

Sermon Talking Points

Here are a few ideas for directions that a Repro Shabbat d'var Torah could take, and some supporting points that could be useful. Of course, many of these issues are overlapping and deeply connected, and many of these can be combined in various ways.

The other resources in this packet can be used in concert with a d'var Torah, and we encourage you to consult them while developing your sermon.

A loving reminder to review the [Toolkit's language best practices](#) when preparing your sermon—especially about gendered language, since trans men and nonbinary people need abortion access, too.

1. Abortion is permitted and sometimes required in Jewish law

This may seem obvious to many Jewish clergy, but it is not clear to all Jews, particularly given how certain religious communities have advocated for restrictions on abortion access in the US. It can be important for them to hear this message loud and clear from their spiritual leader.

See the [Extended Source Sheet](#) and the [Annotated Source Sheet](#) for the sources and particular Jewish approaches to abortion, such as:

The fetus does not have the status of personhood

Sources requiring capital punishment for causing the death of a pregnant person, but only monetary damages for causing a miscarriage, based in Parshat Mishpatim, the Torah portion of Repro Shabbat.

The full status of personhood begins at viable birth

Sources on the life of the pregnant person taking precedence in the event of a difficult birth until the head emerges in birth and a first breath is taken.

The fetus' status during pregnancy

Sources assert that, for the first 40 days, a fetus is "mere fluid" and regarded as part of the pregnant person's body from then until birth.

Abortion as self-defense

Sources on *din rodef*, or abortion as *pikuach nefesh*, and self-defense when the pregnant person's life is at stake.

Additional sources from the 18th century to today

Sources that expand the permissibility of abortion in various ways.

Trans and feminist thinking on autonomy

Sources that open thinking on bodily autonomy and Judaism in new directions
And some sources may push for more expansive thinking about how we talk about abortion and agency.

2. Reproductive freedom is a First (and Fourteenth!) Amendment issue

Over the past year, NCJW has become increasingly active in leading, joining, and supporting legal challenges to state-focused abortion bans. Abortion bans, as well as bans on IVF, contraception, and egg freezing, are all violations of Jewish religious liberty.

Laws granting "fetal personhood" and/or asserting that life begins at conception violate the Establishment Clause by enshrining a particular religious view into law. This violates pregnant individuals' rights to make their own decisions about their bodies, as well as collectively violating most Jews' right to practice Judaism—the Free Exercise Clause—as our tradition permits, and even sometimes requires terminating pregnancies, if the life of the pregnant person is at stake. *Roe v. Wade* previously established that laws banning and/or limiting access to abortion care also violate the constitutional right to privacy found in the Fourteenth Amendment. But in a post-*Roe* world, people seeking abortion care are prevented from exercising their rights to privacy and religious freedom.

As the Jewish American author Cynthia Ozick wrote: "What our faith communities would be wise to choose is religious responsibility undertaken autonomously, independently, and on cherished private ground, turning their backs on anyone, however estimable or prudential, who proposes that the church steeple ought to begin to lean on the town hall roof." From *American Jews and the Separationist Faith: The New Debate on Religion in Public Life*, edited by David G. Dalin, excerpted [here](#).

See also:

- NCJW's [amicus brief](#) on the Dobbs v. Jackson Women's Health case (which is the case used to overturn Roe this past summer.)
- [This piece](#) on the Jewish case for abortion rights from Sheila Katz and Rabbi Danya Ruttenberg, written before Dobbs but explaining some of the technical aspects of the issue.
- Some background on [this case](#) in Kentucky, which NCJW is supporting, in which three Jewish women are suing the state on the basis of the Establishment Clause, with the status of IVF embryos at the center of the argument.
- Some background on [this case](#) in Missouri, in which five Rabbis for Repro and clergy of other denominations are suing, supported in coalition by NCJW St. Louis, also on the basis of the Establishment Clause.

3. Abortion is a Jewish issue

One in four people who can become pregnant will have an abortion by the age of 45. This includes Jews, and likely members of every Jewish community, including your own. Abortion is neither theoretical nor something that happens to "other people."

Abortion is highly stigmatized in the greater American culture, and this impacts people's experiences in Jewish spaces that, intentionally or unwittingly, perpetuate that stigma—perhaps with excitement and joy about new babies, perhaps with stigmatizing talk about the individual's role in Jewish repopulation, perhaps by mirroring some of the discomfort about abortion reflected in the wider culture, perhaps in other ways. Those who need abortion access should feel supported and cared for as they attend to their own reproductive health care, and should feel comfortable speaking about their experiences if they so choose – without stigma or shame.

We must avoid using harmful and stigmatizing language, such as being careful to note in our language that abortion impacts not just women, but people of a variety of genders, and to remember that not everyone has the same choices when it comes to abortion. We must acknowledge that individual abortion experiences often do not fulfill our cultural narrative around abortion - 59% of people who have abortions are already parents. We must center those same individual experiences in our relationships and communities by asking open-ended questions and by not making assumptions.

We must remember that people have a range of experiences and emotions about abortion—from the conflicted to the clear, from the sorrowful and grieving to the relieved, the grateful, the liberated—and to make space for, and honor, everyone's story.

Our [Talking to People About Abortion](#) guide has much more about how to destigmatize abortion in our communities; proactively engaging these concepts in a d'var Torah could be culture-changing, and life-changing for many of the people in your community.

4. Jewish communities and leaders must use their collective power to amplify the voices and leadership of those who are most impacted by abortion bans

Parshat Mishpatim includes a long list of mitzvot, including Pesach, Shavuot, Sukkot, and Shabbat; personal liability; just business practices; among others. Repro Shabbat takes place on Parshat Mishpatim every year because of the [verses](#) within it that are the foundation for Jewish approaches to abortion and reproductive rights. And it also contains the following verses:

You shall not wrong or oppress a ger/stranger, for you were gerim/strangers in the land of Egypt. You [communal leaders] shall not ill-treat any widow or orphan. ([Exodus 22:21-22](#))

In addition to explicitly religious and legal directives, Parshat Mishpatim also includes ethical commandments, notably the injunction against mistreating the widow, orphan, and ger (the translation of "stranger" feels insufficient, somehow, and yet we haven't found a better translation.). The text explicitly states that we must remember that we, too, were once the ger, and to let that experience fuel our actions.

The Bible's constant refrain to remember the "widow, orphan, and ger" recognizes that those who are marginalized – because of their gender and marital status, because they are at-risk youth, because they are immigrants or socially marginalized in some other way – are particularly impacted by poverty and other harms. (This is ancient intersectionality, by the way, the understanding that some aspect of a person's identity or lived experience will compound their experience of marginalization.) Everyone must be included, cared for, empowered—and their rights must be protected.

The overturning of Roe will have - or has already had - a disproportionate impact on people with marginalized identities and communities that have long experienced systemic oppression in this country.

- The racist Hyde amendment, in effect since 1980, prohibits Medicaid funding for abortion services. Discriminatory public policy has created systemic and economic barriers that have resulted in 30% of Black women and 24% of Latina women ages 15 to 44 being currently enrolled in Medicaid—a government health care program for those with limited income and resources—compared to 14% of white women. This also impacts the roughly 60% of the Indigenous peoples whose healthcare comes from the Indian Health Service (IHS), which operates out of the US Department of Health and Human Services. (A significant number of Indigenous people are also—for the same structural reasons of the economic impact of colonialism and racism—on Medicaid.) A significant percentage of Black, Indigenous and other people of color in the US have had no legal access to abortion care for decades.
- With the fall of Roe, Indigenous, Black, and Latinae populations experienced large [absolute increases](#) in travel time to abortion facilities.
- Black women are [more likely](#) to experience adverse birth outcomes as a result of abortion restrictions than other women.
- Even before the overturn of Roe v Wade, Black women were [three times more likely to die](#) from a pregnancy-related cause than white women because of systemic racism in the medical system and elsewhere—and so abortion bans and forced birth are especially deadly to those who hold these identities.
- Before Roe was overturned, one in five trans people who have ever been pregnant (and some trans people want and desire pregnancy!) have resorted to [unsafe abortion methods](#), often after being denied care due to their gender.
- For disabled people, being denied abortion care when it is needed can be life-threatening or cause permanent physical harm; not every body is able to safely carry a pregnancy to term. And there are a host of other critical issues around reproductive justice; for example Buck v Bell – the 1927 SCOTUS ruling claiming that “sterilization of the unfit, including the intellectually disabled, ‘for the protection and health of the state’” was not a violation of the Due Process clause of the 14th Amendment– has never been overturned, despite being eugenicist and a violation of, well, the Due Process Clause and the Americans with Disabilities Act. Informed consent about reproductive care is not always taken as a given with disabled people. In addition, 12% of those on Medicare are disabled—and thus denied abortion access as a result of the Hyde Amendment.

Whereas in Biblical times, it was the responsibility of Jews with more privilege to protect those who were more socially vulnerable, today those most impacted by societal injustice and oppression are able to lead in movements for reproductive liberation—and it is the responsibility of those who have more privilege, social power, and access to follow their lead and work alongside them, as accomplices.

In 2014, [Indigenous Action Media](#) published a 'zine called *Accomplices Not Allies*. In it, the anonymous authors wrote,

*“At some point there is a ‘we’ and we most likely will have to work together. This means, at the least, formulating mutual understandings that are not entirely antagonistic... But we need to know who has our backs, or more appropriately: who is with us, at our sides? The risks of an ally who provides support or solidarity (usually on a temporary basis) in a fight are much different than that of an accomplice. **When we fight back or forward, together, becoming complicit in a struggle toward liberation, we are accomplices.**”*

Today those (of us) with some amount of social power, or those (of us) who hold privileged identities, must use their power (our power) and privilege to lift up the voices and stories of those most impacted by harm—by abortion bans, by horrific immigration policies, by systemic racism. We must listen to the leaders of marginalized groups, and follow their lead.

The Talmud (Yevamot 87b) teaches that silence is consent. “Not oppressing” is no longer enough in a society that is already set up to oppress, that already does oppress. In order to create a world in which those who are marginalized in our society are not wronged, we must take active steps to fight for a more just world, alongside them.

5. Rosh Hodesh Adar is a chance to amplify silenced voices and untold stories--in the Megillah and today.

This year's Repro Shabbat takes place days before we celebrate the Jewish month of Adar. While we may typically associate the month of Adar with its holiday of Purim and the joy surrounding it, this year we draw our attention to some of the more troubling undertones of how women and their personal autonomy are treated in the Purim story—and whose story we remember to follow.

The two named women in Megillat Esther - the queens Vashti and Esther - both lose their personal sexual autonomy, if they ever had it in the first place. Despite their position of political power, they did not have bodily autonomy.

It is crucial to note that there is no indication of Esther's consent to the "beauty pageant" to win Vashti's crown- she is quite literally taken ([Esther 2:8](#)) from her home and brought to the king's harem. As were, presumably, most, if not all of the girls or women there. Esther was only one of many young women and girls who were forcibly taken from their homes and given ancient contraception while they waited for their "turn" with the king. But we only see Esther's "victory" in the pageant.

In the harem, all the women are rubbed for six months with the oil of myrrh as part of preparations for an intimate meeting with the king. Myrrh was a known contraceptive in the ancient Mediterranean, understood to prevent the implantation of fertilized eggs, similar to some modern contraceptives. The "aromatic ointments" may also have been used in service of pregnancy prevention as well. Notably, none of these girls and women are asked if they want this contraceptive treatment. We don't see what happens to the other women, how their bodies and lives were violated, what happens to them afterwards. We only hear about Esther's success story.

Reproductive Justice is a movement founded by Black women and led by Black and BIPOC women and trans and nonbinary people. [SisterSong: Women of Color Reproductive Justice Collective](#) defines Reproductive Justice as "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities." Vashti and Esther didn't have bodily autonomy. The women in the harem didn't have bodily autonomy.

In conversations about abortion, we often overlook those without structural power. We glide over the stories of Black, Indigenous, and people of color, of trans and nonbinary folks, of people with disabilities, of youth, of those who struggle to make ends meet or live in rural communities.

- So many people with privilege from predominantly white, more economically secure, backgrounds focused on the victory of Roe instead of the oppression of the Hyde Amendment, which was implemented in 1980 as a response to Roe, and prohibited federal funding for abortion care.
- Most notably, this locked out those on Medicaid from abortion access—and since discriminatory public policy creates systemic and economic barriers, that means that 30% of Black women and 24% of Latina women ages 15 to 44 were impacted, compared to 14% of white women. This also impacted the roughly 60% of the Indigenous peoples whose healthcare comes from the Indian Health Service (IHS), which operates out of the US Department of Health and Human Services. (A significant number of Indigenous people are also—for the same structural reasons of colonialism and racism—on Medicaid. A significant percentage of Black, Indigenous and other people of color in the US have had no legal access to abortion care for decades.

We always remember the victors. We forget those who are left behind. The women and others whose lives are abrogated without catharsis.

As far as we know, there is no traditional midrash, or rabbinic legend, about the women in the harem. Given that traditional modes of rabbinic interpretation assign religious value to each word of text, the lack of midrash speaks volumes as to what our tradition and communities value. The unnamed women in the harem had full lives, but they are not seen as worthy of consideration or curiosity. So too, modern media often tells the stories of those impacted who are most privileged—the dramatic stories of those who can afford to travel for abortion care, for example—and not the millions of people who have no options, who are stuck like the women in the harem, because of the choices of men in power.

The Purim story tells us how oppressive power structures take away the human right to bodily autonomy. In Shushan, the men in power made decisions about what and how women and others should act; when and with whom they had sex, when and how they got pregnant. So too, today—the right to decide whether or not to have children, and on what terms those children may be raised, has been taken.

Reproductive Justice offers us a vision of what the world looks like when women, when all people, can exercise the most basic of human rights. When we remember the unnamed women in the Purim story, we can remember the people whose lives have been endangered and forever changed by oppressive abortion bans. When we allow ourselves to see the parallels between the Purim story and our current political reality, we come with a deeper understanding of the urgency to fight for reproductive justice for all.