

## Life, Choice and Justice

Readings      'Telling a New Story' by Mandie McGlynn  
                  'the lost baby poem' by Lucille Clifton  
                  'Radical Gratitude Spell' by adrienne maree brown

Abortion is many things. It is a medical procedure. It is a symbol. It is a lived experience. And, it is very common. About one in three American women have an abortion in their lifetimes... and we know that transgender and nonbinary folks who have uteruses also face decisions about abortion. Many in this room have had abortions. Even more of us have supported someone we love as they made a decision about carrying a pregnancy to term. All of us know many people who have had abortions. Whether they have shared that with us is a different question entirely. It can be easy for some of us to think about abortion as an abstraction, but it is the real lived experience of so many people, including people here.

Because I know abortion touches our lives in many ways, I especially encourage you to take care of yourself today. If this is too much, leave the room and find a quiet place to watch the rain. If you want to talk about your experiences, know I am here for you.

Abortion is a common experience that we don't talk about often in our culture more widely... but we talk about hard things here, the things that our wider culture tells us are impolite. Religion. Sexuality. Money. Abortion. This is one of the best things about this community that we create together.

Abortion is a medical procedure. There are two common types of abortion: medical and surgical. A medical abortion involves taking medication that first thins the uterine lining and then causes the uterus to contract and expel an embryo. Medical abortions can only happen in the first two months of a pregnancy.<sup>1</sup>

A surgical abortion is also called dilation and curettage or D&C. In this procedure, the cervix is opened, dilated, and a tool called a curette is used to remove the embryonic or fetal tissue from the uterus.<sup>2</sup> This is a procedure that can safely happen for the first third of a pregnancy. There are other abortion procedures – but those are the most common.

Abortion is a medical procedure, but it's also a symbol. We don't treat other medical procedures like this. I have never seen a bumper sticker or billboards expressing an opinion on knee replacements. There is no Supreme Court litmus test about tonsillectomies. Abortion is different. Abortion is different because it is a symbol for some of our cultures biggest unresolved conflicts about life and individual autonomy, especially women's autonomy.

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<sup>1</sup> 'Medical Abortion.' *The Mayo Clinic*. Retrieved from <https://www.mayoclinic.org/tests-procedures/medical-abortion/about/pac-20394687>

<sup>2</sup> 'Dilation and Curettage (D&C).' *The Mayo Clinic*. Retrieved from <https://www.mayoclinic.org/tests-procedures/dilation-and-curettage/about/pac-20384910>

What is life and when does it start? What makes life life? A heartbeat? A breath? The ability to sustain itself independently? Many opponents of abortion will tell you that life starts at conception and point to their religious belief as the source of that wisdom. There is no one religious understanding of when life starts, where in the process a fertilized egg then zygote then embryo then fetus becomes an independent life. There, unsurprisingly, is also no singular Unitarian Universalist belief about when life begins.

Our roots as a tradition are within liberal Protestantism. Our religious ancestors believed that life begins at the moment of quickening, the moment when the movements of a fetus is felt by the person in whose uterus that fetus is growing. This usually happens about halfway through a pregnancy, four or five months after conception.

For me, this definition of the beginning of life feels most true. I will not forget the quickening of both of the pregnancies that I carried to term. These quickenings were powerful moments of connection—and, I'll be honest—overwhelm. When I felt those fetuses move independently of me, I knew in my bones that they are both dependent on me and separate from me. It was holy. And it felt much more tangible than conception, a moment that I didn't know for sure happened until about two weeks after the fact when a pregnancy test showed a positive result. Before the positive pregnancy tests, I wasn't sure if my increasing nausea was illness or pregnancy or my own hope for pregnancy manifesting as nausea. Of course, every person who has born children has a different story of pregnancy and the moment when the being growing inside them switched from a hope, an almost, a not-yet, a promise, a mystery, into a being with something like life.

Of course, other religions have other teachings. The predominant teaching in the Jewish tradition is that life begins in the moment after birth, when a baby takes its first breath. Life comes with breath. The word for breath in Hebrew also translates as wind and spirit. That is a beautiful metaphor.

On my way into ministry, I spent a year working as a hospital chaplain at a hospital with a high risk birth center. I supported a lot of patients and families in moments of celebration, loss, and hard-decision making. One of the families I served was Hindu. They told me that their religious understanding is that life begins 40 days after birth. They had a baby who was born premature – and I did my best to support them through that hard time and respect their understanding that their child was still a not-yet, a hope, an almost, a mystery. Much of my support work was talking to other hospital staff supporting this family, helping them understand why this family were acting differently than families with other theology in similar situations. I have since learned that this family's understanding that life begins 40 days after birth is not a common belief among Hindus. Most believe that a reincarnated soul enters a fetus early in pregnancy.

All this to say, there is not one religious view of when life begins. There are a chorus of voices and views about this. And I'm not even going to address what science has to teach us here—the sermon is already long enough, but there is no simple scientific answer either.

Conversations and debates and fights about abortion are often about individual autonomy, especially the autonomy of women. Should women and others who are capable of becoming pregnant get to decide if they carry a pregnancy to term? Who is in charge of bodies that can bear children? Because our culture is rooted in patriarchal and hierarchical systems, many of those with power, whether it's political power or power within families want to control other's ability to reproduce. This looks like legislation. This looks like parental consent for abortion. This looks like protestors outside high schools showing vivid images purportedly of abortion procedures.

We have very clear Unitarian Universalist positions on this. We believe in the inherent worth of every person and the free and responsible search for truth and meaning. This means that we believe that each person is the expert on their experience and should be able to make the decisions that reflect their truth, their hopes, and their aspirations. This isn't an abstract thought. We make these beliefs real.

Margaret Sanger, birth control advocate and founder of several organizations that later merged to become Planned Parenthood, was a Unitarian. Other Unitarians were leaders of the birth control movement of a century ago. This is a complicated history, as the beginning of the modern birth control movement was closely tied with eugenics and many leaders believed in the forced sterilization of people with disabilities, racial minorities, poor people, and immigrants from Ireland and Southern and Eastern Europe. This, all of it, is our history.

In the years before abortion became legal across this country, Unitarian, Universalist, and Unitarian Universalist clergy were part of an organization called The Clergy Consultation Service on Abortion. This was a network of doctors and clergy – from our tradition as well as mainline Protestants and rabbis – who secretly helped people access safe abortions in places where it was illegal. These folks lived their values, often at great personal risk.

Since the American Unitarian Association and the Universalist Church of America merged in 1961 to become the Unitarian Universalist Association, the General Assembly, our annual gathering of representatives from our congregations, have affirmed abortion rights twenty times. That is a lot. While these statements are not binding on individual Unitarian Universalists they do direct the UUA president and other national staff in their advocacy and activism.

I read through some of these statements this week, to ground me in our collective wisdom, as I prepared to preach. I noticed a powerful shift over the two decades, a shift from the language of reproductive rights to reproductive justice. Reproductive justice is not just a rebranding of reproductive rights. It is an understanding that comes out of the lived experience of women of color, women who believed that the abortion rights movement's nearly exclusive focus on abortion access does not address all of the factors that impact women and family's decision-making about having children or not. Sistersong, a partner of the Unitarian Universalist Association on this issue, defines reproductive justice as 'the right to have children, not to have children, and to parent the children we have in safe and healthy environments.'<sup>3</sup> The reproductive

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<sup>3</sup> SisterSong. Retrieved from [http://sistersong.net/index.php?option=com\\_content&view=article&id=141&Itemid=8](http://sistersong.net/index.php?option=com_content&view=article&id=141&Itemid=8)

justice movement offers a more holistic way to engage issues of sexuality, abortion, and the decision to have or not have children.

Reproductive justice recognizes that we do not live single-issue lives. Our lives are complex and we need a host of rights to live the meaningful lives we desire.

Choices about pregnancy and parenthood aren't really choices if a person can't afford to have a child, if there is not affordable childcare, if one's neighborhood isn't safe. Choices about having children are not choices if black babies are four times more likely to die in their first year of life than white babies, as is the case right here in our community. Choices about sexual activity aren't really choices if a person hasn't received comprehensive sexuality education like we offer here in our church. Choices about pregnancy aren't really choices if one does not have access to healthcare. Reproductive justice recognizes that access to abortion matters – and that so much other work is needed if we want to live flourishing lives.

This has all been a little abstract, theological, theoretical – and abortion is not abstract. It is the lived experience of so many of us. To bring us back to this, I have a few short stories of people in my life who have made choices about abortion – none of these stories about People's people, though I expect some of you have lived very similar stories.

A is a married woman. She and her husband want to bring a second child into their family. They are overjoyed when A becomes pregnant. When A is three months pregnant, she learns that she has cancer. She and her husband are devastated. They have to decide between pursuing the cancer treatment that is recommended—which would require having an abortion, as the fetus will not survive chemotherapy—or delaying her medical treatment in order to carry the pregnancy to term.

B knew in her bones that she is not meant to be a mother. Consequently, she is diligent about using birth control – and she found herself in the small percentage of people who get pregnant even with perfect use of birth control.

C lives with severe and persistent mental illness and had an unstable family life. Her parents kick her out of the house the day she turns eighteen. After living on friends' couches for a bit, she is homeless. She turns to prostitution to make money to survive. Through all this, she navigates through the mental health system and starts to receive care and stabilize her life. She then discovers she is pregnant. Her doctors tell her that if she wants to carry the pregnancy to term, she needs to stop taking some of the medications that help her manage her mental illness, as the medicine has never been tested on pregnant people. No one knows how the medicine will impact the embryo. She is not sure if she can function without that medication.

D's marriage is ending and she is putting plans in place to support herself and her three children. She knows this will be hard, but she also knows it is what is right for her and her children. She then learns that she is pregnant. Becoming a single mother with three children seemed hard but possible; doing all this while pregnant and then parenting four children seems impossible.

E is pregnant with a wanted child. At an ultrasound halfway through their pregnancy, E and their partner learn that their fetus has an anatomical abnormality that means he won't survive for more than a few hours after birth – and those hours will be full of pain. E and their partner don't want this being's only experience of life to be pain.

I could go on through the rest of the alphabet, but I don't need to. These stories, and similar ones, are unfolding all around us, always.

What do the experiences of pregnancy and parenthood that you have lived and witnessed teach you about all this? My pregnancies and parenthood have made me more committed to the idea that each person should get to make decisions about their own body – because pregnancy and parenthood are both really hard.

I am someone who always wanted to parent. My pregnancies which were pretty easy, medically speaking, have made me even more committed to the idea that no one should be pregnant who doesn't want to be. A year and a half after giving birth, my body is still coping with the medical impacts of giving birth, I am still trying to find a new balance in my skin.

And the parenthood that I always wanted, while so full of joy and beauty, is also so unbelievably challenging. The patience, creativity, and compassion required to parent well are endless. The constant balancing of my needs and my children's needs is hard. The fear and second-guessing – will my kids have happy life? How will my choices today impact them? – are ever present, at least for me. No one should parent who doesn't want to. It isn't good for the adults – and it is not good for children being parented by people who are not excited about this role.

My own experiences of pregnancy and parenthood have deepened my commitment to reproductive justice. If you share this commitment to reproductive justice, whatever the reason, there are ways you can take action, to continue our Unitarian Universalist legacy.

In recent months, I've been in conversations with leaders of our local Planned Parenthood and other faith leaders who support access to abortion. This grew out of fear that we might need to revive something like the Clergy Consultation Service on Abortion, the underground network of clergy and doctors who helped people access abortion before it was legal.

And things are looking bleak in Kalamazoo right now. The federal government's decision to cut all title ten funding to organizations that provide abortion has hurt Planned Parenthood, who was the only source of low- and no- cost birth control, STI testing, and other health screening in our county. More importantly, it is hurting vulnerable people in our community, including people without health insurance, people with bad health insurance, and people who want to access these services without having an explanation of benefits letter sent to the person through who they get their insurance. This includes people in abusive relationships who do not want their spouse to know what steps they are taking to not become pregnant and youth and young adults on their parents' insurance who do not want their parents to know they are using birth control or getting tested for sexually transmitted infections. Because of this cut in funding, the rate of

unplanned pregnancies and sexually transmitted infections is expected to rise here over the next year.

Abortion access is safe, for now, here. This is because of the politics of our community and our unique history. Upjohn Pharmaceuticals, which was based here, developed Depo-Provera, the contraceptive shot. Many people associated with the Upjohn company have supported Planned Parenthood for generations... Other parts of the state are not so lucky. Saginaw and Benton Harbor will likely be losing their abortion care providers in the next year.

I know I sometimes hear predictions like this or look at the headlines, at the laws being passed in other states to restrict access to abortion, birth control, and comprehensive sexuality education, and feel overwhelmed. We do not have to feel powerless. We can take action.

There are ways that we can make our values real. I have a stack of fliers about this that I will have with me after the service. Planned Parenthood offers four ways to live our commitment to reproductive justice.

There are door-to-door canvas events on Saturdays in October. This is a chance to talk to neighbors about why access to comprehensive healthcare matters.

They are also hosting a birthday party for the organization and need people to both help with the logistics and attend.

Planned Parenthood is also seeking volunteers at their Kalamazoo clinic, to be escorts outside the clinic, shielding vulnerable people from protestors and to be a supportive presence in the abortion aftercare room, to lovingly support people who have just had an abortion.

May we honor our stories and the stories of those we love in all of the fullness and truth.

So may we do the deep theological work of reflecting on life and autonomy.

May we know that we are part of a long legacy of trusting people to make decisions about what matters most.

And may we act on that legacy until there is a world where all have 'the right to have children, not to have children, and to parent the children we have in safe and healthy environments.'