

Call to Worship:

And now we are poised at the threshold
between resignation
and revolution.

We cannot change the past,
but listen!
We cannot predict the future, either.

Everything is possible.

Therefore, bring all that you are:
Spirit, muscle,
the will to thrive and love.

Bring your righteous fury
and your steadfast resolve.
Let's make this sanctuary a launching place
and this hour our sustenance and fuel.

Come, let us worship together.

I feel like starting this sermon with a primal scream. Anyone else feeling that way after this week's news?

I've had an abortion. I've shared that story with you before. It's common, so common, with nearly one in four "women" having one by the age of 45 according to Guttmacher institute, that you know many, many other people who've had one, too. Maybe you've had one yourself. Everyone loves someone who has had an abortion. When you need one, you need one. That's why the vast majority of Americans support the constitutional right to have one.

Without a final say in whether or not to give birth, a person who can get pregnant loses control over their own body and life. It is outrageous that the same folks who refused to protect others by wearing masks during a deadly pandemic, because of "individual liberty," are now legislating forced childbirth.

These folks are not concerned about hypocrisy though. That's because what motivates them is not morality or freedom, but ideology, especially religious ideology. The statistics are clear: most Americans support Roe v. Wade. Only about 29% of voters want it overturned.¹ But a highly driven group of extreme conservatives have played a long game, stoking fear, manipulating elections through voter restrictions—some of which were so

clearly discriminatory they were struck down by a previous supreme court—and then gerrymandering, and doing whatever it takes to put like-minded judges in place. And so now we are beginning to see an increase in laws that impose a conservative religious ideology on Americans; most of whom either hold other religious beliefs or are not religious at all. While there are some exceptions, when you look at who is in power and moving this agenda forward, it's extremely clear what the primary demographic of their leadership and voter base is. White cis-gender, heterosexual men who identify as Christian.

These same folks are now proposing, and in many cases passing, laws restricting speech and banning books in classrooms. They are legislating which bathrooms people can use—a highly personal and sensitive matter. And limiting what kind of healthcare may be provided to minors, regardless of the science and the recommendations of actual experts. Again, all we have to do is look at the hypocrisy to see that the wellbeing of children is not the issue here. The intended impact of these laws is not an increase in child wellbeing. It is the enforcement of religiously conservative views about gender and sexual orientation.

After decades of gains in LGBTQ rights, culminating in the Supreme Court affirming the right to same-sex marriage in 2015, there is now a growing wave of legislative attempts to roll rights back, and especially to limit those of transgender people. In the 2018 legislative sessions, legislators introduced forty-one anti-LGBTQ bills. This year, as of March 20th, nearly 240 anti-LGBTQ bills had been introduced, most of them targeting transgender people. Some of them have now become law.

In Alabama, Governor Kay Ivey signed into law House Bill 322, which forces students to use bathrooms according to the sex assigned at birth, not their gender, and includes an amendment prohibiting anyone providing “classroom instruction” from discussions of sexual orientation or gender identity that are not “age-appropriate.” Neither “classroom instruction” nor “age-appropriate” are defined in the bill, so that raises a lot of questions about whether something as simple as a teacher or school counselor answering questions about their own family structure or gender could violate this law. In Florida Ron DeSantis signed the “Parental Rights in Education Bill” also known as the “Don’t Say Gay” bill, which prohibits classroom instruction for Kindergarteners through third graders about sexual orientation and gender identity, regardless of students’ questions, a teacher’s gender identity or orientation, and other circumstances. Like the Arizona bill, the Florida law does not define classroom instruction. The bill also states that school counselors, *licensed* counselors, will be forced to conform to the same prohibition.

Kay Ivey also signed into law Senate Bill 184, mandating that school counselors and other school officials must inform the parents if a minor student says they are or may be transgender, regardless of whether that is in the best interest of minor’s health and safety. That bill also prohibits gender-affirming medical care for minors. In Arizona Governor Doug Ducey signed into law S.B. 1138, prohibiting “gender transition procedures” in healthcare, including care that would delay the onset of puberty until such time as the patient is over 18 years old.

These new laws restricting healthcare go against the recommendations of the American Medical Association and the American Academy of Pediatrics. The AMA urges legislators not to constrain the ability of medical providers to determine the best way to provide care for their minor patients, and cites studies demonstrating that gender-affirming healthcare leads to better mental health and lower rates of suicide and self-harm among minors. Of the Alabama healthcare bill, the American Academy of Pediatrics says, “Criminalizing evidence-based, medically necessary services is dangerous [both to patients and pediatricians].”

By the way, both the Alabama and Arizona bills prohibiting surgical intervention for trans kids include an exception for when a child is born intersex. Intersex is a term used for a variety of situations in which a person is born with reproductive or sexual anatomy that doesn’t fit the usual boxes of “female” or “male.” One or two percent of the population is intersex. Surgeries done on intersex children without a medical reason, and without regard for that child’s internal sense of their gender, done for the mere purpose of making a child’s body conform to a parent or doctor’s expectations of their anatomy, is considered a human rights abuse. So to recap, the laws ban medically appropriate care and contain an exception for a human rights abuse. Both intersex and transgender people should be able to decide for themselves what is right for their bodies and spirits.

The American Counseling Association affirms that transgender and gender diverse identities are a normal part of human development, a position that aligns with every major health care professional organization globally.ⁱⁱ This is not even a question anymore. There have always been transgender and nonbinary people, in every time and culture, though the language to describe that reality differs.

It is well known that transgender youth are at higher risk for psychological and physical harm than other youth, and there is strong evidence that these laws will cause further harm. That harm is connected with the stigma and invalidation that is worsened by the politicization of people’s identities, and the blocking of healthcare that improves both short- and long-term outcomes.

I’m going to share some information with you from studies published in peer-reviewed academic journals. That is considered the highest standard for science-based publications. As always, I’ll include information about those studies in the text version of this sermon which you can find on our website tomorrow.ⁱⁱⁱ I invite you to check them out for yourself. I’m sharing this because it’s important for all of us to realize how harmful this legislation is.

First of all, on the level even just of censoring classroom discussions, a study published in the Journal of Sex Research in 2019 showed that interpersonal and institutional invalidation, i.e. the experience of not having one’s transgender or gender non-conforming identity recognized, contributes to adverse mental health outcomes.^{iv} Saying nothing, as in the Don’t Say Gay law, actually says quite a lot. It makes people invisible. Marginalized. It is not a neutral action. It’s harmful to censor any mention of a group of people.

Another study, published this year by a team of researchers from Stanford, Harvard, Brigham and Womens Hospital, and Mass General Hospital demonstrated that transgender

people who access gender affirming hormone therapy in early or late adolescence have better mental health outcomes as adults, and are less likely to be suicidal, experience severe psychological distress, binge drink, or self-medicate with illegal drugs.^v

In 2021, Clinical Child and Family Psychology Review published a meta-analysis of forty-four peer reviewed journal articles on risk and resilience among transgender and gender nonconforming youth.^{vi} A meta analysis is when researchers look at a bunch of studies that have been done, and add them all up in a report. The report showed that age is negatively correlated with mental wellness in transgender youth. In other words, as time passes, the risk of depression and suicide increases, suggesting that delays in medically necessary gender affirming healthcare *will* cause harm. The paper also concluded that for youth, the ability to live openly in their affirmed gender is absolutely best for mental health, and that social support and non-discrimination are key factors in wellbeing and resiliency.

And an article published in the New England Journal of Medicine last year cautioned that decisions about transgender healthcare should be made by healthcare professionals using the evidence-based recommendations of the Endocrine Society, the World Professional Association for Transgender Health, and the American Academy of Pediatrics, and that bills blocking healthcare options for transgender youth are dangerous and harmful, specifically to mental health.^{vii}

The authors pointed out that there is a wide range of medical and non-medical treatments available. Nonmedical options include therapy, coming out to loved ones, or socially transitioning by dressing or grooming according to one's gender identity. Medical options include puberty-blocking pharmaceuticals—a reversible treatment that has been used for thirty years and has a proven record of safety. Blocking puberty can buy a young person some time, reducing distress and improving mental health without making—or allowing puberty to make-- irreversible changes. And when age appropriate and appropriate for the individual, hormone treatments and surgical options are also available and have been shown to lead to better health outcomes. Some choose not to pursue any action or treatment at all. Decisions about what is best for an individual patient should be left to them and their guardians if they are a minor, in consultation with their health care providers, and should be guided by science, not by religious fundamentalists.

Religious fundamentalists should not make decisions about anyone's healthcare but their own. Legislating religious fundamentalism is theocracy.

It is imperative that we pay attention to this because it affects every one of us. Who we can love, how we can live, and the private decisions of all of our loved ones, too. If the Supreme Court rolls back one constitutional right, others will be next. All we have to do is look at the state by state wave of anti-trans and anti-LGBTQ legislation for a clear message about what is coming next.

It is going to take tremendous resistance from all of us to stop this movement. To protect each other and ourselves. To save one another. Literally. It has never been truer that our liberation is all bound up. No one is free unless everyone is.

But if we are going to look into religious reasoning about this, even then those fundamentalists are on shaky ground morally. In fact, I don't think they have any ground to stand on, honestly, if we are going to consult scripture.

The Bible has more than two thousand verses regarding poverty, but none about abortion, only about five that seem to pertain to homosexuality, and the Bible offers a very elastic view of gender. I think this might come as a surprise to religious conservatives who profess to love their bibles but want to ban other books from classrooms. In Genesis 3:12, in its original language, Eve is referred to as "he." In Genesis 9:21, after the flood, Noah repairs to "her" tent. Genesis 24:16 refers to Rebecca as a "young man." And Genesis 1:27 refers to Adam as "them." In Esther 2:7, Mordecai is pictured as nursing his niece Esther. In a similar way, in Isaiah 49:23, the future kings of Israel are prophesied to be "nursing kings." These are not mistakes in translation, or typos by ancient scribes. This is what the original Hebrew intended to convey.

Rabbi Mark Sameth writes, quote:

In the ancient world, well-expressed gender fluidity was the mark of a civilized person. Such a person was considered more "godlike." In Ancient Mesopotamia and Egypt, the gods were thought of as gender-fluid, and human beings were considered reflections of the gods. The Israelite ideal of the "nursing king" seems to have been based on a real person: a woman by the name of Hatshepsut who, after the death of her husband...donned a false beard and ascended the throne to become one of Egypt's greatest pharaohs.

The Israelites took the transgender trope from their surrounding cultures and wove it into their own sacred scripture. The four-Hebrew-letter name of God... [spelled] YHWH, was probably not pronounced "Jehovah" or "Yahweh," as some have guessed. The Israelite priests would have read the letters in reverse as Hu/Hi — in other words, the hidden name of God was Hebrew for "He/She." Counter to everything we grew up believing, the God of Israel — the God of the three monotheistic, Abrahamic religions to which fully half the people on the planet today belong — was understood by its earliest worshipers to be a dual-gendered deity.^{viii}

Even in the English translation, Genesis invites us to think beyond binaries. Think about it. God creates day and night, but also dawn and dusk. Water and land, and also coral reefs, marshes, and estuaries. The creation stories are not a catalog of everything on the planet. It is a poetic outline, meant to draw our attention to the incredible width and depth of it.

God transcends gender.^{ix} Trans and nonbinary kids are the image of God. When I say that, I am saying something that has already been known for thousands of years. Trans kids are the image of God. So let's take loving care of them. And let's take care of each other. We cannot give up.

For now we are poised at the threshold between resignation and revolution...

Let's make this sanctuary a launching place.

ⁱ <https://fivethirtyeight.com/features/where-americans-stand-on-abortion-in-5-charts/>

ⁱⁱ Shepard, C. F., Green, D. A., Fleitas, K. M., & Sturm, D. C. (2021). Informing consent: A grounded theory study of parents of transgender and gender-diverse youth seeking gender-confirming endocrinological interventions. *The Professional Counselor*, 11(4), 440–458. <https://doi.org/10.15241/cfs.11.4.440>

ⁱⁱⁱ **Note: the academic journal articles listed below may be hard to find outside of a library. If you don't have access, send me a message. I'd be glad to help you get a copy of whichever materials interest you. -AH**

^{iv} Johnson, K. C., LeBlanc, A. J., Deardorff, J., & Bockting, W. O. (2019). Invalidation experiences among non-binary adolescents. *The Journal of Sex Research*, 57(2), 222–233. <https://doi.org/10.1080/00224499.2019.1608422>

^v Turban, J. L., King, D., Kobe, J., Reisner, S. L., & Keuroghlian, A. S. (2022). Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLOS ONE*, 17(1). <https://doi.org/10.1371/journal.pone.0261039>

^{vi} Tankersley, A. P., Grafsky, E. L., Dike, J., & Jones, R. T. (2021). Risk and resilience factors for mental health among transgender and gender nonconforming (TGNC) youth: A systematic review. *Clinical Child and Family Psychology Review*, 24(2), 183–206. <https://doi.org/10.1007/s10567-021-00344-6>

^{vii} Martin, S., Sandberg, E. S., & Shumer, D. E. (2021). Criminalization of gender-affirming care — interfering with essential treatment for transgender children and adolescents. *New England Journal of Medicine*, 385(7), 579–581. <https://doi.org/10.1056/nejmp2106314>

^{viii} <https://www.nytimes.com/2016/08/13/opinion/is-god-transgender.html>

^{ix} One more cool resource on this: <https://www.hrc.org/resources/what-does-the-bible-say-about-transgender-people>