

To Live is to Risk Dying

Readings: 'A Litany for Survival' by Audre Lorde
'Psalm' by Marilyn Nelson
'To Risk,' author unknown (*Singing the Living Tradition* #658)

There is a conversation we have here that breaks my heart. It happens after terrible acts of violence in religious communities – which, because of the frequency of such events, means we have this conversation often. It is about our safety. Sometimes it looks like someone whispering in the receiving line, asking what would happen if someone came here with violent intentions. Sometimes it looks like your board leadership discussing safety policies and asking our insurance company for recommendations. Sometimes it takes the form of an email asking if we have a safety plan – does our mission to welcome all make us vulnerable to violence? It breaks my heart that we have this conversation – that we need to have this conversation – and I recognize that that is prudent in this world. There is good reason to have this conversation and it would be poor leadership not to. I also honor that so many of us want to keep this community safe. Still, I long for a world where this whole conversation is not required, a world where no one fears violence when entering a house of worship, a school, or anywhere else.

So today, I'm inviting all of us into this conversation, a conversation that's happened in various small groups in recent years. I have come to some conclusions and insights through my conversations with those of you who worry about our security here and my own personal reflection. This is what I know for sure.

First, nothing is safe. Safety is an illusion. As Bob read earlier, a drive to the supermarket is a risk and 'to live is to risk dying.' Many of us, especially those of us with some forms of privilege, can isolate ourselves from risk – or at least the awareness of risk. But risk is all around us. We took risks to get here this morning, however we traveled. Every bite of food could cause choking. Every attempt at relationship and connection could end in conflict and pain. To try is to risk failure. We don't notice these risks, which is a good thing. If we paid attention to every single risk we take, every single car we pass on the way to the supermarket, we would be frozen in fear.

I say all this not to encourage recklessness. Knowing that everything is a risk does not mean that we should take reckless risks. We just need to remember the truth that none of us are getting out of here, our human experience, alive – and so we should be thoughtful about our risks and realistic about our safety. There are risks worth taking, risks we need to take to live lives of integrity, connection, and meaning. Being people of love, people of hope, people of change requires risks.

And when we can recognize that everything, every choice we make, brings risk, we can look squarely at the risks before us and make intentional choices about the risks we are willing to take or not – and how we can mitigate the risks that are part of being alive, how we can keep ourselves safer even as we know that total safety is not possible.

I picked this topic for this Sunday months ago – and the past week provided a fitting parable about risk and safety and when to take action. As many of us know, eastern equine encephalitis, a mosquito-borne illness has been detected in our community – and many other communities in Michigan in recent weeks. Many animals have been infected and three people have died of this disease. Six others have fallen ill and

they will likely have brain damage and other neurological issues for the rest of their lives.¹ My heart breaks for these illnesses and deaths the people mourning loved ones and those anticipating a life different than what they had imagined for themselves.

Many of us following this story also know that Kalamazoo County, as well as other counties in our state, responded to the outbreak of eastern equine encephalitis by planning to spray a pesticide across the county to kill adult mosquitos who could be carriers of the disease. Here, enough people opted out of the spraying that it did not happen. I'm not going to speak to the wisdom the proposed spraying. I am not knowledgeable enough about the science to speak to that. I hope you get your scientific opinions from scientists, not clergy.

I'm telling this story because I think the rapid response to nine infections and three deaths draws attention to how we think about safety and risk. Our brains are bad at assessing danger and risk. It has served us evolutionarily, but it we are maladapted to the modern world. We think uncommon tragedies are more likely to happen and forget about the common risks we take every day. We can get hyper vigilant about the wrong thing. Despite all the headlines, being infected with eastern equine encephalitis is rare. About 5% of the people who are bitten by a mosquito carrying the disease develop severe symptoms. The risks of this disease are small, in the grand scheme of things.

If reducing the number of deaths that don't need to happen was our highest value, local governments would not be spraying for mosquitos. Instead, we would focus on reducing the suicide rate, reducing infant mortality, and reducing traffic accidents, which are a much more common cause of death here than eastern equine encephalitis.² But that is a lot harder to focus on, in part because those are big challenges that can't be fixed easily. You can't take action to quickly eliminate those risks. So we focus on what's close at hand and what seems, at least, easy to fix.

Let us return to this congregation and the risks we run here. In recent years our board, committee on ministry, staff team, and other leaders have all explored where our real risks are and how we might mitigate them. Our insurance company also offers wisdom and resources on this. You all have developed policies to keep us, our resources, and our children safe, these include making sure two unrelated people count the offering each week and making sure that our volunteers with children have criminal background checks and instituting limited access agreements for the members of our community who should not be interacting with our most vulnerable people.

We have thought about what sorts of injuries or accidents or illnesses are likely to happen here – and how we can act now to both mitigate risks and be prepared to act if the situations we hope don't happen, do, in fact, happen.

Heart attacks might happen here, so we have purchased an automatic external defibrillator, an AED. This is a device that checks the heart's rhythm and can send a shock to the heart to restore a normal rhythm if

¹Shamus, Kristen Jordan. 'EEE virus in Michigan: Kalamazoo County opts out of pesticide spraying program.' *Detroit Free Press*. October 1, 2019. Retrieved from <https://www.freep.com/story/news/local/michigan/2019/10/01/eee-virus-michigan-kalamazoo-co-opts-out-pesticide-spraying/3831934002/>

²Kalamazoo County Health and Community Services Department Epidemiology Unit. 'Health Statistics Update 2017.' Page 5. Retrieved from <https://www.kalcounty.com/hcs/datahub/files/news/Health%20Statistics%20Update%202017.pdf>

someone's heart isn't working as it should. Our AED is hanging on the wall in the foyer. If you walk out the center doors and look to your right, you will see it hanging on the wall. It is a great device because it literally talks you through how to use it, giving detailed directions, and it detects heart rhythms and sends a shock only if that is needed. It is nearly impossible to misuse. AEDs save lives. We hope that we never have to use the AED here, but we are prepared.

Another risk that we've identified as real and worth addressing is the possibility of a fire or another reason to have to evacuate the building. That's why the service today is ending with a fire drill. As a community that uses open flames in worship and other gatherings and has matches stored in nearly every room, the possibility of an accidental fire is real. We are not eliminating lighting chalices as a ritual, so we are managing the risk. We are having regular fire drills. That's why we had a fire drill last fall, last spring, and again today. If today's goes smoothly, we will likely make this an annual event, so most of us will know how to get out of this building in a safe way if we need to. I hope we never need to.

Probably our most significant risk here is passing along communicable diseases to one another. We hug and shake hands and breathe in the same space. The board talked about this at their retreat last month and had a fruitful conversation, beginning with vaccines and then expanding to explore the difference between safety and the performance of safety, that is, actions that make us safer and actions that make us feel safer but don't, in reality, make us much safer.

We all agreed that we need to keep our most vulnerable people safe —elders, babies, and people with weaker immune systems. And we came up with two recommendations for everyone in our community: stay up to date on your immunizations and stay home if you're sick.

Stay up to date on your immunizations. That means getting your flu shot if you're able. If want to get a flu shot but have barriers to accessing one, either financial or logistical, let me know and I can work with you to overcome them.

The board discussed requiring proof of immunizations or medical exemptions, but decided against it for a variety of reasons, including the challenging logistics of it, the impossibility of any sort of real enforcement of such a policy, concerns about requiring medical information from members, and that it wouldn't be effective. This community is in many ways a public place; our doors are open to seekers and visitors, Unitarian Universalists passing through town and curious neighbors. While we affirm the teachings of science and encourage people to take steps to preserve their health and the health of our community, requiring some sort of medical documentation before you can be part of this community is not in keeping with who we want to be.

Second, and more importantly, stay home if you're sick. It is easy to pass along viruses here. This instruction is hard for me personally. I have led a service when I probably shouldn't, when I feel terrible, when I have a fever, when I'm just starting to get better after being sick. I'm not going to do that anymore. It's not keeping all of you safe and well; it's putting my own needs to be in this community and do my work above your need to be healthy. It isn't right, so I'm changing my behavior. The next time I'm sick on a Sunday, I'll be handing off the service to others and wishing you well from home.

Please join me in making this commitment to stay home when we are sick. I know this can be hard. So many of you have volunteer commitments on Sunday mornings, whether in the choir or the religious education program or at the welcome desk. Trust others to cover for you. We can improvise and adjust. While we will miss you, there is nothing that happens here that is worth risking spreading disease,

especially to the most vulnerable church members. We need to shift our expectations of ourselves and others, and our sense of our own importance to keep one another safe and well. This is important. Let's do it.

Those are the risks we're working to mitigate now, and we've done them step-by-step, introducing a new change about once a year. Once lay leaders, staff, and I feel confident that we are all staying home when we are sick, we will add another risk reduction strategy to our list. This is slow work, but this is how we manage risk, knowing that there is always risk. This is how we make ourselves safer, knowing we will never be fully safe.

I encourage you to look to your other communities, your household, your workplace, to do similar work of assessing risks to safety and doing the slow work of managing and minimizing risks.

You might notice that nothing on that list reduces the risk of violence. That is because a violent action here is extremely unlikely. In part, because such acts of violence are rare overall. Mass shootings are in the headlines, but they are still relatively rare. We are nearly four times as likely to die from choking on food than from a mass shooting.³ The risk of violence here is also low because we are not a good symbolic target. If someone in Kalamazoo is determined to commit violence in support of a hateful ideology, they probably won't come here. Part of this is because of our location – we are out of town. Someone looking to cause fear, is more likely to act in a more densely populated area. We are also not a great symbolic target because of our identities. We are Unitarian Universalists and – unfortunately – most people haven't heard of us or know what we stand for. The Jewish congregations, the Muslim communities, and the black churches are more likely to be targets of violence because of their identities. I hate this and wish it wasn't true, but it is. Those communities are making different calculations of risk and responding in different ways because their risks are different.

Some of you know that there was a shooting at a Unitarian Universalist congregation. It happened in 2008 at the Tennessee Valley Unitarian Universalist Church in Knoxville, Tennessee. The shooter targeted the church because a former wife attended and because of its values, our values.

About two weeks after that shooting, the Unitarian Universalist Association took out newspaper ads that read, 'Our Doors *and* Our Hearts Will Remain Open.' 'Our Doors and Our Hearts Will Remain Open' is such a powerful idea.

When we are scared, we can turn inward, see strangers as a threat, and close our doors and our hearts. This might look like active shooter drills that can inflict trauma on ourselves and our children. This might look like eying visitors with suspicion, especially if they are different from us. This might look like locking doors to the building and letting each person in individually. There are lots of ways to build walls in the illusion of some safety... and by those actions we would be compromising our values and losing parts of ourselves.

Instead, when we feel vulnerable and scared let us turn outward, let us to open our doors and our hearts, to connect with one another, to know that our true security does not come from hardening our hearts, but committing to our values. It comes from knowing one another, by paying attention when someone we

³ Gould, Skye and Dave Mosher. 'The odds that a gun will kill the average American may surprise you.' *Business Insider*. October 29, 2018. Retrieved from <https://www.businessinsider.com/us-gun-death-murder-risk-statistics-2018-3>

love grows distant or angry. Safety comes when we know that there is nothing that we can do that is not without risk, that we cannot escape pain and death, but we can live while facing our fears honestly, taking the steps we can to keep ourselves safe, and living our values.

There is a saying that I have learned from the youth of our church. "Be a croissant, not a donut." This is a metaphor for creating community, and part of the covenant of some of our youth classes, one of the promises they make to one another. Donuts are round and closed. There is no way in. They are a circle walled off from others. That is one way of forming community, but not a good way. That is the path of fortified walls and suspicion of outsiders. The shape of a croissant is different; the circle is not closed. By promising to be croissants, our youth are promising not to be closed off, but forever poised in a gesture of welcome, with open hands, open hearts, and open doors. Let us follow their example. None of this is easy. None of this is safe, but I believe it is the work we are called to.

So let us be croissants, not donuts.

Let us keep our doors and hearts open.

Let us remember that to live is to risk dying.

Let us not compromise ourselves and our souls for an illusion of safety.

Let us get our flu shots and stay home when we're sick.

May it be so. May we make it so. Amen.