



Life Matters Journal

V. 12, ISSUE 6 — DECEMBER 2024

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LETTER FROM THE EDITOR

Dear Readers,

Some years feel like decades and this is certainly one of them. We've finally reached the end of a very long year. Rehumanize International has been a hotbed of activity over these past six months, and we thank all of you for accompanying us all this way. With our first in-person conference since the COVID-19 pandemic finally accomplished, we can return to preparing for the challenges ahead of us. With a new presidential administration on the horizon and certainly a new political era in the coming year, we will take the opportunity to continue to strategies more and better ways to communicate a consistent ethic of life.



This month's issue truly reflects the wide spectrum of our advocacy. Sean Wild reflects on the 200th death row exoneration earlier this year, almost certainly a sign of things to come. John Whitehead presents a deep dive into the history of the conflict that has been raging in the Gaza Strip since last October. Dr. Grattan Brown tells a story of hurt and healing rooted in abortion. Jon James offers some fascinating thoughts on rehumanization through the lens of *The Dark Legacies* trilogy of science fiction novels. Finally, our founder Aimee Murphy offers guidance on speaking intelligently and compassionately about intersex individuals.

We appreciate your continued support of our work. See you in the new year.

Peace,

Jack Champagne

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

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

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

Disclaimer

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

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Life Matters Journal

DECEMBER 2024

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U.S. Sees 200th Person Exonerated from Death Row

By Sean Wild

The room is thirty-six by thirty-six feet. This is your home, but not by choice. You're stuck here, put here against your will. And you know there's only one way out... death.

This ominous reality hangs over you like a dark cloud. But why? We all have our faults, but you know you're not meant to be here. How do you get out? How do you avoid the inevitable threat of a premature death? How can you convince them they have the wrong person?!

No, this is not the plot to a new horror film or the latest thriller TV show. It is the unfortunate reality many have faced in the American incarceration system: an innocent person on death row.

As of July 2024, the United States has seen 200 people exonerated from death row since 1973.¹ The highest number of exonerations were seen in Florida (30), Illinois (22), and Texas (18).²

According to the Death Penalty Information Center, 1,594 people have been executed in the United States since the 1970s.³ A study published in 2014 in *The Proceedings of the National Academy of Sciences* journal found that at least 4% of people sentenced to death are innocent.⁴

When considering these numbers, there is a high likelihood that the state has executed some who were in fact innocent of the crime they were convicted of, and many innocent people remain on death row to this day.

Why start this count in 1973, you might ask? It is because this is the year following the landmark 1972 Supreme Court case, *Furman v. Georgia*, which explored if the Eighth Amendment's ban on cruel and unusual punishment applies to the use of the death penalty.⁵ The decision found the death penalty to be disproportionately applied to minorities and poor people, and that when applied in a discriminatory or arbitrary way the death penalty was unconstitutional.⁶ The *Furman* decision put the use of the death penalty on hold until it was reinstated through the 1976 case *Gregg v. Georgia*.⁷

Unfortunately, the disproportionate application seen in 1972 still holds true today. Statistics released by the U.S. Department of Justice found that at the year-end of 2019, of those sentenced to death, 41% were Black.⁸ This statistic can be given a better context when considering that African Americans make up only about 14% of the US population.⁹

The first of the 200 people exonerated since 1973 was a man named Dave Roby Keaton.¹⁰ In 1970, two sheriff's deputies in Florida were in a grocery store when three African-American males tried to rob the store. In an attempt to subdue one of the assailants, one of the deputies was shot and killed, with the other deputy was also shot while attempting to help. The second deputy survived the shooting, but the robbers got away.

In January of 1971, Dave Roby Keaton was brought in for questioning. After three days of intense interrogation, Keaton confessed to the crime. In total, six black men were charged with the crime, though one was found to have an alibi. "The Quincy Five," as the remaining accused became known, were all indicted by a grand jury.¹¹

Keaton and a fellow defendant named Johnny Frederick were tried together. The defense argued that the confessions both men gave were coerced and that the confessions themselves contradicted known facts about the crime, but to no avail.¹²

Both men were found guilty of murder in the first degree. Frederick was sentenced to life in prison and Keaton to death. After their sentencing but before any of the other three co-defendants went to trial, three other men were arrested in connection to the crime. Fingerprints of the "Jacksonville Three" were found at the crime scene. It should be noted that no fingerprints of any of the Quincy Five were found at the crime scene.¹³

The Jacksonville Three were subsequently convicted of murder. After this, a motion was filed by Frederick that eventually led both he and Keaton to be cleared 1973.¹⁴

The 200th exoneration, which took place this year, was Larry Roberts.¹⁵ Larry Roberts had been serving a life sentence in California for a murder he committed when he was 17 years old. In 1980, an altercation took place in the prison in which an inmate was stabbed. Though the stab wound would prove fatal, the injured inmate used his last moments to stab and kill a nearby guard.

No other guards witnessed the gruesome event, but other inmates testified against Roberts. He was charged with both the murder of his fellow inmate and the guard and put on death row.¹⁶

Roberts' conviction for the guard's death was later overturned by the California Supreme Court, but the Court let the death sentence remain. It was not until this year that the state's Attorney General agreed to a judgment that Roberts should be retried. It was deemed no new trial would take place, therefore removing the weight of the death penalty from Roberts.¹⁷

No system of justice is perfect. With the margin of error being the potential death of an innocent person, one must think long and hard about the ethical implications of a system that includes the death penalty.

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The Costs of an Unwinnable War: One Year after October 7

By John Whitehead

The violence in the Middle East sparked on October 7, 2023, has now continued for a year and shows little sign of ending. The Israeli military assault on Gaza, initially begun in response to the Hamas attacks in Israel that killed 767 civilians and 376 security personnel, continues to wreak devastation on Palestinians in Gaza.¹ The Gaza war also continues to fuel violence elsewhere in the Middle East, most recently in Lebanon, that may escalate into a wider regional war.

Ending the Israeli campaign in Gaza would bring relief to the people suffering there and might lower the risks of a larger conflict. The United States, as Israel's chief supporter, could play an important role in ending the war.

The War in Gaza

Israeli military operations in Gaza began first with bombing on October 7 and then a ground invasion of Gaza on October 27, 2023. After establishing control of much of Gaza, Israel began in 2024 to reduce its military presence on the ground. Today a relatively limited number of troops are in the Palestinian territory. Some of them are stationed across the middle of Gaza to control the residents' movements. Low-level fighting and bombing continue.²

While overt violence may have diminished in Gaza, however, residents face an equal if not greater threat: hunger. The war has disrupted ordinary economic life and severely limited humanitarian aid to the territory.

The Integrated Food Security Phase Classification (IPC), the international organization that monitors food crises, warned in March 2024 of famine striking first northern and then southern Gaza.³ An updated IPC assessment in late June refrained from declaring famine (improved access to aid may have had a positive impact) but identified almost all of Gaza's residents as lacking adequate access to food. The IPC estimated almost half a million people, or over a fifth of Gaza's population, face catastrophic levels of acute food insecurity, which means starvation. Famine remains a real danger.⁴

Eman Abu Jaljum, who lives in northern Gaza, has described her family as "living in a famine that is more extreme than ever before." Meat, fresh vegetables, and other basic food supplies are scarce and high priced. "Before some simple things were available," Abu Jaljum comments, "but now there's barely anything." Iyad al-Sapti, a resident of Gaza City, told *New York Times* reporters in June that he had not been able to buy a bag of flour in almost two months.⁵

Even where food is available, other shortages create problems. Nizar Hammad, who lives in the southern Gaza city of Khan Younis, says he can buy staples such as bread, rice, and lentils. The challenge for Hammad, who shelters along with his family in a tent, is cooking: "The biggest suffering is preparing the food itself, because you do not have cooking gas." Firewood is similarly hard to get.⁶

Some Palestinian children in Gaza have reportedly died from malnutrition and lack of healthcare. A group of experts affiliated with the Office of the UN High Commissioner for Human Rights identified 10-year-old Yazan Al Kafarneh and a 2-month old baby (name not given) as having died in northern Gaza in the winter. Six-month-old Fayeze Ataya, 13-year-old Abdulqader Al-Serhi, and 9-year-old Ahmad Abu Reida reportedly died in central and southern Gaza in the spring.⁷

Compounding food shortages are other consequences of the war. The territory's sanitation system has been destroyed and its healthcare system is close to collapse.⁸ Dr. Jean-Francois Corty, the president of the NGO Doctors of the World, which works in Gaza, comments "most [Gaza] hospitals are no longer functional, there are only between 5 and 10 left, and they are saturated with patients...they're running out of everything – fuel for their generators, medicines and medical and surgical equipment."⁹

Also suffering in Gaza are hostages captured by Hamas during the October 7 attacks. Of the 251 people originally captured, many have been freed over the past year, with 105 being freed in November 2023 as part of a ceasefire and prisoner-exchange deal between Israel and Hamas.¹⁰ Others have died in captivity. Ninety-seven people captured on October 7, as well as others captured by Hamas, remain unaccounted for in Gaza.¹¹

The Gaza Death Toll

The Gaza Health Ministry reported in late September that 41,586 people had been killed in Gaza since the Israeli assault began.¹² Such estimates have been controversial throughout the war. Because the Health Ministry answers to Hamas (or at least did before the current Israeli assault), it can be regarded as biased.¹³ The Health Ministry estimates also do not distinguish between civilians and Hamas combatants. Further, simply gathering accurate information amid the chaos of war is difficult for officials at hospitals and morgues strained to their limit.¹⁴

Because the precise death toll in Gaza is uncertain, the real number may be lower than Health Ministry estimates—but it may also be higher. An argument for a higher death toll than that reported by the Health Ministry was made by three academics in a letter to the medical journal *The Lancet*. The authors argued that when likely deaths indirectly caused by wartime effects such as disruptions to food supplies and healthcare are considered, the Gaza death toll might be as high as 186,000 dead.¹⁵

Such estimates are speculative and controversial, but they received support from Dr. Corty of Doctors of the World. Corty comments, "If you add those who are likely to die of malnutrition or as a result of wounds inflicted by Israeli bombardments in the weeks and months to come, because of the risks of superinfection and because their pathology will be treated late, then yes, the figure of 186,000 deaths mentioned in *The Lancet* is credible."¹⁶

Another estimate of Gaza war dead has come from a source unlikely to have a pro-Palestinian bias, Israeli Prime Minister Benjamin Netanyahu. In May, Netanyahu commented "Fourteen thousand have been killed, combatants, and probably around 16,000 civilians have been killed." This total of about 30,000 killed was lower than the Gaza Health Ministry estimate at the time of about 35,000 dead, but not dramatically so.¹⁷

If the total deaths reported by the Health Ministry are approximately correct and, in keeping with Netanyahu's estimate, slightly more than half the dead are civilians, then roughly 20,000 civilians have been killed in Gaza to date. This number is a plausible, conservative estimate of the civilian death toll—and the actual toll may ultimately prove to be much higher.

War in the Middle East

Violence related to the Gaza war has spiked elsewhere in the Middle East

over the past year: in the West Bank, in the Red Sea close to Yemen, and in clashes between Israel and other nations such as Lebanon and Iran.¹⁸

Since October 7, Israeli settlers in the West Bank have frequently attacked Palestinians while Israeli security forces have carried out near-daily raids in the territory.¹⁹ During two of the larger raids during the summer, an estimated 16 people in the West Bank, along with one Israeli soldier, were killed.²⁰

Outside Israel and Palestine, the current conflict spilled over into Iran in July when an Israeli airstrike killed Hamas leader Ismail Haniyeh.²¹ Meanwhile, at the end of September another pro-Palestinian militant group, the Yemen-based Houthis, launched missiles at the Israeli city of Tel Aviv and US warships in the Red Sea. The missiles were intercepted by Israeli and US forces.²² Israel then retaliated by bombing Yemen, in a strike the Houthis say killed four people.²³

The most significant regional escalation related to the Gaza war has been the ongoing conflict between Israel and Hezbollah, centered around Israel's northern border with Lebanon. Hezbollah forces in Lebanon have been regularly firing on Israel since October 7, with Israeli forces responding in kind.²⁴ Tens of thousands of people in both Lebanon and Israel have been forced to relocate because of the cross-border fighting.²⁵

A rocket attack in July hit Israeli territory and killed 12 children. Israel blames Hezbollah for the attack, although the group denies responsibility.²⁶ In retaliation, the Israelis bombed Lebanon, killing a Hezbollah commander and others.²⁷

Israeli forces have stepped up their campaign against Hezbollah in recent months, perhaps to preempt Hezbollah attacks or to weaken the organization sufficiently to allow displaced Israelis to return home, or both.²⁸ In September, the Israelis detonated explosives planted in pagers and two-way radios used by Hezbollah members in Lebanon.²⁹ These explosions killed not only Hezbollah members but others, including a 9-year-old girl.³⁰

The Israeli military followed these operations with conventional bombing of southern Lebanon, including the capital of Beirut.³¹ Lebanon's health minister reported on September 28 that over 1,000 people, including more than 150 women and 80 children, have been killed in the Israeli bombing. Among those killed by the Israeli bombing of Lebanon was Hassan Nasrallah, Hezbollah's top leader.³²

The Israelis seem determined to continue attacks on Hezbollah in Lebanon. Herzi Halevi, Israel's military chief of staff, has said "We need to keep hitting Hezbollah hard." Hezbollah, for its part, has continued to fire rockets into Israel.³³

The Israel-Hezbollah conflict took a dramatic turn on October 1, when Israel launched a ground invasion of southern Lebanon. This invasion may be aimed at destroying or weakening Hezbollah's presence in the area close to Israel's border. Later that same day, Iran launched a barrage of almost 200 missiles at Israel, apparently in retaliation for the Israeli killings of Haniyeh, Nasrallah, and an Iranian commander who was killed alongside Nasrallah.³⁴ The one confirmed death from the Iranian missile strike was a Palestinian man in the West Bank.³⁵

Seeking an End to the War

The Israelis suffered a horrifying injustice a year ago, during the October 7 attacks. The Israeli government's response to Hamas' attacks, however, has been grotesquely disproportionate. Israel's campaign in Gaza has likely killed tens of thousands of civilians over the last year while causing great suffering to many more. The campaign in Lebanon has also led to death and suffering for the civilian population, which will likely worsen as that campaign continues and escalates.

Defenders of Israeli policy might argue such losses are just a regrettable but inevitable part of a military campaign. They might also argue that Hamas and Hezbollah could end the civilian suffering by not operating so close to civilians or simply by surrendering. These arguments are unconvincing, however.

Fighting an adversary who uses immoral methods, such as deliberately killing civilians or stationing militants and weapons amid civilian populations, does not justify a response that causes the degree of suffering Israeli military operations have caused since October 7.

To put it in smaller-scale terms, if a murderer tries to evade capture by hiding in the middle of a huge crowd, security forces are not therefore justified in repeatedly firing guns into the crowd until the murderer is killed or surrenders. In such a situation, most of us would not accept the argument that the resulting death and injury of innocent bystanders should be written off as simply the murderer's fault for hiding in the crowd.

The civilian death and suffering caused by the Israeli campaigns are also hard to justify given the improbability of such campaigns achieving any worthwhile lasting result. Netanyahu and his advisors seem to think they can somehow definitively "defeat" militant groups such as Hamas and Hezbollah by military means. Given how long Israel has been fighting both groups, as well as militant pro-Palestinian groups generally, though, a decisive victory is unlikely.

Israel has fought wars against militants in Gaza and Lebanon before, and they did not prevent the October 7 attacks. The current war will probably not prevent future attacks on Israel from militant groups, either. Measured against a dubious long-term goal, the costs of the present campaign seem especially cruel and wasteful.

Rather than pursue the current military campaigns in Gaza and Lebanon, the Israeli government should end these campaigns, allow unfettered humanitarian access to Gaza, and shift toward a defensive stance that fortifies Israel's borders against any repetition of the October 7 attacks. In return for an end to their military campaigns (and perhaps a further exchange of prisoners), Israel should request Hamas release the remaining hostages.

The United States, as Israel's leading supporter, could play an important role in moving Israel towards such a policy by making further military support conditional on an end to the war. At present, however, the Biden administration does not seem likely to exert such an influence: this past summer, the United States approved \$20 billion in weapons sales to Israel.³⁶ Neither a future Harris nor Trump administration seem likely to limit military support for Israel either, absent significant political pressure.

Meaningful efforts to alter US policy toward Israel will probably have to wait until US elections are over. After the elections, when Congress returns to Washington on November 12, would be a good time for peace activists to make a push for ending the Israeli military campaigns.

A promising first step would be for Congress to adopt the resolution of disapproval introduced by Senator Bernie Sanders (I-Vt) that would block sales of offensive weapons to Israel.³⁷ US citizens can contact their senators and representatives to urge them to support this resolution.

Even before the elections, Americans can contact the Biden administration by phone, at 202-456-1111, or email to urge an end to military support for Israel unless Israel ends its current campaigns in Gaza and Lebanon.

Those interested in supporting organizations that help Palestinians in Gaza and elsewhere might consider donating to United Palestinian Appeal, Anera, and Islamic Relief USA. Islamic Relief USA also works to help people in Lebanon.

Continuing the current Israeli military campaigns will only extend and escalate the violence begun on October 7. These wars need to end.

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To Be Forgiven After Abortion

By Grattan Brown, STD, and Sr. Deirdre Byrne, MD



The mother in this story knew abortion was wrong but attempted it anyway because she felt desperate. Then she regretted it and sought the Abortion Pill Reversal (APR).¹ The APR protocol failed to save her baby but *never harmed her*, contrary to what many people today assume based upon false claims that the APR protocol is unsafe.

A fair-minded reader will realize that APR is just as safe as treatment to prevent natural miscarriage because they are the same treatment: a high dose of progesterone.² So what is the difference between treating a natural miscarriage and a mifepristone- and misopristol-induced miscarriage? None. The only real difference is moral not medical: whether the woman chooses to end the child's life, which is always the difference in the abortion debate.

There is debate about APR's effectiveness, and indeed in this story Sr. Byrne was not able to save the mother's baby. But the option to try to reverse her medication abortion became an essential part of this mother's reconciliation, healing, and growth after the distress of an unexpected pregnancy and the loss of her child.

Here is Sr. Byrne's story in her own words.

The Convent and the Clinic

I'm a general surgeon and a member of a Catholic religious community called the Little Workers of the Sacred Hearts of Jesus and Mary. By both personal conviction and religious service, I do free surgery for the poor. I'm also a family doctor and provide APR. Our community cares for the social needs of the poor, so I have seen the problems of pregnant mothers from every angle.

About three years ago, our community set up an APR clinic in the basement of our convent. Our success rate is about 78%, significantly higher than the national success rate of about 60%. We have a highly skilled, compassionate, volunteer ultrasonographer who makes herself available to us on very short notice. We also provide food and financial help to pregnant women who need it.

Our community had been witnessing outside a Planned Parenthood clinic on Thursdays. One day I saw a mom coming out of this clinic and had a feeling I should let her know about the APR protocol. So I walked up to her and said, "I just want to let you know I'm a physician, and I do the reversal. If you took the abortion pill and then decide you do not want to go through with it, I can reverse it within three days." She stopped, looked at me, and said, "I really appreciate that Sister."

Clinic to Confession

Later on that night, I received a call from the Abortion Pill

Reversal Hotline asking if I could help someone. I said yes and instructed the Hotline to have her come to our clinic the next morning so that we could get an ultrasound as soon as possible. When she arrived, I did not recognize her until she reminded me "You're the one that told me about the Abortion Pill Reversal in front of the Planned Parenthood clinic."

We performed the ultrasound, and it looked like APR would work, but she was very distraught. She began to cry as she went through her story. She had a really good upscale job, was a Catholic, and supported the pro-life movement. She said "I know that I shouldn't have done this, and now here I am, a person who has made a mistake. Now I can understand why women do what they do. Will God ever forgive me?"

I said "God already knows you are sorry and has already forgiven you but you have to learn to forgive yourself." She asked, "How can I do that?" I said, "Well, that's the beauty of confession." And she said "Sister, I haven't been to confession since I was nine years old." I said, "Do you have a little time?" and she said yes. I ran upstairs to one of our sisters and a friend visiting from out of town and asked, "Do you have time to take one of our moms to the Basilica for confession and then to lunch?"

Reconciliation

Our convent and clinic is just a few minutes drive from the Basilica of the National Shrine of the Immaculate Conception in Washington, DC. There is confession offered every day at the Basilica. The woman had to wait at the Basilica for confessions to start but spent the hour just talking to the sisters who were accompanying her. After confession, they continued the conversation at lunch.

In the end, this mom lost her child. No medical treatment works 100% of the time. But this woman had the experience of forgiveness and started her journey of reconciliation and healing.

Do you know a pro-life medical professional who might have a story to share? Do you have a story? Contact Grattan Brown: <https://www.wherewisdom.today/prolife-medical-professional-contact>

Notes

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Sci-Fi for Life: Yuval Kordov's *Dark Legacies*

By Jon James



Science fiction isn't the place you might expect to encounter consistent life ethics — when it isn't escapist, it can tend towards relativism or even nihilism. But it's a genre as diverse as its authors, and even from the beginning, *Frankenstein* (often considered the first sci-fi novel) tackles a number of pro-life themes, including the “abortion” of the would-be bride of Frankenstein's Creature, the injustice of mistreatment due to disability, and the responsibility of parents to provide a dignified existence for their progeny.

The *Dark Legacies* trilogy by Yuval Kordov — with the final installment, *The World to Come*, just released September 3 — continues in this vein, rejecting the materialist view that pervades much of modern science fiction in favor of a more holistic humanity. While characters themselves are often the perpetrators of violence against one another, they learn throughout the series the futility of dehumanization.

Dark Legacies takes place in a double post-apocalyptic setting. First, the world was destroyed by humankind with nuclear weapons and machines of war. Then, when humanity's hubris failed to diminish, the skies darkened and demons spewed forth onto the Earth. Most of the series takes place a few hundred years after this desolation, with human settlements banding together into several main factions.

One such faction, Cathedral, is a theocracy run by a woman known as Messiah, seemingly immortal and imbued with physics-bending powers that, along with her Revenant Sisters and

God-Engines, allow her to protect the city from demonic and human foes alike. But the God-Engines contain a dark secret: their hard-wired pilots are actually the deformed children of the Revenant Sisters. In a eugenics system that leaves many dead in its wake, the most powerful — and faithful — of Messiah's inner circle are bred repeatedly, until a child viable enough to survive connection into a nuclear-powered war machine is created.

These details aren't included to shock, as they might in a “grim-dark” setting like *Warhammer 40,000* where one-upping evildoing is the norm. In *Dark Legacies*, one of the perspective characters, Rebekah, is the mother of one such daughter, exiled for caring too much about her own offspring — and another is the child herself, dubbed merely ‘R-6’, as if to convince her of her own inhumanity.

From the beginning, R-6 is a model of disability advocacy. Due to the circumstances of her birth, R-6's body is misshapen — she is unable to walk, and without intervention, she won't live much longer as her body collapses under its own weight. R-6 is brainwashed to reject her flesh, told that she will not be complete until she is wired into her new battle walker body. And when her mother protests, knowing that becoming a tool to suit others' purposes will not bring her daughter the freedom she so craves, Rebekah is exiled, condemned to wander alone in the wasteland.

Despite the arsenal and machinery that make up R-6's cyborg carapace, she is still very much human. She is shaken upon seeing the ravages of war. She mourns the loss of one of her sisters. In fact,

From the beginning, R-6 is a model of disability advocacy.

R-6 may be one of the most human characters in the entire series, as after a life of abuse and isolation, she finally is free to learn what being human is, and in so doing, learns to value the life of the humans around her even more than her own.

Perhaps the most significant theme in *Dark Legacies* is that of dehumanization through division. The main plot of the series kicks off when cultures on opposite sides of the wasteland finally rediscover each other. But rather than allies against the literal demonic hordes that besiege each respective settlement, other humans are viewed with distrust due to their differences. Isolated from each other for so long, the cultures have redefined what they consider human to be, and are unwilling to challenge that definition when they encounter others like them. Meanwhile, characters like R-6, who has in many ways been literally dehumanized, and Aleph, an AI-powered mech who has discovered religion, are on the opposite trajectory, learning to overcome their brainwashed prejudice and see the humanity in others.

Baptiste, a high-ranking nepotism hire in the regimented city of Bastion's military, is sent to meet up with the *Mad Max*-esque Scavrats in an arrangement intended to tip the balance of power against Cathedral. This is ordered without anyone from Bastion having so much as spoken to or seen anyone from Cathedral. Their paranoia has made their fellow survivors into something to be feared and hated, rather than partners against a common enemy.

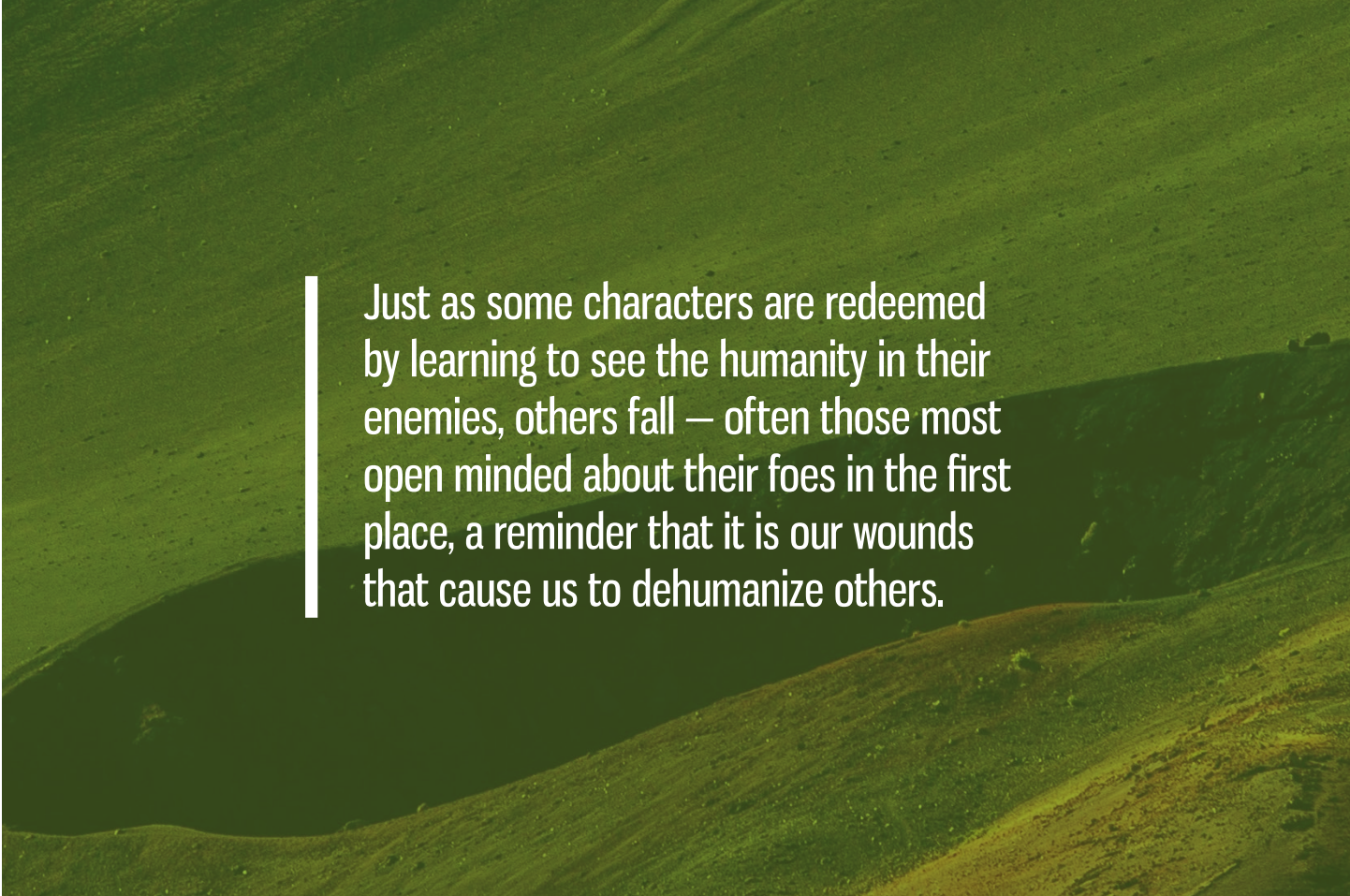
Throughout the series, it is increasingly implied that the world has been forsaken by God as punishment for the nuclear war that

devastated the planet. Earth is taken from its proper spot in the universe and moved to another unknown place, a limbo of sorts, where there are no stars to light the evening sky. Demons are released, not as judgment against fallen children, but as a motivation to set aside the divisions that led to the destruction in the first place. And repeatedly, the Scavrats, Bastionites, and people of Cathedral fail to do so, and repeatedly, things get worse for them.

Finally, as tensions between the cultures escalate to the brink of all-out war again, the throng of demons parallel their sins, swelling to numbers never seen since the opening of the Hellmouth. And ultimately, it is only through one character's self sacrifice in atonement for her sins against the others that the remainder of humanity is saved.

But everything is not tied up in a neat little bow. Just as some characters are redeemed by learning to see the humanity in their enemies, others fall — often those most open minded about their foes in the first place, a reminder that it is our wounds that cause us to dehumanize others. Trauma causes some characters to view other cultures, not as enemies, but as tools for their own use, and this proves even more detrimental. In the end, they have completely isolated themselves, not just from other cultures, but even within their own societies.

Only those characters which seek healing within the self, and between the self and others, are able to experience peace in *Dark Legacies*, and, perhaps, to restore the unity with their Creator that was lost when the world ended.



Just as some characters are redeemed by learning to see the humanity in their enemies, others fall — often those most open minded about their foes in the first place, a reminder that it is our wounds that cause us to dehumanize others.

A Brief Collection of Thoughts for Pro-Lifers When Talking About People with Intersex Conditions

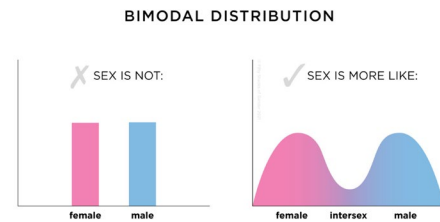
By Aimee Murphy

One of the most important things to remember as you embark on this conversation is that intersex conditions do not exist unattached from living creatures: they aren't merely hypothetical, theoretical concepts that exist floating free from ties to creation. They are conditions that humans (and all sorts of other creatures in our world) have as an integral part of their existence, from a very, very young age (if not from conception!). So when we talk about intersex conditions, it's important to first remember that you're going to be talking about *people* with intersex conditions, aka intersex people. Take a moment to rehumanize and remember that there are individuals with hearts, minds, bodies, and souls behind every idea you might talk about here.

Next, it's both a regrettable and important thing to note that, at least in the cultural world that I exist in as a practicing Catholic, the Theology of the Body that we have access to at this time doesn't really adequately address the experience of intersex people. We don't *really* have a Theology of the Intersex Body, in large part because the scientific reality of intersex conditions is coming to light more and more every day. Though historically there was some vague theory and knowledge of so-called "hermaphrodites," the scientific facts that underlie intersex conditions are only just being discovered and shared as our medical technology improves. This is an issue that we as pro-life people have a responsibility to wrestle with in good faith and humility, especially considering that at least 1.7% of the global population is intersex (that's the same percentage globally as the number of natural redheads, and that number is from the most recent research on the subject, using numbers from 1955-1998)¹. Of course, that number isn't even fully large enough, given that a number of intersex conditions are "cryptic," or hidden from plain view, and aren't necessarily tested for prenatally or in infancy.

Before we dive in further, it's important to establish that there are many different models of sex in creation. Starfish can reproduce asexually; simply by being cut into several pieces their bodies can form whole new starfish, free from the need of sexual reproduction. Snails can be bisexual (in the scientific sense of the term), and can be both male and female, both depositing sperm in their

mates and simultaneously receiving sperm from their mates to fertilize their own eggs. Then, there are some fungi that have over 100 different sexes involved in reproduction. I think it's important to note this because like many animals, human sex isn't binary (either all-male, or all-female,), even though that simplistic definition might be what we were taught earlier in our lives. Human sex is bimodal, essentially meaning that sex characteristics are not a bar or point graph (like the one on the left here), but rather form a statistical distribution that has two concentrations around the so-called "standards" that we think of as "all-male" or "all-female," like this:



On this graph on the right, you can see the middle says "intersex," which is the section of humans who have sex characteristics that don't align solely with either "mode." Essentially, intersexuality is a biological condition in which at least one of the sex characteristics doesn't "align" with the standard bimodal presentation of sex characteristics. These different sex characteristics include genetics, gonads, gametes, genitalia, other sex organs, and secondary sex characteristics like facial hair, voice box, body composition, chest hair, breast tissue, and potentially even aspects like brain chemistry and more.

From the page "Intersex Definitions," by InterACT, some examples of intersex conditions include:²

- Congenital Adrenal Hyperplasia (CAH)
- Androgen Insensitivity Syndrome (AIS)
- 46, XY complete gonadal dysgenesis (Swyer syndrome)
- 46, XY partial gonadal dysgenesis
- 5 alpha reductase-3 deficiency (5 ARD deficiency) and 17beta-hydroxysteroid dehydrogenase-3 deficiency (17 BHSD deficiency)
- Ovotesticular DSD
- Mayer-Rokitansky-Küster-Hauser (MRKH)
- Hypospadias and Epispadias
- X0 Turner Syndrome (TS)
- XXY Klinefelter syndrome
- *There are many other more unique intersex variations that exist, so feel free to poke around the "Intersex Variations Glossary" from InterACT Advocates at <https://interactadvocates.org/wp-content/uploads/2022/10/Intersex-Variations-Glossary.pdf>*

Many of these conditions are caused by genetic or chromosomal variations, and some are potentially precipitated by environmental factors such as hormones received in the womb. In the intersex community, like the disability community, many activists and advocates prefer to think of their conditions not as necessarily a "lack" or as a "wrongness" in their bodies, but rather as a natural form of genetic and phenotypic diversity of creation. This leads to some of these advocates' core beliefs: firstly, that aborting a child

based on their intersex condition is not acceptable, that it is a form of discriminatory violence; and secondly that intersex bodies do not need to be “edited” in order to be good bodies, and intersex people (particularly infants) should not be subject to invasive or irrevocable medical procedures just to make their genitalia or other sex characteristic “align” more with one of the bimodal “standards.”

These things are worth mentioning because these acts of violent discrimination against intersex people happen all the time. Selective abortions are currently done through genetic and phenotypic testing on preborn children to kill intersex fetuses.³ And those intersex babies who are born are often subject to surgical mutilation, though they cannot consent to these “non-lifesaving” procedures to change natural variations in genital appearance or reproductive anatomy.⁴

There is a deep-seated phobia of “non-normative” bodies and of intersex people that perhaps stems from the way that their existence challenges social perceptions of gender and sex. This fear often leads to support for and use of “intersex normalization surgery” on babies and children. If you or someone close to you is carrying or has given birth to a child known to have intersex traits, I entreat you not to speak in a way that would normalize such an unnecessary and invasive surgery. These procedures can result in a child’s long-term loss of fertility, sexual function, and emotional well-being, all out of a parent’s desire to raise a “normal” child. Most intersex conditions are not life-threatening and do not require immediate surgery.⁵ I encourage you to remind any family you encounter who has an intersex child (in the womb or already-born) that every child is precious and worthy of dignity and bodily autonomy; when the child comes of age, the family should let that child determine what (if any) non-necessary surgical interventions are used on their one precious body.

On a similar note, many intersex advocates are passionate about letting intersex kids learn more about themselves as they grow and letting them determine their gender identity on their own timing and on their own terms. Sex is biological (genetic and phenotypic) and bimodal, as I’ve mentioned above; but gender identity is based on social norms around what it means to be a “man” or a “woman” (or other diverse experiences of social presentation). For many intersex people, the gender norms of “man” or “woman” don’t serve or fit them well, and the mismatch resulting from trying to fit them in a box they don’t belong in could lead to mental health issues like depression, anxiety, and even DID (dissociative identity disorder). Therefore, encouraging parents who conceive and bear intersex children to allow these kids to use any pronouns and also change the name they’re called by is a way to accommodate the non-binary reality of their lived experience and also avoid unnecessary surgeries or processes that seek to pigeon-hole them into the normative expectations of a binary way of thinking about sex and gender that simply doesn’t fit their lives.

In this vein, I encourage the pro-life people that I meet to embrace a posture of humility and grace when it comes to how we encounter people who don’t fit strict gender norms, or who use diverse pronouns, or who even identify as trans. The thing that my husband and I often share with more conservative pro-lifers who balk at this suggestion is that ultimately, we are not God, nor are we anyone’s physician—it’s impossible for us to know (nor is it our business to ask) about all of the complex intricacies that make up

another human’s experience of genetic or phenotypic sex. I don’t deserve to know and it’s not my business to know what’s in another person’s pants, or chromosomes, or gonads, or brain chemistry, etc. Therefore, making hostile judgments to “deadname” or intentionally use pronouns contrary to what a person tells us theirs are is both inhospitable and presumptuous. There was at least one example I saw recently of a trans woman (aka someone assigned male at birth who identifies as a woman) discovering in her 30s that she actually had XX chromosomes and is intersex. I think her story just goes to show that we can’t know everything, and I think we often have to trust that people are giving us the best information that they currently know about themselves, including the gender they identify best with, whether that’s “man,” “woman,” “non-binary,” “gender fluid,” or none of the above.

All of this information and iterative mulling points back to the responsibility we have to be kind, gracious, humble, generous, understanding, and loving towards everyone that we meet, particularly vulnerable, marginalized people in the LGBTQIA+ community who have often been given the impression that there isn’t room for them in our movement, in our churches, and in our lives. Our movement and our community spaces should be open and welcoming to anyone who sincerely seeks to uphold human dignity in all circumstances, and it’s on us to make that a reality.

Further Resources on Intersex Conditions and Lived Experience

(Disclaimer: I don’t necessarily agree with the authors on everything, but reading from a place of humility to learn and understand is important, even if we don’t agree on everything)

- “FAQ: What is intersex?,” at InterACT Advocates, interactadvocates.org/faq/
- “Intersex Brochures and Guides” including “What We Wish Brochure Series,” “Intersex Resources for Medical Providers,” and “Resources for Intersex People and Their Families” at InterACT Advocates, <https://interactadvocates.org/resources/intersex-brochures/>
- “Intersex Variations Glossary” from InterACT Advocates, <https://interactadvocates.org/wp-content/uploads/2022/10/Intersex-Variations-Glossary.pdf>
- *Inverse Cowgirl: A Memoir*, by Alicia Roth Weigel
- *Nobody Needs to Know: A Memoir*, by Pidgeon Pagonis
- *Sex Difference in Christian Theology: Male, Female, and Intersex in the Image of God* by Megan K. DeFranza (*I am reading this right now, fwiw!*)
- *A Comprehensive Guide to Intersex* by Jay Kyle Petersen
- *Every Body* (film), 2023

Notes

1. Anne Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality*, New York: Basic Books (an imprint of Hachette), 2000.
2. <https://interactadvocates.org/intersex-definitions/>
3. Katie M. Saulnier, Hortense Gallois, Yann Joly, “Prenatal Genetic Testing for Intersex Conditions in Canada,” *Journal of Obstetrics and Gynecology Canada* 43, no. 3 (March 1, 2021): 369-371.
4. “FAQ: What is intersex?,” InterACT Advocates, updated January 26, 2021, interactadvocates.org/faq/
5. “FAQ: What is intersex?,” InterACT Advocates.