



PROVITA

The University Faculty for Life Newsletter

Vol. 12, No. 2

Winter/Spring 2025

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Letter from the President

Hello Everybody,

Please answer the *Second Call for Paper Proposals* for our conference June 6-7th as we focus on “Life Issues and Liberty” as well on threats to life in its beginning and natural end. Please send proposals to Dr. Bernadette Waterman Ward. The deadline for priority consideration is May 9th and the deadline for Registration is May 16th.

This year’s conference will once again be at the University of St. Thomas, 2115 Summit Ave, St. Paul, MN 55120. June is, after all, one of Minnesota’s best months. The flowers are in full bloom, the mosquitoes are not yet flying, and the summer’s heat is still building. The kids may enjoy the waterpark next door to Mall of America. Once

again, there will be on-campus housing. For details, see the [Eventbrite link](#) at [UFFL.org](#).

This year’s recipient of our Rupert and Timothy Smith Award for Distinguished Contributions to Pro-Life Scholarship this June will be **Clarke Forsythe, J.D.**, Senior Counsel, Americans United for Life. His keynote address will be on “The Declaration and the Right to Life after 249 Years.” Clarke has argued cases before federal and state courts and has testified before Congress and state legislatures. He is also a prolific writer on pro-life policy issues, having published more than 19 law review articles and book chapters, as well as articles in *First Things*, the *Wall Street Journal*, and *National Review*. Other leading newspapers that have published his articles or quoted him include the *New York Times*, the *Los Angeles Times*, *USA Today*, the *Washington Times*, the *Washington Post*, and the *Chicago Tribune*.

We will also have a keynote address by **William L. Saunders, J.D.**, Director of the Program in Human Rights, Catholic University of America. He is also Chair of the Religious Liberties Practice Group of the Federalist Society. He is a Law Fellow with the Institute for Human Ecology, Professor and Director of the Program in Human Rights in the School of Arts & Sciences and Co-director of the Center for Religious Liberty at the Catholic University of America Columbus School of Law. Before joining The Catholic University of America, Mr. Saunders served as Senior Vice President and Senior Counsel with Americans United for Life for ten years. From 1999 to 2009, he was Senior Fellow in Bioethics and Human Rights Counsel at the Family Research Council. He will speak on “From Cairo to Geneva: The International Struggle.”

In other news, please welcome our newest board members:

Fr. Anthony E. Giampietro, CSB, Ph.D.

(Vice President for Advancement and Professor of Philosophy, St. Patrick's Seminary and University) and **Anthony Joseph, Ph.D.** (History, University of St. Thomas, Houston).

We are also soliciting volunteers interested in editing our *Life and Learning Proceedings* since our current editor is retiring after he publishes the 2023-2024 volumes. If interested, please email me at rlemmons@stthomas.edu and describe your qualifications and interests. Thanks.

May God bless you for all that you do for life.

Mary

R. Mary Hayden Lemmons, Ph.D.

UFFL President

Member News & Publications

In which we highlight the activities of our organization, members, and chapters, including publications, talks, and consultations.

*Note: all names in **bold** are members of UFFL.*

- **Helen M. Alvaré, J.D.** (Law, George Mason Law) published "Religious Freedom and the Status/Conduct Problem in Nondiscrimination Cases" in *Villanova Law Review*, 69:5 (2024).
- **Gerard V. Bradley, J.D.** (Law, University of Notre Dame Law School) published "Judicial Value Judgments and the Common Good" in *Christian Legal Thought*, 14:1 (2024).
- **Teresa Collett, J.D.** (Law, University of St. Thomas Law School) published "The Unsettled (and Unsettling) State of Abortion Law in the United States in 2024," University of St. Thomas (Minnesota) Legal Studies Research Paper No. 25 – 02 (February 2025).
- **Richard Fehring, Ph.D., R.N.** (Nursing, Marquette University) was recognized by Stanford University in 2023 and 2024 as being in the top 2% of world scientists for citations of his work.

- **Scott Hahn, Ph.D.** (Theology, Franciscan University of Steubenville) published "Normative and Performative: The Authority of Scripture for Catholic Theology and Worship in the Thought of Benedict XVI" in *Verbum Vitae*, 42 (2024).
- **R. Mary Hayden Lemmons, Ph.D.** (Philosophy, University of St. Thomas, MN) published "The Metaphysics, Spirituality, and Indispensability of Integral Complementarity Within John Paul II's Thomistic Personalism: The Contributions of Prudence Allen" in *Gender Complementarity and Christian Personalism: The Philosophy of Sister Prudence Allen, RSM*. Catholic University Press. Forthcoming

Upcoming scholarly opportunities

- The [University Faculty for Life](#) will host its thirty-fourth annual meeting from June 6 - 7, 2025 at the University of St. Thomas in St. Paul, MN. The theme of the conference is "[Life Issues and Liberty](#)." The deadline for proposals for priority consideration is May 9th and the registration deadline is May 16th.
- The Catholic Medical Association will host its [Medical Resident and Student Boot Camp](#) from June 22 – 29, 2025, at the University of St. Mary of the Lake/Mundelein Seminary, in Mundelein, IL.

On Campus

- The [deNicola Center for Ethics and Culture](#) at Notre Dame is accepting applications for their one week summer [Vita Institute](#), which offers formation for leadership in the Pro-Life movement.
- An extensive list of available jobs and internships for college students and recent

graduates is available at the [Students for Life](#) website.

Legal Realities

Richard S. Myers, J.D. (Professor of Law at Ave Maria School of Law, UFFL Vice-President) provides a brief overview of significant legal developments since the last issue of ProVita.

It's been nearly three years since the Supreme Court's momentous 2022 decision in [Dobbs v. Jackson Women's Health Organization](#). Dobbs overruled *Roe v. Wade* (1973) and *Planned Parenthood v. Casey* (1992) and abandoned the fundamental right to abortion that *Roe* had created. During the *Roe* era, states had very little ability to limit abortion. Dobbs changed all of that. The Court, in a terrific [opinion by Justice Alito](#), ended the Court's constitutionalization of the entire law of abortion. The Court largely returned the issue to the political process. The Court did not, of course, prohibit abortion. The Court did, importantly, give states the opportunity to do so.

Since Dobbs, the law of abortion has widely diverged from state to state. Some states have aggressively protected the right to abortion (e.g. New York and California) while others have greatly restricted access to abortion (e.g. Florida, Georgia, and Arkansas). This ebb and flow has continued in recent months. A court in Arizona, for example, has permanently [enjoined Arizona's ban on abortion after 15 weeks gestation](#). In that case, the court based its ruling on a recent amendment to the Arizona Constitution, which enshrined protection for the right to abortion in the state constitution. In contrast, Georgia has greatly limited access to abortion. Georgia law prohibits abortion after the time when a fetal heartbeat is detectable. That law was enjoined by a state trial court, which based its ruling on the Georgia Constitution. The [Georgia Supreme Court, however, reinstated the heartbeat law](#) while litigation continues in the lower state courts.

Florida is another state that has greatly restricted access to abortion. In November 2024, voters in Florida rejected a ballot initiative that would have provided protection for abortion.

These state by state battles will likely continue.

After the November 2024 election, there have been significant developments at the federal level. For example, [President Trump issued executive orders that ended federal funding of abortion domestically and overseas](#).

The Trump Administration also dropped a suit that [the Biden Administration had brought in an effort to force Idaho to violate its pro-life law](#). The Biden Administration had argued that a federal law, the Emergency Medical Treatment and Labor Act, preempted Idaho's pro-life law and required that abortions be performed when necessary to provide health care to pregnant women even when Idaho law would make such abortions illegal. As explained in my column in the fall 2024 issue of ProVita, the case went to the US Supreme Court but the Court did not issue a definitive ruling. Now, the Trump Administration has decided to drop the suit, which means that the federal government will not attempt to force Idaho to violate its pro-life statute. This battle is not over, however. There are still suits pending that rely on the argument that EMTLA requires Idaho to provide medically necessary abortions.

There have also been efforts to enact pro-life legislation at the federal level. The House passed the [Born-Alive Abortion Survivors Protection Act](#). That law requires medical care be provided to save the life of an infant who survives an abortion. In addition, on January 24, 2025, Rep. Eric Burlington introduced a bill, [Life at Conception Act](#), that would provide full legal protection for the unborn. The bill affirms that the 14th Amendment protects all human beings from the time of conception.

There has been considerable speculation about whether the Trump Administration might use the federal Comstock Act to prevent the mailing of abortion pills (for background on the Comstock Act, see [this report from Americans United for Life](#)). The Administration has not taken a clear position. Abortion rights supporters have introduced legislation ("[Stop the Comstock Act](#)") to protect the mailing of abortion pills. This issue is extremely important because a majority of abortions in the United States are chemical (not surgical) abortions.

There continue to be developments with respect to assisted suicide. The Supreme Court's

1997 decision in *Washington v. Glucksberg* rejected the argument that the United States Constitution protect a right to assisted suicide. Since then, this battle has largely been fought at the state level. Although there has been increasing legalization of assisted suicide since *Glucksberg* was decided, there have been some positive recent developments. Most notably, in November 2024, voters in West Virginia approved [an amendment to the West Virginia Constitution that prohibits the legalization of assisted suicide](#). The constitutional amendment expressly prohibits "the practice of medically assisted suicide, euthanasia, or mercy killing of a person." Another positive development occurred in Delaware. The Delaware legislature legalized assisted suicide in the spring of 2024, but on September 20, 2024, [Governor John Carney vetoed that law](#). Legalization efforts continue, however. For example, a legalization proposal was recently introduced in the Nevada legislature. [The Nevada legislature approved the legalization of assisted suicide in 2023, but Nevada Governor Joe Lombardo vetoed the law](#). Now, those opposed to assisted suicide have another battle to fight.

States that have legalized assisted suicide frequently expand access over the years. A significant issue is whether legalization only applies to state residents. Allowing non-residents to use assisted suicide laws creates the risk of assisted suicide tourism. Some states, such as Oregon and Vermont, have removed their residency requirements. Moreover, suits have been brought challenging the residency requirements on various constitutional theories. One such suit was filed in federal court in New Jersey. On September 18, 2024, [a federal trial court rejected the constitutional challenges in *Govatos v. Murphy*](#). That case is now on appeal to the United States Court of Appeals for the Third Circuit.

International developments are also worthy of note. In *Beatriz v. El Salvador*, [the Inter-American Court of Human Rights rejected a challenge to El Salvador's law prohibiting abortion](#).

Efforts to legalize assisted suicide are being made in the UK. The [Terminally Ill Adults \(End of Life\) Bill](#) was approved at a second stage reading in

November 2024. The proposal still needs to pass several hurdles before the law would go into effect.

These battles continue to be fought in legal, political, and cultural venues.

A Scholar's Analysis

Christopher Kaczor, Ph.D. (Professor of Philosophy at Loyola Marymount University at Los Angeles, Consultant to the United States Conference of Catholic Bishops) engages recent scholarship on life issues. This article first appeared in the [National Catholic Bioethics Quarterly](#).

In their article, "Principled Conscientious Provision: Referral Symmetry and Its Implications for Protecting Secular Conscience," Abram L. Brummett, Tanner Hafen, and Mark C. Navin defend what they call "conscientious provision."¹ They write, "Clinicians who conscientiously refuse to provide certain kinds of medical care enjoy legal protection. Yet no similar protection exists for clinicians who want to provide professionally accepted medical interventions that are prohibited on religious or moral grounds at their (usually Catholic) hospitals. The law should address this asymmetry by ensuring that clinicians have a right to conscientiously provide referrals for such interventions."² Brummett, Hafen, and Navin note an asymmetry of legal protection between conscientious provision and conscientious objection not just for referrals but also for medical treatments. Just as Catholics are legally allowed to be conscientious objectors in secular hospitals, so other people should be legally allowed to be conscientious providers of actions prohibited in Catholic hospitals.

Brummett, Hafen, and Navin point out there are different ways to respond to the asymmetry between conscientious provision and conscientious objection. Perhaps there is a good justification for treating conscientious objection and conscientious provision differently. If conscientious objection and conscientious provision differ in important ways, then there may be a justification for treating objection and provision differently by law. In other

¹Abram L. Brummett, Tanner Hafen, and Mark C. Navin, "Principled Conscientious Provision: Referral Symmetry and Its Implications for Protecting Secular Conscience,"

Hastings Center Report 54 no. 4 (2024): 3–10. DOI: [10.1002/hast.4902](https://doi.org/10.1002/hast.4902)

²Op. Cit., 3.

words, one way to deal with asymmetry between conscientious objection and conscientious provision is to justify the asymmetry.

Another approach is to rectify the asymmetry between conscientious objection and conscientious provision. One option is to disallow *both* conscientious objections and conscientious provisions. In this way of thinking, the policy of the hospital always overrides the conscientious views of the individual working in the hospital. Individuals working in secular hospitals cannot conscientiously object to providing procedures that these individuals regard as morally wrong. Individuals working in Catholic hospitals cannot conscientiously provide treatments that these individuals regard as morally required.

A second option to rectify the asymmetry is to prioritize individual conscience over institutional conscience. This approach allows *both* conscientious objections and conscientious provisions. The individual working in a secular hospital should be able to conscientiously object to whatever procedures she holds to be morally wrong. The individual working in a Catholic hospital should be able to conscientiously provide whatever procedures he holds to be morally right.

The approach of Brummett, Hafen, and Navin is a third option, namely to protect some but not all forms of conscientious provision. Brummett, Hafen, and Navin hold that Catholic hospitals should not be legally forced to allow employees to perform abortions, but Catholic hospitals should be legally forced to allow employees to refer for abortions. They object to what they call “referral asymmetry.” Brummett, Hafen, and Navin write:

“Referral asymmetry” refers to the fact that clinicians at secular hospitals are legally protected when they refuse to refer patients to receive treatments that are permitted at their hospital, while clinicians at Catholic hospitals are not legally protected if they provide referrals for treatments, such as contraception, sterilization, and abortion, that are prohibited by the Ethical and Religious Directives for Catholic Health Care Services (ERDs).³

They argue that conscientious objection to referral and conscientious provision of referral should have equal legal protection. If provision and

objection should be equalized, one way to equalize them is to “level down” conscientious objection by removing rights of conscientious objection. But Brummett, Hafen, and Navin argue that conscientious provision to refer should be “leveled up” to have the same status as conscientious objection to referral.

Brummett, Hafen, and Navin reject the proposition that Catholic hospitals must also allow health care workers to exercise conscientious provision to perform abortions. Why treat abortion and abortion referral differently? They argue for a limit to legal protection for provision based on what they call “the principle of comparably trivial institutional burdens.” This principle allows conscientious provision for some actions, like referrals. Referrals add relatively small burdens to an institution. On the other hand, Brummett, Hafen, and Navin would legally allow Catholic hospitals to forbid conscientious provision for more burdensome actions like abortions which involve more cooperation and expense for the hospital.

Finally, Brummett, Hafen, and Navin make an argument about what kinds of objections will be acceptable in evaluating their argument. They write, In a liberal democratic society, legal rights require public justifications. Accordingly, the arguments we advance here aim to satisfy the reciprocity criterion of public reason, which asks interlocuters in the public sphere to offer one another reasons they can reasonably expect persons committed to different comprehensive doctrines to accept. We also expect objections to our arguments to meet the same standard. We reject attempts to justify the referral asymmetry that rely on special pleading for particular religious or philosophical traditions, such as the claim that referral should remain prohibited because the views of the Catholic Church are true.⁴

This argumentative strategy depends upon a prior assumption of John Rawls’ principle of public reason. Should we make this assumption?

To assume that we should accept Rawls is to assume a lot. In his essay, “The Unreasonableness of Secular Public Reason,” Matthew J. Franck points out, “The critics of Rawlsian public reason are

³ Op. Cit. p.4.

⁴ Op.Cit.p.4, internal citation removed.

legion, from John Finnis and Robert P. George to David Lewis Schaefer, from Christopher Wolfe and Steven D. Smith to Jeffrey Stout. Such critics have established that Rawlsian public reason is a ‘ramshackle’ philosophy whose true purpose is to seize the high ground for secularist prejudices.”⁵ If these thinkers are right, the public reason of Rawls cannot be considered undisputed Gospel truth: we can reasonably reject ‘public reason.’⁶

Aside from rejecting Rawlsian public reason, how could a defender of conscientious objection (but not conscientious provision) respond to Brummett, Hafen, and Navinthen? They hold that the reasons in favor of conscientious objection are also in play in terms of conscientious referral. Conscientious objection helps to alleviate the moral distress of a person at the prospect of doing evil, and conscientious provision also helps alleviate the prospect of doing evil. Now it is certainly true that a person can do evil by omission or by commission. Agents can do wrong in what they do *and* in what they fail to do. Brummett, Hafen, and Navinthen are also right in saying that doing wrong in a morally healthy person leads to feelings of guilt for doing wrong.

But there is an important asymmetry at issue unremarked upon by the essay of Brummett, Hafen, and Navin. If a kind of action is intrinsically evil, then there is no circumstance, no motive, and no occasion when doing the action is right. As Aristotle pointed out, you cannot commit adultery at the right time, or with the right person, or with the right motive.⁷ By contrast, there is no such thing as an intrinsically good kind of action in the sense of a kind of action that is right to do in every circumstance, with every motive, and on every occasion. Likewise, Thomas Aquinas distinguished between acts that are intrinsically evil and acts that are not intrinsically evil. Exceptionless norms exclude ever doing intrinsically evil acts, but other

kinds of acts prima facie right become ultima facie right act only according to the dictates of practical wisdom.⁸ In a similar way, Immanuel Kant distinguished between perfect duties and imperfect duties,⁹ arguing that we should never violate our perfect duties (like never using humanity simply as a means), but that imperfect duties (like maintaining our health) we try to fulfill, if we are able, given the circumstances. We can always avoid violating perfect duties; we cannot always avoid leaving imperfect duties unfulfilled.

So, rights to conscientious objection differ from rights to conscientious provision. Conscientious objection arises from an overlapping consensus (exemplified by Aristotle, Aquinas, and Kant among many others) about avoiding doing actions that are regarded as intrinsically evil, inherently unvirtuous, violations of our perfect duties. Conscientious provision has to do with actions that are not regarded as intrinsically evil, inherently unvirtuous, or violations of perfect duties. It makes sense then to treat conscientious objection and conscientious provision differently because inherently unvirtuous actions differ from those that can be virtuous, intrinsically evil acts differ from acts that are not intrinsically evil, and perfect duties differ from imperfect duties.

In part because they do not acknowledge the difference between what Kant called perfect duties and imperfect duties, Brummett, Hafen, and Navinthen hold that the positive argument for conscientious provision is the same as the positive argument for conscientious objection. In their understanding of conscience, they focus on just one aspect of the argument, namely, the negative feelings of guilt and regret that can arise when someone is deprived of options for conscientious objection or conscientious provision. But Brummett, Hafen, and Navinthen do not deal with reasons for

⁵ Matthew J. Franck, “The Unreasonableness of Secular Public Reason,” <https://www.thepublicdiscourse.com/2015/08/14619/>

⁶ See also, Christopher J. Eberle, *Religious Conviction in Liberal Politics*. New York: Cambridge University Press, 2002, and Francis Beckwith, “John Rawls’s Political Liberalism and the Problem of Taking Rites Seriously: From Abortion to Same-Sex Wedding Cakes,” in *Raised on the Third Day: The Gary Habermas Festschrift*. Edited by W. David Beck and Michael R. Licona. Bellingham, WA: Lexham Press. Pp. 75- 88.

⁷ On Aristotle, see Christopher Kaczor, “Exceptionless Norms in Aristotle? Thomas Aquinas and 20th Century Interpreters of the *Nicomachean Ethics*” *The Thomist* vol. 61, no. 1 (January 1997): 33-62.

⁸ See, Christopher Kaczor, *Proportionalism and the Natural Law Tradition*. Washington DC: The Catholic University of America, 2010; and John Finnis, *Moral Absolutes: Tradition, Revision, and Truth*, Washington DC: The Catholic University of America, 1991.

⁹ Immanuel Kant, *Groundwork for the Metaphysics of Morals*, 4:421

supporting conscientious objection that do not apply to conscientious provision.

If rights of conscientious objection are abolished, then many people of faith and secular conscientious objectors could be forced out of medical practice. For example, if it is made a required part of medical school training to perform abortions, then conscientious objectors to abortion will simply be unable to complete medical school requirements. Since people of faith are more likely to be objectors, and since women and minorities are more likely to be people of faith, this will make the medical profession more white and more male. If all hospitals are forced to perform abortions, then Catholic hospitals will be forced to close. The closing of Catholic health care will raise the cost of healthcare for everyone by reducing the supply of healthcare for everyone. By contrast, not allowing rights of conscientious provision has none of these negative consequences. No one is forced out of medicine by lack of conscientious provision. Many will be forced out of the practice of medicine by a lack of conscientious objection. So, conscientious objection and conscientious provision are not in fact symmetrical in their effect on health care workers and health care institutions.

In any case, Brummett, Hafen, and Navinthen want to ‘level up’ rights of conscientious provision for referral to have equal legal status with conscientious objection to referral. They write, “Leveling up referral related conscience rights is also supported by the fact that referral, unlike other conscientious provisions (such as surgical abortion), requires little or no time, staff effort, space, or other institutional resources.”¹⁰ Brummett, Hafen, and Navinthen recognize institutional burdens for paperwork, clean up, and number of employees involved will be minimal with referral but more considerable with medical interventions like abortion. They write, “The principle of comparatively trivial institutional burdens holds that conscientious provisions that impose similarly trivial burdens on an institution (such as providing a referral) deserve legal protection equal to that for conscientious objections.”¹¹ But the most costly burden in such cases is cooperation with evil. If the wrongdoing is seriously evil, then the burden of the cooperator is proportionately serious, whether the

other aspects of burden such as paperwork are heavy or trivial. The burden of violating one’s conscience in a serious matter, as in the case at hand, is not a trivial burden. For a Catholic hospital to allow employees to refer for abortion is for the Catholic institution to cooperate with a seriously evil act. This burden of cooperation, this violation of institutional conscience, is weighty.

However, Brummett, Hafen, and Navinthen explicitly say later that burdens to institutional conscience do not count in accessing the burdens, since the burdens to Catholic institutional conscience and secular institutional conscience cancel each other out. They write:

The principle of comparatively trivial institutional burdens is limited to a consideration of institutional resources (such as time, space, staff, equipment, and medications) and does not extend to more abstract burdens, like damage to institutional conscience. The reason for constraining the principle to institutional resources is that, as argued above, claims of damage to institutional conscience cut both ways—such damage can be claimed by Catholic hospitals accommodating conscientious providers but also by secular hospitals accommodating conscientious objectors. This is a path to leveling down conscience protections, both to object and to provide, and we have argued against leveling down.¹²

Since violations of institutional conscience are the same in a secular hospital as in a Catholic hospital, both should allow individual conscience to prevail in referral.

The explanation provided by Brummett, Hafen, and Navinthen doesn’t account for an asymmetry between secular institutional conscience and Catholic institutional conscience. At first glance, secular and Catholic institutional conscience seem alike. The secular institutional conscience has the ethical imperative, “abortions should be performed in this hospital.” The Catholic institutional conscience has the ethical imperative, “no abortions should be performed in this hospital.” But notice that the claims of the secular conscience can be *satisfied* while upholding conscientious objection for individuals. So long as *someone* at the hospital

¹⁰ Op.Cit.pg.4.

¹¹ Op.Cit.pg.4.

¹² Op.Cit.pg.9.

performs abortions, the secular hospital satisfies the imperative “abortions should be performed in this hospital.” This imperative is fully compatible with that same hospital also tolerating conscientious objectors who do not perform abortions. By contrast, the Catholic institutional conscience has the imperative, “no abortions should be performed in this hospital” which is incompatible with conscientious provision of abortion in the hospital.

The same asymmetry holds for referral for abortion. The secular institutional conscience has the imperative, “abortion referrals should be offered in this hospital.” The Catholic institutional conscience has the imperative, “no abortion referrals should be offered in this hospital.” These imperatives imply totally different outcomes for objection and provision. The secular institutional conscience can still be satisfied if conscientious objectors to abortion referral are tolerated, so long as abortion referrals are offered by other people in the secular hospital. By contrast, the Catholic institutional conscience is violated by conscientious provision of abortion referral in the Catholic hospital.

Reminders

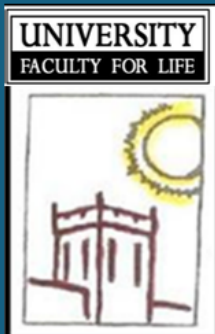
- **Lifetime membership** UFFL offers Lifetime Membership. Five hundred dollars will enable you to support our mission more easily throughout your golden years. More details are posted on our [website](#).
- **2025 Dues Reminder** Many thanks to all those who have already paid the 2025 dues! Paying dues is very important so that UFFL can cover its expenses, including print publication of *Life and Learning*, website updates and security, preserving the accuracy of the membership list, and assisting with conference expenses. Annual dues are \$40. On-line payment is possible through PayPal and our website, as well as by mailing them to **Dr. Margaret Hughes**, University Faculty for Life, Thomas Aquinas College, 231 Main Street, Northfield, MA 01360. Dues are important for receiving the print copies of our peer reviewed *Life and Learning*.

- **Keep your email address updated** Updates can be made by contacting **Dr. Margaret Hughes** at provita.editor@gmail.com. Updated email addresses enable one to receive our *ProVita* electronic newsletter as well as important messages about UFFL.
- **Social Media** UFFL is on Facebook and LinkedIn. On Facebook, you can “like” the “University Faculty for Life” page. Our blog can be found at www.uffl.org/blog/. There is also an active “University Faculty for Life” subgroup of the “Pro-life Professionals” group on LinkedIn.

Please begin to think about items for next issue, which will come out in the spring. We need:

- Notices of member’s publications, presentations and other activities,
 - Calls for papers and notices of upcoming conferences.
 - Citations of relevant significant research in any discipline, whether from a pro-life perspective, neutral, or the opposing perspective.
 - Useful online and print resources.
- Any contributions should be sent to provita.editor@gmail.com.

2025 Life and Learning Conference



35th Life and Learning Conference: Life Issues and Liberty 2025 June 6-7th; Welcome Reception 1:30-2:00 pm Friday

Hosts: University of St. Thomas's Philosophy Dept & Pro-life Center

**The 2025 Rupert & Timothy Smith Award
for Distinguished Contributions
to Pro-life Scholarship**



Clarke Forsythe, J.D.
Senior Counsel, Americans United for Life

*"The Declaration
and the Right to Life After 249 Years"*

Keynote Speaker



William L. Saunders, J.D.
Director of the Program in Human Rights,
Catholic University of America.

*"From Cairo to Geneva
The International Struggle"*

Second Call for Presentation Proposals "Life Issues and Liberty"

Pro-life Free Speech? Unalienable Rights? Right to Conscientious Objection? Parameters of Informed Consent? Government Over-reach? Constitutionality of Dobbs? Liberty & Human Dignity at the beginning and end of life?

May 9th Deadline for Priority Consideration of Paragraph Presentation Proposals
email Bernadette Waterman Ward at <bward@udallas.edu>

**Conference
Registration
on uflf.org**

**Deadline
May 16th**

Masthead

Publisher University Faculty for Life
Editor Margaret I. Hughes, Ph.D.
Columnists Richard Myers, J.D.; Christopher Kaczor, Ph.D.
Web Support Stephen Feher of the Ridgefield Group

Pro Vita is the quarterly online newsletter of the University Faculty for Life. Its purpose is to promote research, dialogue and publication by faculty who respect the value of human life from inception to natural death, especially focusing on abortion, euthanasia, and infanticide. More information about UFFL can be found on our web site at uffl.org. Editorial correspondence can be sent to the editor at provita.editor@gmail.com.

Web Resources for Research and Education

Life and Learning
The Journal of the University Faculty for Life

UFFL Blog

Member web pages and blogs

Please forward any other member's web pages to provita.editor@gmail.com.

Beckwith, Francis

Lemmons, Rose Mary Hayden

Bachiochi, Erika

Smith, Janet E.

Colosi, Peter

Irving, Diane

Koloze, Jeff

Online Resources	
Bad Cripple Blog: A Resource for Pro-lifers	A blog written by William Peace, Ph.D., who advocates for the rights of the disabled.
Before Roe v. Wade: Voices that Shaped the Abortion Debate Before the Supreme Court's Ruling (2d edition, 2012)	“In this ground-breaking book, Linda Greenhouse, a Pulitzer Prize-winning journalist who covered the Supreme Court for 30 years for The New York Times, and Reva Siegel, a renowned professor at Yale Law School, collect documents illustrating cultural, political, and legal forces that helped shape the Supreme Court’s decision and the meanings it would come to have over time.”
Culture of Life Foundation	Complex moral issues made simple
Global Health and Human Rights Database	“The Global Health and Human Rights Database is a free online database of law from around the world relating to health and human rights. Developed by Lawyers Collective and the O’Neill Institute for National and Global Health Law at Georgetown University, in collaboration with a worldwide network of civil society partners, the database offers an interactive, searchable, and fully indexed website of case law, national constitutions and international instruments.”
Human Life International Truth and Charity	“The <i>Truth and Charity Forum</i> is an online publication of Human Life International (HLI), dedicated exclusively to the sacredness and gift of all human life, the mission and vocation of the family, and the right to live in accord with our Catholic faith.”
Life Issues	Updated daily with articles to provide “clear thinking about crucial issues.”
Mirror of Justice	A blog dedicated to the development of Catholic legal theory.
National Museum of Health and Medicine, Human Developmental Anatomy Collection, Stage 1a	From the Carnegie Stages of Human Embryonic Development.
Social Science Research Network (SSRN)	SSRN (the Social Science Research Network). “Our vision was (and still is) to enable scholars to share and distribute their research worldwide, long before their papers work their way through the multi-year journal refereeing and publication process.”
USCCB Human Life and Dignity web page	United States Conference of Catholic Bishops
Witherspoon Institute Public Discourse	Public Discourse is an online publication of the Witherspoon Institute that seeks to enhance the public understanding of the moral foundations of free societies by making the scholarship of the fellows and affiliated scholars of the Institute available and accessible to a general audience.
World Expert Consortium for Abortion Research and Education	International research collaboration, Scientific information dissemination, Professional education, Consultation, Expert testimony, Program evaluation, Grant writing

Journals and Online Publications	
Charlotte Lozier Institute (Susan B. Anthony List)	The education and research arm of the Susan B. Anthony List
Ethika Politika	Ethika Politika is a publication of the Center for Morality in Public Life. Its purpose is to put the search for wisdom at the service of good practical decisions, and to engage contemporary ethical and cultural issues from an elevated yet common sense perspective.
Human Life Review	
Linacre Quarterly	Journal of the Catholic Medical Association.
Post-Abortion Review	“Documents abortion’s injustice and harm to women”
Organizations	
Americans United for Life	
Bioethics defense fund	<p>Bioethics Defense Fund (BDF) is a public-interest law firm whose mission is to advocate for the human right to life via litigation, legislation and public education.</p> <p>BDF provides legal expertise and public education on the issues of healthcare rights of conscience, abortion and its impact on women, human cloning/destructive human embryo research, and end of life issues including physician-assisted suicide and healthcare rationing.</p>
Catholic Medical Association	
Center for Bioethics and Human Dignity	“The Center for Bioethics & Human Dignity explores the nexus of biomedicine, biotechnology, and our common humanity. Within a Judeo-Christian Hippocratic framework, we anticipate, interpret, and engage the pressing bioethical issues of our day. As a center of rigorous research, theological and conceptual analysis, charitable critique, and thoughtful engagement, we bring clarity to the complex issues of our day.”
Feminists for Life	
Healing the Culture	Promotes the Life Principles of UFFL co-founder Robert J. Spitzer, SJ.
The International Center on Law, Life, Faith and Family (ICOLF)	“The International Center on Law, Life, Faith and Family (ICOLF) was established with a view to producing, compiling and providing a broad range of resources and materials for a number of interested parties working on “Law, life, faith and family” issues on the national, regional and international levels.”

National Catholic Bioethics Center	Publishes the <i>National Catholic Bioethics Quarterly</i>
Prolife Center at the University of St. Thomas	Founded and headed by UFFL member Teresa Collett to defend the sanctity of human life by training law students and lawyers, by assisting government officials in drafting, passing and defending prolife laws, and developing the necessary legal scholarship necessary to create a culture of life.
Society of Catholic Social Scientists	
Women Deserve Better	
News	
Bioedge	LifeNews.com
National Right to Life News	LifeSiteNews