

Session 1: What is Reproductive Justice?

Session 1 Learning Goals:

- Gain awareness of relevant Unitarian, Universalist, and Unitarian Universalist history, with successes and shortfalls
- Articulate contrasting frameworks of reproductive “health,” “rights/choice,” and “justice”

In preparation:

- Participants are encouraged to bring notebooks or journals for note-taking and theological reflection
- Materials: masking tape, butcher paper, markers, extra index cards
- Print out Leader Resource LR 1:4 and tape each event onto an index card
- Stretch a long line of masking tape across the middle of the floor. At one end, write “1840”. At the other, “2012.” Also add hash marks labeled with the years 1860, 1880, 1900, 1920, 1940, 1960, 1980, 2000
- Make copies of Handouts 1:1, 1:2, 1:3, 2:1, and 2:2

Handouts:

- 1:1 – Overview of Curriculum
- 1:2 – Unitarian Universalist Theology of Reproductive Justice
- 1:3 – Comparing Frameworks
- LR 1:4 – Events for Timeline

1. Chalice Lighting: “To Be of Use” (Marge Piercy) <http://www.northnode.org/poem.htm>

2. Introductions (20 min)

Participants answer the following questions:

1. Who are you?
2. How are you today?
3. Why are you here? (Try to keep it personal and avoid expounding on general opinions)

3. Overview of Curriculum (5 min)

Distribute Handout 1:1 and highlight themes. Distribute Handout 1:2, which is supplemental.

4. Building a Covenant (20 min)

The curriculum is designed to ask and answer many difficult questions about reproductive justice predominantly by sharing and listening to stories and with group conversations. Ask participants to offer guidelines on how they agree to come together over the six sessions. If they don't include the following, add them to the list at the end:

- Use “I” statements – speak from our own experience.
- Ask permission before sharing other participants' stories outside the group.

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- Step-up, step-back. (Be conscious of the level of participation that you bring to the conversation. If you've spoken a lot, take a backseat to the conversation for a little while. If you haven't spoken very much, pipe up.)
- We will do our best to confront our negative stereotypes and implicit judgments about sexuality, sexual acts, reproduction, and reproductive decisions. We do not know what another's experience has been, and the dichotomy of "we/they" is false.

Ask participants to sign the covenant before the end of the session. Keep the covenant – you will need to revisit it in Session Three.

5. Timeline of Unitarian Universalists and Reproductive Justice (35 min)

Distribute the index cards, shuffled, to the participants. Invite them to take turns reading each event out loud and identifying as a group where the event is positioned on the timeline.

Participants can use extra index cards to fill out the timeline with other events important to the reproductive lives of their communities.

6. Comparing Frameworks (25 min)

Distribute Handout 1:3 and ask participants to read the paragraphs aloud. Discuss as necessary.

Identify some of the events on the timeline with one of the three frameworks. The point here is not to make clear or unequivocal categorizations, but to engage the contrasts of the frameworks.

Ask:

- Why are the distinctions between the "choice" and "justice" frameworks important?
- What would reproductive justice look like in [name of congregation, neighborhoods, city]?

7. Debrief and Closing (15 min)

Ask participants to share with the group one new idea that struck them during the session.

Distribute Handouts 2:1 and 2:2 and ask people to read and complete them before the next session.

Play "Yes" by Shekhinah Glory Ministries (<http://www.youtube.com/watch?v=HYurqlr1E7g>) and extinguish the chalice.

Session 2: Sacred Sexuality

Session 2 Learning Goals:

- Explore sources and consequences of sex-negative theology in society and selves. Same for sex-positive theology.
- Identify positive and negative consequences of sexuality in our lives and faith communities
- Link, theologically and politically, healthy sexuality with the reproductive justice movement

In preparation:

- Materials: butcher paper and markers (2 sets or more), masking tape for the walls, bell or chime
- Identify a separate space for participants to have small group conversations during the theological reflection time
- Make copies of Handouts 2:3, 2:4, 3:1, and 3:2

Homework for this session:

- Read 2:1 and 2:2

Handouts:

- 2:1 – Sexually Healthy UU Congregations
- 2:2 – Responding to Reproductive Loss
- 2:3 – Theological Reflection: Session 2
- 2:4 – The Last Abortion

1. Chalice Lighting: “Mama’s Got a Girlfriend Now” (Ben Harper)

<http://www.youtube.com/watch?v=9fha0aMiB9I>

2. Check-In: What was one thing you did for your body this week; what is one thing your body did for you? (15 mins)

3. Theological Reflection (20 mins)

Except for the first class, every session in this course has opportunities for theological reflection. Participants are invited to explore various methods of theological reflection over the next five weeks: walking/movement, small group conversation, journaling/writing, and meditation. They are also invited to bring music and headphones. Indicate the separate place for those who will participate in small group conversations. Distribute Handout 2:3. After 20 minutes, ring a bell to call the participants back together.

4. Group Brainstorm: Words for Powerful Experiences (10 mins)

The class divides in half, each with their pad of butcher paper and markers. One group brainstorms words that describe a powerful sexual experience. The other group brainstorms words that describe a powerful spiritual experience. After a short time, ask a representative from each group to read the lists aloud. Keep the class divided into two groups.

5. Toward Sexually Healthy UU Communities (30 mins)

What would a sexually healthy UU community look like? What would be its basic principles be? What would be its supports, its ministries, and its public presence?

Participants reflect on these questions and others and, using the butcher paper and markers, draw a church or other building that visually symbolizes their ideas. They are encouraged to use ideas from Handout 2:1, which was assigned as homework. Groups can include portrayals of foundations and beams, walls, rooms, furniture, decorations, gardens, etc. If dividing the class into two groups still results in large numbers of people crowded around one butcher paper pad, create a third or fourth group.

After 15 minutes on the first set of questions, consider these: What keeps UU communities from being as sexually healthy as they might be? Where are the termites, the unfinished walls, or raw wires? Identify these barriers in a list or on the drawing itself.

After another 10 minutes, ask groups to hang up the drawings on the wall and give people time to look at them.

6. Responding to Reproductive Loss (30 mins)

Distribute Handout 2:4 and give people two or three minutes to complete it silently. Then ask:

- How was this exercise?
- Which three did you choose? (ask two or three people) Why?
- Our judgments about sexuality and reproduction are complexly related and often difficult to identify. What judgments do you have about why people (should/shouldn't/do/don't) get abortions, make adoption plans, miscarry, etc.?

After 20 minutes, revisit Handout 2:2 which was assigned as homework. Ask these questions and record answers to the first three questions on butcher paper:

- What is reproductive loss?
- Who is affected by reproductive loss?
- Why should our congregations be places where healing from reproductive loss can take place?
- Who would be interested in taking a course on Pastoral Counseling for Reproductive Loss? (If there is significant interest, consider offering a training for your cluster/district. Contact socialwitness@uua.org for more information.)

7. Debrief and Closing (15 mins)

Ask participants to share with the group one new idea that struck them during the session.

Distribute Handouts 3:1 and 3:2 and ask people to read and complete them before the next session.

Read "The Larger Circle" by Wendell Berry (<http://localcircles.org/2010/12/30/the-larger-circle-by-wendell-berry/>) and extinguish the chalice.

Session 3: Inherent Worth and Dignity

Session 3 Learning Goals:

- Understand reproductive oppression by reflecting on stories of self and others
- Gain appreciation for intersectional approach of reproductive justice
- Orient, theologically, towards the Beloved Community and/or identify personal theological grounding for anti-racist justice work

In preparation:

- Materials: bell or chime
- Create role-playing profiles on index cards- one for each participant, including:
 - o Name
 - o Combination of the following characteristics: gender identity, citizenship status, language ability, race, age, educational background, sexual orientation, employment status or job prospects, health, marital/partnered status, family arrangement, etc.
 - o Challenge, such as “wants a child,” “needs birth control,” “is 3 weeks into an unplanned pregnancy,” “abandoned by partner,” “tested positive for HIV,” “got laid off,” etc.
- Identify a separate space for participants to have small group conversations during the theological reflection time
- Make copies of Handouts 3:3, 3:4, 4:1, and 4:2

Homework for this session:

- Read 3:1
- Complete 3:2

Handouts:

- 3:1 – White Privilege
- 3:2 – Telling Your Story: Questions for Reflection
- 3:3 – Stories of Reproductive Justice
- 3:4 – Theological Reflection: Session 3

1. Chalice Lighting: “Respect” (Aretha Franklin)

(<http://www.youtube.com/watch?v=6FOUqQt3Kg0>)

2. Check-In: What was one thing you did for your body this week; what is one thing your body did for you? (15 mins)

3. Telling Your Story (45 mins)

Briefly revisit the Covenant from Session One. Revisit Handout 3:2. Ask each person, one at a time with no interruptions, to tell one story from their reproductive life to the group. Give a few moments for reflection before the stories begin.

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If the group feels comfortable with this activity, invite them to reflect aloud on the last question of the front page of Handout 3:2 – the impact of their race, gender, socio-economic status, sexual orientation, etc. on the story they shared. If the group feels more tentative, ask them to reflect on this question privately in their journals.

4. Role Play: Understanding Reproductive Oppressions (25 mins)

Hand out one index card to each person. Have participants break into small groups and discuss together the options available to the “person” on the card to meet their “challenge.”

Ask the small groups to share reflections with the whole group. After any general comments are shared, revisit Handout 1:3 from Session 1 and ask participants to journal, briefly, on the following questions:

- How is “economic justice” also “reproductive justice?”
- How is “immigration justice” also “reproductive justice?”
- How is LGBTQ equality also an issue of reproductive justice?
- What is reproductive oppression?

Distribute Handout 3:3 which is supplemental recommended reading.

5. Theological Reflection (20 mins)

Participants are invited to explore various methods of theological reflection: walking/movement, small group conversation, journaling/writing, and meditation. They are also invited to bring music and headphones. Indicate the separate place for those who will participate in small group conversations. Distribute Handout 3:4. After 20 minutes, ring a bell to call the participants back together.

6. Debrief and Closing (15 mins)

Ask participants to share with the group one new idea that struck them during the session.

Distribute Handouts 4:1 and 4:2 and ask people to read both before the next session.

Read “Earth Mother” by Starhawk (<http://katilifox.wordpress.com/2011/03/02/earth-mother-star-mother-by-starhawk/>) and extinguish the chalice.

Session 4: Reverence for Life

Session 4 Learning Goals:

- Engage with various religious perspectives on life, pregnancy, and each perspective's claim to modern religious persecution
- Confront historic and current attempts to use abortion as population control
- Reflect on sources of Unitarian Universalist and personal theologies of reverence for life

In preparation:

- Materials: pencils and paper for written reflection, butcher paper and markers, masking tape, bell or chime
- Write these questions on butcher paper:
 - o What from this tradition resonates with me?
 - o What from this tradition is challenging to me?
- Make a sign reading "Agree" and one reading "Disagree"
- **The Power Shuffle can elicit strong feelings or reactions. If possible, ask a minister or lay chaplain to sit in on this session and be available to someone if they leave the activity for emotional reasons.**
- Print a copy of Leader Resource LR 4:5 for yourself
- Make copies of Handouts 4:3, 4:4, and 5:1

Homework for this session:

- Read 4:1 and 4:2

Handouts:

- 4:1 – Margaret Sanger, Birth Control, and the Eugenics Movement
- 4:2 – Reproductive Technology and Ableism
- 4:3 – Religious Perspectives on Life
- 4:4 – Theological Reflection: Session 4
- LR 4:5 – Instructions for Power Shuffle

1. Chalice Lighting: "On Children" (Sweet Honey in the Rock)

(http://www.youtube.com/watch?v=HCVvoL_F5gA)

2. Check-In: What was one thing you did for your body this week; what is one thing your body did for you? (15 mins)

3. Religious Perspectives on Life (20 mins)

Distribute Handout 4:3 and have participants read each section out loud. If any participant is familiar with a tradition listed, they are encouraged to read that section. After each section is read, participants reflect to themselves or journal on these questions:

- What from this tradition resonates with me?
- What from this tradition is challenging for me?

4. Theological Reflection (20 mins)

Participants are invited to explore various methods of theological reflection: walking/movement, small group conversation, journaling/writing, and meditation. They are also invited to bring music and headphones. Indicate the separate place for those who will participate in small group conversations. Distribute Handout 4:4. After 20 minutes, ring a bell to call the participants back together.

5. Power Shuffle: Life and Choices (45 mins)

Using Leader Resource LR 4:5, the facilitator will read a series of statements about life, personhood, contraception, and abortion. In reaction to each question, participants place themselves along the masking tape line between “Agree” and “Disagree” signs, depending on how they react to the statement. People can choose an “I don’t know” or “Ambivalent” response by standing in the center of the room, but they are encouraged to take a position other than the center, and/or to change to a different location as they are moved. The facilitator can invite participants to share their thinking after each statement is read or they can postpone conversation and reflection until after the group resumes their seats at the end of the exercise.

After all the statements are read, invite the group to resume their seats. Take down the “Agree/Disagree” signs and open the floor for reflection and discussion. If some participants are introverts or non-verbal processors, offer a separate quiet space for them to use while the rest discuss.

Towards the end of the conversation, ask these questions:

- Why is reproductive justice concerned with ableism and eugenics? Are there other ways that abortion and “choice” has been used as a tool of reproductive oppression?
- Why is “personhood” an important conversation in the movement for reproductive justice?

6. Debrief and Closing (15 mins)

Ask participants to share with the group one new idea that struck them during the session.

Distribute Handout 5:1 and ask people to read it before the next session.

Read “Merger Poem” by Judy Chicago (<http://www.judychicago.com/author/merger-poem.php>) and extinguish the chalice.

Session 5: Right of Conscience

Session 5 Learning Goals:

- Understand gendered/sexist aspects of current political dialogue on reproductive justice issues, and Unitarian Universalist theological and political responses
- Explore tools and tips for having constructive conversations about abortion

In preparation:

- Materials: butcher paper and markers, masking tape, bell or chime
- Print Leader Resource LR 5:5 for yourself and write the questions on butcher paper
- Create two large signs, one reading “Good Idea” and one reading “Bad Idea”
- Make copies of Handouts 5:2, 5:3, 5:4, and 6:1

Homework for this session:

- Read 5:1

Handouts:

- 5:1 – Increasing Threats on Choice
- 5:2 – Theological Reflection: Session 5
- 5:3 – Abortion Messaging Toolkit
- 5:4 – “What’s Wrong With ‘I’m Pro-Choice, But I Could Never Have An Abortion?’”
- LR 5:5 – Instructions for Fishbowl

1. Chalice Lighting: “The Great End in Religious Instruction” (William Ellery Channing)
(<https://notes.utk.edu/bio/greenberg.nsf/0/79364b12e2b0c40e8525707b00500341?OpenDocument>)

2. Check-In: What was one thing you did for your body this week; what is one thing your body did for you? (15 mins)

3. Gender Fishbowl (30 mins)

The politicization of reproduction has been increasing in intensity over the past two years. Its effects are often experienced differently by people of various gender identities. Witnessing to these diverse experiences is a vital aspect of education and activism on reproductive justice.

Importantly, not every person fits neatly into the “gender binary” of ‘man’ or ‘woman.’ As we explore the impacts of the ‘war on women’ and diverse experiences of men and women during this session, we will also be attendant to the experience of transgender and gender non-conforming people (for definitions and more information, see the UUA’s “Transgender 101” <http://www.uua.org/lgbtq/identity/25348.shtml>). The creators of this curriculum acknowledge the vital experience of listening to women’s voices – diverse though they are – in this debate; if it was of any less value, this exercise would not be included.

Participants divide into groups based on gender self-identification. If participants so choose, they can create additional groups based on how they identify. People must be given space to

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join or create the group that they feel most comfortable in, even if it makes other participants uncomfortable – the point here is to witness to each other’s experiences as a spiritual practice. It is possible for “groups” to have only one person in them.

Arrange chairs so that there is space in the inside of the room for one group to sit in a circle, with the rest of the participants sitting in an outer circle surrounding them. Starting with the group with the most participants, each group takes turns sitting in the smaller circle, answering the following questions. The people in the outside circle listen, refraining from verbal or non-verbal commentary or questions while the exercise is happening. When the last group is finished, the chairs in the middle of the room are removed and all participants gather in the larger circle. Participants share one thought that struck them from the conversation of another group.

4. Theological Reflection (20 minutes)

Participants are invited to explore various methods of theological reflection: walking/movement, small group conversation, journaling/writing, and meditation. They are also invited to bring music and headphones. Indicate the separate place for those who will participate in small group conversations. Distribute Handout 5:2. After 20 minutes, ring a bell to call the participants back together.

5. Talking about Abortion: Good Idea/Bad Idea (40 mins)

Distribute Handout 5:3 and go over it verbally.

Participants divide into three groups, each assigned to work with a theme from Handout 5:3. Groups spend 15 minutes crafting two short skits about the same interaction – one in which the conversation is sub-optimal according to the messaging data, and one in which the same conversation ends differently because more optimal words and phrases were used.

The groups come back together and present their skits. Before the ‘sub-optimal’ skit is performed, someone walks across the “stage” with the sign reading “Bad Idea.” Before the ‘optimal’ skit, someone walks across the “stage” with the sign reading “Good Idea.”

Distribute Handout 5:4 and encourage participants to read it after class, and consider the ways in which they do and do not stigmatize abortion.

6. Debrief and Closing (15 mins)

Ask participants to share with the group one new idea that struck them during the session.

Distribute Handout 6:1 and assign each group or policy to one participant who will research via internet and phone calls to local or regional affiliates and/or national groups. Ask participants to prepare modest presentation notes.

Play “Tain’t Nobody’s Business” by Billie Holiday (<http://www.youtube.com/watch?v=JAbMlxUhjTs>) and extinguish the chalice.

Session 6: Moving Forward

Session 6 Learning Goals:

- Identify goals, methods, and strategies for reproductive justice advocacy
- Affirm the theological and personal sharing within the group
- Inspire/solidify relationships of accountability within group or with outside partners

In preparation:

- Materials: butcher paper and markers, bell or chime
- Make copies of Handouts 6:2 and 6:3
- Visit The Guttmacher Institute's State Center (<http://www.guttmacher.org/statecenter/>) and compile brief notes on state policies that affect reproductive choice. Feel free to do more research on policies that affect other issues of reproductive justice.
- **After the session, please complete the UUA's Completion and Evaluation Form.** (<https://www.surveymonkey.com/s/repro-justice-curriculum>) The Commission on Social Witness needs to know which congregations completed the course. The form is also a way to provide feedback on the course. If desired, email the link to the Completion and Evaluation Form to participants.

Homework for this session:

- Complete assigned element(s) of 6:1

Handouts:

- 6:1 – Policies, Partners, and Opponents
- 6:2 – Advocacy Scenario Worksheet
- 6:3 – Theological Reflection: Session 6

1. Chalice Lighting: “At This Point in My Life” (Tracy Chapman)
(<http://www.youtube.com/watch?v=WwtP7hD3PkQ>)

2. Check-In: What was one thing you did for your body this week; what is one thing your body did for you? (15 mins)

3. Policies, Partners, and Opponents (30 mins)

Participants introduce their assigned group(s) and/or policy(ies) to the class. Facilitator presents their notes on relevant state policies.

4. Becoming Effective Advocates (from Our Whole Lives (OWL) for Young Adults by Michael Tino, Sarah Gibb Millsbaugh, and Laura Anne Stuart) (35 mins) *Used with permission.*

Briefly brainstorm “What makes advocacy effective?”

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The two essential elements of effective advocacy are (1) establishing an achievable goal, and (2) having a clear plan for reaching that goal. Participants form three groups and receive one copy of Handout 6:2 per group. Each group receives a topic (goals can be altered depending on what is appropriate on the state and local levels):

- Federal: to have U.S. Senator or Representative support reproductive rights
- State: to have state legalize LGBTQ adoption
- Local: to have local school board adopt and fund comprehensive sexuality education

Groups complete Handout 6:2 together, and draw up lists of people and organizations in real life. Any issue has a spectrum of participating groups or people – partners or allies, opponents, and the “movable middle” or the “swing list.” Successful advocates typically direct their attention to those in the middle who are ambivalent or who have not yet made up their mind.

Bring groups back together after 15 minutes and ask:

- What was the process like for your group? Was it easy or difficult to identify the key people involved?
- What messages did your group come up with? How are these messages meant to positively rebut opponents and to persuade the “movable middle”?
- Are there groups currently working on the different aspects of reproductive justice that you might join? Do you think you could actually start working on these goals?

5. Theological Reflection (20 mins)

Participants are invited to explore various methods of theological reflection: walking/movement, small group conversation, journaling/writing, and meditation. They are also invited to bring music and headphones. Indicate the separate place for those who will participate in small group conversations. Distribute Handout 6:3. After 20 minutes, ring a bell to call the participants back together.

6. Affirmation, Debrief, and Closing (30 mins)

Remind participants about the themes and topics of the previous five weeks. Participants share:

- One of the most significant learnings from the class
- How they will incorporate that learning in their life
- One nice thing about a fellow participant

The person who is affirmed by the previous participant is the next person to share. All participants only share once, and the last person to share can affirm the person who started.

A link to an electronic evaluation of the class will be distributed via email to participants if so desired. They are encouraged to share their feedback with the curriculum developers.

Read “That Passeth All Understanding” by Denise Levertov (<http://www.wisdomportal.com/Gratitude/DeniseLevertov-Gratitude.html>) and extinguish the chalice.

Overview of Curriculum

As Unitarian Universalists, we are the inheritors of a 50-year history of reproductive rights advocacy of which we should be very proud. We also share a strong commitment to racial and social justice that is fundamental to our theology and modern identity. At the convergence of these interests, UUs are called to answer the chilling political debate on reproductive rights with calls for reproductive justice and respect for the fullness of every person's reproductive and sexual life. The election of the 2012-2016 Congregational Study/Action Issue, "Reproductive Justice: Expanding our Social Justice Calling," is a milestone opportunity for Unitarian Universalists to live this call. This curriculum was written to help prepare Unitarian Universalists to take on this call to action.

If we are to succeed as reproductive justice advocates in our communities and in the larger world, Unitarian Universalists must be comfortable with our individual and collective identities, **and** know ourselves as partners with other organizations in the reproductive justice movement. Thus, this curriculum prioritizes the development of our theological understanding and conversational capacity, rather than the provision of facts. The 2012 election and concurrent "war on women" is not as much a political argument over information and misinformation as it is a conflict of values about life, sexuality, and religious freedom, which is why we must answer as progressive people of faith.

Week 1: Introduction: What is Reproductive Justice?

Week 2: Sacred Sexuality

Week 3: Inherent Worth and Dignity

Week 4: Reverence for Life

Week 5: Right of Conscience

Week 6: Conclusion: Moving Forward

Rooting us in our religious history and theological callings, this six-week curriculum outlines the distinctions between reproductive "health," "rights," and "justice;" opens awareness of reproductive oppressions; offers opportunities to learn about ourselves and each other as sexual and reproductive beings; and equips us to move forward, out into the world, with integrity and vision.

Unitarian Universalist Theology of Reproductive Justice

Five themes, fundamental to the Unitarian Universalist tradition, are central to a theological understanding of reproductive justice: sacred sexuality, inherent worth and dignity, reverence for life, right of conscience, and justice.

Sacred Sexuality

Believing in human goodness and concerned with the flourishing of life in its inherent interdependence, Unitarian Universalism holds that sexuality is a sacred and powerful gift. Sexuality provides people with opportunities to grow in intimacy with each other and the sacred, as well as opportunities for harm and exploitation. As a powerful force that contributes to love and justice, as well as to intense discord and pain, people are responsible for being stewards of this tremendous capacity. Human sexuality must be understood and celebrated in its complexity, diversity, and possibility. Unitarian Universalists take great joy and pride in teaching comprehensive sexuality education to all age groups within their congregations and in advocating for the same in the public sphere.

Inherent Worth and Dignity

As a faith tradition attentive to sacred discernment, free will, and the lived reality of human beings, rather than dogma or creed, Unitarian Universalism calls its members to recognize the sacredness of every person. In congregations and the public sphere, Unitarian Universalists work for justice, equity, and compassion in ways that create respect from tolerance and transform simple diversity into the beloved community, through ideas of power, privilege, oppression, and love. Drawing upon the teachings of Jesus and the words and deeds of other prophetic people, Unitarian Universalists know that in the interdependent web of life, no life is independent of another.

Reverence for Life

Unitarian Universalists draw spiritual sustenance from the experience of being human, from “that transcending mystery and wonder, affirmed in all cultures, which moves [one] to a renewal of the spirit and an openness to the forces that create and uphold life,” (Unitarian Universalist Principles and Sources). In the interdependent web which creates, sustains, and remembers all life, each person has a right to health and protection. Because Unitarian Universalists believe they are a part of life, not owners of it, they are called to be responsible and wise participants in the web of life and stewards of its power and resources. With a deep reverence for life in its complexity and diversity, Unitarian Universalists do not agree on the precise moment in which life begins, or continues. They are, however, united in their affirmation for the well-being of women and others, and their interest in requiring public policy to be concerned with the same.

Right of Conscience

Women, and people of all genders, are moral agents who possess dignity, freedom of conscience, and the capacity to make decisions according to the sacred within them. We carry the wisdom from our religious ancestors that coercion, particularly over the most precious and intimate circumstances of our lives, is not only wrong, but also breeds hatred and bitterness. Whether people are made in the image of God, having the power to create and sustain life, or are in a sacred partnership with God to co-create life, every person has access to spiritual truths within and beyond them which guide their decision-making. Both Unitarians and Universalists, historically, have rejected ideas of predestination or original sin, perpetuating instead a theology of sacred human choices between right and wrong. Unitarian Universalists and other people of faith come together in religious community for the pursuit of truth and meaning, and the discernment to live their lives accordingly. People have a sacred obligation to support each other and their children in this pursuit.

Justice

Universalist theologians of the past believed that rather than being fixated on salvation after death, humans should concern themselves with salvation in this world. They refused to believe that suffering and violence were simply part of “God’s plan,” over which humans had no control. Instead, humans are responsible for taking care of one another, particularly the most vulnerable and marginalized. People are responsible for “saving” each other.

Today, because each life is inextricably connected to every other life, because of the human capacity to alleviate much of the suffering we witness and experience, Unitarians Universalists are dedicated to creating a world of justice, equity, and compassion for all.

Comparing Frameworks

Reproductive Health

Focusing on the provision of services to individuals, “reproductive health” is a resource-intensive approach to ending the lack of accessibility to health care research, services, and facilities. Particular attention is paid to expanding access to preventative care and culturally-competent services.

The framework of reproductive health is limited by the individualization of the delivery of services - it does not often take into account the structural inequalities among women that account for different levels of access to education and services. “Reproductive health” does not address the root causes of social inequality.

Reproductive Rights/Choice

The goal of the “reproductive rights/choice” framework is the protection of a woman's legal right to reproductive health care services, particularly abortion. Within the United States, the reproductive rights advocacy community organizes women and others to participate in legislative and electoral processes on the state and federal level, and targets policy makers, legal experts, and elected officials.

The legal basis for reproductive rights emerges from a protection of the privacy of women (*Roe v. Wade*, U.S. Supreme Court, 1973), which does not attest to the role of the government in eliminating social inequalities which impact health disparities and the “choices” women make. Marginalized communities in the United States - such as immigrants, people of color, poor people, young people, and disabled people - often lack the faith, knowledge, or resources to request the political system to meet their needs.

Reproductive Justice

Attendant to the social inequalities that shape the lives of marginalized women, the “reproductive justice” framework was first created by women of color to work against “reproductive oppression”—the exploitation of women, girls, and others through their reproduction, labor, and sexuality. Reproductive justice has four goals: (a) the raising of children in safe and healthy environments, (b) planned and healthy pregnancies, (c) ending or avoidance of unwanted pregnancies, and (d) expression of sexuality. It works to address the myriad issues facing women in the context of their reproductive lives.

The achievement of reproductive justice requires a paradigm shift in consciousness for many people and radical transformation of society. As a long-term change strategy, reproductive justice requires resources and sustained organizing and momentum.

Instructions for the Reproductive Justice Timeline

On the classroom wall or floor, set up a timeline with index cards labeled with years, from 1840 through 2020 in increments of 20 years. Print out and tape the paragraphs about the events onto index cards.

Distribute index cards to participants. Invite participants to take turns reading each event out loud and identifying as a group where the event is positioned on the timeline. Participants can use extra index cards to fill out the timeline with other events important to the reproductive lives of their communities.

Correct Timeline:

- **1850s** – Condoms are mass-produced in the United States
- **April-June, 1865** – Emancipation enforced in United States
- **1869** – Pope Pius IX declaration on abortion
- **October 16, 1916** – Margaret Sanger opens first clinic
- **June 4, 1919** – Amendment 19 (Women’s suffrage)
- **June 23, 1960** - The Pill becomes available
- **May 13-19, 1963** – First UU General Resolution on choice
- **1966** – Mississippi allows abortion in cases of rape.
- **May 27, 1967** – Clergy Consultation Service started
- **October 19-22, 1967** – LREDA meeting, resulting in AWS/OWL
- **January 23, 1973** – *Roe v. Wade*
- **September 30, 1976** – Hyde Amendment
- **October 1, 1976** – The Indian Health Care Improvement Act
- **1977** – Florida prohibits gay adoption
- **November 5, 1994** – Reproductive justice is officially identified
- **September 4-15, 1995** – UN Fourth World Conference on Women (Beijing)
- **August 22, 1996** – AFDC replaced by TANF
- **May 12, 2008** – ICE raid in Postville
- **May 31, 2009** – Dr. George Tiller murdered by anti-choice activist
- **March 23, 2010** – Affordable Care Act
- **July, 2010** – First national strategy on HIV/AIDS
- **June 23, 2012** – UUA CSAI on Reproductive Justice

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Events for Index Cards:

The Unitarian Universalist Association becomes the first religious tradition to officially endorse a woman's right to reproductive choice.

While serving as a Sunday usher at his church in Wichita, Kansas, Dr. George Tiller is shot through the eye and killed by anti-abortion activist Scott Roeder. Tiller was the medical director of a women's health clinic - one of just three locations in the United States where late-term abortions were available to women. His patients were almost always physically endangered by, or had extraordinary difficulty with, their pregnancy.

The Hyde Amendment is passed for the first time, prohibiting the use of federal funds for abortion. It primarily targets recipients of Medicaid, though also affects federal and military employees, prisoners, clients of the Indian Health Service, and others. A policy rider on budget bills, it was the first major success of the anti-choice movement and continues to be attached to bills today.

The framework of "reproductive justice" is coined by the Black Women's Caucus at a national conference in Chicago, aiming to move away from "choice"-based language to integrate ideas of reproductive health with social justice.

The Clergy Consultation Service on Abortion was started in New York City to help women get safe, illegal abortions. Started by Rev. Howard Moody (Baptist/UCC) with 20 other clergy, it eventually grew to a network of over 1400 clergy across the country and became the forerunner for the Religious Coalition for Reproductive Choice (RCRC).

The first of its kind in Unitarian Universalism, the annual Fall Conference of the Liberal Religious Educators Association (LREDA) focuses on sexuality and provides resources for working with parents and youth. The conference resulted, in part, in the idea for a faith-based curriculum that addressed real life issues emerging for UU young people, which evolved into "About Your Sexuality" (AYS) and subsequently "Our Whole Lives" (OWL).

Margaret Sanger and her sister, Ethel Byrne, open the first U.S. birth control clinic in Brooklyn, New York, offering counseling, birth control information, and supplies to local women. Nine days later, the police close the clinic and arrest Sanger, Byrne, and their staff under charges of "maintaining a public nuisance."

The United Nation's Fourth World Conference on Women is held in Beijing, China. The conference established, on an international scale, that environmental justice is "necessary for the health and wellbeing of women."

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Pope Pius IX declares that abortion is a mortal sin, any participation in which would automatically excommunicate the patient, doctor, family member, etc.

The Affordable Care Act (ACA) is signed into law by President Barack Obama, providing the most significant policy response to race-, gender-, and class-based health care inequalities to-date. The ACA also significantly broadens access by U.S. citizens to prenatal and preventative care, including contraceptive services.

The cause of death for well over half a million people in the United States, HIV/AIDS is targeted with a “national strategy” for the first time, though advocates criticize the sponsoring presidential administration for a lack of commitment to its funding.

The largest Immigration and Customs Enforcement (ICE) raid in United States history places more than 389 immigrant workers under arrest and more than 90 children into the foster care system. (Postville, Iowa)

Aid to Families with Dependent Children (AFDC), the first welfare program in the U.S (1935) was replaced by the far more restrictive Temporary Assistance to Needy Families (TANF) on charges that it was causing “genetically inferior” black communities to reproduce faster than white communities, and because it promoted laziness and single-women-led households.

Emancipation becomes enforced throughout the United States, freeing African and African American families from reproductive and other oppressions they had undergone during slavery

Women are granted the right to vote by the US Senate, which approved the constitutional amendment by a vote of 56 to 25 after four hours of debate. The measure was passed in large part due to the efforts of Lucy Burns and Alice Paul, whose organizing of picket lines outside the White House resulted in their arrest and subsequent hunger strike.

Following harmful clinical trials on women in Puerto Rican housing projects, the first oral contraceptive is approved in the U.S. In its first four years, more than one million women use “the pill,” though it was not made available to all married women for another five years and all unmarried women for 12 years.

The UUA becomes first religious tradition to endorse reproductive justice with their Congregational Study/Action Issue, “Reproductive Justice: Expanding Our Social Justice Calling.”

The Indian Health Care Improvement Act is signed into law, giving tribes the right to manage or control Indian Health Service programs, ending programs of forced sterilization. Various studies have revealed that, during the six years prior, the Indian Health Service sterilized between 25 and 50 percent of Native American women.

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Mississippi reforms its abortion law and becomes the first U.S. state to allow abortion in cases of rape.

In the watershed decision, *Roe v. Wade*, the Supreme Court decriminalizes abortion in the United States. Having ruled in previous cases, *Griswold v. Connecticut* and *Eisenstadt v. Baird*, that married couples and single people have a federally-protected right to privacy, the court ruled that a woman's right to privacy is "broad enough to encompass her decision whether or not to terminate a pregnancy."

Florida becomes the only state with an across-the-board law that prohibits all homosexual people from adopting children, even as individuals.
(Struck down in October, 2010)

Amid opposition from conservatives and feminists alike, the first rubber condoms are mass-produced in the United States. Less than 40 years later, condoms are the most popular birth control method in the country.

Sexually Healthy Congregations

In addition to reading these few pages, please visit the UUA's Online Assessment for Sexual Health in UU Congregations (<http://www.uua.org/safe/healthy/index.shtml>) and make some notes on the nine building blocks of a sexually healthy faith community.

- Congregation Policies and Environment

- Sexually Healthy Religious Professionals

- Worship and Preaching

- Pastoral Care

- Sexuality Education for Children and Youth

- Sexuality Education for Adults

- Welcome and Full Inclusion

- Safe Congregations

- Social Justice

This handout is excerpted from "Toward a Sexually Healthy and Responsible Unitarian Universalist Association" by the Religious Institute, Inc (pgs. 19-21). The entire report is available on their website: www.religioustheology.org. Used with permission.

Background:

A sexually healthy faith community is committed to fostering spiritual, sexual, and emotional health among the congregation, and to providing a safe environment where sexuality issues are addressed with respect, mutuality, and openness. The building blocks of a sexually healthy congregation are sexually healthy religious professionals, worship and preaching on sexuality issues, pastoral care, education for youth, adult education, welcoming and affirming congregations, safe congregations, and social action that includes sexual justice as a priority.¹

¹ Haffner, Debra W. (2001). *A Time to Build: Creating Sexually Healthy Faith Communities*. Westport, CT: Religious Institute on Sexual Morality, Justice, and Healing.

Due to financial constraints, this report did not conduct individual assessments of congregations or interview lay leaders. However, the Ministers' Survey provides information about the types of services, activities, and policies on sexuality that are being offered at the local level, as well as topics covered from the pulpit.

Ministers who serve congregations in any capacity were asked which sexuality-related services were provided. The following table demonstrates the percentage of ministers who say their congregations offer a specific service:

Table A

Relationships w/ community BGLT organizations	79%
BGLT ministries	78%
OWL at some level	68%
Middle school	66%
High school	42%
4 – 6th grade	30%
K – 2nd grade	16%
Adult	11%
Parent	6%
Young adult	5%
Allow BGLT groups to use building	64%
AR/AO programs	47%
BGLT family support groups	15%
Marriage/couples enrichment	14%
Groups for BGLT teens	12%
AIDS ministries	9%
Groups on divorce	8%
Support groups for survivors of abuse	4%

In a further analysis of services offered, urban and suburban congregations were more likely to offer AR/AO programs, AIDS ministries, and marriage/couples enrichment programs, and to allow other BGLT community agencies to use their buildings. Rural

congregations were more likely to offer ministry to BGLT people and support groups for families with BGLT members. Larger congregations (those with memberships over 251, and especially those with memberships over 500) were more likely to offer AIDS ministries, AR/AO programs, marriage enrichment, support groups for families with BGLT members and teens, and divorce and survivor groups. Equal numbers of all sizes of congregations offered BGLT ministries.

Strengths:

More than three quarters of UU congregations offer BGLT ministries of some kind.

Almost six in 10 ministers have preached about sexual orientation in the past two years, and one third has preached on transgender issues.

More than two thirds offer some level of OWL programming: two of three at the junior high school level, and four in 10 at the high school level.

Almost half offer AR/AO programming and commitments, and many acknowledged that it includes BGLT issues.

Areas for Improvement and Recommendations:

Many areas of sexuality-related services are lacking in most congregations. With the exception of ministries for lesbian and gay persons, congregations by and large are not actively engaging many of the sexuality issues faced by congregants. And even in the area of lesbian and gay ministries, there is still more that could be done.

Few ministers have preached on sexuality topics other than orientation/identity. Only one in five has preached on domestic violence, one in six on reproductive justice and sexuality education, and fewer than one in 10 on sexual abuse. Nearly one in three (27%) has not preached on any sexuality issue. An annual prize for a sermon on a sexuality issue might encourage more ministers to speak about these issues from the pulpit.

The OWL program is not being taught in significant numbers beyond junior high or high school levels.

Support groups and adult education offerings are not generally available for marriage/couples enrichment or self-help groups, nor do most have groups for lesbian and gay teens. In a study completed last year by the Religious Institute, a smaller percentage of UU congregations offer AIDS ministries than any mainline religious denomination.

There is a need to help congregations assess whether they are sexually healthy and responsible. The Religious Institute proposes to develop an online assessment tool for congregations, matching supportive attitudes to programs, policies, and social action. A further step would be to develop a guidebook for UU congregations on being a sexually healthy and responsible congregation.

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Handout 2:1

District offices need to be more engaged in these efforts. There is a need to survey the District Executives and Program Consultants on their knowledge, skills, background, and need for training on sexuality issues, as they are often the “first responders” when congregations face issues related to OWL, sexual misconduct, conflict over welcoming policies, a sex offender at church, etc. There has been no recent training of District Executives or Program Consultants on these issues. Fewer than half of the congregations have a safe congregations team. The development of regional teams with expertise in these areas could also be considered. Experienced and outstanding OWL trainers might provide the core of such a network.

Responding to Reproductive Loss

This handout draws heavily on materials from “Pastoral Counseling for Reproductive Loss,” a seminar of the Religious Coalition for Reproductive Choice (www.rcrc.org). Used with permission.

This handout alone is insufficient training for people interested in counseling on reproductive loss. It may help in understanding why people experiencing reproductive loss might need to talk to a counselor, therapist, or clergy person. It is also useful in starting to identify local and national resources that can help with counseling or counseling training.

Abortion

Almost one in three American will have at least one abortion in her lifetime. While every individual makes this decision for their own reasons, a wide range of feelings both before and after the procedure are common.

Patients may feel fearful at their perceived loss of control over their own fertility or the course of their lives; they may feel separated from the Divine, their previous values, or their community; or they may be angry that their life circumstances are not such that they feel able to continue the pregnancy. They may feel relief or joy that they were able to bring an end to a scary situation, which can raise questions about how one “should” feel.

The stigma and secrecy of abortion, so often experienced in the highly-charged political environment, can compound these issues.

Counselors can:

- Acknowledge and normalize the complexity of emotions surrounding pregnancy while honoring each person’s unique experience
- Help identify support networks
- Offer safe and nonjudgmental space for processing

Resources:

- Backline – national toll-free talk line for women and their loved ones to receive both pre- and post-abortion counseling 1-888-493-0092
- Exhale – national toll-free post-abortion talk line 1-866-4-EXHALE
- **In your community?**

Miscarriage and Stillbirth

Emotions can include sadness, anger, and loss of control, not to mention relief or even joy from those who were not sure they wanted to continue the pregnancy. In early pregnancy (before 20-weeks gestation, fetal death is called “miscarriage”), it can be a fantasy child, but in later pregnancy (after 20-weeks gestation, fetal death is called “stillbirth”), it is likely that more people know about the pregnancy and are planning for it, and there is more

attachment and physical awareness of the presence of a baby. A loss early in pregnancy can be especially hard if friends and family don't know the couple was pregnant.

Statements like, "It was not meant to be," "Get on with life," or "You can always get pregnant again" though meant to be helpful, can interfere with mourning. Also, "you can always get pregnant again" may not be true for people for whom becoming pregnant was difficult, involved significant financial costs, etc.

Spiritual issues can include the "fairness" of life or God, as well as blame or guilt for the loss. Especially for people who are LGBTQ, any issue of reproductive loss can be especially intense. If someone was raised to believe that lesbianism is a sin or that their being a parent isn't part of God's plan (especially when these messages are delivered subtly), faith can be both a source of the attack and a place of healing and support.

Counselors can:

- Consider the needs of family members, especially the partner or other children
- Suggest processes for grief, such as dismantling the nursery, having a memorial service, or planting a tree.

Resources:

- The Compassionate Friends – website of resources for parents, friends, and clergy who have suffered pregnancy loss
- Centering Corporation – catalogue of resources on dealing with grief, including resources on pregnancy loss and infant death
- **In your community?**

Infertility

More than 6 million people living in the U.S. (about 10% of couples) will experience infertility, which refers to those couples who cannot conceive or carry a pregnancy to term within one year of trying. Diagnoses can be made via multiple strategies for both partners, and there are both simple and complicated methods of treatment.

For those outside of "traditional" heterosexual couples, the issues become more complicated. Some transgender people lose their ability to reproduce either through reassignment surgery or through shifting the way they think about their body and reproductive organs.

Living with infertility can be painful, especially if it is prolonged. The stress of "sex on demand," the challenges to gender identity, and the invasiveness of medical procedures are emotionally challenging. Partners can experience feelings of helplessness and impotence.

Menopausal and post-menopausal women and their partners can experience complicated feelings of being "post-fertile."

Counselors can:

- Help in deciding when to stop treatments or actively trying to get pregnant, and provide support in knowing they aren't "giving up" or failing.
- Explore options – what having a child, or one they are biologically-connected to, means to them.
- Help provide a sense of closure: dealing with expectations of others in the family or the pressure of medical professionals to continue treatment.
- Attend to the survival of the relationship, self-esteem, and doubts about whether they "deserve" children.

Resources:

- American Fertility Association (New York, NY)
- American Society for Reproductive Medicine (Birmingham, AL)
- The Ferre Institute (Binghamton, NY)
- **In your community?**

Post-Adoption Loss

With the adoption of approximately 140,000 children in the U.S. every year, the chances are good that clergy will have an opportunity to counsel with those on one or both sides of the adoption experience. While adoption can touch many people in different ways, it is helpful to address the concerns of those placing a child for adoption and those who are adopting separately.

Research on open adoption does show that those who can get photographs of their child and get progress reports or share in the birthday celebrations are helped with potential feelings of grief or loss. Seeing that the child is loved, thriving, and growing can reinforce their sense that they made the right decision. Some birthparents are surprised by the intensity of the bond they feel with their baby after birth and the feelings of chaos immediately following a placement.

It is essential to challenge the idea that placing a child for adoption is a form of selfishness – that the person is "giving up" or "too lazy to be a parent." In reality, the act of placing a child for adoption is one of deep selflessness; giving up all the opportunities and joys of being a parent so that one's child can have a better life with someone else.

Adopting families also have emotional/spiritual issues to deal with. While it can be a joyous occasion, it can also be the culmination of a process of acceptance that they will not have children of their own. Adoption can also be difficult because it skips the normal cycle of pregnancy and childbirth for the adoptive parents. It can also be a struggle to integrate children from different races and cultures into their communities and congregations. Additionally, adoption by LGBTQ parents often is laced with legal and extralegal difficulties because of discrimination and prejudices within the adoption system.

Counselors can:

- Help birthparents see the long-term benefits of their decision
- Build a circle of supportive people or a caring, understanding congregation

Resources:

- Child Welfare Information Gateway
- Tapestry Books: Adoption Book Catalog
- **In your community?**

Pre-Natal Loss Due to Fetal Anomalies

Congenital abnormalities affect 3% of all pregnancies. Some potential parents elect to continue pregnancies even if it means a disability or infant death. Others elect to terminate medically complicated pregnancies and spare the child or mother any additional pain or suffering.

Recovery from a loss due to fetal anomaly is similar to losses due to miscarriage or stillbirth but has an additional burden both because of the defect and because of the choice involved. The burden of choice often weighs heavily on the couple and the stigma of abortion in our culture may affect them. It may be helpful to talk about human beings as made in the image of God, endowed with intelligence, a moral conscience, and the ability to make good, moral, ethical decisions.

Feelings include a sense of emptiness, sadness, depression, loss, and grief. Most parents report that having some evidence of the baby – photos, footprints, the experience of holding the baby, etc., are extremely helpful in grieving, even if they initially felt they could not bear it.

Counselors can:

- Assure the parent(s) of their support in whatever decision they make
- Affirm their right to make the best decision for themselves, without outside pressure or interference.
- Help organize a formal grieving process, such as a memorial service, naming the baby, a birth/death notice, etc.

Resources:

- The Compassionate Friends (www.compassionatefriends.org)
- **In your community?**

Theological Reflection: Session 2

Sacred Sexuality

Themes: Love, Stewardship, Integrity

Religious traditions affirm that sexuality is a divinely bestowed blessing for expressing love and generating life, for mutual companionship and pleasure. It is also capable of misuse, leading to exploitation, abuse, and suffering. Sexuality, from a religious point of view, needs to be celebrated with joy, holiness, and integrity, but it also demands understanding, respect, and self-discipline. Our traditions affirm the goodness of creation, our bodies, and our sexuality; we are called to stewardship of these gifts.

*- "An Open Letter to Religious Leaders About Sex Education"
written by a colloquium of theologians in 2002 (sponsored by
the Religious Institute)*

- Is your sexuality a divinely bestowed blessing? Why or why not?
- Is human sexuality a unique force, in its power to encompass both love and exploitation? Why are we called to stewardship of something inherently "good"?
- Why is a faithful affirmation of human sexuality a "justice issue?"

The Last Abortion

This handout is used with permission from the Religious Coalition for Reproductive Choice (www.rcrc.org).

Imagine that the Supreme Court has just issued a decision that would make abortions illegal in the United States. You work at a local health clinic that provides abortions. You and your staff have to try to come to a consensus about which three patients will be able to have abortions at your clinic before the decision becomes law.

Rank your choices individually, and then meet as a group to decide.

- A 14-year old teenager who was sexually abused by a friend of the family. The abuse resulted in her pregnancy.
- A 39-year old single mother of five who is dependent on governmental programs to help provide for her family. She is only able to work outside the home part-time.
- A 36-year old woman who was recently diagnosed with breast cancer and requires immediate chemotherapy in order to have a good chance of surviving the cancer.
- A 25-year old married woman who does not yet feel prepared to be a mother.
- A 23-year old woman who was brutally raped by her ex-boyfriend. She had a restraining order issue against him.
- A 30-year old woman whose prenatal tests show gross fetal anomalies, meaning severe birth defects.
- A 20-year old woman who had sexual intercourse with her boyfriend for the first time. The couple decided not to use a condom.
- A 27-year old woman whose pregnancy is the result of an extramarital affair. Her husband cannot have children and does not know she has been cheating on him.
- A 22-year old woman who was recently diagnosed with HIV. There is a chance that the baby will be born HIV+ unless she can get AZT (the medicine that will help prevent the spread of HIV to her baby).
- An 18-year old woman who is planning to go to college on a full academic scholarship. The condom that she and her boyfriend were using broke. She will lose her scholarship if she misses a semester at school.
- A 46-year old woman who thought she was going through menopause because she had not gotten her period in several months. Her children are all grown, and she is about to become a grandmother.
- A 25-year old woman with moderate developmental disabilities who lives in a group home. Her long-term boyfriend lives there as well, although the group home cannot provide housing for infants.

White Privilege

This handout is reprinted from the Unitarian Universalist Association's Tapestry of Faith curriculum, "Building the World We Dream About: for Young Adults". Used with permission.

Adapted from a piece originally published in Weaving the Fabric of Diversity (Boston: UUA, 1996).

If I am a White person in America:

I can turn on my television or watch a movie and see many images of people of my race in a wide variety of roles, including many positive and heroic ones.

I can apply for a car loan and know that I will not be turned down because of my race.

I can apply for a small business loan and know that I will not be turned down because of my race.

I can search for an apartment to rent and know that no properties will be withheld from my consideration because of my race.

I am surrounded by images that suggest that God and other Biblical figures are White like me.

I will learn in school that the history of our country is largely the history of my people written from the perspective of people of my race.

I can walk into virtually any pharmacy or similar retail store and find cosmetics and hair care products appropriate for my skin and hair.

I am unlikely ever to be asked to speak for my race.

It is unlikely that I will ever be in a situation where I am the only person of my race.

I can browse in a store without being followed or arousing suspicion because of my race.

I will never be stopped, frisked, arrested, or abused by police solely because a person of my race is a suspect in a crime in the area.

I can be hired for a job and not have co-workers assume I was hired because of racial preference or affirmative action.

Telling Your Story: Questions for Reflection

Do you have children? Did/do you want children?

Have you or a partner used (do you use) family planning methods including birth control or contraceptives? Why or why not?

Have you or a partner had an abortion? Why? Do you know anybody (else) who has had an abortion or unplanned pregnancy?

Using Handout 3:1, "White Privilege," for some examples, what are some ways that your reproductive life may have been impacted by your racial identity? Sexual orientation? Class background? Education level? Citizenship status? Gender? Physical dis/abilities?

Parents:

Did you intend to have children when you did? What factors influenced your decision to have a baby or keep the pregnancy?

Did you have role models or other resources to help you raise your children?

What major life events have impacted/are impacting your parenting and children?

What are/were the major challenges of parenting (physical, emotional, spiritual, financial, sexual, social)?

Non-Parents:

Do you want to have children? Why or why not?

If you have actively decided not to have children, what factors will influence or have influenced that decision?

Do you have role models or resources to support your reproductive choices?

How is your life impacted by not having children (physical, emotional, spiritual, financial, sexual, social)?

Stories of Reproductive Justice



These stories have been transcribed from videos on the Strong Families YouTube channel. Watch these and others:

<http://www.youtube.com/user/StrongFamiliesNow>. Strong Families (<http://strongfamiliesmovement.org/>) is a national initiative to change the way people think, feel and act in support of families. Used with permission.

Hillary B.

Hi, my name is Hillary and I live in Oakland, California. My immediate family is my daughter, and my best friend and her daughter. My friend and I are both single mothers by choice and so we all live together in one household. That makes us a strong family because



we can help each other out with childcare and household duties and support each other and that kind of thing.

When my daughter was born 2 years ago, she had a congenital lung defect and had to have surgery. I had just had a c-section. What made us strong, in that situation, was my chosen extended family - my friends - really came together to help us while she was in the hospital.

To be strong my family needs affordable child care, good schools, universal health care, and also support for the arts.

Aimee S.

Hi, my name is Aimee.

My strong family includes my best friend Rickey. Rickey and I became friends during that wonderful time in everybody's life when you're young, you're poor, you feel everybody is against you. . . He felt that way because he is gay and I felt that way because I was a dark skinny girl who didn't want to go to church in a very Catholic country.

Rickey and I were such best friends that we promised each other that when we turned 30 that we would marry one another if we were still single. I have all these wonderful memories of Rickey and I just shooting the breeze, fantasizing, and day dreaming about the lives we were going to have.

Rickey and I both immigrated to the US at about the same time. I went to Portland, Oregon to follow a boy. And he went to New York City to study computer programming. After a couple of years Rickey became undocumented and unemployed and he soon started

turning tricks, or doing sex work, in order to get by. And in 2002, he was diagnosed with HIV.

Rickey shared with me a couple of stories of how he has been bullied in his neighborhood - and money has been stolen from him - and how vulnerable he feels - and how lonely he feels in New York City.

And I've begged Rickey to come to Portland, Oregon so that I can take care of him and support him. And of course he has refused because in New York City he can blend in, where there is bigger, larger immigrant communities.



What my family needs is to be recognized. I need people to know that Rickey is part of my family and I want to support him and claim him and provide resources in all the ways that families do.

Adriann B.

My name is Adriann and when I was 18 I found out I was pregnant and decided to have my child. And I thought, "I'm grown, I'm 18, I'm an adult, I've graduated high school, I'm in my first year of college, and this is going to be okay." But I very soon faced a lot of discrimination and judgment on what others perceived as my ability to be a parent.



I want to say that my family is strong. I'm a single parent, a young mom of two beautiful children who are successful in the traditional ways of doing well in school, involved in sports, have lots of friends. But they're also beautiful children in that they know how

important it is to support each other, they know what it's like to grow up on a budget, they know the meaning of a dollar and that they need to take care of each other and take care of their mom. And they know that our health is important.

Having Medicaid for my children has made the difference in our lives. My son had asthma when he was small. My daughter had eye surgery when she was six. And having access to that medical care has really been important for my family.

I also know that as a single parent, how important it is that I am saving now and that I have access to ways in which I can save and try and secure my economic safety for myself and for my children.

But I also feel like my family, as strong as it is, we do need access to education, access to opportunities for my children to be able to study in whatever field that their brilliant minds may want them to. We are a strong family because we take care of each other.

Kodey Park Bambino*

Hi, my name is Kodey Park Bambino and I have a wonderful family. Some people in my family include my mom and my dad and my sister, and also a lot of people that have become my chosen family. Oh, and also my grandma on my mom's side.

One of the ways that my family is strong and also unique is that I was adopted when I was six months old from Korea. So we had a multiracial family because my parents are Italian Catholic, white folks. I grew up in a small conservative town, so it was difficult both having a multiracial family, and also later, when I came out as queer and transgender. Having that identity in a Catholic family – that was hard!



I think one of the ways that would have really helped my family would have been a lot more education about what it means to be a multiracial family in schools. Also having education about what it means to have an LGBT child, or just having an LGBT identity. I think that also having wider representation of families in the media, too, would have been great.

By the time I went to college it was really difficult, too. My parents certainly were worried if they would be able to pay for college, so having more loans and subsidized higher education so everybody can be guaranteed the right to go to college. For me, that's when our family got that kind of education and became much more supportive and accepting. We had access to that for the first time: what it means to be a multiracial family, what it means to be a LGBT family, and how to balance that with all being Catholic.

That's my strong family and I'm glad I got to share that.

* Please note that Kodey uses ze/hir as pronouns, i.e. “Ze (referring to Kodey) is eating lunch” or “Kodey and hir dog”.

Mai D.

Hi, my name is Mai D. and I live in Oakland but I'm originally from Simi Valley, California.

Interviewer: So the parental notification initiative: How do you feel about that? How do you feel like it will impact young people?

I think bottom line it's not okay to restrict access to reproductive health services or health services in general, especially for minors. So I feel adamantly against having a parental notification initiative. I think it will prevent a lot of young people from accessing services that they need. I know for me, as a young person, I accessed reproductive health services without parental notification. That was a really big thing that I needed to do because, at that time in my life, my family wasn't in a place where I could get parental notification. Sex and sexuality weren't things that my family talked about. Both my parents are immigrants and I never got a sex talk, and I was not adequately informed about sex even though public education. I think it was difficult enough to find out about things on my own. I think some might argue that requiring parental notification would make supportive networks for young people, but I don't think that's the solution. I don't think that's the way to go about creating supportive networks for young people.



Interviewer: How do you feel like we can build strong families for people around sex and around their bodies?

I think it's more than just addressing sex and sexuality with young people. I think its about educating families and parents. It's not just about framing it around sex and sexuality but, especially for immigrant families, talking about cultural differences. In reality I think it's also about making sure that families have their basic needs met and access to health care because I think a lot of the things that prevent us from talking about sexual and sexuality are our family struggles in a lot of ways.

Theological Reflection: Session 3

Inherent Worth and Dignity

Themes: Identity, Privilege/Oppression, Multiculturalism

In the midst of blatant injustices inflicted upon the Negro, I have watched white churchmen stand on the sideline and mouth pious irrelevancies and sanctimonious trivialities. In the midst of a mighty struggle to rid our nation of racial and economic injustice, I have heard many ministers say: "Those are social issues, with which the gospel has no real concern." And I have watched many churches commit themselves to a completely otherworldly religion, which makes a strange, un-Biblical distinction between body and soul, between the sacred and the secular...

But the judgment of God is upon the church as never before. If today's church does not recapture the sacrificial spirit of the early church, it will lose its authenticity, forfeit the loyalty of millions, and be dismissed as an irrelevant social club with no meaning for the twentieth century.

-Rev. Dr. Martin Luther King, Jr., "Letter from a Birmingham Jail"

- What is a Unitarian Universalist "gospel" or "sacrificial spirit"?
- How would we know if our words were "pious irrelevancies and sanctimonious trivialities"?
- What is sacred about the work of understanding identity, oppression, and multiculturalism? Why do we affirm the inherent worth and dignity of every person?

Margaret Sanger, Birth Control, and the Eugenics Movement

Margaret Sanger, born Margaret Louise Higgins, was born in September 1879 in central New York to a working-class Irish Catholic family. She was the sixth of eleven children, though her mother died at a young age from tuberculosis. Margaret was able to attend college and nursing school with the help of her older siblings, but blamed her mother's frequent pregnancies for her untimely death. In 1902, she married William Sanger, an architect with similar radical political inclinations as herself and, by 1910, had settled with him and their three children in New York City.

Though her anarchist/socialist political activities and strikes kept her busy, Margaret Sanger worked as a nurse focusing on sexual and women's health issues. Working primarily in the Lower East Side with women suffering from frequent childbirth, abortion, and miscarriage, and influenced by her friend Emma Goldman, Sanger came to see family planning and sex education as methods by which working-class women could address the economic hardships caused by unwanted pregnancies.

Passed in 1873, the Comstock laws and similar legislation in twenty four states prohibited the transport of "obscene, lewd, and/or lascivious" material by the U.S. Postal Service, which included contraceptives and information about abortion. Sanger was indicted in violation of these laws in August 1914 for publishing a feminist monthly newsletter, *The Woman Rebel*, which advocated the use of contraception for 'family limitation.' She paid her bail but instead of appearing in criminal court for breaking federal law, sailed to England using the name "Bertha Watson." She left behind, however, 100,000 copies of a detailed pamphlet on the use of several contraceptive methods which she ordered her friends to distribute.

She returned just over a year later to face her charges and raise support for her issues but when her only daughter, Peggy, died suddenly at five years old, charges against Sanger were dropped due to public pressure on government officials. Perhaps frustrated by the opportunity lost to bring media and public attention to her trial, she launched a public speaking tour and was arrested in several cities. She toured and traveled for two more years.

As she traveled, she discovered that the most effective method of contraception was a diaphragm, which unfortunately needed to be fitted by medical professionals. In response she returned to New York City in 1916 and opened the first birth control clinic in Brooklyn. It was raided and closed only nine days later, and Sanger and her staff were arrested, convicted, and jailed. Publicity from the proceedings attracted significant public attention, and supporters with money and legal expertise paved the way for Sanger to eventually open a legal women's health clinic, employing female doctors and social workers, in 1923.

This clinic paved the way for increased medical attention to be paid to the issues of birth control and education, so Sanger founded the American Birth Control League to drum up mainstream public support for the cause.

Even before she decided to court the mainstream, she began calling for the use of birth control to reduce disease and physical defects, and (less often) the sterilization of the mentally-ill. As she campaigned for increasingly widespread support, the liberals wing of the American eugenics movement was a clear target because of members' interest in population control and family planning for the "less fit" populations, which were identified based on class or race. Some discrepancy still exists as to whether she endorsed the more conservative ideas of eugenicists – "breeding" by "more fit" stocks of people or the euthanization of "defectives" – though she did not believe that poverty or violent tendencies were the results of genetic predisposition. Sanger did participate in eugenics clubs and activities from her earliest days in New York and many fellow eugenicists played supporting roles throughout her career. Other eugenicists disapproved of contraceptives, fearing that the "less fit" members of society would use the methods improperly and that middle- and upper-class white people would selfishly limit their reproduction such to cause a "racial suicide."

The eugenics movement was initially catalyzed in the late 1870s by the idea that crime, poverty, and disease were genetically inherited and therefore that a rapidly reproducing "underclass" was responsible for modern public difficulties. Five years after Margaret Sanger opened her first legal birth control clinic, the eugenics movement in the United States reached its peak of power in the Supreme Court case *Buck v. Bell* (1927), when it was decided that 21-year-old Carrie Buck would be sterilized, having been raised in foster care, raped and impregnated, and considered part of a "shiftless, ignorant and worthless class." The words of the majority opinion were written by Justice Oliver Wendell Holmes Jr, who, along with fellow majority voter Chief Justice William Howard Taft, was among the leadership of the National Unitarian Conference at that time.

Throughout their history, Unitarians and Universalists have sought to incorporate scientific thinking into their religious understandings of the world and their call to improve it:

These actions of state-enforce sterilizations violated basic human rights and specifically targeted the poor and disabled. While we acknowledge the misguided use of science then, we must also remember that it was an attempt to solve society's problems of crime, poverty, and disease with the hope of creating a better world. Even today we ponder how science might help or hinder our hopes of having healthy children as we confront issues of cloning and "designer babies."¹

Many Unitarians and Universalists participated in the eugenics movement of the early 1900s, including Rev. Jenkin Lloyd Jones, Clarence Russell Skinner, and David Starr Jordan. Universalists were one of the first religions to promote the use of birth control, though they did so in the interest of "the welfare of the race." The Rev. John Haynes Holmes, who worked with Margaret Sanger, encouraged only those marriages that would result in the birth of children who would genetically improve society. Sanger, though she kept company

¹ Harris, Mark. *Elite: Uncovering Classism in Unitarian Universalist History*. Boston: Skinner House Books, 2011. Page 87.

with many Unitarians and has been rumored herself to be among their numbers, never publically identified as such.

* * * * *

By the late 1920s and early 1930s, Sanger's movement had turned its attention to advocacy for federal exceptions to the Comstock Laws for physicians, and from the feminist, sex-positive attitudes of Sanger herself to more mainstream American values. She retired in 1942 to Tucson, Arizona as a mere honorific to her cause, though she reemerged briefly in 1952 to help organize the international branch of Planned Parenthood Federation, an organization created by the merger of other groups founded by Sanger decades earlier.

She continued to organize funding for the research and development of the birth control pill, which made its appearance in the American markets in 1960. Enormously popular almost instantly, the "pill" also revived suspicion and criticism from African American communities for Sanger's continued involvement in the eugenics movement.

The marketing of oral contraceptives faced its own legislative battle, which was addressed first by the landmark Supreme Court decision, *Griswold v. Connecticut*, (1965), which by allowing contraceptives for married straight couples, paved the way for contraceptive use by single people (*Eisenstadt v. Baird*, 1972) and a woman's right to privacy for an abortion (*Roe v. Wade*, 1973). Just a few months after the *Griswold* case was settled, in September 1966 at the age of 86, Margaret Sanger passed away in Tucson.

Consider:

- What theological principles or other motivations may have urged Sanger or Unitarians and Universalists to promote the eugenics movement?
- Francis Greenwood Peabody was a Unitarian minister who did not participate in the eugenics movement, believing that government and people had a duty to care for others and preferring "justice" to "charity." What theological principles or other motivation may have spurred his thinking?
- Are there modern forms of the eugenics or the population control movement? Is Unitarian Universalism involved?

Reproductive Technology and Ableism

Based on the belief that disability is a defect rather than a dimension of human diversity, **ableism** affects those with disabilities by inhibiting their access to and power within institutional structures that fulfill needs, like health care, employment, housing, government, education, religion, the media, and the legal system.
(definition from EquUal Access)

Equal Access is a group that promotes equality and access for Unitarian Universalists with disabilities. Find out more on their website (<http://www.equalaccess.org/>) or at the UUA's webpage on Disability and Accessibility (<http://www.uua.org/accessibility/>).

Read these two articles and consider your own opinions about the intersections of reproductive choice, reproductive technology, and ableism.

Disability, Prenatal Testing and the Case for a Moral, Compassionate Abortion (Excerpts)

By Sierra, RH Reality Check 8/16/2012

Her.meneutics, the “for women” arm of *Christianity Today*, recently ran an article by Sarah Eekhoff Zylstra on prenatal testing: “What You Need to Know About the Hidden Benefits (and Costs) of New Prenatal Tests” (<http://blog.christianitytoday.com/women/2012/07/what-you-need-to-know-about-new-prenatal-tests.html>).

Apparently, science can do something awesome: tell you the genome of your fetus within the second trimester:

Using a blood sample from the mother and saliva from the father, scientists at the University of Washington mapped out the entire genome of a child while he was in the womb. The discovery, which was published June 6 in *Science Translational Medicine*, makes it possible to spot disorders from sickle cell disease to cystic fibrosis to Down syndrome in the second trimester of pregnancy.

Best of all, at least for those of us who shiver at the thought of an amniocentesis, is that it's noninvasive.

About 10 percent of the free-floating in a mother's blood belongs to her baby, and by comparing her blood with her own and the father's DNA, scientists can pinpoint which DNA belongs to the baby. From there, they can sequence the child's entire DNA code. Or at least, they can get pretty close. Their accuracy rate was about 98 percent in the infant boy they tested.

Zylstra says that, “at first blush,” this information looks “incredible.” Yes, it does. Because *it is*. This kind of technology gives us more control over our own reproduction, which means that we're better able to make ethical decisions about our parenting. As Zylstra points out, parents who are expecting a special needs child can prepare in advance for what that means. But there's a catch:

You can be emotionally prepared for his birth. You could choose a C-section if that was warranted, or line up services for him, or join a support group. **Or abort him.** That's the rub, said Gene Rudd, president of the Christian Medical and Dental Associations.

It's hard to imagine this test wouldn't be the instigation of selective abortions, since many women with prenatal diagnoses of Down syndrome currently abort, he said. **Prenatal testing in a country with legal abortion lets parents decide if that child is "good enough" to live.**

Having an abortion to prevent a child from being born with Down syndrome or another disability can be a positive moral choice. The disability rights movement is hugely important and I support it. It's especially vital for individuals with mental illnesses, who are often judged as "not really disabled" because there's nothing visibly wrong with them. Disabled people have a long history of being medically abused, used as test subjects without consent, being abandoned or forced to live in squalor, and being generally reviled, disrespected and treated like freaks. We *need* a movement to rectify that and prevent it from ever happening again. I'm glad we have one. Now. Here's where I depart.

Respecting the rights of disabled people does *not* mean honoring or celebrating disability itself. Apart from the perspective and political activism that many disabled people have found via their experiences as a discriminated-against class, I'd wager most people who are disabled would rather not be. Just like poor people value their wisdom but would really rather not be poor. I've been a poor kid. I'm still pretty poor. I've learned a hell of a lot about empathy from being poor. But would I *choose* to be poor? No. Would I want others to be poor kids? No. Would I jump at the chance to end poverty once and for all? Yes! I want people to listen to what I've learned, but I don't want them all to have to learn it the hard way, like I did. I would wager that at least some disabled people feel the same. When you argue that children with Down syndrome are "special gifts" or that raising them is a "rewarding experience" for parents, you are **appropriating their difficulties and fetishizing their difference. That is the opposite of respecting a disabled person.**

Amy Julia Becker of "Thin Places" (<http://www.patheos.com/blogs/thinplaces/2011/06/90-of-babies-with-down-syndrome-aborted-really/>) writes:

I hate the thought that there will be fewer people with Down syndrome in the world as a result of advances in prenatal testing. As I've written before, it impoverishes us all when we selectively abort babies based upon particular characteristics (gender, for instance, in China and India... disabilities here in America).

I understand this argument. I do. I get how parents of Downs children learn from their experiences and love their children fiercely and imagine how empty and cold the world would be without children like theirs. But this line of reasoning makes me profoundly uncomfortable. By all means, love your child! By all means, share your hard-earned wisdom! But to wish for Down syndrome to *never go away?* to never be cured? *Why would you wish that?*

I can't help but think that it's not about the children's quality of life (wouldn't you choose a life for your child that *didn't* include Downs, if you could?) but about the parents' inability to distinguish between their love for their kids and the condition from which their kids suffer. By all means, celebrate your child and his or her wonderful uniqueness! (I say this without irony.) But don't

reduce your child to the mere fact of having Downs, as though having Downs makes them a kind of endangered species and that Down syndrome *must continue forever* because kids like yours would never exist again without it. Your child would be special, you would have that bond, with or without Downs.

Wanting to eradicate a condition that causes suffering or dependence in a population is *not the same as wanting that population to die.* Imagine for a moment that we're not talking about abortion. If it were possible to "cure" Down syndrome prenatally, preserving the same fetus, would you deny your child the treatment because you'd hate to see fewer Down syndrome children in the world?

Special needs children aren't high-maintenance pets that exist to teach you lessons about fortitude and compassion. *They are people.* And it's *because* a special needs fetus will become a person at birth that abortion should be on the table. Responsible, *moral* reproductive choices involve doing the hard math and yes, making decisions to either give your child the best possible long, independent life or to terminate the pregnancy early if you know you can't. Clinging to a sound byte belief system that makes your decisions for you ("Abortion is murder!") or abdicating responsibility ("God will provide as long as I don't get an abortion!") means shirking your fundamental duty as a parent: to make decisions with your child's best interests at heart until your child can do so herself. That responsibility may lead you to give birth to and raise a disabled child – and more power to you! – as long as you're doing it with your eyes open and taking every possible precaution to make sure you can deliver on the promise of care you are making your newborn child. But it may also mean having an abortion.

Focusing on the "rewards" to parents of raising a special needs child means privileging parents' personal growth over the best interests of their potential child. If parents choose to bring into this world a child that cannot be reasonably expected to care for himself as an adult, they are gambling with their child's future. Who will care for him or her when the parents are gone? Do they have the resources to provide for their child's medical needs? Do they have other children who would be neglected because of their parents' intense focus on caring for the special needs child?

Now, I understand that many, many Downs people are able to function in the world without immediate care, but others can't. I think it's awfully brazen and selfish not to consider one's potential child's quality of life *for the entire duration* of that child's life before deciding what to do. I think it's necessary to ask tough questions of yourself, to honestly answer the question of whether or not you can provide that child with everything he or she will need *for life*.

Not every family can afford the medical care of a special needs child. Not every family can afford the *time* spent caring for a special needs child, especially if they already have multiple children. To demand that families that *know* they lack these resources nonetheless give up everything to bring a child into a world where it will be neglected, inadequately treated by doctors, and in all likelihood end up in foster care or, as an adult, homeless, is cruelly insane. To focus on mere "life" to the exclusion of the quality thereof is not just stupid, it's evil. It is deliberately inflicting suffering on others to soothe your own conscience.

And: parents and caregivers are people, too. They do not forfeit their own needs when they have children; indeed, doing so is actually *harmful* to children. Recall the many times I've said that having a stay-at-home mother made me feel hopeless and guilty about becoming a woman. I was put in the impossible position of either following in her footsteps, thereby ensuring that every female in our line would do nothing but sacrifice for her children and never get to have her own dreams, or *not* following in her footsteps and feeling guilty that I was (a) rejecting her by rejecting her lifestyle and (b) doing my own potential children some kind of injustice, even though I didn't want my children facing the quandary I was! I wished my mother had more of a life outside of raising me, because then I would be freer to have a life, too.

If parents choose to welcome a special needs child into their family, they *must* consider how it will affect not only that child, but also themselves and their other children. They must make room for breaks and self-care to preserve their own health, mental and physical. In my own church, there was a woman with two children who got pregnant and found out her child had a fatal defect. She decided against having an abortion, believing that God would honor her and heal her child (or at least provide for it). The child lived 13 years in unspeakable pain, without cognition, undergoing surgery after surgery until she died – and by this time the family had exhausted its resources, the other two children had been practically abandoned. The mother had worked herself to the bone, endured a failed promise from God, and had to mourn the child all over again at the end of it all. That child was not a “blessing.” It was not a “rewarding” experience – though the mother might tell you so out of sheer love and the need to justify her situation. The child's birth *destroyed her family*, and she was never even aware enough of her own existence to realize she was loved.

It is possible to choose abortion based on a positive screening for genetic disorders *because you are morally opposed to inflicting suffering on others.* It is possible that women who abort fetuses with Down syndrome or more serious disorders do it *not* because they hate Downs people or like genocide or are selfish, but because they honestly believe it's what's best for their families.

Disability, Abortion, and Ethics: A Response to Sierra (Excerpts)

By S. E. Smith, RH Reality Check 8/30/2012

I'm still seething over [her] post at RH Reality Check, in which I am essentially informed that my life has so little value, is so not worth living, that I was such a burden on my father to raise, that I should have been aborted. Things like this are why I have problems interacting with the mainstream reproductive rights movement (<http://tigerbeatdown.com/2011/05/10/getting-some-nuance-up-in-your-reproductive-rights/>), which seems bent on using us as a tool just as much as the right is. In this piece, in which not a single actual living disabled person appears, the author proceeds to lay out an argument for abortion for disability that has, rightly, gotten the disability community up in arms.

It starts with a very dismissive, snide, flip introduction in which the author effectively says 'read this or not, I don't really care, but don't hate me!' The key sentence of the introduction tells you a lot about what is to follow: 'I believe that abortion of a disabled fetus can be a compassionate choice made for morally sound reasons, and does not at all conflict with the respect due to disabled people.'

I...disagree.

But let's take Sierra's points one by one, because it seems that whenever disabled people react with anger to rhetoric like this, we're penalized for it. So, Sierra, here we go. Prepare for logic.

Sierra points to an article about prenatal testing (<http://blog.christianitytoday.com/women/2012/07/what-you-need-to-know-about-new-prenatal-tests.html>), which I happen to agree is great science. We can find out more about a fetus than ever before with the benefit of tests which allow us to make informed choices about the pregnancy. Those choices can include abortion, preparing for birth, taking special precautions, and other measures that are private medical decisions. Inevitably, the fact that it's possible to test for many common disabilities means that abortion for disability is going to come up as a topic.

This is a fraught ethical subject, and it's fraught in no small part because of the social devaluation of disability. On the right, people with disabilities are fetishised as tools and instruments to a larger end; conservatives make sweeping statements about 'respecting life' when it comes to fetuses who might be born with disabilities, though of course they do nothing to support those fetuses once they're born. This rhetoric does not allow room for the fundamental humanity of people with disabilities. Meanwhile, the left treats us like we don't exist and aren't a part of society, and don't *belong* in society, frequently advancing arguments like Sierra's: that abortion for disability is, quote, '**a positive moral choice.**'

She says the article fetishises disability. Again, I agree on this point. Like a lot of media, it talks about disability as a 'gift' and the author, like Sierra, apparently didn't feel the need to include the

voices of *factual disabled people* in her piece. Sierra proceeds to give lip service to the disability rights movement, but here's the moment where she goes off the rails:

'Respecting the rights of disabled people does *not* mean honoring or celebrating disability itself.'

An actual recordskip occurred in my house at this moment. Excuse me, but some aspects of the disability rights movement absolutely *are* about honouring and celebrating disability itself. I'm disabled and *proud*. I *love* who I am and I'm not settling for this body and mind, dealing with it because it's there, overcoming anything, or making the best of a bad deal. I am who I am because of my disabilities, I love who I am, I love my disabilities as part of myself. You're better damn well bet I'm going to honour and celebrate that, and raise my fists in solidarity with disabled people all over the world who feel the same way.

At the same time, that doesn't mean all disabled people share that sentiment and experience. And that's okay, because there's room in disability rights for everyone. What I am pushing for is disability as a value-neutral status that *individual disabled people, not the people around them*, get to make of what they will. Maybe that means celebrating your amazing body. Maybe that means corrective surgery. Maybe that means something else entirely.

'I'd wager most people who are disabled would rather not be.'

Wrong. Maybe instead of speculating about the experience of disability, you should have consulted actual people with disabilities, explored the vibrant and lively disability rights movement, and interacted with the people you're writing about. I'm assuming you didn't think to do that because you apparently believe we live lives of unrelenting suffering, and/or we can't communicate with nondisabled people; or was every potential interview subject too busy to fit you into their schedules between morning misery and afternoon moping?

Sierra says:

I get that who we are is shaped by experience and that many disabled people consider disability to be integral to their personalities – just as I see poverty as a formative experience for me – but I doubt they would have chosen to be disabled in the first place. Would they have voluntarily given up able bodies for the wisdom earned from being disabled? Would they refuse treatment, if it were available? Would they choose to suffer disabilities just so that their parents could have the “reward” and “special gift” of raising them?

Let's deconstruct this a bit. Again, Sierra is speculating on an experience that is not hers, and she's making assumptions based on her own view of the world. She 'doubts' that we would choose to be disabled. She doesn't know that. As she herself acknowledges in her own snikey introduction, fetuses aren't capable of making choices (we're focusing, for the purpose of this piece, on congenital

and genetic disability rather than acquired disability). I can say, *from my own experience*, that I wouldn't choose to be any different even if, yes, sometimes my disabilities are frustrating and pose obstacles for me. I can also say, *from my own experience*, that I have refused some treatments for my disabilities, and so do some other people with disabilities.

In fact, some people forcibly labeled as disabled, like some autistic people and some Deaf/hard of hearing folks, *don't identify as disabled*. And they refuse treatment for what they (rightly) see as a natural human variation.

Speaking of fetishising disability, Sierra, I'm not 'wise' because I'm disabled. I'm a human being. Disability hasn't conferred any more or less wisdom. Disability is not 'suffering,' and the fact that you use this word clues me in to the fact that you have a very ableist view on the world, for all that you attempt to use language from the disability rights movement to convey your understanding of what it's like to live with disability. And you're centring parents here in a rather striking way.

'Wanting to eradicate a condition that causes suffering or dependence in a population is *not the same as wanting that population to die.*'

Statements like 'I want a cure for autism' or 'I want a cure for Down Syndrome' are eliminationist in nature. These statements indicate that you want an entire population to disappear. And, newsflash, attitudes like these are why parents who torture, abuse, and kill their disabled children are often not held accountable. Because raising a disabled child is *such hard work* and the *extenuating circumstances* should surely be considered when evaluating the case.

Sierra and I actually agree on point two; acting like disabled children are some kind of special lesson and growth object is indeed dehumanising and gross. That said, *disability doesn't create inherent suffering*. It's notable that she focuses on only two disabilities, Down syndrome and cystic fibrosis, in this piece. I'd be curious to know which other disabilities she believes fall under the rubric of 'suffering.' Individual parents need to make individual choices based on available information about the pregnancy and their lives, something I think Sierra and I can also agree upon, but she's pushing very hard on the argument that abortion for disability is almost *necessary* if you want to make the correct ethical choice for a pregnancy.

Simply put, it's not. It's not like the idea of aborting for disability is anything new, or that parents don't get a *lot* of pressure to jump to abortion rather than more information as soon as a prenatal diagnosis is delivered. Choosing abortion because you don't have the capacity to care for a child is a reasonable ethical choice, and it's not the only option, though I'd note that people are not exactly lining up to adopt disabled children, nor are social services rushing to provide support to disabled children and their families. Choosing abortion because you feel *no one* could offer the child a good quality of life is a value judgment on someone else's life, but it's also a personal choice because you're the one carrying that fetus, which makes it yours to make and no one else's. Ultimately, the option people feel most comfortable with is a personal decision, and that decision is the most ethical one for a given pregnancy.

Next, she brings up the issue of class, a key component in this discussion, as I've actually talked about here in the past (<http://tigerbeatdown.com/2011/05/12/wrongful-birth-not-just-the-stuff-of-jody-picoult-novels/>). However, Sierra's approach to it is utterly backward. Rather than saying we need to talk about the lack of social support for people with disabilities, including both the lack of financial resources and the ableism rife in this society, she apparently thinks the solution is to abort disabled children. Because their lives aren't worth living (see 'suffering' above) and their parents can't afford to give them the quality of life they deserve, the natural solution is not agitation on a larger scale for social change to tear apart the system that forces people to make the decision to abort for economic reasons, but to simply promote abortion as the right moral choice. No one should have to abort a children for economic reasons or for lack of social and community resources, and *that* is what we should be working towards.

Her next point rehashes some very old, tired, and boring arguments about how caregiving is so *hard* and won't someone think of the family. Here's the thing: Providing care for *any* child is difficult, and disabled children do present some extra challenges. The problem here, though, is not that children with disabilities are inherently difficult to care for, but that caregivers enjoy absolutely no social support.

Accessing respite care, funding for aides, daycare, and other forms of assistance is virtually impossible, unless you are, yes, very wealthy. We need to be talking about this. We need to be asking why discussions about abortion for disability focus on how awful disability is and how painful it is to have a disabled child, instead of how terrible it is that society can't be bothered to promote the welfare of disabled people. We need to be asking why arguments like Sierra's are advanced over and over again, and why people like Sierra don't examine the deeper social issues going on here.

I've often said that choosing abortion for disability doesn't mean that you hate disabled people. But when ableist society is contributing to the pressures on you to abort, you need to acknowledge that. I want all children to be born into homes where they are eagerly anticipated and will receive love and support throughout their lives, no matter what their disability status might be. And I want all parents to have all the information they need about their pregnancies to make the best choices for them, and for their children. And I want all parents to have social support so they aren't forced to make choices on the basis of external pressures like lack of money, lack of access to care, and other issues that can come up when making decisions about a pregnancy.

But I'm not going to sit still for someone telling me that my life is suffering, that my life is not worth living, and that ergo I should have been aborted and people like me should be aborted. I'm on the autism spectrum. There are a lot of people in the world who want to eliminate people like me. I'm not interested in playing the gross anti-choice game of 'just think who might have been aborted!' but I would like to point out that because there's a widespread belief that autism is bad and should be eliminated, *living autistic people*, as in *actual human beings who are around right now*, face increased prejudice. That includes hate crimes committed against us, it includes discrimination, it includes abuse by parents and 'caregivers.'

And that is a problem that articles like this contribute to. I don't want to be used as a pawn by the right *or* the left to advance its own agendas about reproductive rights and parenting. Ultimately, parents need to decide what they are equipped for, and I want to provide a world where their choices are supported.

In a world where people, yes, celebrate and honour disability, our lives would be valuable and we would be considered on equal footing as nondisabled people. And in that world, people wouldn't talk about disability in terms like 'suffering' and say that parents have a moral obligation to abort to 'avoid inflicting suffering.' They'd say that *all parents* have the right to make decisions about what happens inside their own bodies, on the basis of as much information as possible, and those decisions are *private* and not subject to public discussion and judgment.

Religious Perspectives on Life

No consensus exists on the exact point at which a person becomes a person or the value of a fetus. Included below are various religious texts on "personhood." The last section contains various biological ideas about personhood, with no consensus in that field either.

Reform Judaism

The Babylonian Talmud Yevamot 69b states that: "the embryo is considered to be mere water until the fortieth day." Afterwards, it is considered subhuman until it is born.

"Rashi, the great 12th century commentator on the Bible and Talmud, states clearly of the fetus 'lav nefesh hu--it is not a person.' The Talmud contains the expression 'ubar yerech imo--the fetus is as the thigh of its mother,' i.e., the fetus is deemed to be part and parcel of the pregnant woman's body." This is grounded in Exodus 21:22. That biblical passage outlines the Mosaic law in a case where a man is responsible for causing a woman's miscarriage, which kills the fetus. If the woman survives, then the perpetrator has to pay a fine to the woman's husband. If the woman dies, then the perpetrator is also killed. This indicates that the fetus has value, but does not have the status of a person.

There are two additional passages in the Talmud which shed some light on the Jewish belief about abortion. They imply that the fetus is considered part of the mother, and not a separate entity:

- One section states that if a man purchases a cow that is found to be pregnant, then he is the owner both of the cow and the fetus.
- Another section states that if a pregnant woman converts to Judaism, that her conversion applies also to her fetus.

From ReligiousTolerance.org (http://www.religioustolerance.org/jud_abor.htm)

Catholicism

Human life must be respected and protected absolutely from the moment of conception.

– Catholic Catechism paragraph 2270

Before I formed you in the womb I knew you, and before you were born I consecrated you.

– Jeremiah 1:5

Your hands shaped me and made me. Will you now turn and destroy me? Remember that you molded me like clay. Will you now turn me to dust again? Did you not pour me out like milk and curdle me like cheese, clothe me with skin and flesh and knit me together with bones and sinews? You gave me life and showed me kindness, and in your providence watched over my spirit.

– Job 10:8-12

On you was I cast from my birth, and from my mother's womb you have been my God.

– Psalm 22:10

Presbyterianism

Because of the great diversity in the scientific and theological disciplines as to when life begins, no single religious position should claim universal opinion and become law.... If religious freedom of choice is to be maintained, then all acceptable alternatives must be available for competent, moral, and loving choices to be made.

– 1978 Statement on Abortion

Strongly affirms its belief in the sanctity of life.

– 1980 Statement on Abortion

The Presbyterian Church exists within a very pluralistic environment. Its own members hold a variety of views.

– 1983 Statement on Abortion

We affirm that the lives of viable unborn babies—those well-developed enough to survive outside the womb if delivered — ought to be preserved and cared for.

– 2006 Statement on Abortion

Assemblies of God (Pentecostalism)

The Scriptures regularly treat the unborn child as a person under the care of God. “For you created my inmost being; you knit me together in my mother’s womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. My frame was not hidden from you when I was made in the secret place. When I was woven together in the depths of the earth, your eyes saw my unformed body. All the days ordained for me were written in your book before one of them came to be” (Psalm 139:13-16).

God inspired Moses to include in the Scriptures a law that brings the sanctity of the lives of unborn children into focus. “If men who are fighting hit a pregnant woman and she gives birth prematurely but there is no serious injury, the offender must be fined whatever the woman’s husband demands and the court allows. But if there is serious injury, you are to take life for life, eye for eye, tooth for tooth, hand for hand, foot for foot” (Exodus 21:22-24). It should be noted that the value of the life of both the mother and the child is such that even if there is no critical and lasting harm to either, the responsible party must be fined. However, if either the mother or the premature child is seriously injured or dies, then the severe penalties of the law are to be applied, possibly in this case those having to do with manslaughter (Exodus 21:13; Numbers 35:22-25). It is clear that the life of the unborn child is precious, and even a non-premeditated injury inflicted on the unborn is a serious crime.

– “Sanctity and Human Life” (2002)

United Methodist Church

The beginning of life and the ending of life are the God-given boundaries of a person’s existence on earth. While individuals have always had some degree of control over when they would die, they now have the awesome power to determine when and even whether

new individuals will be born. Our belief in the sanctity of unborn human life makes us reluctant to approve abortion.

– The Social Principles statement on Abortion (2004) from The Book Of Discipline

The Social Principles, while not to be considered church law, are a prayerful and thoughtful effort on the part of the General Conference to speak to the human issues in the contemporary world from a sound biblical and theological foundation as historically demonstrated in United Methodist traditions. They are a call to faithfulness and are intended to be instructive and persuasive in the best of the prophetic spirit. The Social Principles are a call to all members of The United Methodist Church to a prayerful, studied dialogue of faith and practice.

– The Social Principles background from The Book Of Discipline

Buddhism

The Maha Tanhasankhaya Sutta (Pali canon) states that conception is dependent on the coming together of three things: the mother and father come together; the mother is fertile; and the being to be reborn is ready. The term “coming together” means “same place, same time.” Thus this passage implies that consciousness appears at the time of conception. The Maha Nidana Sutta is even clearer. It states that if consciousness does not enter the mother’s womb, mentality and physical form cannot ‘coagulate’ inside the womb. In yet another passage, conception is said to depend on the “six elements”, including consciousness. All of these statements occur in discussions of the key doctrine of dependent origination and thus carry great authority. In the monastic Vinaya, too, the appearance of the embryo is equated with the arising of the “first mind, the first consciousness” in the mother’s womb. Thus all of these contexts treat conception as involving a combination of mental and physical factors, with the mental factors primary. This of course reflects the basic philosophy of Buddhism that mind is the forerunner of all things.

So the texts state that consciousness is present from the inception of life. A being who is conscious can feel pain, and therefore deserves moral consideration. It goes without saying, however, that the ability of a newly conceived embryo to feel pain is very rudimentary, perhaps comparable to someone in a deep coma or under a deep anaesthetic. According to Buddhism these are states of consciousness, but too dim to be noticed when compared with the glare of waking consciousness. The texts frequently speak of the “growth, increase, and maturing” of the newly reborn consciousness. In accordance with the findings of science, the texts speak of the gradual development of the embryo’s sense faculties. But unlike the scientists, they do not assume that consciousness does not appear until the senses develop. So while the embryo certainly deserves moral consideration, its limited capacity to feel pain means that killing an embryo falls short of “murder.”

From Buddhnet.net: “When Life Begins” by Bhikky Sujato
(<http://www.buddhanet.net/budsas/ebud/ebdha328.htm>)

Islam

In the hadith [saying or act ascribed to the Prophet Mohammed] of the 40s, it is mentioned that at 40 days a Nutufa is formed which is a blood clot and at the next 40 days another stage is reached which is called Alaqa and in the next 40 days a 3rd stage of development of the fetus which is called Mudagha. Then, the angel is ordered to write the sustenance life span, deed and whether the child's life is happiness or misery and then he blows the spirit into him. In another version, he asks "My Lord! Is this a male or female?" which means that the gender is decided at that time. There seems to be some controversy about this hadith as some believe it is a weak narration and others believe that life begins at 120 days when the ruh or spirit is blown.

– from “Ethical Controversies in Abortion - an Islamic Perspective” By Shahid Athar (www.teachislam.com/dmdocuments/33/ARTICLES/1/Ethical%20Controversies%20In%20Abortion.pdf)

We created you from dust, then from a sperm-drop, then from a clinging clot, and then from a lump of flesh, formed and unformed - that We may show you. And We settle in the wombs whom We will for a specified term, then We bring you out as a child, and then [We develop you] that you may reach your [time of] maturity. And among you is he who is taken in [early] death, and among you is he who is returned to the most decrepit [old] age so that he knows, after [once having] knowledge, nothing. And you see the earth barren, but when We send down upon it rain, it quivers and swells and grows [something] of every beautiful kind.

– Qur'an 22:5 (translation by Qur'an.com)

Biology

Biology offers a number of stages in the life cycle that have been seen as candidates for personhood.

- Fertilization/Conception: when a unique genome is made
- Gastrulation/Segmentation: when only one unique individual can be formed
- When the heart begins to beat
- When fetus acquires human-specific brain pattern/activity
 - o Brain waves in lower brain (brain stem) - 6-8 weeks of gestation
 - o Brain waves in higher brain (cerebral cortex) - 22-24 weeks of gestation
- Fetal movement, or "quickening"
- When fetus is capable of feeling pain (No scientific consensus on gestational date)
- When fetus is capable of cognition (No scientific consensus on gestational date)
- Fetal Viability: when fetus is capable of living independently from the woman
- Birth

Theological Reflection: Session 4

Reverence for Life

Themes: Personhood, Transcendent Mystery

"The Summer Day"

*Who made the world?
Who made the swan, and the black bear?
Who made the grasshopper?
This grasshopper, I mean-
the one who has flung herself out of the grass,
the one who is eating sugar out of my hand,
who is moving her jaws back and forth instead of up and down-
who is gazing around with her enormous and complicated eyes.
Now she lifts her pale forearms and thoroughly washes her face.
Now she snaps her wings open, and floats away.
I don't know exactly what a prayer is.
I do know how to pay attention, how to fall down
into the grass, how to kneel down in the grass,
how to be idle and blessed, how to stroll through the fields,
which is what I have been doing all day.
Tell me, what else should I have done?
Doesn't everything die at last, and too soon?
Tell me, what is it you plan to do
with your one wild and precious life?
- Mary Oliver*

- If "paying attention" or "falling down into the grass" is a form of prayer, what is prayer? Do you pray? Why?
- Who did, in fact, make the swan and the black bear and the grasshopper?
- When does a black bear become a black bear? When does personhood begin?

Instructions for Power Shuffle

The Power Shuffle can elicit strong feelings or reactions. If possible, ask a minister or lay chaplain to sit in on this session and be available to someone if they leave the activity in distress. Notify participants if a chaplain is available.

Tape the “Agree” and “Disagree” signs on opposite ends of the room and stretch a line of masking tape across the floor between the signs, with a hash mark in the middle of the room. If necessary, move some of the furniture away from the masking tape line.

Read the series of statements below. In reaction to each question, give participants time to place themselves along the masking tape line depending on how they react to the statement. People can choose an “I don’t know” or “Ambivalent” response by standing in the center of the room, but they are encouraged to take a position other than the exact center and/or to change to a different location as they are moved. You can invite participants to share their thinking after each statement is read, or postpone the conversations until after the group resumes their seats at the end of the exercise.

Statements:

- Unitarian Universalists believe that life is valuable.
- It is possible to be a eugenicist and truly believe that life is valuable.
- If a fetus is diagnosed with Downs syndrome and the family may not have adequate resources to provide for it, deciding to end the pregnancy would be ablelist.
- If a fetus is diagnosed with a rapidly degenerative disease and the child would live no more than three years, deciding to end the pregnancy would be a moral decision.
- Some lives are more valuable than others.
- Using reproductive technology to determine the health of a fetus is a good idea.
- Given enough time and resources, members of this congregation could agree on one idea of personhood.
- I believe that personhood starts at conception.
- I believe that personhood starts at fetal viability.
- I believe that personhood starts at birth.
- Coming to consensus about personhood doesn’t matter.

If participants would prefer to stay seated or stationary during the exercise, provide them with a set of papers with large numerals (1-7) written on each paper. The “1” represents strongly agree, the “7” represents strongly disagree, and the “4” represents “I don’t know” or “Ambivalent.” Or, if they would prefer, they can sit somewhere near the middle of the room and point to where they would place themselves on the spectrum.

After all the statements are read, invite the group to resume their seats. Take down the “Agree/Disagree” signs and open the floor for reflection and discussion. If some participants are introverts or non-verbal processors, offer a separate quiet space for them to use while the rest converse.

Increasing Threats on Choice

This material and more is available from NARAL Pro-Choice America.

(<http://www.prochoiceamerica.org/government-and-you/who-decides/>) Used with permission.

Type	Description	Number of states with this type of law	Number of new states (2011)
Abortion Bans After 12 or 20 Weeks	Completely outlaws all abortions, with no exception to protect the health of the patient. Some claim “fetal pain.” (Example: Federal “Partial-Birth” Abortion Ban – declared constitutional by Supreme Court in 2007)	20	5
Mandatory Delay Laws	Delays abortion until after a patient receives/undergoes required materials/procedures and then often a waiting period (typically at least 24 hours). Especially dangerous to single parents or those who live far from a clinic. (Examples: mandatory sonogram or ultrasound laws)	32	6
Counseling Bans and Gag Rules	Prohibit federally- or state-funding organizations from referring patients to abortion service providers or counseling them on their full range of options.	21	5 measures in 3 states
Insurance Prohibition	Require abortion patients to purchase a separate policy and pay additional premium to receive abortion coverage. Some laws apply only to public employees, but others do not.	24	12 measures in 9 states
Conscience Clauses	Also known as “right of refusals” – allow people and institutions to refuse to provide, pay for, counsel, or refer patients for treatments to which they have a moral objection.	47	0
Public Funding for Abortion	Make abortions unavailable to public employees, recipients of Medicare, military employees, and others. (Example: Hyde Amendment prohibits any federal funds to be used for abortion)	33	4 measures in 3 states
Parental Notification Laws	Force a young woman to tell a parent about an abortion. Especially dangerous to victims of abuse, rape, or incest.	44	1
Targeted Regulations of Abortion Providers	(TRAP) Impose unnecessary and costly regulations on abortion providers and not other medical professionals in obvious attempt to drive doctors out of practice or make abortions more expensive/difficult to obtain	45	9 measures in 8 states

Theological Reflection: Session 5

Right of Conscience

Themes: Discernment, Free Will, Pursuit of Truth

We [Unitarian Universalists] cannot hide behind someone else's authority or choice. Whenever we delegate a decision to someone else, or to the Bible or a church we have made a decision.

We have no choice but to be free in the choice of our faith.

An unexamined faith is not worth having, for it can be true only by accident. A faith worth having is faith worth discussion and testing.

-Rev. James Luther Adams, "A Faith for the Free"

- What are the connections between theological "choice" and the politics of "choice"? What are the differences?
- Where does your sense of right and wrong come from?

Abortion Messaging Toolkit

Honest and non-judgmental conversations (per the guidelines below) can help identify common ground in conversations about abortion, and can even spread support for safe and legal abortion among most people. Even better, these tips also help us as we work to advocate for reproductive *justice* (as distinct from reproductive rights).

Avoid labels.

Labels (choice/life) are limiting and alienate many people. Increasing numbers of people identify as neither “pro-life” or “pro-choice,” or as both. A recent Gallup poll corroborates that the number of people who say that abortion should remain safe and legal is higher than the number of those who identify as pro-choice. Instead of using labels, leaving space for people to acknowledge the complexity of abortion allows for a different and more comprehensive conversation about real-life decision making.

- Focus the conversation on respecting other people’s decisions, and not enforcing any one person’s ideas onto others.

This is not the role of politicians.

Government should work to ensure that a safe and legal abortion is an option, but it should not be involved in individual decision-making and its influence should stop at the doctor’s door.

Downplaying the moral complexity of abortion is not helpful, but politicians do not need to be the experts in resolving questions of life and death.

- Keep it simple: avoid referring to abortions as either routine or rare; and once you’ve made your point, don’t keep talking.
- Also, talk about one individual “woman” as opposed to groups of “women,” which lead to unfair and unhelpful stereotypes, whereas referring to a person in the singular personalizes the issue.
- Keeping abortion “safe and legal” is one of the most agreed upon statements tested, even among audiences who are traditionally unfavorable to abortion.

Try these talking points, which tested positively in research done by Planned Parenthood:

- If asked to affiliate with a label: “These labels don’t reflect the complexity of how most people actually think and feel about abortion.” OR “Instead of putting people in one category or another, we should respect the real life decisions women and their families face every day.”
- “Women don’t turn to politicians for advice about mammograms, prenatal care, or cancer treatments. Politicians should not be involved in a woman’s personal medical decisions about her pregnancy.”

We're not in her shoes.

We're going for 'empathetic attunement', not judgment. Because we often cannot know the complexities of individual situations, **it is important to allow a person to make decisions that are right for them, particularly when they are (a) informed about all the options, and (b) in communication with their faith, family, and doctor.** A person's circumstances are often complex –we should not create fictional scenarios or begin to describe a particular person's situation.

- Using the word “pregnancy” is better than “fetus” or “baby”, but including the word “unintended” is unnecessary and provokes judgment.
- Using the word “decision” is better than “choice” because it connotes the thoughtfulness with which it is made.
- Calling out others as “trying to ban abortion” is not helpful. Focus instead on the result of the policies they endorse, which shame, coerce, and judge a woman.

- “I don't know a woman's specific situation – I am not in her shoes. Ultimately, decisions about whether to choose adoption, end a pregnancy, or raise a child must be left to a woman, her family, and her faith, with the counsel of her doctor or health care provider.”
- “Abortion is a deeply personal and often complex decision, and I don't believe you can make that decision for someone else.”
- “Information should support a woman and enable her to take care of her health and well being. It should not be provided with the intent of coercion, shame, or judgment.” (this is particularly helpful for the sonogram, etc. laws)

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What's Wrong With "I'm Pro-Choice, But I Could Never Have An Abortion"?

By Amanda Marcotte, RH Reality Check 8/21/2012

There are a number of phrases that smart progressives realize that you should always end with a period, and not with a comma followed by the word "but." Examples of phrases that are best excised from your vocabulary completely: "I'm not a racist, but..." And "I'm not a sexist, but...". Anything you say after the word "but" has been shown historically to swiftly disprove the first clause in your sentence. Now I think we should seriously consider adding "I'm pro-choice, but..." to the list. In theory, you can be pro-choice with a "but" added, but in practice, anything you tack on after that is unlikely to be helpful to the cause of keeping abortion safe and legal.

Take, for instance, the most common formation of "I'm pro-choice, but...", recently seen in this article at Salon (http://www.salon.com/2012/08/17/27_and_never_been_kissed/) from a woman confessing that her anti-sex upbringing has brought her to the place of being 27 years old without ever having kissed a man. In the piece, she says, "I had no intention of having sex before marriage and, while I am pro-choice, I personally would never abort." You hear variations on this phrase all the time: "I'm pro-choice, but I could never have an abortion!" and it drives me personally nuts. Not because I think everyone should have abortions, by any means. If you never have a need to have one, that's a welcome thing, and congrats to you for successfully avoiding unwanted pregnancies that you had to terminate.

No, the problem with "I'm pro-choice, but I would never have an abortion!" is that, whether the speaker intends this or not, the message is that you believe that abortion is for Other Women. Lesser women. Your clear message is that while you think it's better if abortion is legal, you still think the women who have it are sexually immoral, and you're insinuating you're too good or smart to be caught in a situation where you have a pregnancy that you simply can't go through with. In this particular article, that mentality comes through loud and clear. After all, the writer is still living with the belief that pre-marital sex is wrong, and that women who only have sex within marriage are somehow superior to others.

"I'm pro-choice, but I would never have an abortion" undermines the pro-choice movement you claim to support. It dehumanizes women who have abortions, and reinforces the stereotype that women who have abortions are irresponsible, immoral, or slutty. After all, what's the point of making it clear that you would never have an abortion? It's about distancing yourself from them, implying that you're not like them. That you're more sexually pure or more responsible. Which feeds into the anti-choice narrative about abortion: That it should be banned because the kind of people who need that service are bad people who need to be punished for their sexual choices.

It's also annoyingly short-sighted to make a bold claim about how you just can't see yourself having an abortion. We live in a culture where women who admit to using the birth control pill out loud in public usually try to qualify it by saying they take it "for cramps" or "for headaches," and while these are legitimate uses of the birth control pill, the fact of the matter is that most women use it for contraception. But admitting out loud that

we are sexual beings who have sex for pleasure instead of procreation is hard to do. Even to ourselves, women often try to find a way to separate ourselves from those Other Women, by focusing on how we imagine we're moral and responsible, while casting others as less so.

The fact of the matter is most women sitting in an abortion clinic didn't imagine that they'd find themselves there, after all. It's all good and well to tell yourself that you don't have the kind of sexual encounters that lead to abortion, can you honestly look into your heart and say for absolute certain that this is true? Can any of us really claim to be so perfect as to never make a mistake that could lead to a pregnancy we're not ready to bring to term? Most women who say this are trying to suggest they simply don't have sex with men without being 100 percent willing to make a lifetime commitment, but even if you're so avid about this belief that you find yourself, like the Salon writer, as a 27-year-old virgin, can you ever really be so sure? Every week there are women sitting in abortion clinics who thought the guy they were with was The One. Every year, there are even married women who find themselves in abortion clinics because the marriages they thought were so secure turned out not to be. Life simply doesn't come with those kinds of guarantees. We may think we know what we'd do under tough circumstance, but really, until you've actually been there, you don't know for sure what you'd really do.

But even if you are absolutely positive you'd never have an abortion, you have to ask yourself: If you're pro-choice, why do you need to exclaim about how you'd never do it? What purpose can it serve but to stigmatize abortion further? Instead of imagining abortion as a terrible thing that only Other Women do, why not try to learn a little bit more about women who have abortions? You might find that they're not the irresponsible slatterns they're painted to be, but ordinary women just like yourself who just haven't been as lucky as you've been. For women tempted to set themselves apart from women who have abortions by saying they'd never do such a thing, I recommend checking out the 1 in 3 Campaign (<http://www.1in3campaign.org/>). Learn a little more about the women you're trying so hard to make other people believe you're not. You might find that they really aren't the irresponsible or less moral people your comment makes them out to be.

Instructions for Fishbowl

The politicization of reproduction has been increasing in intensity over the past two years. Though problematic, many of its effects are often experienced differently by people of different gender identities. Witnessing to these diverse experiences is a vital aspect of education and activism on reproductive justice.

The creators of this curriculum acknowledge the vital experience of listening to women's voices as we explore the impacts of the "war on women." While doing so, it is essential to recognize the diversity of experience that exists among women, as well as among men. It's particularly important to be attendant to the experiences of transgender and gender non-conforming people—those who identify as women, as men, as both, or as neither (for definitions and more information, see the UUA's Transgender 101 <http://www.uua.org/lgbtq/identity/25348.shtml>).

For this exercise, participants divide into groups based on gender self-identification. If participants so choose, they can create additional groups based on how they identify. All participants must be given space to join or create the group that they feel most comfortable in, even if it makes other participants uncomfortable – the point is to witness to each other's experiences as a spiritual practice. It is possible and welcomed for "groups" to have only one person in them.

Arrange chairs so that there is space in the inside of the room for one group to sit in a circle, with the rest of the participants sitting in an outer circle surrounding them. Starting with the group with the most participants, each group takes turns sitting in the smaller circle, answering the following questions. The people in the outside circle listen, refraining from verbal or non-verbal commentary or questions while the exercise is happening.

Questions:

- Rep. Todd Akin, conservative Senate candidate in Missouri, told an interviewer that "legitimate rape" rarely causes pregnancy, adding that "the female body has ways to try to shut that whole thing down," while campaigning for a party whose platform included a constitutional amendment to ban abortion. How does that make you feel?
- What is the "War on Women" about? Is it legitimate? Why is it happening now?
- What advice would you give to a younger person of your gender who is coming into their own political consciousness?

When the last group is finished, the chairs in the middle of the room are removed and all participants gather in the larger circle. Participants share one thought that struck them from the conversation of another group.

Policies, Partners, and Opponents

These are not exhaustive lists of relevant policies, UUA partners, and opponents in the field.

Each group or policy should be researched by one participant who can conduct internet research and make introductory phone calls to local or regional affiliates and/or national groups. Prepare modest presentation notes.

Partners

Faith-Based Advocates

National Council of Jewish Women (including any local affiliate)

Catholics for Choice

Religious Coalition for Reproductive Choice (including any local affiliate)

Religious Institute, Inc.

Secular Advocates

Planned Parenthood Federation of America (including any local affiliate)

NARAL Pro-Choice America (including any local affiliate)

The Guttmacher Institute

Reproductive Justice Organizations

SisterSong Women of Color Reproductive Justice Collective (including any local affiliate)

National Latina Institute for Reproductive Health (including any local affiliate)

Forward Together/Strong Families (including any local affiliate)

Opponents

U.S. Conference of Catholic Bishops

National Right to Life Committee

Susan B. Anthony List

Focus on the Family

Operation Rescue

Federal Policies

Hyde Amendment

Title X

Affordable Care Act (2010), Nelson Provisions

Defense of Marriage Act

TANF

State Policies

Advocacy Scenario Worksheet

This handout is reprinted from the Our Whole Lives (OWL) curriculum for Young Adults. Used with permission.

Your goal:

People

Identify decision makers. Who has the power to make the necessary change?

Identify influencers. What people and organizations are most influential to these decision-makers? Who do the decision makers typically pay attention to?

Identify allies. What people or groups do you know who are already (or likely to be) in agreement with your goal?

Identify the "moveable middle." What people or groups are most likely to care about this issue if they hear about it?

Identify the opposition. Who will oppose your goal?

Messages

What are the opposition's messages likely to be? Identify three.

What are your top three message points? Try to counter your opposition's messages while positively articulating your own.

Activities

List three to five things you can do in each of the following areas that will help your group achieve its goal.

Organizing: How will you engage other people/groups in working towards this goal?

Education: What will you do to educate the community, especially the "moveable middle"?

Media: In what ways will you use the media to share your message?

Advocacy: What will you do to influence decision makers? How might you move the "influencers," listed above, to influence decision makers? What can you get others to do?

Theological Reflection: Session 6

Moving Forward

Themes: Interdependence, Justice, Commitment

We are already standing on holy ground. There is no land promised to any of us other than the land already given, the world already here.

We are treating life here and now as if we were in a barren wasteland, but we have profoundly misjudged our location.

The serpent lives in the garden, and paradise is a place of struggle, a place where suffering happens and where destructive systems that harm life have to be resisted. But as the early Christian church understood, here is where the hand of comfort can be extended, the deep breath can be taken, and we can live at home in the world, knowing this is enough. A sense of enough is critical now, because anxiety over not enough drives the exploitation and greed that threaten the earth's ecosystems and put cultures and lives at risk around the globe.

We come to know this world as paradise when our hearts and souls are reborn through the arduous and tender task of living rightly with one another and the earth. Generosity and mutual care are the pathways into knowing that paradise is here and now. This way of living is not utopian. It does not spring from the imagination of a better world, but from a profound embrace of this world.

- Rev. Dr. Rebecca Parker, "This is Holy Ground" from A House for Hope

- Where do you feel the "sense of enough"?
- Why are "generosity and mutual care" the "pathways for knowing that paradise is here and now"?
- What do Unitarian Universalists believe about salvation?

