

“Healing Justice”

Rev. Mary Gear

Delivered Sunday, November 14, 2021

First Reading: Excerpted from Rebekah Taussig's *Sitting Pretty: The View from My Ordinary Resilient Disabled Body*

“So many of us grew up (and continue to exist) under crushing systems—racism, sexism, ageism, classism, homophobia, size discrimination. These structures are like factories pumping out blueprints, designs, infrastructures, tools, and stories that shape our world. They have been running for so long, shaping our cultural history and current landscape, that a lot of us don’t even notice the billows of smoke jetting out of their industrial-sized stacks. They are fueled by the worth and power stolen from whole communities. They distort our sense of self, keep us quiet, and make us feel both small and like we are an enormous problem, both invisible and put on display, both a spectacle and swept under the rug.

“This act of thievery can be loud and violent, or quiet and sneaky. There are ways these oppressive systems overlap, feed off of each other, mirror one another, and there are also ways they remain uniquely distinct... Shame seems to be a bestselling product pumped out of all these crushing systems.”

Second Reading: An excerpt from The Rev. Dr. Martin Luther King’s “Letter from a Birmingham Jail.”

“All this is simply to say that all life is interrelated. We are caught in an inescapable network of mutuality; tied in a single garment of destiny. Whatever affects one directly, affects all indirectly. As long as there is poverty in this world, no man can be totally rich even if he has a billion dollars. As long as diseases are rampant and millions of people cannot expect to live more than twenty or thirty years, no man can be totally healthy, even if he just got a clean bill of health from the finest clinic in America. Strangely

enough, I can never be what I ought to be until you are what you ought to be. You can never be what you ought to be until I am what I ought to be.”

Sermon/Homily: What Is Just?

A picture of health. What image comes to mind when I say the phrase “a picture of health?” We use this phrase to describe someone who is very healthy. So, take a moment to pause and notice what image comes to your mind as a “picture of health?” // Pay attention to the details of the image in your mind’s eye. / What is the age of the person in your image? / Do they have a gender? / What is the color of their skin, eyes, hair? / What size are they? / What are they doing? / Are they standing, sitting, moving?

When I did this exercise a few days ago, I was surprised by my image, and then not so surprised. The immediate image that came to my mind was of a young girl, maybe a teenager, white skin with rosy cheeks—”a peaches and cream” complexion as my grandmother called it, blond hair, blue eyes, beautiful, smiling, slender and standing tall, confident and accomplished. I didn’t recognize this image as coming from anything I recall seeing, until my husband pointed out that the image sounded a lot like my niece.

Did some of what I described as my “picture of health” match yours? Were there things that were different? I wonder if we have a shared cultural picture of health, and how that is formed. As Rebekah Taussig pointed out in our reading, there is “racism, sexism, ageism, classism, homophobia, size discrimination...systems that pump out blueprints, designs, infrastructures, tools, and stories that shape our world.” They tell us what health is and who is healthy, and that image isn’t always just.

Noticing the biases that came up for me in my picture of health caused me to question: would I say that someone who is older or even an elder can be healthy? Sure. How about someone who is not white with a rosy complexion, blond, blue eyed? Well, yes. Someone who is gender queer? Yep. Someone who is neurodiverse? Yes. How about someone who is not tall and slender? Is it possible to be healthy and overweight? How

about being healthy when differently-abled physically, mentally or emotionally? //

Like the other words in the OUUC vision of a loving, just and healthy world, healthy is a complicated topic. In 1948 the World Health Organization defined health with a phrase still used: “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Since then, the WHO has added that health is “A resource for everyday life. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.” Recently researchers have added that health is the ability of a body to adapt to new threats and challenges, resiliency. This acknowledges that the absence of any challenge is not real, and that health can be a resource for living life with whatever physical, mental and social context we experience.

When we include “healthy” as part of the OUUC vision for the world, what do we mean? How do we examine the concept of “healthy” through the lens of justice? As a faith community that values the inherent worth and dignity of every person, I think we mean healthy to include all bodies, the diversity of human life. I think we broaden the circle to include all the ways that we think and feel as well as how we appear.

And, I think we create an image of “healthy” that takes into account that people have access to different levels and kinds of resources. Justice demands that, in order to have a more healthy world, we need to work for access to enough resources for all, including health care, and help build resilience in our communities. While we may have a picture of health in our mind’s eye, that image offers us a way to reveal our biases and change our perspective to be more just.

The reality is that we all have limits. We all have physical, mental and emotional limitations, and those limits change over time, sometimes over the course of a day—I know that I’m more limited in my decision making in the evening when I’m tired than in the morning when I am rested. Certainly, our limits change over the course of our lives, from infancy to elderhood.

And, sometimes, like Christopher Reeve, our limits change in an instant. Reeve before

his riding accident was a picture of health, handsome, strong, always striving, always learning. After his accident he wasn't sure he wanted to live. He had many resources that helped him adapt to his new life—he had a loving family, strength and determination, financial resources, fame and power. He used his moral compass and his faith community to help him channel his resources to support the good of others.

Right now, we are in a time a bit like what Christopher Reeve experienced: in March 2020, our lives changed and will never be the same. For these past 21 months, we have been adapting to a new reality. We are experiencing what some are calling a collective trauma.

Trauma is understood as the long-term physical, mental and emotional response to an event or series of events that are difficult and challenging. The pandemic has caused a challenging and difficult situation for the entire world, causing many of us to wonder if we are safe and if our basic needs will be met. Add to this the other emergencies we are facing—climate crisis and the attacks on democracy as well as the depths of racism—well, is it any wonder that many of us are suffering?

There is a term that I find useful to help understand this time in history; it's the “burden of accumulated adversity.” It simply means that when more stress is piled on us, we are more likely to suffer emotionally. Burdens of accumulated adversity can apply to individuals and groups, like a community or nation.

During COVID we have experienced fear of getting sick, worry about family and friends, worry about children and school, worry about financial stability, we've suffered loss and faced death, and grappled with misinformation, changing information, and uncertainty. Estimates are that 1 in 3 people are very fragile right now, struggling with anxiety, depression, angry outbursts. And for many of the rest, we're at the bottom of our well of compassion, feeling that our emotional resources are low, and the well is dry.

Some of us are like Christopher Reeve; we've had resources that can help us through this time. We carry a burden of accumulated adversity, and we've had the means to help us carry it. For others, especially those in marginalized communities who experience

racism, sexism, ageism, classism, homophobia, size discrimination—all the isms, the basic burden starts out larger, the everyday burden is big. Then the pandemic and climate and other challenges just pile on.

While we humans can be amazingly resilient and adaptable, we are not built to withstand large burdens of accumulated adversity for long periods of time. That is in part why people in BIPOC communities struggle with poor health and shorter life expectancy; in addition to a medical system that does not support them and a society that does not provide access to medical care for all, BIPOC bodies and those in other marginalized communities carry a much larger burden, and that burden takes its toll. The absence of health—having resources to help us live—is cumulative and too much of a burden impairs our decision-making skills. We see this all the time with people living in poverty; the stress of poverty alone limits a person's reasoning skills, yet when people make “bad” decisions, we blame them instead of looking at their context.

Earlier this year, psychologist Adam Grant wrote about languishing, what many of us are feeling at this time—not ill but not well either. If we imagine mental health as a spectrum from depression—despondent and drained—to flourishing—mastery and meaning, in the middle is languishing, not ill but not well either. Not functioning at full capacity, lacking motivation, and finding it hard to concentrate. For many, this is added to an already heavy burden.

Recently Jamil Zaki wrote in *The Atlantic* about languishing in this phase of the pandemic. Zaki is a professor of psychology at Stanford University and director of the Stanford Social Neuroscience Laboratory. He suggests that the primary source of languishing now is isolation and that the cure is connection.

Zaki says that self-care in this time is important, what we do for our own well-being is good for softening intense stress and anxiety. That may be things like napping, watching Netflix or our individual spiritual practice. But Zaki asserts that self-care won't fulfill our psychological needs as we rebound from the pandemic. In order to come through this time in a healthy way, we need “other-care” as well as self-care. We need to connect with others in a way that gives purpose and meaning; we need connection to why we

are doing what we do and a connection to who we are caring for.

The Rev. Dr. Martin Luther King knew this decades ago. He said “As long as diseases are rampant and millions of people cannot expect to live more than twenty or thirty years, no man can be totally healthy, even if he just got a clean bill of health from the finest clinic in America. I can never be what I ought to be until you are what you ought to be. You can never be what you ought to be until I am what I ought to be.”

So, we are in the same storm, but not in the same boat. We have very different resources and access to resources. We all have limits, some of us are closer to our limits than others, some of us are past our limits. Each of us has a story to tell about this time and our experience of it. Our stories and experiences aren't the same, but we all have a story to tell.

We do need to take care of ourselves in order to be healthy in body, mind and spirit. And we also need to take care of each other. None of us will be healthy until all of us are healthy. None of us will be free until all of us are free. That is our work as a spiritual community.

So, what can you do for other-care this week? I know that many of you are doing other-care for this congregation. One of the classrooms is full of books for the book sale in a few weeks whose proceeds will benefit those who are houseless. The Stewardship Team is wrapping up its work to help with the financial health of OUUC. The Board will meet this week to support the governance of this congregation. The Pastoral Care Team and the Worship Arts Team will each meet as they continue their work. The Full Moon Meditation sangha will offer the chance to get centered.

What one thing can you do this week to support your neighborhood or faith community? Perhaps you can listen to the COVID story of a friend or neighbor. Perhaps you can send a blessing to someone who is struggling. Perhaps you can bring food or hygiene items to the Drive Through next Sunday. It doesn't have to be anything big or flashy. It just has to be done with empathy and care, open hands and open hearts.

In a few weeks when we dive further into the spiritual theme of “healthy,” I will speak

about what makes a healthy congregation. In the meantime, we can use the lens of justice to broaden our picture of health.

The pandemic has offered us the opportunity to reimagine many things, including just. It has laid bare things that many people have not seen. We have encountered not just the virus of COVID-19, but the virus of racism, of authoritarianism, of disconnection from each other and our natural world. We have the chance to reimagine what a picture of health would be, for people and for our nation, and make change so all can have the resources to be healthy, strong and resilient. When the bonds of connection are revealed, we are inspired to act for justice. That would indeed be healing justice.

Throughout the pandemic, the OUUC community has prioritized health—physical and emotional—as we made decisions together about how to take care of ourselves and each other. We used health through the lens of justice to guide our actions. As we begin to come together in person again, may we continue to hold health and justice as our values and vision. May we broaden our view of what is healthy. And may we bring grace, compassion and love to our interactions and to the world.

Let's take our bodies and our breath into a time of silence together.