CULTURE WARS

THE THREAT TO YOUR FAMILY AND YOUR FREEDOM

MARIE ALENA CASTLE

"It is impossible not to admire the author's breadth of knowledge, her passion and compassion, and her clear-headed, strong convictions."

—ARVONNE FRASER

Former U.S. ambassador to the UN Commission on the Status of Women

Culture Wars

The Threat to Your Family and Your Freedom

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Introduction

If you are a believer—if you are committed to a theology—you should read this book. Yes, it is written by an atheist. But, no, it is not just about finding fault with theological doctrines, though it does that. This book is not so much against believers as against believers imposing their religious beliefs on others. Most believers do not want that. In fact, most believers will be surprised and deeply distressed at how well-meaning ideas are sometimes result in dreadful public policies with horrifying effects. *Culture Wars* explains how this is happening, right now, in our nation.

If you are an unbeliever, you have much to learn from this book, as well. Yes, it will explore the substance and absurdity of many theological doctrines, though not in such detail or at such length as in many other books. But unlike other books criticizing religion and its doctrines, the purpose here is different. This book is unique in not only showing how silly and wrong many religious beliefs are, but in showing how and why they affect the laws and legal institutions we live under. *Culture Wars* shows how these entanglements corrupt our government and hurt all of us.

If you simply do not care about religion or do not have strong opinions about it, then you really, really need to read this book. We stand, here in the early 21st century, at the doorway of a world filled with new technologies and innovations that promise to improve human life and diminish suffering and misery. Stem cell research, to name just one example, could greatly reduce or eliminate many chronic degenerative diseases. And religious authoritarians are trying to stop it dead in its tracks. Even if you don't care much about other people's religious convictions, you can rest assured that the most zealous and unreasonable religious believers are doing their best to deform and destroy our future and yours.

Of course, everyone knows that here in the United States we enjoy religious liberty. Our Constitution—the First Amendment, specifically, backed by the 14th Amendment—means that we're supposed to have complete separation of state and church at all levels of government. Thomas Jefferson called it a "Wall of Separation" between the government and re-

ligion. This "wall" guarantees (or should guarantee) that no one is forced, via law and our legal institutions, to obey religious dictates. Marie Alena Castle shows in this book that current reality is far from this ideal. In fact, she shows that what "everyone knows" about this subject is in some cases devastatingly wrong, that we are, in fact, continually subjected to legal strictures and public policies that violate our religious liberties and state/church separation.

The United States was founded on the self-evident principle that everyone possesses intrinsic, inalienable and equal rights. Thomas Jefferson ridiculed the idea that some people are "born with saddles on their backs" while others are naturally "booted and spurred, ready to ride them legitimately." Yet Jefferson himself owned slaves. It took a bloody civil war to end the appalling institution of slavery, and we still suffer from its legacy. What will it take, and how long will it take, for us to finally make concrete the First Amendment's guarantee of state-church separation and religious liberty? There is already a war underway, the outcome of which is uncertain, that will answer this question. This book outlines some aspects of this "culture war" that politically powerful religious groups and leaders are waging against our liberties. At stake are not just important principles of American freedom, due process, and equal treatment under the law, but, in some circumstances, our lives.

There are those who dismiss complaints about violations of state-church separation as frivolous, especially when such protests come from atheists. So what if a creche is displayed in a government building? they say. So what if The Ten Commandments hang above a judge in a courtroom? So what if our money has "In God We Trust" on it? So what if everyone must recite "under God" in the nation's official loyalty oath? But the question is not whether these things are worse than chattel slavery. It is whether these things are at odds with and undermine our nation's founding principles. They are and they do. All of these things are violations of our religious liberties.

But, as this book explains, there are much worse consequences of state-church entanglement. Religious groups and leaders actively promote government intrusion into the most private and personal aspects of our lives. How and whom we love; our reproductive rights; how we choose to form families and have children; protection of children from neglect and abuse; and even the choices we make when we face serious health problems or are dying. Religious authoritarians want massive government intrusion in all of these basic aspects of life. Objections to these intrusions are not frivolous.

Religious leaders offer a multitude of reasons why their religious doctrines should be the law of the land. "We are a Christian Nation!" is usually the first "explanation." Never mind that one could just as easily argue that Iran is a Muslim nation and should therefore be under shariah law. This is so obvious that many on the religious right promote their authoritarian claims as "scientific" rather than religious. The most blatant example of this is the labeling of creationism as "Intelligent Design." Many religious groups go far beyond such deceptive labeling and endlessly repeat demonstrably false claims, such as that birth control pills and abortion cause cancer, that gays are pedophiles, and that "legitimate rape" (as Missouri Congressman Todd Akin put it) cannot cause pregnancy. They then cite these specious claims as justification for meddlesome, intrusive laws.

Worse, religious leaders claim that defenders of state-church separation are anti-religious bigots or even persecutors of religious believers. For example, the public policy that requires medical insurance to include contraceptive coverage is being challenged as "going against the religious convictions" of Catholic employers (who provide insurance to their employees). This is like saying that employers religiously opposed to the germ theory of disease (it is "just a theory" after all) should be able to exclude antibiotics from insurance coverage. In fact, what such claims reveal is that the religious zealots making them are not persecuted in any sense of the word (in an 80% Christian nation!), but rather seek special privileges for religions and religious believers.

You will enjoy reading *Culture Wars*. Even if you are already a reasonably well informed advocate of religious liberty and state-church separation, there are things here that will make you sit bolt upright and say, "What?! I didn't know that!" And the author presents the facts in an engaging and entertaining way. Her warmth and depth of experience come through well, especially when she relates personal experiences and events. This is not an exhaustive treatment of a subject that deserves—but has never gotten—much attention. That book is yet to be written. But this is an excellent introduction, with many references and citations, to a subject that has for far too long been neglected. And, as the author points out, there is now an urgency to recognizing and addressing these problems before they become much worse.

— Dr. Tim Gorski, Pastor, North Texas Church of Freethought

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Theology-Based Healthcare

"We have legalized the ability for medical professionals to honor their religion and their conscience over law. We have legalized anarchy."

—Niles Ross, former pharmacist and retired pharmaceutical industry professional

Of all the topics covered in this book, none have the potential to compromise your health and wellbeing—even determine whether you live or die—like religion-driven health care. And you can't easily escape it because you are unlikely to know where the pitfalls lie. Even if you do know, you may not be able to decide where an ambulance takes you.

Most people are aware that Catholic hospitals will not perform abortions or provide birth control services for religious reasons; but there's a lot more to it than that. Much more. Children suffer needless pain, become disabled, spread contagious diseases, and die of medical neglect because the laws say faith healing is healthcare. Medical personnel may legally refuse to provide standard—even life-saving—medical care if it is contrary to their religious beliefs. Your health insurance coverage may shift in unpredictable ways from secular to religious control. Reality-based sex education is prohibited in some places, and critically needed contraceptives, such as the morning-after pill, are kept as inaccessible as possible—especially for young girls who need them the most. Even reproductive technology to achieve wanted pregnancies is compromised by restrictions. End-of-life decision making is constrained by the religious beliefs that only God can determine when you die, and that "suffering is the kiss of Jesus," as Mother Teresa said.[1] And, of course, stem cell research (see Chapter 6) that promises new ways to treat or even eliminate many diseases continues to founder on the rocks of legally sanctioned mystical beliefs about protoplasmic "personhood."

Every one of these restrictions is based entirely on theological concepts. All of them could be challenged as state-church violations, especially when religion-based providers are tax exempt and government funded. However, even if the entire health care system was privatized and taxed, we would still be up against the laws that establish "conscience" exemptions. They override all other laws. They override your humanity, your right to control your own body, your right to live and your right to die—all to support religious beliefs many find barbaric.

Conscience Exemptions Trump All Other Laws

Conscience exemptions may sound like a laudable human rights concept, but they are a major roadblock to health care based on your own needs rather than someone else's religion. As so often happens, there are unintended consequences of good intentions. These exemptions were, in part, a response to the post-World War II Nuremberg Trials and the Nazi defense that "I was just following orders." Conscience exemptions were seen as a way to legally protect people from being forced to commit atrocities. Such exemptions made "I was just following orders" no longer a legitimate defense, and placed individual conscience as a barrier against unjustifiable, inhumane orders. (This is the rationale for these exemptions; the real reasons are different, as we'll see.)

Unfortunately, such well-intentioned exemptions became, paradoxically, a protection for those who refuse to provide objectively justifiable and humane medical care—even what is otherwise considered the minimum acceptable standard of care—that does not conform to their religious beliefs.

The 1973 *Roe v. Wade* decision legalizing abortion was the catalyst for the first national conscience exemption in the United States (some states already had them). Immediately after that decision, Sen. Frank Church, from Idaho, introduced an exemption bill that passed 92 to 1.[2] It protected private hospitals that were receiving federal tax support through the Hill-Burton Act and government programs (such as Medicare and Medicaid) from being required to provide reproductive services that did not conform to the religious beliefs of those providing the services. These services have come to include abortion, contraception, sterilization, and referrals to other providers, as well as some fertility treatments and the use of stem cells. Many states followed with their own conscience exemptions and some pharmacies have allowed "pharmacists for life" to refuse to fill prescrip-

tions for contraceptives. The only protection for patients was an informed consent clause that prohibited medical personnel from giving fraudulent information about a procedure they refused to do, such as claiming harmful side effects for the procedure. This, unfortunately, has not worked well, as fear-mongering has continued to deter patients from seeking needed reproductive health care. (See the discussion of "Plan B" in Chapter 4.)[3] In some states, religious-right legislatures have passed laws requiring that false information be presented to patients.[4] Arizona has taken this even further, with a 2012 conscience-exmemption law allowing physicians to conceal information from pregnant patients and their partners about possible birth defects.

With conscience exemptions it is sometimes not so much the medical facility as the personnel working there who create the problems. The following is a personal account by a medical professional, Niles Ross:

> Suppose there is a hospital that is non-sectarian, and performs abortions. Individual OB-GYN physicians are not obligated to perform them, even if the "hospital" performs them. Each individual health professional—doctor, nurse, pharmacist, X-ray technician—has his or her own individual religious- and conscience-directed right not to perform a procedure.
>
> In 1970 I was working in what was my final job as a pharmacist. I was working in a private, non-profit, non-sectarian hospital in New York state. At that time New York State legalized abortion, prior to the United States Supreme Court doing so.
>
> The chief administrator of the hospital made a tour of every single department. He walked into the pharmacy and stated (this is paraphrased): "Starting Monday, this hospital will perform abortions. We are open 24-hours a day, and we will perform abortions as needed. If there is any pharmacist who cannot dispense the drugs [used during abortions], let your supervisor know, and you will be exempt from that. However, we *are* open 24 hours a day, and the drugs *will* be dispensed 24 hours a day."
>
> So, way back then, the conscience exemption was well known and alive and well. It happened that we had two Catholic pharmacists. Neither of them expressed objection, and they did dispense the drugs. This alleviated a big potential problem. We had only one pharmacist on the night shift—a Catholic. He preferred the night shift and, of course, we all preferred that he preferred it. Had he voiced objection, the entire shift system would have collapsed. Nothing happened, but it could have. So, the issue is not only with institutions, but also with individuals. The chain of providers involved in your exercising your right to have procedures you need is only as strong as the

weakest link, and that is the conscience exemption. (This was very evident in the Nancy Cruzan "right-to-die" case as specific nurses objected to care that was other than "keep her alive into infinity.")

Certainly, there are pockets of the country where religion-controlled, non-Catholic hospitals and health care providers are also part of the problem. Religions other than Catholicism do play a special role in healthcare. But Catholicism bears the brunt of this discussion because of the number of Catholic hospitals.

I am now living in Iowa. My personal physician is an employee of a Methodist hospital. He is fine with my living will, but he may not be able to honor it. This is why: The Methodist hospital has a "hospital within a hospital" for very ill, long-term patients (severe burn patients, for example), and specially trained physicians work in that part of the hospital. The hospital gets those physicians from a medical contracting company that supplies specialists to hospitals all over the country The contracting company is Catholic.

The Methodist hospital, as an institution, will honor my living will. However, there is no Methodist hospital treating me. There are only physicians, and nurses, and pharmacists, and X-ray technicians. Therefore, the conscience exemption can make things very difficult. A patient cannot interview every single health care provider. The inpatient, particularly, is subject to the religious whims of whomever shows up at his or her bedside. Even with the strongest health care advocate—and my lawyer is—that health care advocate cannot be there every single moment. (Note the above discussion of 24-hour abortion availability—hospitals treat on a 24-hour day.)

If I'm dying, it will not help me even if my lawyer threatens legal action at the very moment the health care provider decides to plunge some device into me to keep me alive. A valid Supreme Court ruling in my favor is of no use to me.

What this comes down to is that a medical facility and/or its conscience-driven staff members can refuse to perform a legal—even necessary—procedure if it is against their religious beliefs. They can even refuse to tell you of its availability elsewhere. And there may be nowhere else to go if you are in an HMO or an employer-provided health care plan that limits you to a single facility, or if you live in a rural area where you have no choice of facilities. And there is not a damn thing you can do about this.[5]

The issue Niles Ross raises is serious. Conscience exemptions have created veritable chaos in medical care, with patients vulnerable to whatever religious belief drives the medical caregiver at hand. Further, if a patient

dies or is otherwise harmed by irrational conscience-driven refusal to provide treatment, the hospital and/or its staff cannot be sued. Oh, they can be sued for malpractice, but there is no such thing as conscience malpractice in the medical field. Cut off the wrong leg and you're in trouble, but let a woman die rather than perform a life-saving abortion and you're home free.

Obviously, the consciences of others can sometimes be dangerous to your health. Yet there are no standards for what constitutes a legitimate conscience exemption. There should be, and the standards should be secular and evidence based, with the patient's desires and needs given priority. No one's conscience should be given the power to deny the morning-after pill to rape victims, or permit medical neglect of a child to satisfy the parents' faith healing beliefs, or deny physician aid in dying to end irremediable suffering, or compromise the treatment of any of the other diseases and conditions some religions believe must be subject to theological control, however inhumane and unwanted the result for the patient.

For the hopelessly ill and suffering person, the medieval mindset has come full circle. The rack of the Inquisition is now one's deathbed. Still in the name of religion. Still just following orders—from God.

Here's a test case for setting conscience exemption standards: In 2009, Sister Margaret McBride, an administrator at St. Joseph's Hospital and Medical Center in Phoenix, Arizona, authorized an abortion as the only way to save the life of a woman in her 20s who was eleven weeks pregnant and near death from pulmonary hypertension.[6] Catholic doctrine forbade the abortion, as spelled out in the U.S. Conference of Catholic Bishops' "Ethical and Religious Directives for Catholic Health Care Services" that governs healthcare in Catholic hospitals in the United States.[7] Bishop Thomas Olmsted of the Roman Catholic Diocese of Phoenix excommunicated McBride, claiming her action was a source of scandal for the Church. The diocese also ended the hospital's affiliation with the Church.

Since my beliefs are human centered, it's hard for me to see this as punishment. I would think both McBride and the hospital would want to say, "Good riddance." But the pull of religious belief is strong for many people. McBride and the hospital were heroic in rejecting that pull so they could save a life. McBride was, in fact, given an award by a Catholic lay group called "Call to Action."

The hospital president, Linda Hunt, defended McBride's actions, saying, "If we are presented with a situation in which a pregnancy threatens a woman's life, our first priority is to save both patients. If that is not possible, we will always save the life we can, and that is what we did in this

case." Bishop Olmsted said the mother's disease (with death nearly a 100% certainty, according to the doctors) "needed to be treated. But instead of treating the disease, St. Joseph's medical staff and ethics committee decided that the healthy 11-week-old baby should be directly killed." Noooo, it was not a "healthy 11 week-old baby." It was a fetus at two-and-a-half months gestation—approximately an inch-and-a-half long, weighing a quarter of an ounce—still unable to breathe and impossible to save under any circumstances.

But such are the emotional word games that infuse anti-abortion propaganda. No such sympathy-seeking language is ever used to describe the very much alive and sentient young women whose lives the church hierarchy considers disposable.[8] Instead, that hierarchy recites a constant litany condemning women who supposedly have abortions "for birth control" and "for convenience."

So, the question is, which conscience-driven action operating at St. Joseph's Hospital should realistically be classified a conscience exemption: McBride's, for saving the young woman's life, or Bishop Olmsted's, for wanting to sacrifice the woman's life to save an unsavable fetus, just to uphold his Church's "sanctity of life" (for fetuses only) theology and avoid an abortion "scandal" for the Church? As the law stands now, both saving the woman for demonstrable humanitarian reasons and letting her die for irrational theological reasons are conscience-driven actions. Accepting both as valid leads to medical chaos. The solution is to apply the exemptions only to actions that are evidence based, demonstrably humanitarian, and supportive of the patient's wishes.

Hospital Mergers and Secular versus Religion-Based Care

The economics of hospital management have led in recent years to a proliferation of hospital mergers and acquisitions to gain greater market share and achieve cost efficiencies. Trouble arises when a hospital is controlled by the Catholic Church. In these circumstances, Catholic theology must prevail and all staff in the merged institutions must agree to adhere to the "Ethical and Religious Directives for Catholic Health Care Services." They apply to everyone, Catholic or not. Here is what the Directives say about such mergers, taken from Part Six, "Forming New Partnerships with Health Care Organizations and Providers":

> 69. If a Catholic health care organization is considering entering into an arrangement with another organization that may be involved in activities judged morally wrong by the Church, participation in such activities must be limited to what is in accord with the moral principles governing cooperation.
>
> 70. Catholic health care organizations are not permitted to engage in immediate material cooperation in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide, and direct sterilization.
>
> 71. The possibility of scandal must be considered when applying the principles governing cooperation. Cooperation, which in all other respects is morally licit, may need to be refused because of the scandal that might be caused. The diocesan bishop has final responsibility for assessing and addressing issues of scandal, considering not only the circumstances in his local diocese but also the regional and national implications of his decision.
>
> 72. The Catholic partner in an arrangement has the responsibility periodically to assess whether the binding agreement is being observed and implemented in a way that is consistent with Catholic teaching.[9]

This means that, if the only hospital near you is Catholic or in a Catholic-secular partnership, you're in trouble. No contraceptives, no abortion (or even a referral for an abortion) even if your life depends on it, no removal of a life-threatening ectopic pregnancy (but see Chapter 2 for an interesting exception), no prenatal diagnosis if there is any hint that it may lead to an abortion, no vasectomy or tubal ligation, no morning-after pill even if you've been raped, no in vitro fertilization or other doctrinally off-limits fertility technology (see Chapter 2), and no aggressive end-of-life pain remission. Here is what the Catholic bishops say about that, from Part Five of the Directives, "Issues in Care for the Seriously Ill and Dying":

> 61. . . . Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if the therapy may indirectly shorten the person's life so long as the intent is not to hasten death. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.[10]

If you can't understand why suffering is good for you, too bad. And we all pay for this "Christian understanding of redemptive suffering." Because Catholic hospitals are tax exempt, everyone else's taxes are higher; to add

insult to injury, hospitals get federal funding—supplied, of course, by the taxes we pay. Therefore, a hospital that refuses to provide a standard service for doctrinal reasons is getting paid by the taxpayers for doing nothing. There is no recourse for the patient. Hospitals can't be sued if they have a clause in the admitting documents (who reads them?) mandating arbitration in case of disputes, and a 2011 Supreme Court ruling upheld such clauses.

Defunding Family Planning Programs

Nothing is more central to a woman's life than the ability to control her childbearing. And it often seems that nothing is more central to authoritarian religions' belief systems than to prevent her from doing that. The *Roe v. Wade* decision has been the focal point of the religious right's vendetta against women from the day the ruling was announced on August 22, 1973. (This is covered in more detail in Chapter 4.) Their determination to take control of childbearing out of women's hands seems to know no bounds. The religious right's inability to overturn *Roe v. Wade* entirely has led to endless restrictions on obtaining an abortion—as well as restrictions on the availability of contraceptives that would reduce the need for abortions. (See Chapter 2 for the theology-based connection.)

Since the introduction of President Obama's healthcare reform legislation, Planned Parenthood has had a target on its back. "'Taxpayers should not be subsidizing the abortion industry,' said Elizabeth Graham, the director of Texas Right to Life."[11] No matter that performing abortions is a very minor part of what Planned Parenthood does. Mostly Planned Parenthood provides a wide range of fact-based family planning services, screening for cancer and various gynecological diseases, and testing for sexually transmitted diseases (STDs). Planned Parenthood has provided these services at very low cost to low-income women who need them most.

Planned Parenthood is not alone in being targeted by religious-right legislators. According to Niles Ross, the many community health centers around the country have suffered severe cutbacks in funding from the Center for Disease Control, just when their services are needed most. Any "cost-saving" here is fantasy. We all pay dearly in many ways for a rise in unplanned pregnancies, unwanted births, communicable diseases, and untreated medical conditions.

Prior to passage of the Affordable Care Act ("Obamacare"), the Catholic bishops and their allies in Congress forced President Obama to eliminate coverage of abortion. In 2012, he agreed to conscience exemptions

for strictly religious entities, which IRS calls the "integrated auxiliaries" of churches. That left the female office workers and housekeepers who staff them out of luck—and money. The cost of oral contraceptives varies but adds up over time. The IUD—although good for several years—costs $800 to $1,000 up front. Other methods are comparably expensive. Worse, most of these medications and devices are also used for non-contraceptive purposes—so that's out, too. Obama sensibly insisted that religion-controlled facilities, such as hospitals, colleges and social service agencies that serve the general public, be covered. (There are 600 hospitals and more than 200 colleges controlled by the Catholic Church, plus numerous social service agencies, such as Catholic Charities—all tax exempt and funded largely by the taxpayers through government grants and contracts. There are hundreds of thousands, perhaps millions, of employees in these hospitals and social service agencies and about 900,000 students in the colleges, all with widely varying religious beliefs, and 98% of the Catholics among them use or have used contraceptives.)[12]

Not good enough, the bishops said. They insisted that their "religious freedom" (the "freedom" to force their beliefs on those millions of religiously diverse employees and students) was under attack. So Obama backed down again, somewhat. He said all Catholic-run organizations would be exempt from providing contraceptive coverage, but the insurance companies would provide it instead, still at no cost to patients. That would have left the bishops' medieval "conscience" clear for public relations purposes.

Still not good enough, the bishops said. Even this very separate and indirect contraceptive insurance coverage was too much of an infringement on their religious liberty. Almost immediately, a private company in Colorado, Hercules Industries, whose owners happen to be Catholic, made the same claim, and a judge issued a temporary restraining order to prevent "imminent irreparable harm."[13]

Since then, religious right legislators have tried to protect such "religious liberty" at the expense of everyone else's freedom by amending the health care bill to allow employers and health care insurance providers to exclude any coverage they consider to be immoral or in violation of their religious beliefs. If they'd succeed, where would this end? Could coverage be denied for any sex-related condition some employers considered immoral or simply contrary to their religious beliefs? HIV testing? Childbirth for unmarried women? How about blood transfusions (Jehovah's Witnesses) or almost all medical care (Christian Scientists)? There would be no end to the religion-generated chaos.

Senator Roy Blunt (R-MO) introduced an amendment to institutionalize such chaos, but the U.S. Senate voted to table it on March 1, 2012. The vote was 51 to 48, which was frighteningly close on such a potentially destructive law. It appears that the controversy will end up at the Supreme Court. The Court has already expanded religious exemption privileges in employment discrimination lawsuits, so it's probably a good bet that the Court will rule in favor of the bishops.[14] Our Constitution is no protection. (See Chapter 1.)

Faith Healing Laws

The only organization dedicated to protecting children from faith-based medical neglect is CHILD, Inc. (Children's Healthcare Is a Legal Duty). It was founded by Rita and Doug Swan, former Christian Scientists, whose 18-month-old son died of meningitis when the Swans relied solely on prayer to heal him. The tragedy brought reality home to them and they have since worked relentlessly to repeal laws that validate faith healing as legitimate health care. These laws exist in many states as a result of Christian Science lobbying.

The Swans publish a newsletter that reports on their legislative efforts and on cases of child mistreatment, suffering, and death when parents rely solely on prayer for healing. (To get it, contact CHILD at www.childrenshealthcare.org.) The newsletter is heartbreaking as well as infuriating.

When CHILD began its work, Nebraska was the only state without a religious exemption in its child abuse or neglect laws, thanks to the legislative initiative of Senator Ernie Chambers.[15] To date, CHILD has succeeded in removing religious exemptions in six states: Hawaii, Oregon, Massachusetts, Maryland, South Dakota and North Carolina. Two other states, Mississippi and West Virginia, have no religious exemptions from immunizations. Only Mississippi allows a religious exemption from metabolic testing. (This simple pinprick of a blood test on a newborn can indicate the presence of a condition that causes mental retardation if not treated quickly, yet Mississippi permits parents to refuse it for religious reasons.) The worst states are those with a religious defense to manslaughter or negligent homicide charges. They are Ohio, Iowa, Idaho, Arkansas, and West Virginia.

Other states have an unsatisfying mix of exemptions and non-exemptions. For example, Washington state requires parents to provide "medically necessary health care" as part of its criminal mistreatment law. How-

ever, it then says, "It is the intent of the legislature that a person who, in good faith, is furnished Christian Science treatment by a duly accredited Christian Science practitioner in lieu of medical care is not considered deprived of medically necessary health care or abandoned." Astonishingly, this says in effect that Christian Science prayer is equivalent to medical care. In defense of the Washington state legislature's overall sanity, if not due diligence, this exemption was added secretly in a conference committee's reconciliation of house and senate healthcare bills. It was then accepted by the legislature with no indication that most legislators were aware of the addition. Sadly, the secretly added exemption was used as a defense by a couple who let their son die slowly and horribly of a ruptured appendix in 2009. They were members of the Church of the Firstborn and claimed the law's exemption for Christian Science should apply to them also. The parents were convicted of manslaughter, but ended up getting probation.[16]

One has to wonder how any state could allow this barbaric abuse of children. I found out how this happened when a faith healing death in Minnesota spurred me to become a lobbyist for CHILD as they challenged Minnesota's faith healing laws. Below is the story. It is discouraging.[17]

What It's Like to Challenge Faith-Healing Laws

"We have a statute that says that?!" That stunned comment by a legislator was one of the few rational responses I got when I began what I thought was a no-brainer lobbying campaign on behalf of CHILD to repeal Minnesota's faith healing statutes, which exempt faith healing parents from prosecution for medical neglect of children. What should have been a simple task became a five-year slog through mind-numbing legislative cluelessness and timidity.

It started in 1989 and ended with very little success in 1994. The project was a response to the death from diabetes of 11-year-old Ian Lundman when his Christian Science mother and stepfather relied solely on prayer to treat his illness. I was joined in the lobbying effort by CHILD member Steve Petersen, who worked diligently, and by George Erickson, also a CHILD member, with assistance from the American Civil Liberties Union-Minnesota.

Rita Swan warned me not to expect much from liberal legislators, although one would think they would be supportive. I found that both the liberal left and the conservative right were more concerned with protecting parents' religious freedom than the lives of children. There were excep-

tions, of course, as illustrated by the above quotation. The liberal legislator I'm quoting was horrified that statutes existed saying faith healing is legitimate healthcare. I did get two of the top ranking liberal Democratic legislators to sponsor our bill to repeal the statutes. Senator Jane Ranum sponsored it in the senate, and Representative Phil Carruthers did the same in the house. They were tenacious. We also had the support of Sen. Bill Luther (later elected to Congress, now retired from public life), who helped with lobbying and witnesses' testimony.

Rita and Doug brought witnesses to testify about the tragic consequences of statutes that give parents permission to let their kids die by relying solely on prayer. Ian Lundman's biological father, who had been living in another state, came to testify, carrying his son's baseball glove. His testimony—and many others'—was wrenching, but did no good. Compassion and common sense went out the window when religion came in the door.

For example, Rita was asked to describe Christian Science beliefs. She was professional and gave an unemotional, straightforward, textbook account of the belief system. (That system consists of not admitting that disease exists. The "treatment" for an illness is a prayer that refuses to acknowledge the illness, for only by acknowledging it can it come into existence.) The legislators listened, and then one of them accused her of bashing religion! One legislative staff member said to me, "Well, doctors don't cure everyone either." (No, but their track record sure beats a system that denies illness exists.) The ignorance (much of it willful) was astounding.

I saw the medical examiner's photos of Ian's body. He was extremely emaciated, like a corpse dragged out of a Nazi extermination camp. Yet, when Ian's grandmother testified, she said, "I was with Ian the day before he died, and he looked just fine to me." No doubt he did. Her religion had so deadened her to reality that she could not allow herself to see what was in front of her, and so she didn't.

Our bill had to get through two committees, one chaired by Senator John Marty and one by Senator Allen Spear. Both could not bring themselves to infringe on the beliefs of well-meaning Christian Science parents . . . Not even when one Christian Science woman pleaded with legislators to keep in place the faith healing statutes because, if they repealed them, she would not be allowed to let her child die. This astonishing statement did not seem to horrify the legislators at all. That children in faith healing families were being denied the equal protection of the law regarding medical care seemed not to concern them. Of course, neither committee recommended passage of our bill.

Our sponsors, Senator Ranum and Representative Carruthers, tried very hard to get something useful passed. In the end, against opposition from legislators determined to protect religious beliefs, they achieved a partial victory when faith healing parents were required to report a sick child. How those parents could do that without acknowledging that the illness exists, I have no idea, but at least they were made accountable—for reporting.

The political power of this small religion is astounding. Christian Science has too few members to affect the outcome of an election, yet legislators readily accede to the church's requests for preferential treatment. For example, Congress granted the Christian Scientists a special copyright extension of 75 years in 1971—the copyright would have run out in 1973—for the Christian Science bible, *Science and Health*. This is the only time the government has ever granted a special copyright extension. (In 1987, a federal district court ruled it unconstitutional under the Establishment Clause.) And such preferential treatment doesn't end with statutes. Christian Science lobbyists approach insurance companies and ask for coverage for their prayer "treatment" based on the exemption statutes. And they get it. Then they go back to the legislators for stronger exemptions based on the insurance coverage. And they get it. During the 2009–10 debate on health care reform, they came close to getting the law to cover prayer "treatment." That provision was removed after pressure from CHILD members, but attempts to include it at the state level continue, as state governments develop essential benefits packages.

As part of the federal Affordable Care Act, the government offers states a number of plans from which they can select a "benchmark plan." This is a template to be used by a state's insurance carriers. At least one of the policies each carrier offers must be identical to the benchmark plan. One of the plans on offer is the Federal Government Employee Health Association Plan. It includes coverage for Christian Science prayer "treatments." Colorado has already chosen it as one of its three plans. The governor has been lobbied by the Christian Science Church to choose it as its benchmark plan. With 50 states choosing plans, it is highly probable that payment for prayers will be part of a good number of state plans. Not many people will pay attention to this, and not many legislators will stop to think how this state validation of prayer as medical care will encourage faith-healing parents to rely solely on it, with inevitable tragic results.[18]

Then there are the Christian Science nursing homes. They provide only basic custodial care. They don't take temperatures or do anything else that

might suggest a disease exists. Yet patients get this care at no cost through Medicare, whereas they would have to pay several thousand dollars a month for custodial care in any non-Christian Science facility. This is because Medicare covers only care that requires skilled nursing services—except for Christian Science facilities.

Christian Science did suffer a temporary setback in 1997 when U.S. Attorney General Janet Reno opposed tax support for Christian Science nursing homes. Another temporary setback came when a federal court ruled that Medicare-Medicaid payments for Christian Science nursing homes were "unconstitutional, invalid, unenforceable."

However, Christian Science advocates in the U.S. Senate continued to seek tax-funded faith healing, and in 1998 they prevailed. In 2000, CHILD lost the battle entirely when the Supreme Court ruled that faith healing is "a subset of medical care." Both the 8th and 9th Circuit Courts of Appeals have upheld Medicare funding for Christian Science nursing homes and the U.S. Supreme Court has refused to hear those cases. So, absurd as it is, yes, we have statutes mandating taxpayer funding for faith healing, and at the same time statutes exempting from prosecution those who allow children to die because of it.

End of Life Decision-Making

You may think you have a right to make your own end-of-life decisions—after all, who knows your situation better than you? Well, there are people who are sure they know better, and they are determined that their "know better" attitude be enshrined in law—that you must be forced to follow their dictates. Here's that "know better" attitude spelled out in the "infallible" (even though entirely speculative) doctrines of the U.S. Catholic Bishops' "Ethical and Religious Directives for Catholic Health Care, Part Five, Issues in Care for the Seriously Ill and Dying":

> The truth that life is a precious gift from God has profound implications for the question of stewardship over human life. We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options.[19]

So, you see, you don't own your life, the bishops do, and you just have to take their word for it that they are authorized by God, through the pope, to dictate the conditions of this ownership. They think suffering is good for you in a spiritual way, and they will do their best to see that the laws of the land force you to suffer, even when you're in hideous pain with no prospect of recovery. Fortunately, the laws are changing, but we still have a long way to go before our end-of-life decisions become our own and not the bishops'.

Not too long ago, there were seldom any end-of-life decisions to make. Nature made them for us. Pneumonia was once called "the old man's friend" because it ended a suffering person's life fairly quickly. Then came medical advances that led to the control and even the cure of many diseases, but sometimes had the unintended consequence of allowing one's dying to be extended with an endless array of often-unwanted life-support equipment and medications.

For the chronically ill and suffering, release into death was impossible because our laws denied that physicians could reasonably have a duty to help their patients die when it was no longer possible to help them live. Organizations promoting the right to physician-assisted dying began forming. Some people took matters into their own hands by assisting a suffering loved one's death. Some were prosecuted for this, but sympathetic juries tended to go light on punishment. In the 1970s, Derek Humphry, a British journalist, helped his cancer-ridden wife die peacefully. He escaped prosecution and went on to organize the Hemlock Society (now called Compassion and Choices) to work for the right to physician-assisted dying. Other groups followed. Humphry has since published a best-selling book, *Final Exit*, which describes methods of self-deliverance.

In the 1990s, Dr. Jack Kevorkian, a Michigan pathologist who was known for supporting voluntary euthanasia (Greek for "good death"), opened up public debate on the issue in an attention-getting way. He developed a "death machine" that ensured a quick, painless, self-administered death from inhaled chemicals. Dr. Kevorkian advertised his services and charged no fees. He never lacked for volunteers, assisting about 130 desperate people during a ten-year period. After defying many legal attempts to stop him, he was finally arrested after appearing on the CBS Television show, "60 Minutes." On that episode he showed a videotape he had made of the self-deliverance of Thomas Youk. Although the death was clearly voluntary, wanted, and rational (as attested on the video by Youk himself), Dr. Kevorkian was charged with second degree murder and the delivery of a controlled substance. He was tried in 1999 and sentenced to 10–25

years in prison but released after eight years. He died an unassisted death of natural causes in 2011.

An HBO movie, "You Don't Know Jack," accurately dramatizes his stubborn insistence on the right to die on one's own terms, and his willingness to break the law and pay the price for forcing the issue to public attention. Dr. Kevorkian had hoped to have his murder conviction go to the U.S. Supreme Court for a ruling on its constitutionality. The Court refused to hear the case, but Dr. Kevorkian did succeed in raising public awareness of this issue and, consequently, increased public acceptance of a physician-assisted death. Along with that increased awareness came an increase in membership in organizations advocating physician aid in dying. Most such organizations worked to change state laws, but one—Final Exit Network (FEN)—focused on helping people perform self-deliverance (to the extent the law allowed), because the needs of the suffering, incurably ill were urgent and it would be years before the laws changed—if they ever did.

The Supreme Court had ruled earlier that states could experiment with "death with dignity" laws, although getting state legislators to allow physician-assisted dying has been almost impossible. The issue is clouded by a great deal of religion-instigated fear-mongering propaganda about slippery slopes and Nazi-like euthanizing of disabled people. To date, only Oregon, Washington and Montana have death-with-dignity laws. The people of the first state out of this box—Oregon—had to vote for their Death with Dignity Act twice, once to pass it and then to vote down the opponents' proposal to repeal it. The repeal was defeated 60 to 40 percent. Then U.S. Attorney General John Ashcroft (a religious-right zealot) tried to kill the Oregon law by threatening to prosecute doctors under the federal Controlled Substances Act. The Supreme Court ruled against this 6-3 on the basis that medical practice is traditionally regulated by the states. The Oregon approach, with its popular appeal, successful implementation, and problem-free track record made it easier for other states to follow, although only two others have, and with resistance from authoritarian religions all the way.

On November 4, 2011, the state of Georgia arrested and held for prosecution four volunteers from Final Exit Network on a charge of assisting a suicide. This assistance amounted to nothing more than giving advice and emotional support to someone who wanted to self-deliver, who was mentally competent, and whose medical condition had been verified as serious, debilitating, and irreversible. In addition to arresting the four volunteers, the state froze Final Exit Network's assets and persuaded law enforcement

authorities in Arizona, Maryland, and Ohio to raid the homes of other Network volunteers and confiscate their computers and records. No surprise so far.

Then there was a surprise. It came in February 2012 when the Georgia Supreme Court ruled that Georgia's law prohibited physician-assisted dying only when it involved a publicly advertised offer to provide that service, as in Dr. Kevorkian's case. As long as the physician had not made such public announcements and the assistance was kept confidential, physician aid in dying was a private family matter and legal. The only thing the Final Exit Network volunteers could be charged with was talking to their client—and that was free speech protected by the Constitution.

So there it stood, but not for long. As expected, the Georgia legislature acted quickly to pass a restrictive law that would be constitutional. Attorney Robert Rivas explained it in the Spring 2012 Final Exit Network newsletter:

> The ruling opened for Georgia the opportunity to enact a law criminalizing assisting in a suicide, like those of many states. The General Assembly of Georgia set out to pass such a law at lightning speed, compared to their usual snail's pace, and Georgia lawmakers thanked the Catholic Conference and Georgia Right to Life for their help in hurriedly drafting the new statute. . . . The draft defines "assist" as "the act of physically helping or physically providing the means" to commit suicide. This definition, clearer than defining words in other states, would protect Final Exit Network's volunteers from being charged in future Georgia cases. . . . In contrast, the laws of some states are obtuse when they prohibit "aiding" or "assisting" in a suicide. Some state laws provide definitions that are downright hostile or threatening to FEN's mission. Minnesota, for instance, makes a criminal of anyone who "intentionally advises, encourages, or assists another in taking the other's own life," language that would be unconstitutionally overbroad if it is interpreted to prohibit FEN from providing information, education, and emotional support to members in the hour when they most need it.

Yes, indeed, and that is exactly what happened here in Minnesota. In May 2012, Final Exit Network and four of its volunteers were indicted on 17 counts of assisting the suicide of a 57-year-old Twin Cities woman who self-delivered in 2007.[20] She was in great pain from an irreversible, untreatable condition, and left a letter explaining her determination to end her agony. She called on FEN for information and guidance, which they provided. FEN will probably have to spend thousands of dollars defending its right to extend compassion to those who ask for it, need it and desperately

want it. Somehow this is considered criminal. The person or persons who called in the police, obviously preferring to see this woman suffer as long as possible, will not be charged for invading her privacy and dishonoring her desire to die on her own terms. Only those who cared about her enough to help her will be dragged through the court system.

Meanwhile, other laws impede one's right to die with dignity. People who self-deliver without a doctor's help can certainly do so, but there are insurance laws that can make it impossible without the survivors' being penalized financially. Also, emergency medical personnel are required by law to revive a person who is clearly trying to self-deliver, but has not yet succeeded. Tattooing "Do Not Resuscitate" on your chest is no protection. Only a medical form for that, signed by a doctor, and readily at hand for the paramedics, will work.[21]

No Secular Justification

Where is the secular justification for laws that deprive individuals of the right to control their own medical decisions? And what is a valid conscience exemption? Unfortunately, those who follow their consciences sometimes do awful things. Anti-abortion zealots murder doctors and nurses who dare to provide abortions. Faith-healing believers let their children die of medical neglect.

Our legislatures have passed conscience-exemption laws to ensure that "I was just following orders" (the Nazis' defense at the Nuremburg trials) is no longer a defense. Yet now, for end-of-life procedures, we can be subjected to torture at the hands of others who are just following their personal religious beliefs. When does the conscience exemption become not only barbaric but absurd? Anti-abortion "pharmacists for life" refuse to dispense birth control pills (that reduce the need for abortion). Muslim cab drivers refuse to pick up passengers at airports if they are carrying liquor or are accompanied by service dogs. Christian cab drivers refuse to drive women to abortion clinics. Can a Jew or Muslim refuse to work with pork—even as a cashier ringing up sales? What about a Hindu required to sell slaughtered beef?

Conscience exemptions should apply only if demonstrable harm results from not following one's conscience. That was the intent of conscience-exemption laws following World War II and Nazi medical experiments on Jews, and it should remain the sole intent. Otherwise, should grocery store

checkout counters post signs that say, "Muslim checker on duty. Please do not bring pork products through this line?" Should medical personnel wear color-coded name tags identifying them as currently giving treatment only according to their particular doctrine, regardless of the patient's needs? Should hospitals post signs at admission desks spelling out the treatments they will refuse to give for doctrinal reasons? Should patient admission sheets specify that they are not to be seen or treated by any medical personnel whose color-coded name tag indicates they will be denied treatment for their condition? Why should we have to accommodate mystical, unverifiable beliefs at all?

If such beliefs are so important to some believers that they cannot do the required job, they should find a different job. The United States would do well to adopt the position of the health ministry in Norway. Faced with "conscience" demands, it has refused to budge. As their Secretary of Health, Robin KŒss, said, "If you're a pacifist, you can't work as a police officer. If you refuse to perform a blood transfusion, you can't be a surgeon. If you deny a patient contraception or a referral for an abortion, you can't be a general physician."[22]

As for hospitals, none of them, whether or not owned or affiliated with a religious organization, should be permitted to deviate from the medical standard of care. Saying, "That would have gone against my conscience," should be no protection from failing to follow medical care standards. If a church wants to own or manage facilities for adults that do not conform with the medical standard of care, let it do so at its own expense and without pretending that it provides standard medical treatment.

Similarly, why treat faith healing as legitimate health care? It has been demonstrated over and over again that prayers for healing don't work. As Anne Nicol Gaylor, founder of Freedom From Religion Foundation, says, "The cemeteries are full of people who prayed not to die."

Is there any rational reason to defund Planned Parenthood or any other reality-based family planning service? The motivation for such defunding is based purely on religious beliefs about the "ensoulment" of fertilized eggs and the "personhood" of embryos and fetuses, and that any sexual activity that interferes with the possibility of pregnancy is immoral. (See Chapters 2 and 4.) These beliefs and their underlying doctrines are neither rational nor practical, even for a society that is entirely Catholic, much less for a religiously pluralistic nation like the United States.

Some birth control opponents would not restrict sale of contraceptives, but would deny taxpayer support for insurance that provides contracep-

tives free with no co-pays. They object to funding sexual pleasure that does not allow for childbearing. Leaving aside the idiotic theology-based notion that there is something wrong with non-childbearing sexual pleasure (see Chapter 2), is there a secular justification here? Hardly. On the contrary, wider use of contraceptives would save lives, mostly because pregnancy itself carries risks of death. In addition, many women have health, financial, or social problems that make pregnancy unwise or even potentially disastrous. The economic costs to taxpayers of such pregnancies and their complications can be substantial in terms of direct costs, lost income, and disability payments. And then there are the massive costs to society of the nutrition, housing, medical, and educational expenses of children who are the result of unwanted pregnancies. Taxpayer funded contraceptives are by far the cheapest insurance against such outcomes.

In any rational view, free contraception would seem to be a necessity. Clearly, nothing but misery comes from government policies that reduce the availability and affordability of family planning services. (And let's not even get started on the horrifying prospects of further overpopulating an already overpopulated world.)

End-of-life decision-making should be a civil right. There is no rational, secular underpinning for laws denying this right. They are based solely on doctrinal beliefs that suffering has spiritual merit and that only some imagined god can determine when one's life is to end. Our bodies belong to us, not to the church and not to the state. The role of government should be only to ensure that the person requesting a physician assisted death is mentally competent, not being coerced, has considered the decision thoroughly, and is suffering from an incurable condition that is unbearable for that person. And tattooing "Do Not Resuscitate" on one's chest should be all the instruction paramedics need.

Reality and personal autonomy must be determining factors. Religion-based health care denies both, based as it is on unverifiable magical thinking. It should have no place in our secular laws.

Postscript: Death with Dignity

I am including the following story because Annie Chase would have wanted me to, and because it is satisfying to see that the human species really does include people like Annie—grounded in reality, intelligent, decent, caring, and thoughtful, who know how to live and how to die, and who bring meaning and purpose into a meaningless universe.

Annie Chase (born 1946), is now, in her words, "one lucky stiff," after achieving her self-deliverance on Monday, March 8, 2010. Annie wanted her story told to encourage more open discussion of the right to a self-directed death. She began writing her thoughts in January 2010 and completed them with an audio recording as her failing eyesight made using a computer difficult. Her last recording was on March 8, as she prepared her self-deliverance. She gave her written and recorded materials to me to condense and compile into what became a 32-page booklet: *My Purpose Driven Death: How I Became One Lucky Stiff*. The following is an excerpt. Because of religion-based laws Annie had to die alone to avoid legally jeopardizing those she loved. At least she knew her family and friends were with her in their thoughts.

> HELLOOOO FROM THE "OTHER SIDE"! Annie Chase here. As I write this I am pretending to speak from the Great Beyond. No afterlife is involved, just a literary construct to help me address a topic I've found is difficult to discuss because it involves unpreventable sadness and loss. The topic is Death. Because many people are not at ease discussing either their own death or someone else's, they miss the opportunity to shape their final stage of life to their own desires and ethics, and to convey their wishes to those who love them. This is a sad but preventable loss.
>
> From my perspective, I could see death's necessary inevitability as part of the terrible, wrenching beauty of life. The choice isn't whether to die. No one is exempt from that One-Death-Per-Birth rule. I am that lucky stiff who got to choose some of the specific features of the experience. I wanted to make it a fulfilling, consciously enacted final stage of the only life I would ever have. Metaphorically speaking, I didn't want my approaching union with the debonair Mr. Oblivion to be solemnized in a hasty 2 a.m. shotgun wedding, with a few glum family members in their bathrobes looking on. I didn't want my one-and-only death to be a forcible abduction by a barely-glimpsed stalker who sneaked up and conked me on the head before dragging me off to his rude hovel.
>
> I got inklings that my life's "best if used by" date was becoming gradually decipherable, like the fortunes that float murkily up to the little window in a Crazy 8-Ball oracular device. In 2005, after years of occasional, sudden and puzzling symptoms, I was diagnosed with Wegener's Granulomatosis, a degenerative disorder similar to lupus. When in an active phase, it can flare up in sporadic, unpredictable periods of debilitating fatigue, dizziness, joint pain and weakness; extreme sensitivity to light, noise, heat and cold; rapidly-growing and randomly appearing tumors; and sometimes, as in my

case, loss of sight. About a year ago, the unmistakable signs of rapid reduction of my visual capacity made it necessary to consider whether to continue To Be or Not To Be. I also had to decide how soon I must act or how long I could safely wait to do so, since I would need my eyes to research and carry out my exit plan.

I owned my body. As long as I was of sound mind, and acting of my own volition in my own behalf, and as long as I was not endangering anyone else in the process, no one but me had the right to decide anything about what I did or didn't do with that body of mine. I was single and fiercely independent, with no one reliant on me for support. Beginning with my life-long, voracious appetite for books, almost all the activities that were meaningful to me depended on the use of my eyes. I had no willingness to re-learn every small, daily survival skill to live as a non-sighted person, bereft of reading and art and dance performances and fall color and unfettered mobility. That was my decision, and mine alone to make. Others may choose a different destiny, and I had nothing but the greatest admiration for those who found fulfillment in dealing courageously with a debilitating disease or physical impairment. They deserve full support, respect and love.

In recent years, some people had begun talking openly about end of life options, including the right to die and the recent availability in some states of medically assisted death. That was a start, but it didn't cover what I wanted to avoid-suffering, loss of control over my body and life circumstances or allowing some outside "expert" or a panel of them to dictate the terms of my experience of the all-important last stage of my life. I wanted practical information and a dependable method of ending my life. The book *Final Exit* by Derek Humphry was invaluable—straightforward, simple and reassuring. It offered several dignified procedures and explained why some methods many people (including me) first called to mind were not good at all. I recommend that everyone obtain that book. How in the world could the right to die not be a basic human right? I saw how badly the right-to-die movement was needed but, of course, there was a huge oppositional movement that said only God gets to strike us down or take us home to his eternal loving bosom, or both.

In May of 2009, it became clear that I was losing my sight and it was time to plan it being my last trip around the sun. As I peeled away the onion layers of accumulated possessions, I also simplified my finances. I turned most of my valuable things and accounts into cash. I knew how much I needed to live on for the remaining time. Wow! I was rich! It turned out that being rich didn't have anything to do with how much money it was. It was the sense of ease and freedom because I had more than I needed. What I had enough for was to make the money and treasured possessions emblematic of almost an-

other form of immortality. My resources went a long way and covered a lot of needs when it was divided into chunks of a few hundred, or a thousand, or in a couple of cases, even a few thousand dollars, all directed to helping—to having the joy of helping—mostly younger people get a better start.

It turned out to be so much fun. What bliss, what freedom, an absolute sense of being on a total lark! A hugely enjoyable part of my life began at that point. I started cherishing everything, thinking in terms of the last trip around the sun. I started looking at the seasonal things I was enjoying and experiencing for the final time. Everything from the last ride on one of the best roller coasters at Valley Fair. . . . the last time I would see the fall leaves change color. . . . the last time I would eat a Colorado peach. . . . the last really good watermelon. . . . the last Michigan cherry.

When I realized the plan needed to go ahead there was a tiny bit of relief because I realized that I'd made this plan and it was mine and I really did want to be able to carry it out and I really did want it to be an emblem of what can happen if you take matters into your own hands. I knew I was down to about the last month that I would be here. I had to make some decisions—about my son, for example. He had not wanted to hear much about this. His body language told me he was resistant to the information that I was going to be leaving, but I wanted to consciously have those last parts of my time with him. I decided to tell him the specifics of the plan, but not the day and time.

One of the most wrenching things for me was on the day I carried out my plan. My son had stayed with me the night before. We had talked about it and I knew he at least accepted the reality of what I was going to do. He hadn't fully accepted that it was entirely necessary, but he seemed to be OK with it. We got up that morning, my last day, and I needed to pretend it wasn't my last day, and I needed to not break down when (I thought) he's blissfully unaware that his mother is hugging him for the last time.

There were some sad things—unavoidably sad things—but even those sad things were so much easier to handle when I was deciding to handle them. What is true is that everybody who is born will die. And what is true is that, during the time between the being born and the dying, our lives and the lives of everybody around us can be profoundly affected by our smallest actions, our smallest decisions, our smallest little meannesses and holding back, our smallest acts of kindness and generosity. They all matter. They all matter so much. And, realizing what a precious incredible privilege it was to have a human form, to be in human form-though painful as hell-I wouldn't have missed it for anything.

During the last two weeks I realized it was time to tell more people. It was an emotional last two weeks because people were breaking down and cry-

ing, and I was breaking down and crying for them-for them-in their sorrow. And yet, for me, a healing sort of detachment had begun to set in. I felt more keenly than ever-although it had been a factor during all that last year-my freedom. I realized I didn't need to be concerned about anything that was going to happen. I knew I was engaged in the pain of other people's having to release me, but I felt released, I felt wonderfully released with each such encounter.

MARCH 8, 2010. Now I've finished talking as a disembodied spirit from the "great beyond." This is me now. This is me, Annie Chase, on my last day of life at about a quarter to 5 in the afternoon on March 8, 2010. I woke up this morning, ate a light breakfast and prepared for what I would be doing in the evening. In about another hour I'm going to eat a light meal so I have something on my stomach, nothing too heavy. I'm going to write a letter to my grandson in the next hour or so, telling him how much he's been a bright light in my life, and telling him I hope he is not angry at me for not making clear when our final goodbye was.

Now I'm down to the last few hours of my time here on Earth. I have a certain anticipation, a little bit of apprehension, kind of a fluttery feeling in my stomach. It's a little bit like the time my sister kept barring me with her arm from getting on the roller coaster until we could be in the very front seat. I'm in the very front seat of this roller coaster. It hesitates at the top of the hill so I can have a last look out over the whole sun drenched, shimmering active world of this amusement park. I look around and I see I've already been on the Laugh in the Dark ride. I've already gone in the Fun House and looked at myself in a whole bunch of—I hope—distorting mirrors. I've been scrambled on the Scrambler ride. I've been caught in the grip of the Octopus ride.

I've been saving the roller coaster for last. The biggest thrill. The wheels on the front of this roller coaster are just about to go over the little bump at the very top of the hill. I know that as it starts to plunge down and gather speed I will surrender to it. I'll surrender to the free fall. At the end of the free fall will be—nothing. Nothing. David Byrne's song about heaven said, "Heaven is a place where nothing happens." I'm not scared. I'm not scared of that kind of nothing. I know that nothing really is not something. . . . Love to you all.

(Annie's booklet, *My Purpose Driven Death,* is available for $5 ppd. from Atheists For Human Rights, 5146 Newton Ave. N., Minneapolis MN 55430).

1. Quoted in *No Greater Love*, Becky Benenate, Thomas Moore, and Joseph Durepos, editors. New World Library, Novato, California, 2002.

2. See www.thepublicdiscourse.com/2012/04/5306/

3. http://www.cbsnews.com/2100-50036_162-2718947.html.

4. Michels KB. Xue F. Colditz GA. Willett WC., "Induced and spontaneous abortion and incidence of breast cancer among young women; a prospective cohort study." archives of *Internal Medicine*, 2007 Apr 23; 167(8):814-20, abstract online at http://www.ncbi.nlm.nih.gov/pubmed/17452545.

5. Nancy Cruzan was 25 years old when a car accident on Jan. 11, 1983, damaged her brain severely, leaving her in a persistent vegetative state. Her parents wanted to remove life support and allow her to die, but the state of Missouri intervened in opposition with a court ruling, assuming it had a priority interest that encompassed the sanctity of life and its prolongation. The case went to the U.S. Supreme Court, which supported Missouri's contention that convincing evidence that a comatose person wanted life support removed. On Dec. 14, 1990, the case went to a Missouri circuit court for review after three people came forward with the convincing evidence needed. The court then ruled that life support could be removed. This was done and Cruzan died on Dec. 27, 1990. Source: "Courts and the End of Life-The Case Of Nancy Cruzan, http://www.libraryindex.com/pages/3143/Courts-End-Life-CASE-NANCY-CRUZAN.html.

6. Amanda Lee Myers, "Arizona hospital loses Catholic status over surgery to end woman's pregnancy," Associated Press, Dec. 21, 2010, and Rob Boston, "Medical Emergency: Catholic Hospitals Usurp Patients' Rights," *The Humanist,* March-April 2011.

7. United States Conference of Catholic Bishops, "Ethical and Religious Directives for Catholic Health Care Services," Fifth Edition, USCCB, Nov. 17, 2009.

8. Examples of the medieval theology for this: In *Casti Connubii*, Pope Pius XI said, "However we may pity the mother whose health and even life is imperiled by the performance of her natural duty, there yet remains no sufficient reason for condoning the direct murder of the innocent." Not to be outdone, the Lutheran Philip Melancthon (Martin Luther's associate), said (quoted by Madalyn Murray O'Hair in Women and Atheism: "If a woman weary of bearing children, that matters not. Let her only die from bearing, she is there to do it." (Fortunately, most Lutheran churches have given up on this misogynistic view.)

9. United States Conference of Catholic Bishops, op cit.

10. Ibid.

11. Thanh Tan, texastribune.org, "Planned Parenthood Struggles After State Budget Cuts," *New York Times*, www.nytimes.com, October 15, 2011.

12. Catholics for Choice (http://www.catholicsforchoice.org). Also: Katha Pollitt, "Bishops vs. Women: Which Side is Obama On?", *The Nation*, Nov. 30, 2011, reprinted on the Catholics for Choice web site.

13. http://www.lawweekonline.com/2012/07/judge-blocks-contraceptive-coverage-mandate-for-colorado-company/

14. Robert Pear, *New York Times*, "Obama: No exemption on rule for birth control," reprinted in the Minneapolis *Star Tribune*, Jan. 21, 2012, p. A3.

15. See "Sen. Ernie Chambers, a Solo Act in Negraska" at http://www.npr/templates/story/story.php?storyId=5170002 and "Ernie Chambers poised for another swing at the Legislature" at http://journalstar.com/news/local/ernie-chambers-poised-for-another-... and "Nebraska State Senator Sues God" at http://newsone.com/nation/associatedpress3/nebraska-state-senator-sues-god/

16. Rita Swan, "Washington State parents sentenced in teen's faith death," published in the No. 1, 2012 newsletter of Children's Healthcare Is a Legal Duty (CHILD). See http://www.childrenshealthcare.org.

17. Reported in detail over the time span of the case in the newsletters of Minnesota Atheists, *Secular Nation* (now *Secular World*), published by Atheist Alliance Intl. (now Atheist Alliance of America), and in "Running in Place," a history of the atheist movement from the 1980s to 2010, published by Atheists For Human Rights (AFHR). All publications are archived at AFHR headquarters, Minneapolis, MN.

18. Swan, Rita, CHILD letter to members, August 23, 2012.

19. United States Conference of Catholic Bishops, op cit.

20. Katie Humphrey, "Legal fight looms in suicide case," *Minneapolis Star Tribune*, May 15, 2012, p. B1. Maricella Miranda, "Right-to-die group indicted in 2007 Apple Valley death," *St. Paul Pioneer Press*, May 15, 2012, p. 1A.

21. See http://finalexit.org/chronology_right-to-die_events.html. See also a Pew Forum on Religion & Public Life article, "The Right-to-Die Debate and the Tenth Anniversary of Oregon's Death with Dignity Act" by David Masci, Oct. 10, 2007, at http://pewresearch.org/pubs/609/right-to-die.

22. "Doctors can't opt out of abortion duties: ministry." Published: 14 Feb 2012 at http://www.thelocal.no/page/view/doctors-cant-opt-out-of-abortion-duties.