

Sermon

Reproductive Justice

Roger K Howe – 2013-02-26

Reproductive Justice – The Issue that Just Won't Go Away

Reproductive Justice – it has a strange sound to it, this juxtaposition of reproduction and justice. We think about the issues of sexual education for our children, family planning, and choice to have a pregnancy terminated as being separate issues. I know I did as I started preparing for this morning. Then, adoption sneaked its nose under the edge of the tent, and my mind began to work. Think about it – there is a justice issue that surrounds issues of adoption, family planning, sexual knowledge, the choice to enter or not to enter into a sexual relationship and the choice to determine the outcome from that relationship. You all understand what I mean when I refer to it as the issue that simply won't go away.

I should tell you that Leslie's story about adoption is a particularly poignant one for me. After Nancy and I had been married for several years, we concluded we were not going to be able to make a baby. In July, 1970, we adopted a baby; our second adopted baby came in August, 1971; our third adopted baby arrived in July, 1978.

In 1970, I began Family Practice training at a County Hospital in Northern California. I remember that one of the more tragic recurring themes among emergency department visits and hospital admissions was a slow but steady trickle of young women arriving at the ED with vaginal bleeding, or high fevers, or shock, following poorly performed non-medical abortions. These young women risked a great deal to terminate unwanted pregnancies – illness, loss of fertility, and loss of life. The recurrence of this theme led the hospital to create a process for the approval of pregnancy termination by medical personnel, legal under California law, though stretching the law to the utmost. Under the general protection of this program, resident physicians were permitted to learn and to perform, those terminations. It did not take caring for more than a few casualties of botched abortions to convince me of the merit of the program. Properly performed, early pregnancy termination was a simple, easy, quick procedure almost devoid of risk.

I would like to tell you there was some ultimate idealism involved in my decision, but I do not remember that; I remember being convinced that it was better that I should do the abortion and keep the woman's life, health and fertility out of jeopardy than that someone unskilled (like the woman's boyfriend) should try the job with an unbent coat hanger or a hunk of willow stem. I learned to perform abortions, did a number of them while in training, and participated in teaching younger physicians in how to do them. This was practical humanitarianism.

In 1972, I joined another physician in Mount Shasta; I continued to perform abortions.

In about 1974, Nancy and I became vegetarians after realizing we could not kill the rabbits we had raised to eat. This became the touchstone of an ethical position – if I am unwilling to take direct responsibility for the death of the animal whose meat I eat, should I eat that meat? The clear answer, to us, was “no.”

With such a commitment to not killing animals, how should I feel about performing abortions? I realized I had taken an ethical position regarding the sanctity of life that was not compatible with continuing to perform abortions; I stopped doing them.

But the reasons why they needed to be done did not go away. Nor had I any right to impose my ethical standards on anyone else. I would not force everyone to be a vegetarian just because I was; I would not force anyone to forego an abortion merely because I was unwilling to perform the procedure myself. I referred women to those of my colleagues whom I knew to be kind, sympathetic and competent.

In this sort of strange way, I became anti-abortion and pro-choice. My views about eating meat have changed – another story for another day. I continue to believe that the correct path to reproductive self-control lies through education and prevention, rather than abortion. That a woman carrying an unwanted pregnancy might choose abortion is no surprise to me, and I support her right to choose that course – I am fortunate that such a choice will never be mine to make about a pregnancy that I am carrying.

A story from one member of this congregation about the founding of a family planning clinic indicated that the local obstetrician was unwilling to provide family planning services because he really liked delivering babies. He didn't want to offer services that would reduce the number of babies he delivered. You may have gathered that I find such an approach inappropriate and unethical – and we may get to stronger terms as we move along.

I delivered babies too, and I loved it. It is a wonderful experience to be involved in the birthing of a wanted, loved baby – but it has never been in my power to impose that wanting and love on an unwilling mother. I offered contraceptive information, instruction, prescriptions, counseling, and sterilizations.

In the late 1970s, the Mount Shasta Community Hospital was sold to Catholic Healthcare West – now known as Dignity Health. The hospital changed ownership, and certain medical practices became forbidden. The pharmacy did not stock contraceptives. Sterilization procedures were not allowed. Abortions were certainly not allowed. We had to make referrals to physicians and clinics in other medical communities – the nearest being in Redding, CA, some 60 miles down Interstate Five. Fortunately, because vasectomies are office procedures, I could continue to do them in my private office. But to do tubal ligations, I had to travel with my patients to Redding, where I had privileges at a surgical center and a non-Catholic hospital to perform those procedures. For years, I traveled that road about once a month to do two to four tubal ligations at one of those two facilities.

In preparation for this morning, I called Planned Parenthood and spoke to a representative for the Southern Oregon region, who assured me that family planning services are widely available in our area, both at the Planned Parenthood clinics and in primary care physician offices. Abortions are performed by at least two physicians in Jackson County.

But, in the final analysis, the story here is not about young women with botched abortions and it certainly is not about the ethical tribulations of a young family physician four decades ago. The story is about respect for the dignity and worth of every person. It is about young women being in a position to make decisions about how they will lead their lives and to carry out those decisions without condemnation.

The story Leslie told us about adoption is such a story. To be able to choose to have a family and to have that family come by way of adoption is a remarkable part of choice. You might think I should oppose abortion – all of my children might have been aborted instead of being available for me to adopt. I think there will always be women who would rather carry and birth an unwanted child than have the pregnancy terminated; for there to be eager, loving parents available to such a woman, who will adopt her baby, is a support for her ability to choose her pathway.

The story Alison read to us is a remarkable story about a woman making decisions for herself, choosing her own destiny and taking the risk of making her own mistakes – and it was done with the support of those she loved. Portions of the story we edited out indicate how much she appreciates that she made the right choice and is today without regrets.

These are stories of reproductive choice.

On the other side of the coin are those who would deny access to abortion services to everyone, who would also withhold sexual education and contraceptive information and tools from young people. Maybe these people believe that sexual abstinence is the only acceptable pathway to birth control – if they believe and wish to practice that, it's fine with me; but for them to wish to impose that on others is not just, and it seems to me to be a carryover of an unsavory legacy we carry forward in our western culture. For millennia, systematically and persistently, we have taken away the worth and dignity of half of the population – and I think it is pretty well-nigh time we stopped doing that.

One of the tools that men have used to subjugate women has been sexuality and reproduction – keep them barefoot and pregnant and you keep them subservient and dependent.

Women have been fighting in this country for two hundred years to be able to stand on the same legal ground as men, whether that means arising from subjugation, as I see it, or coming down from a pedestal, as others would portray it. But the fight is not won – in fact, in many ways, it has barely been engaged.

Violence – physical, sexual, emotional – is used regularly in our culture as a tool for the subjugation of a significant portion of our population. Estimates that one girl in five has been

sexually abused by the end of her thirteenth year are certainly underestimates. Every 13 seconds a child in our country is abused, and about once a minute a little girl experiences sexual abuse. Five American children die each day as a result of child abuse. Over 200 thousand females over 12 years of age are raped in this country every year – one every 2.5 minutes. 54% of those rapes are never reported to the police and 97% of the rapists never spend a single day in jail. I am horrified – are you horrified too? This is America, the land of the free, where we subject our females to a blistering array of violence and repression to keep them firmly in their places.

I think that withholding sexual education and access to contraception is either a form of abuse or it is a form of terrorism. Access to contraceptives does not turn chaste individuals into libertines as some would seem to think, but it does allow women the same privilege men have – to be sexually active without being pregnant and dependent. When contraception does not work, it may be that a woman's only rational choice is abortion. I'm glad it's not my choice, but I honor the women who have to make that choice, regardless of what they choose. I submit to you that it is up to each woman to make that choice for herself – it is not for her parents, her husband or her boyfriend to make the decision for her, but it is their place to support her in her decision. For a man to decide whether a woman should have an abortion is an assault on her ability to determine the use to which her own body will be put just as surely as rape is such an assault.

There is ample evidence that rape is rarely a sexual crime – it is a crime of dominance, a crime of politics and terrorism. Child abuse rarely seems to be a deliberately planned process, but more something that happens when people don't know any other way to behave. Our challenge is to affirm that violence is wrong, to confront violent behavior in a way that causes it to stop, whether it be sexual or physical or psychological, while maintaining our compassion for the violent, who are often the victims of violence perpetrated by their own parents.

You have heard two stories this morning that point at progress we have made. But the story read by Alison, published recently in the New York Times under the title "No One Called me a Slut" is 35 years out of date, and we have, sadly, slipped backwards since then. Honoring the worth and dignity of every person includes honoring the worth and dignity of women as much as of men; it means seeing women as the agents of their own destinies rather than as the incidental victims of the destinies of their men. Choice, for women, is not just about reproductive justice – though that issue screams loudly at us – it is also about a host of other choices in life, many of which are dependent on women being free of rape, physical abuse, intimidation and domination by the men in their lives.

The Unitarian Universalist Association has set reproductive justice as a congregational study/action item. I have told you what I believe. What do you believe? What can we do about it? What can the UUA do about it? How do we get moving?

Let us resolve now to study this issue and to look for ways to help to ensure dignity, worth and justice – including reproductive justice – for all people.