in activities at the SAC Base in Nebraska; and Daniel Baker, the Navy mechanic serving in Qatar. Thanks to these and others who follow the voice of conscience on the battlefield and in the medical field, we now see a new field emerging, a veritable vineyard, evidence of a Springtime in the Church, with the seeds of the Gospel once again producing the fruits of life and peace. ✠

## **The Gospel of Life and the Gospel of Peace are one and same**

### **Gospel, rooted in devotion and dedication to one and the same**

#### **Lord, the Author of Life and the Prince of Peace.**

State in no way violate the right to life, from conception to natural death, but rather protect and promote it.”

#### **The Gospel of Life and Peace**

The promulgation of *Evangelium vitae* has had an enormous impact on Catholics in the United States. Not only did it identify the forces that make up “the culture of death,” it also called upon Catholics to resist them through conscientious objection to laws that protect the practices lying at the heart of it: abortion and euthanasia and related practices.

In light of our longstanding support of conscientious objectors in the military, we take heart in the fact that a papal encyclical (for the first time, as far as we know) explicitly enjoins Catholics to conscientious objection. It points to the fundamental unity of *both* life and peace as they relate to *both* medicine and the military.

All too often, due to the present-day political culture of the United

each other, as if being pro-life is tantamount to being pro-war, as if being committed to peace means being soft when it comes to resisting “the culture of death.” But in light of the fullness of Catholic teaching, the contrary is true. This is made explicit at the end of *Evangelium vitae*, where Pope John Paul II quotes his predecessor Paul VI, in the 1997 Message for World Peace: “Every crime against life is an attack on peace, especially if it strikes at the moral conduct of people ... But where human rights are truly professed and publicly recognized and defended, peace becomes the joyful and operative climate of life in society.” The Gospel of Life and the Gospel of Peace are one and same Gospel, rooted in devotion and dedication to one and the same Lord, the Author of Life and the Prince of Peace.

#### **From the Battlefield to the Medical Field**

Following Christ is never easy. It sometimes involves dramatic strug-

#### **Some Relevant Sections of the Catechism of the Catholic Church on Conscience**

1795 “Conscience is man’s most secret core, and his sanctuary. There he is alone with God whose voice echoes in his depths” (Gaudium et spes, 16).

1796 Conscience is a judgment of reason by which the human person recognizes the moral quality of a concrete act.

1797 For the man who has committed evil, the verdict of his conscience remains a pledge of conversion and of hope.

1798 A well-formed conscience is upright and truthful. It formulates its judgments according to reason, in conformity with the true good willed by the wisdom of the Creator. Everyone must avail himself of the means to form his conscience.

1799 Faced with a moral choice, conscience can make either a right judgment in accordance with reason and the divine law or, on the contrary, an erroneous judgment that departs from them.

1800 A human being must always obey the certain judgment of his conscience.

1801 Conscience can remain in ignorance or make erroneous judgments. Such ignorance and errors are not always free of guilt.

1802 The Word of God is a light for our path. We must assimilate it in faith and prayer and put it into practice. This is how moral conscience is formed.

# First, Do No Harm

BY GREG A. GEHRED, M.D.

*Editorial Note: The New England Journal of Medicine has run several articles sharply critical of doctors' exercise of conscience claims in medicine. Noticing this editorial trend, Dr. Greg Gehred of Wisconsin wrote this letter, which NEJM has never published.*

Rosenfield, Charo, and Chavkin (*NEJM* 10/30/08) decry “the increasing number of health care professionals claiming the right to abandon their patients ... in the name of conscience.” They go on to deplore “proposed federal legislation that would re-define common contraceptives as forms of abortion.” Lazzarini in your 11/20/08 edition cites the newly implemented South Dakota law which requires that certain information be given to a woman seeking an abortion in that state, including that she is terminating the life of a “whole separate, unique living human being.” Ms. Lazzarini, and apparently your editorial board, see this law as “threatening the physician-patient relationship.”

For many of us in the medical community these statements are of more than passing interest. In 1948 the General Assembly of the United Nations adopted “The Universal Declaration of Human Rights.” Article 1 of this Declaration states: “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience, and should act towards one another in a spirit of brotherhood.” Article 26 states: “motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.”

My conscience, based on my sense of self, others and the world, tells me that the pregnant woman patient before me carries within her a pre-born, biologically unique human being which, left undisturbed, will ordinarily develop into a live-born human baby. My conscience tells me that I *must* take into consideration both lives, mother and pre-born, as I render medical care and advice. The oldest and most hallowed tenet of our profession is “First, do no harm.”

My conscience and my medical knowledge tell me that to prescribe or dispense the “Plan B” or “morning-after” contraceptive pill will sometimes prevent a woman's fertilized ovum from implanting in her uterus.

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*Dr. Greg Gehred has practiced medicine for forty-two years. He now operates the Rock River Free Clinic in Jefferson County, Wisconsin, where he also serves as a deacon at St. Joseph Parish.*

My conscience tells me that it is totally illogical to grant that fertilized human ovum either zero value or inestimable value, based solely on the woman's wish at that moment she is in my office.

For our government or society to deny my right as a physician to render care which I believe is best for the total physical, emotional, and spiritual interests of my patient(s) is to strike very deeply indeed into our profession, and the oldest traditions of the healing arts. My

**My conscience was formed, in part, when in 1967 at my medical school graduation in Cleveland, I and my classmates recited the ancient Hippocratic Oath, including the line, “I will not procure a woman an abortion.”**

conscience is, to me, as precious as life itself. My conscience was formed, in part, when in 1967 at my medical school graduation in Cleveland, I and my classmates recited the ancient Hippocratic Oath, including the line, “I will not procure a woman an abortion.” Taking this oath was another long and hallowed tradition of our profession.

My conscience tells me that if I decline the pregnant woman in my office a prescription for “Plan B” or if I decline her demand for an abortion, I am not abandoning that patient. I am simply telling her that, for my health and hers, in their totality, I cannot fulfill her demands. I will not restrain her from seeking other physicians, other clinics, and their pills and procedures. It is a free country. But if, in the name of “freedom,” our country elects to force ideas and practices into my medical consultation, which force me to violate my conscience, my sense of right and wrong, then a great paradigm shift is underway. From my viewpoint, formed by my conscience, I will not be the only loser.

In my lifetime, the American Medical Association ruled that physicians cannot be forced by the state to participate in a court-ordered lethal injection of a convicted criminal. Ethically, we physicians were reminded that this participation compromises and violates our ancient medical traditions. I and others applauded this ruling. I believe that the same reasoning is applicable in the present controversies over abortion and abortifacients. The United Nations Charter of 1948 supports my right to my conscience in my own life decisions. Perhaps your editorial policies could reflect these facts.

Greg A. Gehred, M.D.  
December 8, 2008



# Killing Abstractions

BY EMMANUEL CHARLES MCCARTHY & JOHN J. CARMODY

*The greatest sin of the age is making the concrete abstract.*  
—Nikolai Berdyaev

The human brain possesses an extraordinary innate, God-given, natural capacity for universal human empathy. Part of our intrinsic genetic inheritance is the neurobiological capacity for care which embodies both empathy and compassion. These capabilities are within the domain of the prefrontal cortex, the most complex and highly-developed area of the brain—the area which make us quintessentially human.

The expression or inhibition of these capabilities is a function of the interaction of genetics with life experiences, beginning in the womb. These factors interact with and shape brain structure and brain chemistry in ways that influence lifelong social, emotional, cognitive, and behavioral functioning. The brain literally becomes an internal representation of the external environment—the life experiences that shape each individual.

Brain cells (neurons) are designed to change in response to patterned, repetitive stimulation. This stimulation changes patterns of neural activity, which in adults alters pre-existing neural organization. In the infant or child during development, however, it determines patterns of connectivity between neurons. This literally provides an organizational template for neural systems in the infant or child and ultimately determines functional capacity throughout the lifespan.

Not one Hatfield or McCoy, not one Christian or Jew, not one Muslim or Hindu is born hating the other. Each and every one, one by one, has got to be taught, before it's too late, before they are six or seven or eight, to hate all the people their relatives hate. They've got to be thoroughly taught.

## Empathy and its Annihilation

An abstraction is the process of, or the result of, reducing in the mind the information content of a concept or an observable phenomenon usually in order to retain only that information which is relevant for a "particular purpose." So in light of human history, it seems fair to ask how many people on the planet, especially what percentage of the ruling elite of various groups, live with profoundly underdeveloped empathic pathways because of information-reduced abstractions

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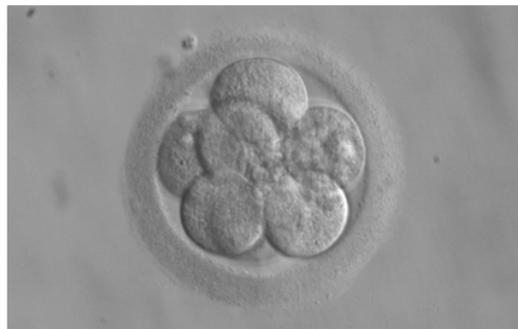
*Rev. Emmanuel Charles McCarthy and John J. Carmody work with the Center for Christian Nonviolence which is based in Wilmington, Delaware.*

and life experiences that impaired the maturation of these pathways? Indeed, since human governments divide people, pitting them against one another, and since no one who is queasy about using kill-power is permitted to rise to significant political power, then is not a diminished empathic capacity a requirement for high political office? What about high corporate office where maximizing profits is legally mandated? Indeed, again, does not the state, by its very nature and structure, have a vested interest in systematically undermining, even to the point of annihilation, the natural capacity of those under its control to think and live empathically, beyond the need of the state for them to do so?

## Empathic Neural Pathways Enhanced or Atrophied

What if it were commonplace knowledge—nurtured, conceptually and affectively, from the cradle onward—that killing any human being is the most loathsome, unevolved, self-defeating, spiritually vacuous act a person could commit? If credible scientific evidence supported this conventional knowledge (as it does), then people considering killing would have far more cognitive and emotional truth available to them about the matter of homicide than they currently do.

Unfortunately, the opposite—indifference to the human suffering and the death of others, apart from a small portion of humanity—is actively nurtured in the everyday mind. Hence, empathy and compassion, other than for those within one's group, rarely enter into the equation when the option of homicide is placed before someone. In other words, if someone takes for granted the abstraction that justifies the intentional destruction of one human being by another, his or her capacity for empathy and compassion toward all has been seriously diminished.



8-cell embryo 3 days after fertilization

When entire groups and societies are enamored of, and entertained by, the widgets and gadgets of homicide, by the stories and toys of human destruction, by vicariously participating in and honoring homicidal violence, then a discernable and definable neural incapacitation is underway. This incapacitation is being transmitted inter-generationally and has reached pandemic levels.

### Conscientious Objection

To say, “I will not kill a fellow human being,” is an expression of consciousness flowing from a profoundly catholic, empathic awareness of the “other” as “self.” To say, “I will kill a fellow human being,” is the consequence of an external, patterned, repetitive, cultural and parochial undermining of the *pre-existing human faculty and tendency toward empathy*, by means of intentional information-deprivation or distortion. The “other” becomes an abstraction that is less than “self.”

Conscientious objection to war, capital punishment, and abortion is conscientious adherence to the given architecture of the brain. Is it not time to stop altering—via government, mass media, schools, toys, religions—the intrinsic neuro-circuitry of all human beings? Is it not time to cease placing before people, from the cradle on, information-deprived, anti-empathic abstractions about war, the death penalty, and abortion? Is it not time continuously and truthfully to inform people about the effect, on them and others, of choosing to participate in homicidal acts? Is not the choice before humanity either to discontinue these information-reduced and information-omitting abstractions regarding homicidal violence, or to allow these abstractions to continue to kill us?

It is the *ne plus ultra* of irrationality to live by abstractions that neurologically short-circuit the faculties of empathy and compassion with which human beings are endowed explicitly for the promotion of their survival and a common good. And, it should be noted, if one is a Christian, these faculties are intimately connected to participation in Eternal Life (Mt 25:31-46, 5:7).



Unmanned Aerial Vehicle Operators at Balad Camp, Anaconda, Iraq - April 2005

**Be not deluded. Abstractions can kill. Here *the* battlefield is the human mind. All is won or lost there. All nations, all militaries, all institutional religions, all corporation know this—and Jesus knows this, which is why His first public word was *metanoiete*, “change your minds.”**

### Hatfields and McCoys, Church and Jesus

Be not deluded. Abstractions can kill. Here *the* battlefield is the human mind. All is won or lost there. All nations, all militaries, all institutional religions, all corporations know this—and Jesus knows this, which is why His first public word was *metanoiete*, “change your minds.”

The springs within the springs of human behavior are the abstractions which dominate human consciousness. Repentance, *metanoia*, “change of mind,” is about the alteration of personal consciousness and therefore personal behavior. But *metanoia* is also, and equally, about the community repenting, changing its mind, and therefore its behavior. Why? Because there is no such thing as a purely “personal” sin; all sin is social, its earthly roots are social, and its effects are social. Humans are psychologically shaped by others as much as, if not more than, they shape themselves.

*Metanoiete* is a call, indeed a command, to personal and to societal change of mind and, consequent, behavior. Faith in Jesus requires *metanoia*, a change in logical conformity with Jesus the Word (*Logos*) of God, “through whom all things were made,” including the human brain, and who taught a Way of living modeled on Himself that was *the* Way of life and *the* will of the Father on earth as it is in heaven. The Church should witness to this *metanoia*—and only this *metanoia*—in its proclamation, prayer, catechesis, and institutions. It should embody in time and space the nonviolent Jesus of the Gospel, the Word (*Logos*) “who dwelt among us.”

But, alas, the Church continues, as it has since the time of its Constantinian alteration, to employ its considerable gifts to fill the Hatfields’ Creator-given minds with homicide-justifying abstractions—and to offer the same destructive, anti-life, theo-illogical pastoral care to the McCoys. †

**Reading Guides  
for *The Sign of Peace*  
are available for download  
on the CPF website.**

# Unjust War on the Womb

BY AIMEE SHELIDE

*Editorial Note: Abortion and War—both are life issues. Both involve issues of conscience. But today, they are not seen as inextricably connected. To help correct our vision on these issues, we present interviews with two women. Both have been influential in the pro-life movement, and both see themselves as working for peace as well.*

**Juli Loesch Wiley** is a writer, speaker, and activist. She is founder of Prolifers for Survival, the pioneer organization for a consistent-life ethic. She helped found the Pax Center, Consistent Life, and Feminists for Life. She currently resides in Johnson City, Tennessee.

**The Sign of Peace (SoP):** How did you get into the pro-life movement?

**Juli Loesch Wiley:** In the late 1960s, as a high school student, I was an ardent activist for Civil Rights and against the Vietnam War. In 1972, I was one of the founding members of the Pax Center in Erie, Pennsylvania. At that time, the medical violence issues were barely a blip on my radar. I took a kind of non-stance: “Women have to do what seems best. I won’t question what any woman decides to do.” Two things compelled me to change. I noticed that abortion always involves dehumanizing a person; the unborn are seen as sub-human, so we can treat them as we see fit, like slaves. And I realized that abortion radically diminishes the well-being of women and the beauty and dignity of sexual love.

So I spent years trying to weave together movements for peace, life, and the well-being of women. I founded a group called “Pro-lifers for Survival,” and later helped with bridge-building groups such as Consistent Life and Feminists for Life.

**SoP:** Pro-life people are often criticized for not caring about life issues other than abortion. What leads to this perception?

**Wiley:** The real problem is a lack of knowledge about, or sympathy with, the actual aims of the pro-life movement. People do what they are called to do. No one does it all. We are all one Body, but each person does only a part. Nobody should have to apologize for doing only a part of the mission of the Church.

Set a pitcher of beer and a couple of glasses on table and talk to two or three pro-life people. Before long, you’ll see that we, like everyone else, have our own “constellations” of concerns. For some, that “constellation” will be the medical human rights issues: abortion, infan-

ticide, elderly and handicapped people’s struggle for basic care, the fight for rehabilitation of people with brain injuries, battles against euthanasia, substance abuse, suicide. For others, the “constellation” will be family and sexual issues: upholding natural marriage as the fundamental cell of society; upholding the sexual integrity of single and married people; protecting children from the junk-sex culture, empowering women (especially young and poor women) to find life-affirming approaches to untimely or difficult pregnancies. For still others, the “constellation” will be life-or-death public policy issues: war, death penalty, torture, human experimentation, crime, prisons, finding nonviolent solutions to human conflicts, including conflict pregnancies. And so on.

Nobody comes into the pro-life movement in a vacuum. Everybody carries into it a wealth of concerns based on their own personal history, their own “call,” the cares that life has written on to their hearts.

**SoP:** You mention handicapped people’s struggle for basic care, a topic that often goes unmentioned. Any personal stories on this?

**Wiley:** Quite a few, including my own family back in Erie. Let me tell you about one: my father. My father lost his sight suddenly at the age of seventy. It was a terrible blow to him. The Agency for the Visually Impaired dragged their feet for months before sending a worker to help my father. As they saw it, a seventy-year-old retiree was not “productive” and therefore “occupational therapy” for him was a waste of time and energy. Only when my brother and I advocated (that is, constantly nagged) on his behalf did he get the therapist he needed. Eventually, he himself became a devoted caregiver and an obstinate advocate for my mother after she had a stroke, and for his brother Gerald, whose diabetes led to a leg amputation. All three lived in the same household—the blind, the halt, and the lame!

Ten years later, at age eighty, my father landed in the hospital ER with pneumonia. Before he was admitted, a doctor who saw him for five minutes asked me if I (holder of power of attorney) would agree to—well, whatever euphemism he called it. It dawned on me that the doctor was asking for a DNR (Do Not Resuscitate) order and suggesting “terminal sedation”—that is, not giving my father the “ordinary care” for pneumonia but giving him morphine so that he would “pass peacefully.” But my father didn’t need morphine; he needed an antibiotic. So I asked the doctor for his I.D. badge, copied out his name, and then directed him to leave the room. I then

handwrote a letter to the staff at the ER triage desk, stated that I did not agree to withhold any basic care for my father, and that I did not want Dr. X in my father's room, ever again. My father recovered and lived for twelve more years, and even helped to home-school his two grandsons.

When at last his health seriously deteriorated, we signed up for a Home Hospice program involving palliative care only—no surgery, no ventilators, no futile interventions—under the assumption that he had less than six months to live. We cared for him at home for two and a half years. Skilled, sweet-natured CNAs came in and gave him lotion rubs, keeping him clean and comfortable. Our neighbors Al and Mary brought Communion to him every Sunday. My husband and I would sing songs for him. Our boys would squirt banana shakes into his mouth with a syringe. We gave him palliative doses of morphine, and lots of ice cream.

In discussing end-of-life issues, I don't like focusing on "rights." Respect and reverence are more interesting to me. But okay, let's talk rights: a blind man at age seventy has a right to occupational therapy. A blind man at 80 with pneumonia has a right to an antibiotic: a cure. And a dying blind man at 92, with no reasonable hope of being cured, has a right to basic human care: always nutrition, always hydration, always pain management, lotion rubs and ice cream, all the way from *Kyrie eleison* to Alleluia.

**SoP:** *The phrase "conscientious objection" (CO) usually refers to being discharged from the military. Does the phrase pertain to the medical field? To the pro-life movement?*

**Wiley:** There are similarities and differences. Most people recognize, as the *Catechism* does, that armed defense is a legitimate role of government in policing and in defensive military action. But the tangled political conditions leading to war, and the horrendous collateral impact of war on non-belligerents, makes even the best-intended defensive war painfully ambivalent. In the matter of abortion, the judgment is simpler because every killing targets a baby whom somebody wants dead; there's nothing "collateral" or "proportional" about it. The baby is the target. Every abortion is, so to speak, an "unjust war" because no baby is an enemy. Every baby is an unarmed noncombatant living in what should universally be recognized as a non-hostile area: in the protective embrace of his mother's body.

The primary victim in abortion is a defenseless child. The secondary victim, more often than not, is a medically exploited and morally violated woman. The full range of victims also includes those who morally object to this killing but are coerced into cooperating or participating in it.

**SoP:** *What about the notion that proportionality applies in an abortion carried out to save the life of the mother?*

**Wiley:** The principle of "proportionality" never justifies committing a deliberate, directly intended, intrinsically evil act. No military reasons, not medical reasons, no reason whatsoever, however urgent, justifies the targeted killing of an innocent person. This is why blowing yourself up in a crowded Tel Aviv pizzeria is an act of murder. This is why bombing Hiroshima was an act of murder. This is why abortion is an act of murder. Because the innocent—that is, the non-combatants or non-aggressors—are intentionally targeted. Proportionality has no relevance here: aiming at an innocent person or persons with the intention of snuffing them out is forbidden. This is an exceptionless norm.

In medically complex situations in which there are two patients, a mother and an unborn child, the doctor is ethically obligated to try to save them both, if possible. In any case, he is to attack the disease and not the child. The phrase "if possible" is important: if a thing is literally, physically impossible, it cannot be morally obligatory. This would be the case in an ectopic pregnancy, where the baby is developing outside of the mother's uterus. Since the baby's situation cannot be ameliorated, the doctor is justified in focusing attention on saving the mother, which would involve removing the fallopian tube. This particular procedure has never, in legal nor medical nor moral history, been considered an abortion, for obvious reasons.

Personally, I was thirty-seven when I first got pregnant. I had hypertension and diabetes. My OB/GYN, a really smart and splendid doc, told me emphatically that the practice of modern obstetrics makes the concept of "therapeutic abortion" obsolete. There is no known disease for which the cure is a dead baby. You love them both, mother and child, and you try to save both. Some babies die by chance; but no baby should die by choice.

**SoP:** *How does culture form our conscience and views on abortion?*

**Wiley:** We do not live in a coherently Christian culture. We do not live in a coherently human culture. Our capacity for forming natural bonds is being steadily diminished. We increasingly substitute texting for face-to-face friendship, sitcoms for personal history, the Internet for the family table. The result is sexual loneliness, failed attachment, the emotional abandonment of the elderly, the difficult, the dying; the dissolving or shape-shifting of the maternal instinct. We are perplexed. We are hesitant. We lack the normal response of the wolf for her whelp, the dolphin for her pup. Babies? It's hard for us even to carry our thoughts to term.

**SoP:** *Given your experience of women facing abortion, what role does conscience play in the decision whether or not to abort?*

**Wiley:** What role does conscience play in my decision whether or not to behead my spouse? How does one answer? “Well, some consider that spouse-beheading falls short of the highest ethical standards.”

**SoP:** *Well, to what extent is abortion a matter of conscience to those considering it?*

**Wiley:** A woman who “considers” abortion is rarely a person who has convened the jury of her conscience, examined the moral law on killing the innocent, presented evidence fully and fairly, and then insisted on an undivided verdict before pregnancy. The way it usually happens is, upon learning that she is pregnant, she asks herself, “How can I get on with my life without more hassles?” The answer is abortion. After the abortion, the aim is not to think about it again.

Some women struggle with conscience. But many more struggle to preempt conscience, as if by acting quickly they can prevent the development of conscience. One woman told me, “It was like, I’m a ‘little bit’ pregnant, so I’ll have a ‘little bit’ of an abortion, and then maybe I’ll feel a ‘little’ sad, and then—it’s over.” But it didn’t work out that way for her. She says she “buried her conscience, but it was buried alive.” Now she’s writing and speaking out against abortion, racism, and eugenics.

**SoP:** *In other words, conscience really doesn’t enter into the decision to abort?*

**Wiley:** Right. Most women who walk into an abortion clinic are feeling ambivalent. If they are ready to destroy their developing child, they don’t think, “Well, I hate babies” or “I hate the father of this baby” or “I hate the idea of motherhood.” She may like babies in general, but she’s ambivalent about this one. Ironically, a sense of deep-seated dread of pregnancy is often a result of hormonal disruption common to the onset of pregnancy itself. Ambivalence is so common, it is almost a symptom of pregnancy. And what turns “ambivalence” into “abortion”? The availability of an abortion clinic.

More than eighty-seven percent of counties in the United States do not have an abortion “provider.” But almost ninety per cent of the women who have abortions live in areas that have abortion clinics. Abortion is an overwhelmingly “urban” phenomenon, more specifically, an “inner city” and “college/university town” phenomenon, not a small-town or rural phenomenon. Surveys reveal the reasons why women have abortions: “I didn’t feel ready for a baby,” “I thought this wasn’t the right time,” “I didn’t know how I would fit it in with my other goals.” But statistically, one overwhelming factor is simply living in a city with an abortionist that advertises.

**SoP:** *In your experience, what other factors are at play?*

**Wiley:** We have learned that the reason for abortion is usually not poverty itself. More often, it is the sense of isolation, or not having anybody who is clearly and warmly there for you and your unborn child. It’s the sense of connection, community, and shared commitment that saves these women and their children from the abortionist.

Crisis Pregnancy Centers provide practical and financial support to pregnant women. The first pro-life organization in the modern era, if I am not mistaken, was Birthright. It was a pregnancy-support group which set up aid centers in Canada and the United States starting around 1967, six years before *Roe vs. Wade*. The thought at that time was that young girls and poor women were getting abortions for economic reasons.

Since then, the pregnancy-aid movement has thrived mightily. There are now about 2,200 crisis pregnancy centers (CPC’s) or “pregnancy resource centers” in the United States, most of them affiliated with Care Net, Heartbeat International, and Birthright International, but many also operating independently or as the project of a particular church or parish. By contrast, there are only about 750 abortion clinics in the United States.

**SoP:** *Ultimately, the hope of the Catholic Peace Fellowship is to help to raise a “mighty league of conscientious objectors.” Do you know of anyone who has been involved in the practice of abortion and has decided to refuse participating in it?*

**Wiley:** Oh, lots. In my experience, the “conversion” is away from a toleration of abortion to a pro-life commitment, not the other way around. The challenge is to protect medical students, nursing students, pharmacists and others in the health profession from being coerced into learning, participating in, or being accomplices in an act of violence that they abhor.

**SoP:** *Do you foresee a time when doctors may be required to participate in abortion and not have a legal option to resist? What legal issues might come to the fore?*

**Wiley:** Last year, the American College of Obstetricians and Gynecologists (ACOG) issued new guidelines that could have forced doctors to perform abortions in order to gain certification. In response, the Bush Administration proposed a HHS (Health and Human Services) rule requiring federally-funded health care institutions to certify that health care workers who refuse to participate in abortions are protected. We now fear that this is being reversed by the Obama Administration. Already many schools do not allow students to pursue an OB/GYN specialty if they will not consent to being an accomplice in aborting a baby.

We also anticipate that the Obama Administration will push for the passage of FOCA, the bizarrely-misnamed “Freedom of Choice Act,” which would define abortion as a “fundamental” right trumping all other

rights, and would spark litigation aimed at forcing individual and institutional health care providers to become accessories to abortion.

**SoP:** *Given the technological advances that shed light on human embryos and fetal development, have you noticed more people refusing to participate in abortion?*

**Wiley:** Absolutely. The GE 3D/4D ultrasound imaging systems are a real eye-opener. When women see their babies, they can't help smiling and laughing. Sometimes they can't help crying. The advance of perinatology (treating an unborn child as a patient) is convincing doctors that they don't want to be abortionists. From the point of view of perinatology, abortion does not make sense. The field is exciting, hopeful, motivating, technically challenging and satisfying, and beautiful.

**SoP:** *Confronted with a deeply divided bi-partisan system, we at the Catholic Peace Fellowship are constantly frustrated by electoral politics and the lack of a truly Catholic option. Do you share in this frustration?*

**Wiley:** Always.

**SoP:** *How do you deal with it?*

**Wiley:** Not very successfully ... all the choices (in this recent election) were terribly unsatisfactory. Politically, it makes sense to work with your Congressional representatives and with your State legislature. Practically, working with Crisis Pregnancy Centers is probably the most effective course of action. That, and pro-life groups on the college level. The Feminists for Life College Outreach Program, for instances, is splendid.

**SoP:** *Is there a danger of focusing exclusively on a legislative remedy for abortion?*

**Wiley:** I don't know anybody who actually focuses exclusively on legislative remedies. That's not where the action is, and it hasn't been for years. Most legislative efforts are defensive: preventing the passage of laws that attack CPC's or mandate millions in funding for the abortion industry. Planned Parenthood alone—the Wal-Mart so to speak, the big-box retailer of abortion—receives \$330 million a year from taxpayer funding. They also promote contraception, but wherever the promotion of contraception goes up, the rate of abortion goes up. That's not a coincidence.

**SoP:** *How can we build a more pro-life culture apart from legislative action?*

**Wiley:** The short answer is: learn, support, explain, defend and live the teachings of the Church on marriage and sexuality. Every Diocese has a Pro-life office, and

that's usually a good place to plug into what's happening in your area.

**SoP:** *How can the Church be an alternative community that embodies the pro-life message instead of simply injecting it into public policy?*

**Wiley:** My own parish has a Respect Life Committee which sponsors speakers, raises money for pregnancy aid, gathers baby supplies for needy mothers, and donates pro-life books and CD's to the school library. More generally, I think priests could do a great deal simply by way of remedial catechesis.

**SoP:** *What do you mean by "remedial catechesis"?*

**Wiley:** People are starving for the absolute basics.

Here's a story: I was vigiling at an abortion clinic in suburban Maryland on a cold April day. Thirty seconds after I'd decided to quit in discouragement, a woman drove into the parking area, sat in her car, and looked at me. Now, I didn't want to go into the parking lot because the abortionist had threatened to have us arrested, but I didn't want to leave the lady sitting there either. So I went to the driver's side of the car. She rolled down her window and said, "What are you here for?" I said, "To know, love, and serve God." She opened the door on the passenger's side: "Get in." I was struck dumb because this almost never happens. She quietly asked me, "What do you have to say?" "Do you believe in God?" I asked her. She said, "Yes. I am a Muslim. An Iranian." I asked her again, "Do you believe God made you?" She said, "Yes. Of course. Allah made me." I asked: "Do you believe Allah made the baby you're carrying?" With tears welling up in her eyes, she said, "yes, but I cannot have this baby. I have two children. My husband says two are enough." The clinic security guard started striding toward the car, so I asked if we could go to Denny's. We did. We had breakfast and talked. Clearly she did not want to do away with her baby, but clearly she was not going to oppose her husband. Finally she said she was going back to the clinic, but I told her they wouldn't give her an anaesthetic after eating. She looked worried, but then smiled. "But if you have time," I said, "we could go right over to the Crisis Pregnancy Center and talk with the women there about helping you and your baby." "They are Christian?" she asked. "Yes. But they believe just like you do, that God made you."

Long story short, she talked with them, they strategized, and her husband came around when he found he could get help from the Washington Islamic Center. It's one of only three times in my entire organizing career that I knew I had saved somebody's life, with baby pictures to prove it. All because, in a manner of speaking, I had reminded her of her "catechism."

*Editorial Note: Helen Alvaré received her J.D. from Cornell University in 1984 and a Master's degree in Theology from The Catholic University of America in 1989, and is currently a professor at George Mason University School of Law. Since 1987 she has worked at the US Conference of Catholic Bishops, first in the Office of General Counsel, and later as the director of information and planning for the USCCB's Pro-Life office. Alvaré also worked as a staff attorney, testifying on behalf of the bishops before federal congressional committees, and lobbying members of Congress on federal legislation concerning abortion, health care and welfare reform.*

**The Sign of Peace Staff (SoP):** *How did you get into the pro-life movement?*

**Helen Alvaré:** I was attracted to it even as a teenager. The real turning point came when I began working at the United States Conference of Catholic Bishops (USCCB) in 1987. As a lawyer, I was assigned to look at all the pro-life files. The USCCB was being sued for performing activities against their tax exemption title. I walked away from this eight-week task absolutely appalled at the difference between the truth about abortion and what abortion advocacy groups were saying. I couldn't live with this contradiction between what was true and what was being said in the public square. Two years later, I wrote Supreme Court briefs for the USCCB from a feminist, pro-life perspective. I was outraged by the difference between seeing the truth of human life and seeing abortion as a right. More than any time in my life, I felt impelled by the Holy Spirit to move more specifically into the pro-life movement in the 1990s. I continued in the department of Pro-life Activities at the USCCB until 2000.

**SoP:** *What do you do now in the pro-life movement?*

**Alvaré:** I give pro-life talks, and still serve as an advisor to the Bishops' Pro-Life committee. But I've felt moved to address these issues in a more scholarly way, writing and teaching. Abortion figures into many of my articles, as part of my analysis. As I see it, it is a glaring example of how confused the courts are, and unfortunately, it serves as a symbol of how we as a people view women and children.

Now I look at abortion more in the context of marriage and family. I realize that abortion has to be placed in the context of marriage and family, women's rights, feminism, sexuality, human rights. I still think the Catholic Church and Feminists For Life do the best job on abortion in these perspectives: they see where abortion fits and how it happens in a particular woman's life, and thus can better respond to it.

**SoP:** *What about the criticism that pro-life people don't care about life issues other than abortion? Fair or not?*

**Alvaré:** I understand the criticism intellectually, but I also see what the critics are trying to do ideologically with their objection: they're trying to weaken the pro-life cause. But just in terms of the criticism itself, it is not made in good faith. It would be like criticizing a person who devotes heart and soul to immigrants or rape victims for not addressing the abortion issue. All in all, I am proud of the way Catholics do the pro-life issue; they do it virtuously, they do it well. However, if a pro-life person is using bad means to a good end, that would be a valid critique of the pro-life movement. Pro-life issues can be done *ad hominem*, including name-calling and personal attacks. Some "pro-life" people would rather protest at an abortion clinic instead of praying for and counseling people entering the clinic. I think that's a problem. And there's nothing "pro-life" about shooting an abortion doctor in the arm on his way into work.

**SoP:** *Why is abortion as an issue so often set apart?*

**Alvaré:** There is something unique about the pro-choice, abortion-advocacy argument. Not only does it say that abortion is okay, but that one has a constitutional right to do it—a right to kill, and not just to kill, but to kill your own children, your own family. There is something uniquely wrong about killing the weak in itself; what is especially wrong is that it is also described as a "constitutional right." In light of the uniqueness of abortion, it is not surprising that it elicits such strong feelings from people in the pro-life movement. It is not surprising that the anti-abortion cause grips people as something worthy of serious and sustained efforts. That said, opposing abortion should not be put in tension with working on other issues pertaining to the dignity of persons. I have friends who work on immigration, for example, and I am glad they are, so long as they are pursuing justice and truth and doing so fairly.

**SoP:** *So, it's a matter of vocation?*

**Alvaré:** Right. For example, I, along with my family, took care of my disabled sister until she died last year. I also cared for my mother until she died. I accompanied disabled women in Philly, and worked with prostitutes. In a normal Christian life, opportunities to help those in need arise and become a part of your life. The same is true regarding issues of human life and dignity. The average Christian comes across these pro-life issues just by living life. If some of these become experts in this area, then that's a good thing.

**SoP:** *Have you heard the term "conscientious objection" used in the pro-life movement? In what context?*

**Alvaré:** Unfortunately, you usually hear the term "conscientious objection" from the legal perspective of pro-abortion activists. CO language is most often used by

people advocating for abortion, those who claim they are “conscientiously objecting” to the Church’s teachings on abortion and contraception, such as the author-activist Katherine Hancock Ragsdale and groups like Catholics for Choice.

**SoP:** *Given your experience of women facing abortion, what role does conscience play in the decision whether or not to abort?*

**Alvaré:** People don’t make the time for issues of conscience. We’re way too fragmented (internet, activities, TV) and forming your conscience takes time. Let me explain.

I spent almost every day for a year (1997-98) talking to women post-abortion to get their perspective. When I talked to women who had had abortions, I didn’t usually hear the language of conscience, but of coercion—particularly from the boyfriend, and pressure from the circumstances: “It is not possible, in the life I am expected to have, to have this baby. It absolutely will-not-do.”

**SoP:** *So, in these pressure situations, conscience gets suppressed?*

**Alvaré:** Yes. In this sense, it is not conscience that leads women to have an abortion, but fear, coercion, and false pragmatism. And usually, there is not a long time spent examining what she should or should not do.

**SoP:** *So what should be done to address this situation?*

**Alvaré:** At the Pro-Life Department of the USCCB, when we initiated our campaign, we tried to get women, first, to inform their consciences, and second, to look at the issues pressuring them to have an abortion. Informing consciences has to start in grade school, especially with parents. Don’t expect the secular media to educate you about what you’re going to be facing. This is true for women in high school, even married women, who are similarly blown away by the fear of having a baby, especially if their parents are far away, or if the economy is struggling as it is now. Everyone, especially women, needs to be educated about the value of life. Consumerism, the enemy of life, must be trashed. Pregnancy must be seen as the *substance* of life, not a hindrance to life. This means we must be conscious of the miracle of life!

**SoP:** *How does conscience play out in the lives and practices of those who have possibly been involved in the act of abortion (parents, doctors, nurses, friends) and now refuse to participate in it?*

**Alvaré:** Let me share a personal story here. For my third child, I had a Catholic woman doctor. The doctors were pretty sure he would have a birth disorder. Of

course I refused to have an amniocentesis. The doctor told me my rights in light of the situation. I had a right to this, this, this, and this—including an abortion. I immediately replied that I wasn’t having an abortion. Then my faithful, Catholic doctor burst out, “Of course, you don’t want to have an abortion, it’s a baby, that’s right. It’s a baby.” My point is that my doctor had to say all that crap. That’s what you have to do to be a member of the ACOG.

When the other doctor arrived, his response was vastly different: “I’ve seen women like you—so sure of yourself. You’re going to come crawling back to me, begging for an abortion.”

For doctors, the politically correct option seems to be abortion. Do they want Catholic hospitals to stop having maternity wings?

It’s as if the old slavery argument has been turned inside out. With slavery, it was not enough to say slavery is bad; we had to stop owning and using slaves. The current abortion situation is the opposite. Not only can those in the medical field no longer refuse to practice abortion, but now—to keep their jobs—they have to say that terminating unborn lives is a right, is a good. And now, we pro-lifers are totally out of political power at the federal level to overturn this. No one should underestimate the forces that are arrayed on the other side against us.

**SoP:** *Do you foresee a time when doctors may be required to participate in abortion and not have a legal option to resist? What legal issues might come to the fore?*

**Alvaré:** If you work at a hospital that receives certain federal funds (which virtually every hospital does), there has to be a conscience protection. The Obama Administration’s present proposal is to narrow the scope of the conscience cause, and redefine “abortion” so it’s not just the killing of unborn life but now includes the option of preventing implantation, preventing life. The difference is that if something is done prior to implantation (via drugs or devices), the doctors would have no conscience protection.

This is in continuity with Obama’s role in Chicago regarding the “born-alive” bill. This bill was designed to protect accidentally born babies from starving to death immediately after birth. Obama personally made sure that the bill did not pass, refusing to let it leave his committee. There is no question of the evidence on this. Now, as president, he is dismantling every protection of women and children out there. In this context, pro-life medical professionals are as threatened as they have ever been. It is a really, really dark time. Talk to middle-age, faithful OB/GYNs. They feel like pariahs in the wrong profession. ✂

# When Healers are Expected to Kill

BY RICK BECKER, R.N.

*"The only message I have to the world is: We are not allowed to kill innocent people ... Our plight is very primitive from a Christian point of view. We are back where we started. Thou shalt not kill; we are not allowed to kill. Everything today comes down to that—everything."*

—Dan Berrigan, SJ

It's 5:00 a.m. on a Saturday morning, and Nicky is shuffling into our bedroom. My wife has gotten less sleep than me, so I take Nick by the hand and we head downstairs.

"You get your newspaper, Papa," Nick says, "and I'll get a book." It's our routine. I grab the paper from outside, scan the headlines, and await Nicky's arrival with his chosen volume. As a father of seven, I don't like to pass up opportunities for one-on-one time with my kids, especially Nick. He's a five-year-old towhead with a mischievous grin and clear blue eyes. He likes Van Morrison and *They Might Be Giants*, *The Wiggles* and old *Get Smart* reruns. He has a great sense of humor, is quick to hug, loves to chase robins in the yard, and waves and smiles at total strangers.

Oh. And Nick has Down Syndrome.

Nick's condition came as a surprise to us the day he was born—we usually avoid prenatal testing and ultrasounds. But once the midwife put Nick into Nancy's arms, we could see the distinctive shape of his eyes and knew something was different—an observation confirmed by the midwife moments later.

As we sat on our bed, gazing at our newborn son, we were quiet, but it was a quiet borne of reflection, not grief. His physical condition meant nothing to us with regards to his inherent worth and dignity, with regards to his identity as our son. Those things were a given. The Down Syndrome did, however, open up an entirely new spectrum of parenting for us. Nick has five older siblings, but he is our first child with special needs. And although I'm a nurse and a nursing instructor, at that point I had little experience with Down's, so I knew we had some learning to do and some extra challenges ahead of us.

The first challenge came the very day Nick was born. Down Syndrome (DS) is a chromosomal anomaly that is associated with a variety of health problems, including congenital heart defects, so our midwife urged us to get Nick checked out immediately. We took her advice, and instead of Nancy and baby luxuriating together for a couple days, we all had to jump into the van and head

over to the doctor for our son's first exam. This was a disruption to our normal post-partum routine, to be sure, but no big deal.

The greater challenge came later, at the conclusion of the doctor's examination. He said that, yes, Nick's physical features were consistent with a Down's diagnosis, although only a blood test could confirm it, and, yes, Nick should get an echocardiogram that day to rule out serious heart problems. But then he got very serious and made vague references to our "options" regarding our family and Nick's future.

Our options? What, institutionalize him? Put him up for adoption? We were shocked—this was a Catholic doctor we were dealing with! Instead of encouraging us as parents of a newborn with special needs, he was almost apologetic. The unknowns associated with DS notwithstanding, we were giddy God had blessed us with Nick and excited about this new addition to our family. The Down's didn't define him then, nor does it now. Nicky is just one of the gang—with special needs, to be sure, but no less loved or valued. The doctor's ambivalence about Nick confused us, even scared us a bit.

Turns out, we were right to be a little scared, for the world at large has little use for Nick. His very existence is considered by many to be a mistake, even an outright offense. Our society, you see, *does* in fact define Nicholas in terms of his Down's, particularly the accompanying physical problems and developmental delays. So, to the world Nick is a problem—a "useless eater" to use the eugenic term—that we could have easily dispensed with before he was born. Babies diagnosed prenatally with DS are routinely aborted in the US today, with estimates running as high as 90%. In other parts of the world, the rate is even higher, and some predict the complete eradication of DS babies thanks to improved prenatal diagnosis and legal abortion.

These statistical realities send a message loud and clear to families with Down's children: *You messed up when you brought your child into the world.* It's a message both infuriating and depressing to those of us who know such children as glorious *imago Dei*'s. We like to think of Nick as our little living icon—a window into the heart of God—and a reminder that we're *not* put here on earth primarily to be productive, but to love and be loved. In fact, when Nick's younger sister was born two years after he was, our other children expressed a little disappointment that she *didn't* have Down's—that she wasn't as "special" as Nick was.

Such sentiments are lost on a culture bent on perfection and success, appearance and efficiency. Trust me,

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once you've met Nicholas, you'll immediately perceive the gift that he is—and by contrast, the sorry, squalid state of a world that rejects him. But even more disheartening to me as a nurse is the role my own health-care colleagues have played in creating such a hostile environment for Nick and others like him. Doctors and nurses are right up there in the vanguard of those who would rather eliminate folks like Nick than serve their special needs. It's a bizarre twist on more traditional therapeutic modalities—the idea that the best way to cure an illness is by getting rid of the ones who suffer from it.

### **Healthcare vs. the Culture of Death**

There is no place for such thinking among Catholic practitioners. In *Evangelium vitae*, John Paul II identified the “unique responsibility” of healthcare workers to be “guardians and servants of human life,” rather than “manipulators of life, or even agents of death.” In other words, Catholics who work in healthcare—particularly doctors and nurses, but administrators and others as well—must be resolved above all else regarding this one thing: killing can never be a means of solving problems. In the words of John Paul II, “causing death’ can never be considered a form of medical treatment,” for this would utterly decimate the foundations upon which medicine is established and make a deadly mockery of its healing ethos.

These are not novel ideas. Even the ancient Hippocratic Oath alluded to them, constraining doctors from giving “a deadly drug to anybody who asked for it” and forbidding them to “give to a woman an abortive remedy.” Clearly, such principles are at odds with a healthcare system that increasingly makes room for both abortion and euthanasia, and so it should come as no surprise that few, if any, medical schools administer the Hippocratic Oath in its original form today.

Beyond the Hippocratic Oath and the natural law principles upon which it is based, Catholic healthcare practitioners can look to Sacred Scripture and the Church for ethical guidance in their craft. The Fifth Commandment, as any Catholic grade school student can tell you, forbids the murder of innocents, and if it applies anywhere, it certainly applies in the healing professions. Moreover, the ancient Church was unambiguous in its rejection of killing as treatment. As early as the turn of the first century, abortion and infanticide were explicitly condemned in the Didache. At no time since has the Church provided quarter for therapeutic killing.

But isn't it pretty safe to assume that doctors and nurses didn't have killing on their minds when they chose their professions? Unlike military recruits, who must know their work will involve preparations to kill—either directly or indirectly—people get into healthcare because they want to cure disease, to give comfort, to care. The basic premise of traditional medical ethics—

**[I]sn't it pretty safe to assume that doctors and nurses didn't have killing on their minds when they chose their professions? Unlike military recruits, who must know their work will involve preparations to kill—either directly or indirectly—people get into healthcare because they want to cure disease, to give comfort, to care.**

*primum non nocere* (first do no harm)—can be assumed as a given for those who aspire to a medical or nursing career. It would be insulting to suggest otherwise.

But is it a stretch to assume the same of the German doctors and nurses who cooperated with the Nazis in the Third Reich? They, too, presumably entered medicine to help and heal, and yet physicians like Joseph Mengele became intimately involved in some pretty grisly enterprises—including medical experiments on human subjects—that were clearly oriented to death and not life. Also, doctors and nurses were certainly among those who turned a blind eye to the killing going on at the death camps, even if they didn't give their outright approval.

There are no gas chambers and concentration camps in our neighborhoods today, but there is plenty going on under the banner of healthcare that is in fact oriented to death. Elective abortion is only the beginning. There is also embryonic stem cell research (ESCR), selective fetal reduction in multifetal pregnancies, and willing participation in active and passive euthanasia—all examples of a death-orientation impinging on the life-orientation of traditional medicine. Yet, as with Dr. Mengele, it is hard to imagine that the doctors and nurses involved in such deadly practices really had them in mind when they entered the field. What happened?

### **Incremental Compromise and the Question of Intent**

Like so much other radical change, the abandonment of medicine's traditional life-orientation happened incrementally and with little fanfare. Small compromises lead to bigger compromises, and the cumulative effect over time is a wholesale equivocation regarding human life and death—something Cardinal Ratzinger, on the eve of his election as pope, called the “dictatorship of relativism.”

For example, how does an idealistic medical student morph into a hardened abortionist? I think about this a lot when I'm praying outside our local abortion clinic and the doctor pulls into the parking lot. Maybe as a young medical resident he was invited to observe an abortion (“So that's what it's like...”), then assist at one (“That wasn't so bad...”), and then completed one on his own. Then, maybe something went wrong with regards to his plans for a more traditional medical practice, and

the shift into a lucrative abortion practice appeared to be the only (or easiest) solution. Changes in outlook and language that began in med school probably facilitated that decision—the adoption of phrases like “product of conception” and “blob of tissue,” for example, to stand in for the stark reality of “unborn baby.” In this, the new abortionist, like so many others, allowed his professional speech to be clouded by political speech—something that, in George Orwell’s terms, “is designed to make lies sound truthful and murder respectable.”

No amount of political speech can make abortion respectable, but it is nonetheless legal, even into the ninth month of pregnancy. Other legal compromises with the culture of death include terminal dehydration of the elderly and abortifacient contraception. Such practices don’t even merit a blip on most people’s moral radars these days. In fact, they’re not only legal, they’re considered the “industry standard,” and so the temptation to become party to such interventions (or at least overlook them) is both financially and professionally tremendous. If every other doctor in town is prescribing chemical contraception, the one who refuses on account of his conscience will suffer the consequences: less business and less respect from his peers. Indeed, in recent years many pharmacists have suffered just those things and more, as a direct result of their conscientious refusal to fill such prescriptions.

Frequently the moral landscape challenging the Catholic healthcare worker involves less clearly defined parameters than you have when considering elective abortion or even abortifacient birth control. For example, it is routine for obstetricians, both Catholic and otherwise, to offer pre-natal testing to pregnant

women—but to what end? When my wife, Nancy, and I were pregnant with our first child, and long before I was a nurse and gave much thought to such matters, we were asked by our obstetrician—again, a practicing Catholic—to agree to an amniocentesis. This is a purely diagnostic procedure that involves the aspiration of amniotic fluid from the sac surrounding preborn babies, and then subjecting that fluid to lab tests in search of chromosomal abnormalities. Although there can be good reasons to desire such information—namely, to prepare adequately for the labor and delivery of a baby with special healthcare needs, and, sometimes, by means of fetal intervention to correct problems—there are significant risks involved, both to the mother and to the baby. The presumption in most cases is that the parents will at least consider terminating babies with diagnosed defects.

We thought about our obstetrician’s request and the risks involved and decided to forego the procedure. We told him that the benefits of having the additional information afforded by the amniocentesis were far outweighed by the possible risks, especially since we had absolutely no intention of aborting our child should a serious problem be identified. Unfortunately, the doctor objected to our refusal and communicated his objections in a way that was clearly designed to pressure us into reconsidering. We subsequently chose to switch to a different doctor for our prenatal care and birth.

Can I judge the doctor’s motives in pushing the prenatal testing? Can I know what his intentions were? Perhaps not, but given the paucity of options available to parents when a fetal anomaly is identified, it would have been reassuring if this physician had made it clear

### **Jérôme Lejeune: Ardent Defender of Life** By Cliff Arnold

Jérôme Lejeune became the youngest professor of medicine in France when in 1964, at the age of 38, he assumed the country’s first professorship in fundamental genetics. His meteoric ascent was hastened by his discovery, in 1959, of the chromosomal basis for Down syndrome, ushering in the modern era of research into genetic disease, and abolishing the stigma of an illness that had previously been attributed to syphilis. Jérôme’s daughter, Clara Lejeune, paints a charming portrait of her father’s life in a biography called *Life is a Blessing*. She writes that his scientific genius was rooted in his habits “of contemplation and wonder,” and describes her father as a man of broad education and varied interests, whose “big blue eyes, a bit protruding, which sparkle with intelligence and humor, gaze at you with infinite tenderness. ...Nevertheless they are demanding, too, because they love truth. They look, untiringly, for the why and how of what they see.”

Clara relates that her father was above all a merciful man. Lejeune’s devotion to his family brought him

home for three meals a day and evening prayer throughout his entire career. His love for his mentally and physically disabled patients inspired brilliant scientific research, but more importantly, it engendered an unwavering commitment to these “disinherited,” as he called them, “Disinherited because their genetic heritage was not perfect. Disinherited because they were the unloved members of this competitive, glamorous society.” When Lejeune became united with the disinherited, he found himself opposed to a society that valued perfection and convenience over the right of a person to live.

Lejeune’s scientific discoveries had, along with the newfound ability to perform amniocentesis, allowed physicians to diagnose Down syndrome in fetuses, which, combined with recent legislation on abortion, paved the way for millions of fetuses to be selected and killed on the basis of their disability. In 1972, Jérôme Lejeune stood in opposition to this atrocity when on the floor of the United Nations he publicly elaborated, for one of the first times in history, the genetic principles that confirm the completeness and uniqueness of each human life from the moment of its conception. Clara writes, “He knew, and he had proved it many a time, that in the first cell, from the very first day, the genetic

that abortion would not be an option under any circumstances as far as he was concerned. He didn't do that, and I'm afraid that all too often the opposite takes place.

And here's the rub: How can we know another's intentions, especially in the complex and often murky world of clinical decision-making? Prenatal testing can lead to some very life-affirming interventions—including all kinds of revolutionary advances in prenatal surgery and treatment—but usually not. The Catholic obstetrician might himself never recommend aborting a baby with diagnosed problems, but if he leaves that door wide open for his patients, isn't it tantamount to the same thing?

Here's another example: When a Catholic doctor in a Catholic facility declares that a patient's death is "imminent," he can recommend that medically assisted nutrition and hydration be discontinued. Lots of folks are fed through tubes these days for a variety of reasons, and the Church has made it clear that this practice is just like regular feeding—a mandatory part of ordinary care. But it's clear that it is morally permissible to withhold such feedings when they bring no comfort to someone truly near death, when they cannot be assimilated by a person's body, or when they involve physical burdens that outweigh the benefits for the recipient.

People erroneously connect these criteria to the tragic case of Terri Schiavo, but she was nowhere near death when her feeding tube was pulled in March 2005. Terri had been in what doctors call a "persistent vegetative state" (PVS)—a kind of unresponsive wakefulness—for fifteen years before her husband finally won the right to remove her tube and dehydrate her to death. This is a

horrible way to die that culminates in kidney failure and poisoning of the body with backed-up metabolic waste. For many, the moral argument about Terri's fate hinged on whether she was really in a PVS or if she retained enough higher brain function to allow for her rehabilitation, but this misses the point entirely. Even if Terri's brain damage was truly severe and she would never recover, her body was healthy, and she was entitled to basic, ordinary care—including food and water. We expect the same for foundlings and refugees; why wouldn't we expect it for our brain-damaged brothers and sisters as well? Terri's only crime is that she was living too long, and for that she paid dearly.

The real moral dilemma involves the countless elderly men and women who are in various stages of decline and dementia, and who receive assisted nutrition and hydration from their caregivers. When I worked in a nursing home, I was alarmed by the number of nurses who clucked and shook their heads whenever family members insisted on feeding tubes for their aging loved ones. "They should be allowed to die," they'd say, not recognizing that removing food and water doesn't *allow* someone to die, but rather *causes* death in most situations. I'm afraid my experience reflects a widely held assumption among those who work in long-term care, including the doctors who make that all important "imminent death" declaration. The calculus that goes on in the doctor's head prior to that declaration is hidden, and there is no foolproof method for determining "imminent death." What's more, there is no objective measure of when an intervention goes from being beneficial to being burdensome. Thus, there is a moral fluidity in such clinical scenarios, and the doctor who

patrimony is written in its entirety ... Because every human being is unique, because he has an identity from the first day of his existence, because he is a member of our species, his life must be respected."

In the years following his affirmation of "a scientific truth from which a duty followed," as Clara calls it,



Lejeune (R) with a patient

Lejeune was "banned from society, dropped by his friends, humiliated, crucified by the press, [and] prevented from working for lack of funding." He found solace, though, in a small league of sympathizers, and maintained his academic reputation and research support in the international community. He remained in his hostile homeland out of devotion to

his patients, both born and unborn, and campaigned tirelessly for their protection under the law and throughout society. Lejeune established houses of hospitality for otherwise unsupported mothers, named Tom Thumb Houses after the unborn children that he loved so well. In 1974, Pope John Paul II appointed Professor Lejeune to the Pontifical Academy of

Sciences, and in 1994 made him the first president of the Pontifical Academy of Life, a position Lejeune held for only thirty-three days before succumbing to lung cancer on Easter morning.

At the very end of his life Jérôme wrote to a friend, "Just when it is imperative to defend the embryos...I'm out of breath. For the moment, faithful to the Roman legionary's motto, 'Et si fellitur de genu pugnatur,' I write, 'And if he should fall, he fights on his knees.'" Lejeune was undaunted in his defense of the weak, even in the face of mortal suffering. He maintained a steady course throughout his entire life because he was oriented, like so many saints before him, by faith, particularly in the words of Christ in Matthew 25. Lejeune wrote, "One phrase, only one, will dictate our conduct, the expression of Jesus himself: 'What you have done to the least of my own, you have done it to me.'" Lejeune forgot himself in service to the suffering and vulnerable because he realized that he was serving Christ, whose love strengthened him to become, as Pope John Paul II called him, "one of the ardent defenders of life," and "a great Christian of the twentieth century." ✠

orders the removal of a feeding tube can be truly interested in the welfare of his patient, or he can be intending a hastening of the dying process, or both. The problem, of course, is that only the palliative intent—the intent to relieve discomfort and promote a good death without hastening it—is consistent with the principle of “first do no harm.”

The Magisterium and various professional Catholic healthcare organizations produce reams of documents that delve into the ethics and morals of various clinical situations, but it all boils down to a single guiding principle, to wit: am I intending in any given intervention to preserve and promote life, or to end it? It’s true that the rush of hectic clinical circumstances often makes it next to impossible to delve into such airy concepts and how they impinge on urgent healthcare decisions. All the more important, then, that those of us who work in healthcare root ourselves in Christ and truly bring our

**[D]octors and nurses are killing people in the name of health and healing, and Catholics must refuse to cooperate in that killing, regardless of the consequences.**

faith to bear on our practice all the time. Catholic politicians are rightly being challenged these days for compartmentalizing their faith—claiming to be “personally” opposed to abortion or ESCR, and then supporting such things through legislation and funding. Such compartmentalizing is a temptation for doctors and nurses as well, but professional excellence need not come at the cost of moral compromise—indeed, it can not. There can be no real divide between the best standards of care and a true respect for human life. It’s a both/and, not an either/or. Period.

### **The Cost of Siding with Life Today**

My nursing background is in oncology and hospice care, so I’ve seen my share of death and disease. As a nursing instructor, I oversee students caring for the sick and coming to terms with death for the first time. So my work is filled with disease and death, but I also have

a big family, and returning home at the end of the day to a loud home rich with laughter and life provides a nice counter-balance to my work. I try to bring a little bit of that life from home and pass it along at the bedside and in my classroom, although I have no illusions about the suffering associated with serious physical illness and the demands that just merely living can make on people. Still, when Jesus said that he came to bring life—abundant life, even—I know he wasn’t just talking to the well and the well-off. Life is always a gift, a divine gift, and those of us in healthcare must make it our mission to always side with life and refuse to cooperate with death, no matter what the cost. Does it seem silly to have to write out those words? Maybe, but killing—both outright and more subtle—has already become part of our culture’s healthcare repertoire, despite the best efforts of activists and practitioners to keep them out. Catholic doctors and nurses should be on the frontlines of the resistance to that trend, and should be dedicated to reversing it, even if it means sacrificing professional prestige and advancement.

As I’m writing these words as talk of eliminating conscience protection laws for healthcare professionals in the US is heating up around the country. Such talk may or may not lead to the actual doing away of such protections. But the debate engendered is nonetheless valuable for bringing together in the public mind three concepts not normally associated: conscience, killing, and healthcare. It’s a disturbing concurrence of terms, to be sure, but one that appropriately relays the situation’s true urgency—that is, doctors and nurses are killing people in the name of health and healing, and Catholics must refuse to cooperate in that killing, regardless of the consequences.

The Pontifical Council for Pastoral Assistance to Health Care Workers anticipated this urgent situation in its 1995 *Charter for Health Care Workers*. The Charter is not naïve about the challenges and moral complexities inherent in modern healthcare, but it leaves no doubt that there are limits beyond which Catholic practitioners cannot cross. Specifically addressing abortion, but in words that apply to all complicity with the Culture of Death, the charter reads:

Doctors and nurses are obliged to be conscientious objectors.... Awareness of the inviolable value of life

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and of God's law protecting it, is antecedent to all positive human law. When the latter is contrary to God's law, conscience affirms its primary right and the primacy of God's law: "One must obey God rather than men" (Acts 5:29). It is not always easy to follow one's conscience in obedience to God's law. It may entail sacrifice and disadvantages, and one can in no way discount this cost; sometimes heroism is called for if one is to be faithful to these demands.

The word "heroism" is significant here, for everyone who goes into nursing or medicine wants to be a hero. We read stories and see movies and watch TV shows,

and think, "I want to be that doctor who saves somebody's life" or "I want to be that compassionate nurse who goes the extra mile for her patient." We are inspired by the idealism of people like Albert Schweitzer and Florence Nightingale, Rose Hawthorne and Jeanne Jugan. We want to make a difference.

How odd that we have drifted so far away from the Culture of Life that to be a heroic doctor or nurse can simply mean avoiding participation in intentional homicide. Pray for more heroes, more doctors and nurses who will welcome into the world children like Nick, who reminds us every morning of the purpose of life: to love and be loved. ✚

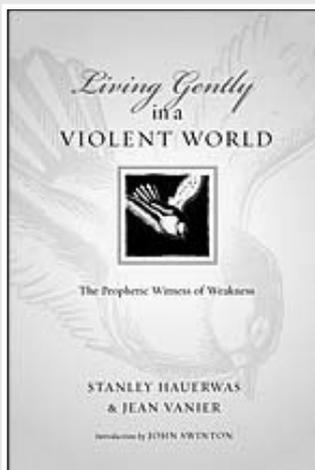
## CPF Recommends

### ***Living Gently in a Violent World: The Prophetic Witness of Weakness***

By Stanley Hauerwas & Jean Vanier  
(InterVarsity Press, 2008) Resources for Reconciliation Series

"The fundamental principle of peace is a belief that each person is important."  
—Jean Vanier

"I believe one of the singular gifts L'Arche has made for Christian and non-Christian alike is to help us see what peace looks like."  
—Stanley Hauerwas



**H**ow are Christians to live in a violent and wounded world? Rather than contending for privilege by wielding power and authority, we can witness prophetically from a position of weakness. The church has much to learn from an often overlooked community—those with disabilities.

In this fascinating book, theologian Stanley Hauerwas collaborates with Jean Vanier, founder of the worldwide L'Arche communities. For many years, Hauerwas has reflected on the lives of people with disability, the political significance of community, and how the experience of disability addresses the failures of liberal society. And L'Arche provides a unique model of inclusive community that is underpinned by a deep spirituality and theology. Together, Vanier and Hauerwas carefully explore the contours of a countercultural community that embodies a different way of being and witnesses to a new order—one marked by radical forms of gentleness, peacemaking and faithfulness.

The authors' explorations shed light on what it means to be human and how we are to live. The robust voice of Hauerwas and the gentle words of Vanier offer a synergy of ideas that, if listened to carefully, will lead the church to a fresh practicing of peace, love and friendship.

This invigorating conversation is for everyday Christians who desire to live faithfully in a world that is violent and broken.

A Study Guide for this book can be found at: <http://www.ivpress.com/cgi-ivpress/book.pl/code=3452>

## The Story of a Medical Conscientious Objector

# My Journey to the Culture of Life

BY JILLIAN STALLING, M.D.

*Editorial Note: Aware that her profession may lead her to participate in medical procedures contrary to her Catholic conscience, Jillian Stalling openly discussed with her medical colleagues and supervisors what she would and would not do. Her courage to speak up at the onset of her career earned her the respect and freedom to object to actions that go against Catholic moral teaching.*

I never thought I would be a physician. Growing up, it never entered my mind. Nobody in my family is in the medical field. But as a college student, I transferred to the College of Saint Mary in Omaha after a year at Park College in Parkville, Missouri. My journey began there.

Initially, I transferred to the College of Saint Mary to enter their nursing program. However, I somehow knew that a nursing degree was not enough, that I was being asked to do something different, something more involved. I subsequently entered the Biology program and began my studies. College for me was not a big party. I had fun, but I also studied very hard. Other students declared their desire to go to medical school after college. I never did. I didn't know what I was going to do with my degree. It was not until my fourth year that I even *entertained* the idea of becoming a physician. Other applicants had life experiences or tangible reasons for applying to medical school. My only reasoning was that somehow, I felt it was my calling, my vocation in life.

I didn't know anything about medicine. I had no clue as to the time or energy this path demanded. But I accepted it. I applied to Midwestern medical schools and was invited to two interviews: University of Nebraska and Creighton University. The University of Nebraska Medical Center interview was pretty much a flop. Nothing about it felt right. Needless to say, I was very anxious about the Creighton interview.

All anxieties disappeared when I met my first interviewer: a priest. I can't even explain how much this calmed me. Finally, I thought, someone who understands *vocation*—a call from God—as a legitimate reason to be a doctor. I vaguely remember mentioning to the priest my fondness of Natural Family Planning. Throughout my day at Creighton, I felt so at peace. When the news came of my acceptance to Creighton's medical school, I was elated. I knew God was leading me forward.

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*Jillian Stalling is a graduate of Creighton Medical School and a M.D. in Wichita, Kansas.*



Jillian Stalling's Medical School Graduation Photograph

While in medical school, I became fascinated with female reproductive physiology and the area of Obstetrics and Gynecology. While on interviews for residency, I mentioned to one interviewer at the University of Missouri-Kansas City my desire not to perform tubal ligations. She told me that OB/GYN was not the place for me, and that family medicine would be a better fit. I knew that was not an option. I had to be in OB/GYN. I matched at KU-Wichita's program and began my first day of residency on Saturday July 1, 2006.

I did not plan ahead. I didn't notify the program director of my desire not to prescribe contraceptives or perform tubals. I was too naïve, not strong enough spiritually, and not assertive enough to make my conscience known. I was not prepared for the conflict between daily decisions and my religious beliefs—what I now recognize as the war between the culture of death and culture of life.

Regularly I witnessed tubal ligations being performed and birth control being written for contraception. The first few times I experienced this, my body shook with fear. I did not want to be involved. But I did not say anything. I was just a lowly intern, or so I thought. Sadly, I willingly became involved in sterilizing women and writing prescriptions for contraception. It was the norm. The more I did it, the less it seemed wrong. I had a very rough first year and was tired all the time. I frequently missed Mass due to work or sleep, the only two things I had energy to do. I wanted life to be enjoyable again. Although I enjoyed my family and my job, I was not joyful.

I didn't think very much about God. Once I realized this I was horrified. I couldn't remember the last time I  
*(continued on page 30)*

## The Story of a Military Conscientious Objector

# My Battle with My Conscience

BY DANIEL BAKER

I was eighteen years old when I entered the Navy in July 2004, with the understanding that its mission would fulfill my mission. Like most of my friends in high school, I joined the military seeking a sense of purpose and meaning to my life. I was willing to make any sacrifices necessary to be a part of the Navy that I came to know through the movies.

After high school graduation, I spent most of my summer preparing for boot camp. For hours every day I ran and lifted weights. Almost every weekend, I watched *Tears of the Sun*, a movie that follows a team of Navy SEALs into the jungle of Africa. Against orders, the sailors decide to risk their lives in order to save a tribe from a merciless warlord. The movie ends with a quote of Edmund Burke's: "The only thing necessary for the triumph of evil is for good men to do nothing."

Immediately, I came to associate the work of "good men" with defending the innocent in war. I wanted to do something to fight off evil; the evil that brought the two towers falling down on television, as I watched in disbelief a couple of years earlier in my high school classroom.

After six months in the military, with hurricanes tearing through the panhandle of Florida where we trained, I saw that our humanitarian relief efforts were minimal at best. While we did some work to help out the community, nothing, even a Category 5 hurricane that hit Pensacola head-on, could take precedence over our primary goal: "mission accomplishment." Everything else came second. We could not allow our focus to be diverted from this narrowly defined mission, which we were told meant killing the enemy. I began to talk with some of my friends and learned that many of them were experiencing a similar disillusionment over the promises made to them about the type of work we would be doing in the service. My struggle with depression began.

The more my training failed to live up to my expectations, the deeper I slid into depression. My life seemed to be losing the direction that I thought I had found in the Navy. Whether the war was just or not, I didn't see my particular job or any other military profession that I witnessed making much sense. There was so much good work to be done and I wasn't doing it. It seemed to be a waste of manpower and a waste of money. With my faith in the military challenged, I was once again set adrift, in search for the shore where I would find pur-



Daniel Baker on a run in Africa while in the Navy

pose and meaning. I considered just finishing my six-year enlistment and becoming a firefighter, doing something that would actually help people.

After multiple trips to the local bookstore in Jacksonville, Florida, where I was completing my training, I came across the philosophy section. I stumbled upon a book by a Buddhist monk, Thich Nhat Hanh. In *No Death, No Fear*, I discovered the idea of nonviolence, a whole different way of looking at things, mindful of inter-dependence. I recognized how understanding could breed compassion. Learning to see God in all things was beginning to revolutionize my way of thinking. I bought more of his books, which gave substance to my thoughts.

I spent most of my free time lifting weights and reading. I slowly began incorporating lessons I learned from these books into my daily life. It wasn't long until a friend, possibly worried about me drifting off towards Buddhism, invited me to a local Southern Baptist Church. During service, I began to read the Bible along with the congregation and followed along with the pastor and his PowerPoint presentation, which was projected on an enormous screen in the front of the church. Growing up a cradle Catholic, serving a brief stint as an altar boy, and attending Catholic school through 9th grade, I thought I had a solid grounding in Christianity and the Gospels. But these folks really knew the Bible. I soon realized that I was relatively unschooled in my faith, despite my grade school religion classes. I followed along closely in church and began reading Gospel passages in my barracks room, driven to find what lay behind the indelible faith and kindness I noticed in these people. I began to recognize a surprising parallel (continued on page 31)

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*Daniel Baker has served as a GI Rights Hotline counselor/advocate for the CPF for the past two years.*

## The Story of a Medical Conscientious Objector (continued)

sat down, prayed, and talked with the Lord. I had become a very angry, impatient, selfish person in all areas of my life. For the first time ever, I had road rage every time I was behind the wheel. I knew I had a huge problem. I had never been this distant from God. I had to deepen my faith and talk to the Lord again.

At the start of the second year of residency I began watching EWTN and going to Mass consistently, which

**The Lord is guiding me. I was caught up in the culture of death, and He has lifted me out of this destructive culture, into the beautiful culture of life.**

was easier with a lighter schedule. Also at the beginning of that year, I started to decline performing tubal ligations. It felt great. I was able to start there because it was easier, and the other attending physicians seemed fine with it. My fellow residents thought it was weird, but seemed to accept it. The harder task was once again realizing and admitting to myself that contraception is morally wrong and offensive to God. It took the death of a child for me to wake up.

On my last night float shift, I joined a laparoscopic procedure for an ectopic pregnancy. Although this procedure is permitted by the Church as a legitimate attempt to save the life of the mother, I saw something there that changed me. Noting the distention of the left fallopian tube, we zoned in and incised the tube lengthwise in an attempt to remove only the ectopic and save the woman's tube. The laparoscopic graspers reached blindly into the bleeding site to remove the ectopic tissue from the tube. After removal, at end of the instrument, we noticed a perfect child in the embryonic stage of development completely enclosed in an amniotic sac. The child's heart was still beating. A multitude of feelings and emotions ran through me. I felt terrible knowing that I had ripped this child from his source of life and that my actions would lead to his bodily death. I felt a sense of awe at the beauty of the human person at such an important growth period. Above all I was humbled. I fought back tears standing there at the operating table. I said a silent prayer for the child. It was that life-altering moment and experience that was my crystallization of conscience: the catalyst for completing my journey back to the culture of life.

Over the following week I had some of the most amazing experiences of my life. I could feel and see God actively working through and around me. It began with my internet search on the Pope Paul VI Institute and the American Academy of Fertility Care Professionals (AAFPCP). On AAFPCP website, I found the email address of Dr. Gaetz who practices NFP-only OB/GYN in Sioux Falls, South Dakota. I sent her an email. She responded quickly and we talked on Super Bowl Sunday afternoon. During the conversation, she gave me her brother-in-law's telephone number and told me to contact him.

I called him immediately. I was nervous—he had no idea who I was or why I was calling. I explained the reason for the phone call: I was reaching out, desiring that the culture of life be a guide to how I practice medicine. I asked him for advice on how to notify my residency program of my position on (and against) contraception. Ironically at that very moment, he was working on a power point presentation on this very subject: the difficulty facing medical students, residents, and professionals today in the Obstetrics and Gynecology field, who want to practice according to their beliefs. What a blessing! He provided many references and contacts. He reminded me about *Naked Without Shame* by Christopher West, which is based on the *Theology of the Body* written by Pope John Paul II. I vaguely remembered receiving the series as a gift from my oldest sister, and unfortunately had never taken the time to listen to it. Now was that time.

I contacted a resident in St. Louis for moral support. She encouraged me and gave me advice regarding talking with my superior about no longer prescribing contraceptives. I met with my superior and was pleasantly surprised at how well things went, aside from his comment at the end of the conversation, "So I guess this means you won't be doing terminations, either?" I felt so relieved. I was able to both practice in a manner in line with my conscience *and* stay at the residency program with my fellow residents whom I had grown to know and love.

I still run into occasional issues within our clinic when patients set up an appointment for the purpose of a tubal ligation or contraceptives. But the nurses in our clinic have adjusted well to the way I practice medicine.

I was recently accepted to the Pope John Paul II Fellowship program at Pope Paul VI Institute in Omaha, Nebraska, beginning in July 2010. I look forward to learning how to serve women using NaPro Technology and the Creighton model FertilityCare system.

The Lord is guiding me. I was caught up in the culture of death, and He has lifted me out of this destructive culture, into the beautiful culture of life. I will never go back. I am peaceful and at home. ✠

### Online Resources for Medical Caregivers

Pharmacists for Life -- <http://www.pfli.org/>  
Feminists for Life -- <http://www.feministsforlife.org/>  
American Association of Pro-Life Obstetricians and Gynecologists -- <http://www.aaplog.org/>  
Doctors for Life --  
<http://www.doctorsforlifeinternational.com/>  
Nurses for Life --<http://www.nursesforlife.org/>  
Medical rights advocacy group for those with Developmental Disabilities, specifically regarding legalized medical killing.--  
<http://notdeadyetnewscommentary.blogspot.com/>

## *The Story of a Military Conscientious Objector (continued)*

between the teachings of Jesus and the nonviolence described by Thich Nhat Hanh.

I asked members of the congregation, more than half of whom were in the military, why it was alright to kill, if Jesus clearly forbids it. Maybe my Catholic family would dismiss these questions even though I saw them as good moral role models. That may be expected since they didn't seem to take everything Jesus said literally. But these people did. I was often perplexed at how literally they took what I thought to be insignificant passages, and paid little attention to what seemed to be clear, moral commandments. The explanations I received did not help.

I finished first in my training class and received my dream assignment to Hawaii. My unit was set to deploy to the Middle East a month after my arrival on the island of Oahu. I was approaching two years in the Navy, at which point I had planned on deciding where I would take my career next. I was discerning two different paths: becoming a pilot or a SEAL. My drive to make a difference would lead me into the toughest, most direct combat role I could find. I would be firing directly at the enemy. This realization brought my struggle with the morality of war to the forefront of my thoughts. Could I kill, and at the same time be a follower of Jesus who said, "Love your enemies"?

I got in contact with my godfather who is a Christian Brother and professor at St. Mary's College in California. He sent me G. K. Chesterton's book on St. Francis and a copy of the Catechism. I packed these books along with Thich Nhat Hanh and my Bible, and boarded the plane with the rest of the squadron on way to Qatar.

Besides its western border with Saudi Arabia, Qatar is surrounded by the Persian Gulf. Opening the plane's hatch felt like stepping into a sauna. The only indication that there might be such an oasis as the Gulf nearby was the merciless humidity. It made wearing our desert-tan flight suites nearly unbearable. As soon as we arrived, we began flying missions, patrolling the Gulf, tracking Iranian submarines, watching the shipping lanes for pirates off the coast of Somalia, and flying reconnaissance missions over Iraq. I kept reading, sometimes even on missions, when it wasn't my turn to keep watch for SAMs (surface-to-air-missiles). My chief grew increasingly uneasy the more he found me reading these "peace books." I flew dozens of missions over the course of the next month, all the while grappling with the morality of war and killing.

One morning I got on the plane and told a guy on my crew that I thought I was a conscientious objector. Not expecting it myself, I began to shed tears since I had worked so hard to earn my golden wings that I wore proudly on my uniform. I loved flying. I felt like I was throwing away the last two years of my life of hard training and sacrifice. It was tough to think that this would also mean never becoming a pilot or a SEAL. The command grounded me.

Since I didn't understand that conscientious objection was a legal way to be separated from the military, I looked for other jobs I might do in the military that would conflict the least with my beliefs. I thought I might become a chaplain's assistant. I shared this with my commanding officer and he told me to think about it for a week. I decided that I wanted to do it, but it turned out that position was overmanned and the Navy had a greater need for people in my field of training. I

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had no choice but to keep flying. (It wasn't until later that I learned even chaplain's assistants carried weapons as bodyguards, since the chaplains couldn't carry guns themselves.) I was sent to a review board in front of my commanding officer, executive officer, and command master chief, to make sure I was stable enough to fly again. After giving me a pep talk, they assured me of their support and sent me back up in the air.

On one of my first missions back with my crew, we were flying 300 feet above the waters of the Gulf, tracking an Iranian submarine and gathering valuable information on it. Excitement consumed me and the other ten crew members. Making contact with this submarine was big. As the drone of all four engines grew to an anxious growl, exerting more effort, the plane bounced up and down in the turbulence of low flight over water. Adrenaline seemed to flow through the oil of the plane and the blood of the crew. Looking out my window, in the aft of the plane, I could make out the white caps of the waves and the markings of an Iranian war ship which was escorting the submarine we had on our radar scopes. We continued to make passes over the sub and I continued to load fifty-pound sonobuoys (buoys that deploy microphones to a programmed depth) into tubes protruding through the deck of the plane. I began firing the buoys out and they splashed into the water around the sub. With each pass we got closer and closer to the warship and the submarine. Eventually, we made radio contact with the sub and an Iranian voice filled my

headset. "Coalition aircraft maintain five nautical miles or we will take defensive action."

The foreign voice injected the crew with another shot of adrenaline. We pushed to make more passes, closing in on the sub. Which each consecutive pass, the voice grew more nervous. Then, through the fog of excitement and beyond the numbing, programmed responses of my body, I realized that this was more than a voice. The submarine was more than a dot on a radar screen. There were human beings in the water down there. And there was this man, possibly the father of children, a husband, a son, a brother. Maybe he was just a confused kid like myself. The movie images in my head of a merciless warlord, the evil enemy who we had been fighting, began to give way to a vision of someone who was just like me. The adrenaline rush that fueled the plane and the crew passed over me for the remainder of the flight. Soon after that day, I began to visit the chapel more regularly to pray.

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I continued to read: Martin Luther King Jr., Gandhi, Mother Teresa, and more Thich Nhat Hanh. In *Peace is Every Step*, the Buddhist monk deals directly with the military. He called out all members of the military, including the chaplains, to be responsible for their actions and to be mindful of what they are supporting. I thought of the man in the submarine and knew I couldn't go any further.

I started to do some research and came across references to conscientious objection on websites, including CPF's. For the first time, I realized that conscientious objection was a legal option to get out of the military. No one seemed to know about it on base, including the

chaplains. I had visited a chaplain to discuss my dilemma and he simply talked with me about the just war theory. With the consolation that I was not the only one taking this stance, I printed out the regulations specifying how to prepare the application and approached my command. I told my commanding officer I wanted to apply for conscientious objector status. He gave me a week to complete the application. In the meantime I was permanently grounded and assigned the thankless task of ferrying fellow aircrew back and forth to their airplanes in an old van. It was a twelve-hour-a-day, seven-days-a-week job. In my down time from driving around base, I prepared my application. I worked on my statement between shifts. I wanted to call the GI Rights hotline for guidance, but it was difficult since access to the phones was limited.

Furthermore, all the phones were located in a single room, which was constantly crowded with those hoping to make their weekly call home. When I would sit down to make a call, an officer would likely be on one side of me, and someone from my squadron on the other. It was an awkward place to be talking about conscientious objection. I was worried someone might hear what I was saying and take my objection against war as belittling the sacrifice they had made in leaving home and family. I wasn't afraid to argue my point with friends, but knew that any overheard telephone conversations expressing my need for help with my CO application might discredit their desire to do what they believed was right. I went about the process mostly alone, except for the aid of websites I found and the help of a friend in my squadron. He did administrative work, and I appreciated the finishing touches he added to make it look more "official." After submitting my application, I was assigned an investigating officer (IO) who coordinated the required interviews with a chaplain and a psychiatrist, and checked my application to make sure all the documents were in order.

One day, not long after submitting my application, I was dispatched from my squadron's operation shack on yet another trip through the flight line. I drove the usual half-mile route past endless rows of planes that sat waiting for mechanics to repair damage done by the relentless heat and sand. As I drove, I was listening to a tape of Martin Luther King's sermons, which often occupied me on my drives.

While waiting to pick up the crew, I flipped through a magazine with an article on the war. Glancing at the pictures and glazing over the captions, I came across a picture of a little child lying face down in the road: clothes torn, limbs twisted, dust from an explosion blurring his figure into the concrete-rubble landscape; into "the fog of war." The caption said something about an air strike.

Driving the old white van down a taxiway, I squinted through the glare on the windshield as the sun began its final descent towards the barren horizon. Sweat continued to drip from my face as I shifted gears. Aware that the evening temperatures continued to hover in the

triple digits. Tan concrete hangars cast rare shade across the sand, there to shield the more cherished assets of “the Coalition Air Forces”: Navy, Air Force, Marines, the “Aussies”, the Brits. Any country or agency friendly with the US was represented in full force among the hundreds of aircraft stationed in Qatar, the center of air operations for Operation Iraqi Freedom (OIF).

Down the airstrip, I turned onto a parallel course with an Air Force F-16, rolling out onto the taxiway. Its red lights were flashing, indicating a departure. Out of the driver’s side window, I caught a glance of a familiar landmark: a stockpile of bombs indicating that I was about half way to my destination. Out of the passenger’s side window, I tracked the progress of the F-16 as we both rolled towards the hold-short line, where our paths would diverge and the pilot would turn onto the runway, advance the throttle forward to military power, and execute a combat takeoff. I realized the plane was loaded to the maximum limit with bombs as it let out a roar of thunder that rattled my body. As I watched a ribbon of flames trail off into the twilight sky, I thought of the little child in the magazine.

Walking into the chaplain’s office for my official interview, I felt like the priest was searching for any signs of insincerity. I noticed a row of catechisms on his shelf, just like the one my godfather had given me. The intimidation that I felt wasn’t alleviated by the fact that this priest held a higher military rank than my commanding officer. Furthermore, this priest had considerably more training than I in the theology behind my claim of conscientious objection. Nonetheless, I was firm in my conviction. After he showed me some more writings on the just war theory and St. Augustine, I ensured the chaplain that I had become familiar with the just war tradition; although I could respect certain aspects of this tradition, I could not kill. Eventually, the conversation turned to my idea of true service—the type modeled by Mother Teresa in the books I had read. The priest slowly lost his intimidating demeanor and began to counsel me. We both came to the conclusion that in order to follow God, it was necessary for me to leave the military.

The psychiatrist was not sympathetic to my views and the Navy JAG attorney handling my paperwork

seemed even more disinterested in the outcome of my application. After about three months of being bounced around the system (including a trip to Bahrain to meet with the closest JAG officer), the application crossed my commanding officer’s desk for a final recommendation and was ready to be sent to the Pentagon.

**[The priest and I] came to the conclusion that in order to follow God, it was necessary for me to leave the military.**

We returned to Hawaii after six months in the desert. The beautiful green mountains saw through the plane windows as we landed became for me a sign of hope. I decided to stay on the island and work instead of going home for Christmas, knowing that a decision on my application would be coming soon. On January 12, 2007, the commanding officer came into my office. He informed me that the application was approved and that I would be honorably discharged a month later. I was relieved the ordeal was finally over.

Soon after being separated, I found myself having nightmares that I was still in the military, unable to get out of something in which I didn’t believe. However, I was quick to realize that my battle with the military, as arduous and long as it was, was neither as difficult, nor as formative for me, as the battle with my own conscience. Eventually, the nightmares changed to dreams. I imagined I was back with my friends, flying with my crew and doing what I loved, what I was good at. I would dream that all we did was fly. We never went to war and never frightened our brother in the submarine. We cleaned up the war-torn streets below, helped the little boy to his feet, and walked him home, building up the peaceable kingdom, with peace in every step. Waking up to reality, those dreams sometimes seem naïve, even impossible. Nonetheless, I have learned not to doubt the unlikely. A militaristic Baptist congregation opened my eyes to the nonviolence of Jesus. A Buddhist monk guided me along the difficult path back to my Catholic faith. My faith has shown me that, even the impossible mission to love your enemies, is sometimes made possible with God. ✠

**Last fall, CPF staff members Daniel Baker and Michael Baxter were featured in an episode of the international television program *Witness* entitled “The Path of Most Resistance.”**

**The episode is now available online for viewing and offers a good summary of the kind of work that CPF does everyday. The video can be found online at [www.catholicpeacefellowship.org](http://www.catholicpeacefellowship.org)**

*From Covington, Louisiana - June 8, 1981*

# A View of Abortion with Something to Offend Everybody

BY WALKER PERCY

*Editorial note: The following letter ran in the Op/Ed section of The New York Times on June 8, 1981. It appears in Walker Percy's Signposts in a Strange Land (Picador).*

I feel like saying something about this abortion issue. My credentials as an expert on the subject: none. I am an M.D. and a novelist. I will speak only as a novelist. If I give an opinion as an M.D., it wouldn't interest anybody since, for one thing, any number of doctors have given opinions and who cares about another.

The only obvious credential of a novelist has to do with his trade. He trafficks in words and meanings. So the chronic misuse of words, especially the fobbing off of rhetoric for information, gets on his nerves. Another possible credential of a novelist peculiar to these times is that he is perhaps more sensitive to the atrocities of the age than most. People get desensitized. Who wants to go about his business being reminded of the six million dead in the holocaust, the 15 million in the Ukraine? Atrocities become banal. But a 20th century novelist should be a nag, an advertiser, a collector, a proclaimer of banal atrocities.

True legalized abortion—a million and a half fetuses flushed down the Disposall every year in this country—is yet another banal atrocity in a century where atrocities have become commonplace. This statement will probably offend one side in this already superheated debate, so I hasten in the interests of fairness and truth to offend the other side. What else can you do when some of your allies give you as big a pain as your opponents? I notice this about many so-called pro-lifers. They seem pro-life only on this one perfervid and politicized issue. The Reagan Administration, for example, professes to be anti-abortion but has just recently decided in the interests of business that it is proper for infant-formula manufacturers to continue their hard sell in the third world despite thousands of deaths from bottle feeding. And Senator Jesse Helms and the Moral Majority, who profess a reverence for unborn life, don't seem to care much about born life: poor women who don't get abortions, have their babies, and can't feed them.

Nothing new here of course. What I am writing this for is to call attention to a particularly egregious example of doublespeak that the abortionists—"pro-choicers," that is—seem to have hit on in the current rhetorical war.

Now I don't know whether the human-life bill is good

legislation or not. But as a novelist I can recognize meretricious use of language, disingenuousness, and a con job when I hear it.

The current con, perpetrated by some jurists, some editorial writers, and some doctors is that since there is no agreement about the beginning of human life, it is therefore a private religious or philosophical decision and therefore the state and the courts can do nothing about it. This is a con. I will not presume to speculate who is conning whom and for what purpose. But I do submit that religion, philosophy, and private opinion have nothing to do with this issue. I further submit that it is a commonplace of modern biology, known to every high school student and no doubt to you the reader as well, that the life of every individual organism, human or not, begins when the chromosomes of the sperm fuse with the chromosomes of the ovum to form a new DNA complex that thenceforth directs the ontogenesis of the organism.

Such vexed subjects as the soul, God, and the nature of man are not at issue. What we are talking about and what nobody I know would deny is the clear continuum that exists in the life of every individual from the moment of fertilization of a single cell.

There is a wonderful irony here. It is this: The onset of individual life is not a dogma of the church but a fact of science. How much more convenient if we lived in the 13th century, when no one knew anything about microbiology and arguments about the onset of life were legitimate. Compared to a modern textbook of embryology, Thomas Aquinas sounds like an American Civil Liberties Union member. Nowadays it is not some misguided ecclesiastics who are trying to suppress an embarrassing scientific fact. It is the secular juridical-journalistic establishment.

Please indulge the novelist if he thinks in novelistic terms. Picture the scene. A Galileo trial in reverse. The Supreme Court is cross-examining a high school biology teacher and admonishing him that of course it is only his personal opinion that the fertilized human ovum is an individual human life. He is enjoined not to teach his private beliefs at a public school. Like Galileo he caves in, submits, but in turning away is heard to murmur, "*But it's still alive!*"

To pro-abortionists: According to the opinion polls, it looks as if you may get your way. But you're not going to have it both ways. You're going to be told what you're doing. ♪

# To Our Readers

**W**e have often contrasted our meager budget with the coffers of the Pentagon. Once we joked that even some of the change from their vending machines could sustain our budget for years. The sad truth behind this joke is that efforts for peace—and not just our own, but all efforts—carry a kind of budgetary insignificance when compared to what society thinks is really important to fund.

Now, thanks to the information relayed by Juli Loesch Wiley on page 19 of this journal, we can add another institution to the list of death-dealing agencies that dwarf our financial resources. Planned Parenthood of America receives, in federal government assistance alone, well over \$300 million each year. And this does not count the payment they receive for hundreds of thousands of abortions at several hundred dollars apiece. Turns out abortion, like war, is big business.

We aim neither to become big business nor to receive federal funding. But these gargantuan discrepancies in funding are ones that we at CPF feel each and every day. Now more than ever, resistance to the culture of death requires that all of us dig deeper and sacrifice more if we wish to offer practical alternatives. Alternatives like the counseling we provide to soldiers in a crisis of conscience. Alternatives like the educational materials we provide to Catholics about our call to peacemaking and preserving life. And alternatives like this very journal, which seeks to look closely at issues that often only get hot-button, sound-bite attention.

We hope you can appreciate our need for financial support. Not only do we lack the deep pockets of the Pentagon or Planned Parenthood, but in setting ourselves clearly against both, we risk alienating both left and right—not exactly be a textbook public relations move. Our hope is that our readers support these efforts to promote the Gospel of Life and Peace, and will come to our aid. For us to continue our services, we need your help.

Please consider donating to the Catholic Peace Fellowship via pay pal on our website ([www.catholicpeacefellowship.org](http://www.catholicpeacefellowship.org)) or via snail mail at: P.O. Box 4232 / South Bend, IN 46634.

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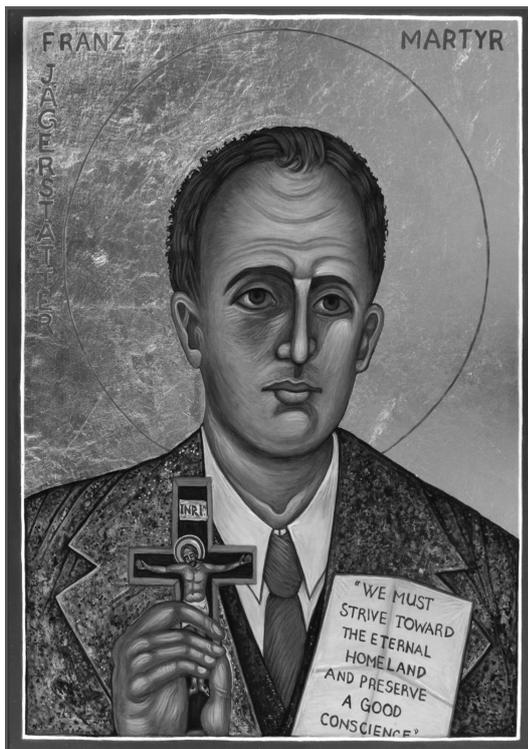
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### **CPF Icon of Blessed Franz Jägerstätter**

The Catholic Peace Fellowship is pleased to make available for purchase icons of Blessed Franz Jägerstätter, a Catholic from Austria who was martyred on August 9, 1943 for being a conscientious objector to the Nazi army. The CPF commissioned iconographer Sharon Kolansinski in early 2008 to make this icon. Proceeds from its sale will fund the Catholic Peace Fellowship's mission to support Catholic conscientious objectors through education, counseling, and advocacy and to resist war by helping those who choose not to participate in it, one person at a time.

Currently, the CPF is offering two versions of this mounted icon. A small icon (approximately 5 x 7 inches) is available for \$20.00 + \$5.00 shipping & handling and a large icon (7.5 x 11 inches) is available for for \$30.00 + \$5.00 shipping & handling. Bulk shipping rates are available upon request.

Please contact the CPF office by telephone at 574.232.2811 or by email at [staff@catholicpeacefellowship.org](mailto:staff@catholicpeacefellowship.org) to place an order. A color photograph of the icon can be viewed on the CPF website: [www.catholicpeacefellowship.org](http://www.catholicpeacefellowship.org).