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## **Womaen's Caucus statement on abortion, 2022**

### **Summary**

With regard to legislation and judicial decisions, we assert that the state has no authority or right to compel a person to carry a pregnancy to term and give birth, and deplore the efforts of legislators and courts to curtail or diminish the constitutional right to privacy. Pregnancy decisions must rest with the pregnant person, their doctor, and their higher power. While we may seek to encourage the pregnant person to graciously allow their body to carry a new human life into the world, no other person or entity has the right to compel the pregnant person to do so. The pregnant person's life, health, bodily autonomy, human potential, and religious freedom must be the primary concern.

### **Introduction**

In 2010, the Womaen's Caucus of the Church of the Brethren articulated a goal of advocating a position on abortion that is prayerfully respectful of women as moral decisionmakers. With legislation and judicial decisions unfolding rapidly around reproductive healthcare, we felt that now is the time to articulate a clear position.

The CoB approved a position on abortion in 1972, which was affirmed by the General Board in 1984. We do not see our statement as conflicting in any way with the 1984 denominational statement. Rather, we see it as lifting up the specific needs and concerns of those directly affected by legislation around reproductive healthcare.

In response to a query submitted to Annual Conference in 1970 by Southern Ohio District, the CoB approved a position on abortion in 1972, which was affirmed by the General Board (now Mission and Ministry Board) in 1984. The position statement reads as follows:

Brethren oppose abortion because it destroys fetal life. Let it be clear that the Brethren ideal upholds the sacredness of human life and that abortion should be accepted as an option only where all other possible alternatives will lead to greater destruction of human life and spirit.

However, we confess that we are part of a society that contributes to abortion by denying parents the support and assistance they need. We further confess our lack of compassion, our condemnation of those who differ with our view of morality, and our need to coerce and compel others to our way of thinking.

Thus, our position is not a condemnation of those persons who reject this position or of women who seek and undergo abortions. Rather, it is a call for Christlike compassion in seeking creative alternatives to abortion.

We support persons who, after prayer and counseling, believe abortion is the least destructive alternative available to them, that they may make their decision openly, honestly, without the suffering imposed by an uncompromising community.

We oppose any action, direct or indirect, by parents, physicians, the state, or anyone that would compel a woman to undergo an abortion against her will.

All who seek abortions should be granted sympathetic counsel about alternatives available as well as the health and safety of publicly available physicians and hospital care.

While many reflections on abortion made in religious circles start from the question of when human life begins and whether all human life is sacred, our statement will not address these questions, as they are matters of faith and conscience on which people of goodwill can and do disagree. Rather, we wish to craft a just and compassionate statement on abortion that begins with the realities of human female bodies.

### **The life of the pregnant person**

In 2020, the overall maternal mortality rate in the United States was 23.8 deaths per 100,000 live births. The systemic racism in our healthcare system is reflected in the fact that the maternal mortality rate for non-Hispanic Black women was 55.3 deaths per 100,000 live births. While these may seem like somewhat low numbers, we must also take into account the fact that one in 67 pregnancies becomes life-threatening; the gap between life-threatening pregnancies and maternal deaths can be credited to medical intervention. (Source: Donna L. Hoyert, “Maternal Mortality Rates in the United States, 2020,” cdc.gov)

Too often, considerations around abortion have focused on the life of the zygote, embryo, or fetus at the expense of the life of the person who carries it. We declare and affirm that these lives have value, meaning, and purpose, and that compelling someone unwilling to place themselves in a potentially life-threatening situation is a violation of their dignity and personhood.

Further, there are pregnancy situations in which abortion is a medical necessity. Ectopic pregnancies, fetal death, and other complications can be fatal to the pregnant person if an abortion is not performed. Certain cancer treatments, such as chemotherapy, cannot be undergone if the patient is pregnant. Much of the legislation and many of the legal rulings that are being considered at this time do not have exceptions to save the life of the pregnant person. Even where such exceptions do exist, doctors are not treating conditions with inevitable outcomes immediately but waiting until the patient’s vital signs begin to falter, for fear of prosecution. This shows a chilling disregard for the lives of adult human beings who are able to become pregnant, as well as a deplorable ignorance of the realities of pregnancy.

## **The health of the pregnant person**

Also often missing from discussions and debates around abortion are considerations of the heavy impact that even a healthy pregnancy and safe delivery have on the health of the pregnant person. References to the nine months of pregnancy as “an inconvenience” seriously diminish the value and importance of a pregnant person’s health, as well as the realities that every pregnancy has negative health impacts. The developing fetus pulls calcium out of the pregnant person’s bones, rearranges all of their internal organs, and shares their nutrition and blood supply. Medical personnel can determine from x-rays alone whether a person has ever been pregnant.

Common complications of pregnancy include high blood pressure, gestational diabetes, preeclampsia, depression and anxiety, as well as hyperemesis gravidarum and iron-deficiency anemia. During childbirth, complications include perineal tearing, hemorrhaging, and infection; difficult births may require a caesarean section – a major invasive abdominal surgery. (Source: nihd.nih.gov) A related consideration is that already in some states with trigger laws, clinics are refusing to prescribe or refill prescriptions for autoimmune disease and blood clotting disorder medications that may be teratogenic or abortifacient, if the patient is of childbearing age.

Also to be considered is mental health. Depression and anxiety affect as many as 1 in 5 pregnant people, and postpartum depression can be severe enough to include suicidal ideations. (Source: Royal College of Psychiatrists, rcppsych.ac.uk) For the pregnant person in an abusive relationship, pregnancy can be a highly dangerous time. While unwanted pregnancy itself may be the result of abuse, such as tampering with contraception, it is also the case that the leading cause of death in pregnancy in the United States is murder, most often by the biological father of the fetus. Further, many of the pending laws and rulings do not include exceptions for rape, incest, or domestic abuse, nor even to treat ectopic pregnancies or incomplete miscarriages. It is unconscionable to compel a person who has already been traumatized by the circumstances of conception, or who is facing a potentially fatal health complication, to continue to gestate a pregnancy that will compound an already-challenged state of mental health.

After giving birth, ongoing potential or chronic complications can include cardiovascular disease, cardiomyopathy, thrombotic pulmonary embolism, hypertension, urinary incontinence, and other postpartum complications and ongoing health issues not at all uncommon. (Source: mayoclinic.org)

Given all of these potential complications and the fact that the human body does not ever recover fully from pregnancy and childbirth to its pre-pregnant state, we again declare that it is unconscionable for the state or any other entity to compel a person to carry a pregnancy to term and give birth against their will.

## **Bodily autonomy**

In the United States, state organ donor registries, usually indicated on a person’s driver’s license, have allowed for thousands of lives to be saved when bodily organs are donated to those in need

after the donor's death. However, it is not allowed to harvest organs for this purpose unless the deceased gave explicit permission for this use of their body while still living.

The rules around organ donation are predicated on the principle of bodily autonomy. Human dignity requires that human beings have the right to determine for themselves in what way their bodies are used; this right does not disappear at the time of death. Thus, where the state would compel a pregnant person to carry the pregnancy to term, this compulsion effectively gives more rights to a corpse than a living human being.

When the state or any other entity has the right to dictate what a person can and cannot do with their own body, they are effectively denying the personhood of the pregnant person. We declare that women are created by God to be fully able to think and act in the midst of God's creation. Men are not entitled to speak for us or control our bodies, just as we are not entitled to do the same to them. As women, we are able to decide for ourselves what is best for us.

We are created in God's image (Genesis 5:1-2) - strong and loving, fully able to live as Christ followers with minds and voices to walk in his footsteps. We echo and affirm the words of Rev. Dr. Anne Epling, pastor of First Presbyterian Church of Fort Wayne, Indiana: "I am supportive of reproductive rights, access to health care and a woman's right to choose. I am pro-choice, not in spite of my faith but because of my faith. I believe in a woman's sacred worth, and that the creator has given her the capacity to make choices. I believe that when a woman faces a decision whether to terminate a pregnancy, this is an intensely personal decision that often doesn't fit into neat medical, legal or policy guidelines. Women are empowered by the creator to make significant choices, including the choice to continue or end a pregnancy. I believe when a woman faces the difficult decision to end a pregnancy, God stands by her side, holds her hand, and loves her through it. I believe her faith community, if she is part of one, should do the same." (Source: Ft. Wayne Journal-Gazette, May 11, 2022)

### **Future potential**

It is often argued that ending a pregnancy may have ended the life of the person who will discover the cure for cancer, or some other lofty scenario. Again, this argument ignores the reality of the lives and human potential of pregnant persons.

Sixty percent of those obtaining abortions are already parents. (Source: cdc.gov) The majority of those who obtain abortions go on to have other children. Speaking of the life of the ZEF in a terminated pregnancy as the human potential to be considered ignores the needs of the pregnant person's existing children for their parent, as well as the human potential of the children they may have in the future.

Strong causal relationships have been observed between abortion access and women's educational attainment, workforce participation, career advancement, and economic security. For Black women in particular, access to abortion increased their ability to participate in the labor force by 6.9 percentage points in 2020 (Source: Institute for Women's Policy Research, iwpr.org)

A longitudinal study led by Diana Foster of the University of California at San Francisco observed that approximately half of those seeking to end a pregnancy were living below the federal poverty line. Five years after being denied an abortion, a person was four times more likely to live below the poverty line than someone who had been able to access an abortion. Ten years after being denied an abortion, persons were found to have higher bankruptcies, evictions, and lower credit scores. (Source: Advancing New Standards in Reproductive Health, ansirh.org)

These impacts fall especially heavily on persons already at risk due to factors including race, ethnicity, lack of access to wealth and resources, immigration status, and so forth. The overall poverty rate in the United States increased from 10.5% to 11.4%, with 37.2 million people living in poverty. The poverty rate for Hispanic persons is 17%, and for Black persons, 19.5%. For families with a female householder, the poverty rate increased from 22.2% to 23.4%. (Source: census.gov) To compel those who are already struggling with the intersecting oppressions of racism, classism, and misogyny to gestate pregnancies for which they are not physically, mentally, or financially prepared to sustain is to compound those oppressions and add to the burdens.

To speak of human potential only in terms of the potential of the zygote, embryo, or fetus is to ignore the potential of the pregnant person to their family, community, and the world and the distressing economic impacts that are seen to follow when the wisdom of a pregnant person about their own body and situation is disregarded.

### **Religious freedom**

The Brethren believe that people of goodwill can disagree on matters of conscience, and that in such matters we are called to practice forbearance with one another. A final reason to abhor the trend toward state compulsion of completing pregnancy is that it violates the religious freedom of at least some citizens.

In Jewish teaching, the *din rodef* (“law of the pursuer”) compels any Jew to make an effort to stop any entity that is “on its way” to kill a human being. While the line is drawn in different places depending on the strand of Judaism, all Jewish understanding of this law includes the zygote, embryo, or fetus as a *rodef* when it endangers the life of the pregnant person. In such cases, Jewish teaching compels that the pregnancy be terminated, because the life of a fully functioning adult is prioritized over the life of the ZEF. Other religious traditions also have differing understandings of when it is permissible or necessary to obtain an abortion.

### **Conclusion**

In John 10:10, Jesus declares that he has come that we may have life, and life abundant. We believe that safe and legal abortion access is necessary for the abundant life of all those who can become pregnant. Our lives, health, autonomy, and potential are precious in God’s sight. May they also be precious to those entrusted with making policy decisions. Amen.