WE ARE BRAVE

Race, money, and abortion access

A Movement Building Curriculum

All* ABOVE ALL

FORWARD TOGETHER

WESTERN STATES CENTER

We are Brave:
Race, money, and abortion access

A movement-building curriculum

by Forward Together and Western States Center
www.forwardtogether.org
www.westernstatescenter.org

Dear justice ally,

We are pleased to share We are Brave: Race, money, and abortion access with all our allies in the social justice movement.

We created this political education curriculum because social justice movement leaders asked us to. In 2013, we had a series of conversations with leaders of state-based and national racial justice, immigrant justice, and economic justice organizations. We asked leaders:

- Do you think abortion access for low-income women is part of a broader justice agenda?
- Are your members and leaders negatively impacted by restrictions on abortion access?
- Would it be a good idea to broach conversations about abortion access with your members and leaders?

We heard a resounding yes to all of these questions. And at the same time, we heard that there was a need for political education curriculum that could support organizations in broaching conversations that could potentially lead to a stronger, bolder, and braver movement that includes low-income access to abortion as part of our shared vision of justice.

The debate over issues of reproductive health and rights polarizes our communities and movements, and we have yet to find a unified progressive voice. It is no accident that reproductive health and rights issues

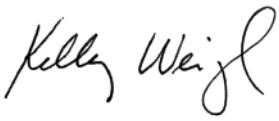
are often the ones progressive coalitions will agree to take off the table to prevent division. Cloaked in stigma and shame, abortion has been a deliberate wedge used to divide communities who struggle deeply with autonomy, sovereignty, and gaining political power.

This impasse within our movements where we are unable to grapple with abortion care and coverage seriously ignores the realities of our constituents' and members' lives. It leaves unremarked and unaddressed the ways politicians and fundamentalists are curtailing the ability of women, especially women of color to govern themselves, their families and communities.

But we, and the leaders we spoke with, believe it's possible to overcome this impasse and We are Brave is one tool to help us do that. This three-part toolkit supports justice organizations to build a shared understanding of abortion as one aspect of reproductive and sexual health; to explore abortion access through the lens of racial, economic and immigrant justice; and to suggest possible pathways toward action.

Our highest hope is that these conversations move us to further collaboration toward a just and brave world.

In solidarity,



Kelley Weigel, Western States Center

Eveline Shen, Forward Together

Jessica González-Rojas, All* Above All and National Latina Institute for Reproductive Health

Kierra Johnson, All* Above All and United for Reproductive and Gender Equity (URGE)

We are Brave: Race, Money and Abortion Access

About This Curriculum

We are Brave is designed for bridge builders – organizers, activists and leaders in organizations committed to advancing racial, gender, and economic justice.

In these three modules, immigrant rights, civil rights, and/or economic justice organizations will find tools that they can use to connect the dots between their core issues and abortion access. Leaders across our many movements want to learn how to hold conversations about equity and justice that allow people to share personal intimate stories that may be wrapped in stigma and shame, particularly the stories in which race, gender and economic status collide. We need to understand how these stories come together and identify where they systematically marginalize multiple communities economically and politically.

These modules are part of a comprehensive 15-module curriculum developed by Western States Center in Fall 2014 to provide organizations even more resources to support their political education efforts.

Who Is This For?

This curriculum was designed for trainers and organizers who:

- Can see that issues of reproductive justice are integral to social justice.
- Are tired of the strategies that wedge and divide us.
- Understand our community members live complicated multi-dimensional lives, and need organizations to respond to the full spectrum of their issues, from the personal to the public.
- Seek to create safe spaces for all communities to share their stories without judgment or shame.
- Want our members, leaders, and organizations to be public champions for reproductive justice, broadly and abortion coverage specifically.

How to Use This Curriculum

Each training module includes:

- A summary description of the workshop
- An overview of goals
- A summary table of the workshop agenda
- A list of materials needed
- Notes and tips for the trainer/facilitator
- Directions, sequence of steps, and background notes

Our assumptions for trainers picking up these modules are that you will:

- Creatively and strategically adapt exercises to your organization's and audience's needs
- Modify and update data so that facts and historical events are local and accurate
- Plan workshops thoughtfully so they contribute appropriately to your organization's political education trajectory and other needs.

This curriculum is no substitute for the rigorous community organizing that organizers do. These training workshops were developed as partner organizations grew and deepened their collective analysis. Although they're specific to the organizations and states we work with, we believe they have much broader value and utility to organizations across the country. However, what cannot be captured in these modules are the

numerous strategic community discussions that we've had with the leadership and base of each group, and which we continue to hold.

Who are Western States Center, Forward Together, and All* Above All?

Western States Center has worked to build the progressive movement in the West for the past 27 years. Our mission is to connect and build the power of community organizations to challenge and transform individuals, organizations, and systems to achieve racial, gender, and economic justice. We envision our movements achieving a just society where we all flourish in sustainable, caring, and connected communities. The Center develops individual leadership, strengthens the capacity of organizations and communities, and acts as a convenor and catalyst for bringing together leaders, organizers, and community-based groups across movements to build a stronger social justice movement.

Forward Together is a multi-racial organization that works with community leaders and organizations to transform culture and policy to catalyze social change. Our mission is to ensure that women, youth, and families have the power and resources they need to reach their full potential. By developing strong leaders, building networks across communities, and implementing innovative campaigns, we are making our mission a reality. Forward Together staffs and leads Strong Families, a national initiative to change the way people think, feel, and act in support of families of all kinds.

All* Above All unites organizations and individuals to build support for lifting bans that deny abortion coverage. Our vision is to restore public insurance coverage so that every woman, however much she makes, can get affordable, safe abortion care when she needs it. The campaign's goals are to:

- Energize and activate a strong base of support that reflects women most impacted by bans on abortion coverage such as the Hyde Amendment: low-income women, women of color, and young women;
- Educate policymakers about the impact of abortion coverage bans and demonstrate public support for policies that expand abortion coverage;
- Elevate proactive policies that lift up abortion coverage; and
- Increase visibility around abortion coverage bans.

MODULE 1

Stories of Reproductive Health Access

Time: 2 hours and 15 minutes

Summary

This curriculum module will help participants understand the varied experiences that people have in accessing reproductive health services, particularly abortion. It uses scenarios demonstrating some of the real barriers that people who seek reproductive healthcare face, the kinds of support they need, and the ways that they have exercised their own power for reproductive justice. Discussing these stories will help organizations and groups deepen their shared analysis of reproductive justice and abortion access and to connect the dots with their own social justice issues and agendas.

Goals

- Understand abortion as part of a spectrum of reproductive health services that all communities should have access to as basic health care.
- Identify the policy, cultural, social, and economic barriers that prevent access to reproductive health services, particularly abortion.
- Articulate the kinds of support, resources, and power that people need in order to have just and dignified reproductive health care, affirming the role of the government in providing key public services.

Materials Needed

- Definition of reproductive justice on a flip chart or slide
- Flip chart with a suitcase diagram of support and resources, barriers, and power and action for reproductive health access (see section two of this curriculum)
    - o one copy for large group discussion
    - o 3-4 additional copies for small group scenarios
- Copies of the Reproductive Health Access Scenarios

Agenda Outline

EXERCISE	FORMAT	TIME
Welcome and Grounding	Presentation	10 minutes
Real Talk: Understanding Abortion Access Through People's Stories	Large group discussion	45 minutes
Small Group Discussion of Reproductive Health Access Scenarios	Small group discussion and report-back	45 minutes
Debrief	Large group discussion	20 minutes
Wrapping Up and Next Steps		15 minutes
	TOTAL TIME :	**2 hours and 15 minutes**

Trainer's Notes

- Some of the stories in this workshop are about abortion and abortion coverage, and others are about a broader spectrum of reproductive health care across the lifespan. It is important to be able to discuss the social, political, economic, cultural, and historical contexts that shape people's access to the power and resources they need to care for themselves, their families, and their communities. This is what reproductive justice is. Facilitators can choose scenarios that are most useful to the particular needs and goals of your group.
- These stories are composites of many stories compiled by Western States Center and Forward Together through informational interviews with partners.
- Throughout this curriculum, we incorporate gender-neutral language to discuss abortion. In other words, we say "a pregnant person," rather than "a pregnant woman." We do this because transgender men and gender non-conforming people can also be pregnant. This inclusive language is in line with the values of the reproductive justice movement and the communities we represent. At the same time, using gender-neutral language does not always highlight the disproportionate impact of abortion policies on women, institutionalized sexism, and the many efforts to undermine the self-determination and autonomy of all women, including transgender women. If your organization has never discussed gender identity and does not have a strong analysis of sexism, then we suggest that you use the term "woman" throughout this curriculum. We do hope you will find opportunities to begin the process of introducing an analysis of sexism and gender that includes and acknowledges the experiences of transgender people in our organizations, families, and lives. If your organization neglects to include transgender and gender non-conforming people's experiences with abortion, they are leaving out a critical piece of the conversation around reproductive justice.

Welcome and Grounding (10 minutes)

SAY: "In this workshop, we are going to discuss the experiences that many people have in accessing reproductive health services and, in particular, abortion."

REVIEW goals. **CREATE** group agreements. The following agreements may be particularly helpful:

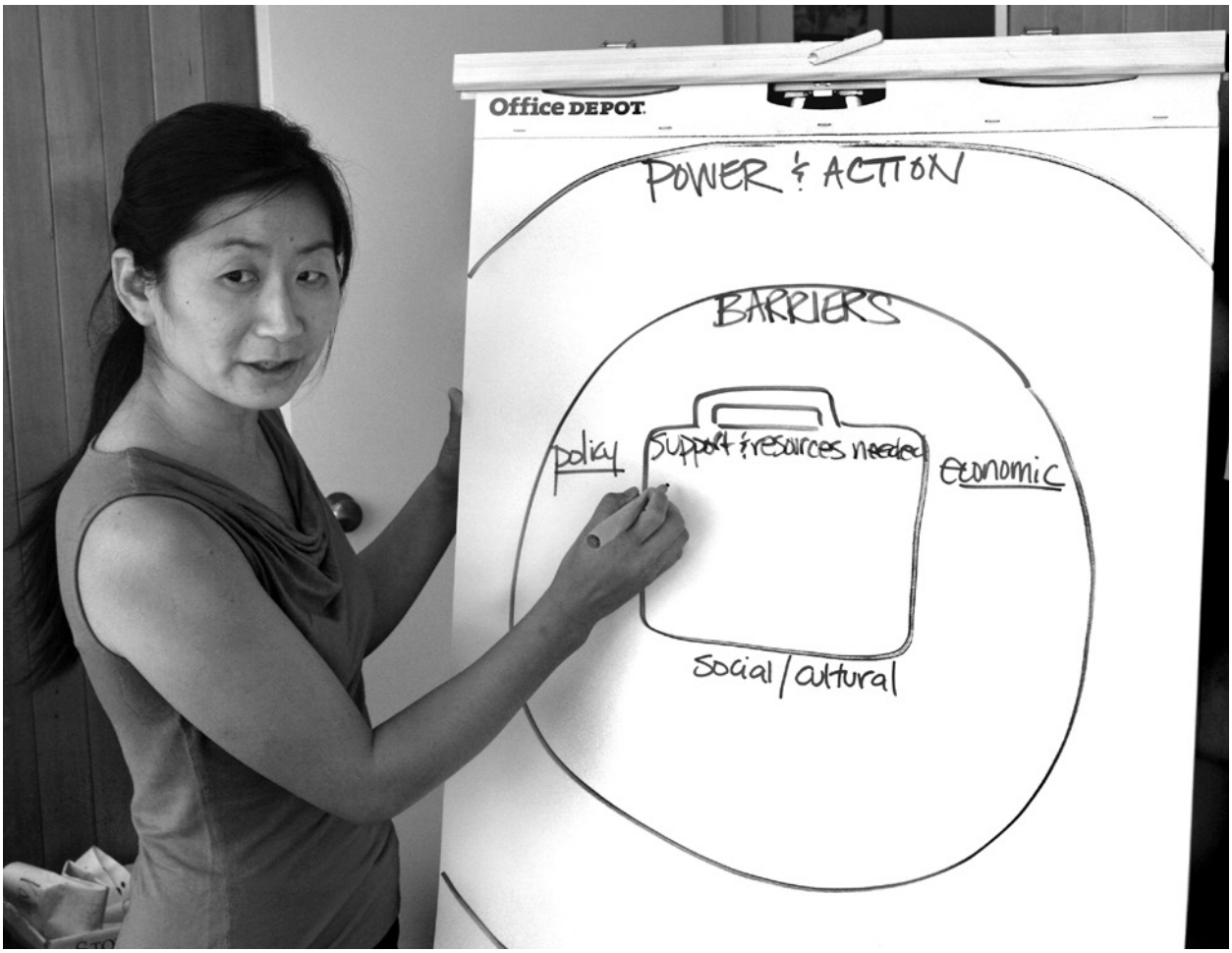
- **Respect different opinions:** We will respect that we can all have different opinions about whether ending a pregnancy is something we would do – or something we wouldn't do.
- **Create respectful space:** We will respect that we do not know the personal histories, lives, and stories of everyone in the room – so we will seek to create a respectful space that supports the dignity of each of us in this room.
- **Listen and learn together:** We will seek to listen to each other and learn together how to talk about access to abortion – even while acknowledging that this is a conversation that many of our communities have kept hidden or silenced in the past.

REVIEW the definition of reproductive justice:

> *"Reproductive Justice will be achieved when all people have the economic, social, and political power and resources to make healthy decisions about our bodies, genders, sexualities, and families for ourselves and our communities in all areas of our lives."*

SAY:

> *"We are going to take a closer look at the kinds of power and resources people need for reproductive justice. One of the core principles of organizing for social justice is that we center the leadership and demands of those people who are directly affected by systems of oppression. We can't do that without knowing people's stories and experiences. In this workshop, we are going to discuss some case studies. These are typical stories of people seeking reproductive health services at various points in their lives and for various needs. The case studies illustrate the vast range of needs and resources that people must pull together in order to access reproductive health services – from information to emotional support, insurance coverage to out-of-pocket funds, documentation to language access, transportation to protection against pushback, scrutiny, and judgment. The studies also reveal the complex sets of barriers that stand in the way."*



Real Talk: Understanding Abortion Access through People's Stories
(45 minutes)

SAY: "We are going to read three scenarios out loud and discuss them together."

DISTRIBUTE copies of the large group scenarios (on the following page), asking participants to pay attention to the following questions:

1. **Support and Resources.** What forms of support and resources does this person need access to in order to have just and dignified reproductive health care?
2. **Barriers.** What are the barriers that they face in accessing the support and resources they need for just and dignified reproductive health services?
3. **Power and Action.** How does this person exercise power? What kinds of changes in our communities need to happen in order for these barriers to be overcome? What kinds of action can people take for these changes?

ASK three volunteers to read the following scenarios:

HAND-OUT

Reproductive Health Access Scenarios

Scenario 1: No Healthcare Coverage for Abortion (state without Medicaid coverage)

I am 28 years old and I have two children. I'm working two part-time jobs, and my partner receives disability insurance. Both our incomes just barely cover the bills. My jobs aren't great and definitely don't pay well; I keep looking for better work, but it seems that nobody's hiring these days.

We found out that I was pregnant. I knew I didn't want to have any more kids, at least not for now, and I was using an IUD (intra-uterine device, a form of contraception). But I guess birth control can fail you. I thought about all the things I could do and calculated our budget, and I decided that I really couldn't see this pregnancy through.

I have Medicaid, health insurance through the state, and they won't cover an abortion. I started asking my friends and family for help. Some of them came through as much as they could, but we still weren't able to put together enough money to pay for an abortion. The more time that went by, the more expensive it became. I realized that I needed to make a decision – not pay the rent for a month or to give birth to a child that we didn't have enough money to raise.

Scenario 2: Abortion and Low-wage Work (state with Medicaid coverage)

I'm 45 years old. I have three children, and recently I found myself pregnant after I thought I couldn't have children anymore! It simply wasn't part of my family's plans to raise another child, and after talking it through with my partner we decided we wanted to terminate the pregnancy.

I called in sick to work the next day and drove to Ashland to go to a clinic. I had to wait what felt like all morning even to be seen, and they told me it took that long to find an interpreter. I told them, "I'm the child of refugees, but if you paid any attention you would have noticed that I speak perfect English!" The rest of the visit, the staff kept talking with each other as if I was not there, and I had to keep asking questions and forcing them to engage with me directly. I asked if I could use my insurance, but they told me that Providence doesn't cover abortion because they are Catholic. The procedure would cost $550 out of pocket. I don't have the cash flow for that.

An advocate asked me if I might qualify for the Oregon Health Plan (state Medicaid), because I could get fast-track approval for full abortion coverage that way with no out-of-pocket expenses. We realized that I would qualify. She advised me to go to the DHS office in my county, and she said, "Make sure to tell them you are pregnant, so you can be fast-tracked, but be very careful not to share with anyone but the caseworker that you want an abortion. I've heard horror stories from people who don't get the information they need or are even lied to because the receptionist or office staff – or even the case-worker – is anti-abortion."

It took a while to get to the DHS office in my county, because I couldn't take more time off of work right away. Luckily, the caseworker helped me get approval the following day. I know I'm cutting it close, because the clinic in Ashland only does abortions up to nine weeks. If I wait any longer, I'll have to drive a long way to get it done somewhere else. Also, I've been told that after the first trimester it will cost more, and OHP might not cover all of the cost.

Scenario 3: Tribal Sovereignty Issues and Abortion Access (state without Medicaid coverage)

I'm a 22-year-old Native American woman from Idaho. I'm the first person in my family to go to college, and I attend the University of Oregon. When I was researching schools, I chose U of O because, not only do they have a good journalism program, I also found out they give in-state tuition to Native students from surrounding states.

I found out that I was pregnant last month. I have big plans for my future and to serve my community, and I'm simply not in a place in my life that I can raise a child. After much deliberation, I decided that I wanted to terminate the pregnancy. Back home in Idaho, I get all my health care through the Indian Health Services (IHS) clinic like everyone else on my reservation. When I'm at school, if I need to see a doctor I usually go to the IHS clinic at Siletz, since it's the closest. When I Googled "abortion and IHS" I found a document that clearly states that "Federal funds may not be used to pay for or otherwise provide for elective induced abortions" except in cases of life endangerment, rape, or incest. I called the IHS clinics in both Oregon and Idaho, and they said this was true. When I asked about my options, they weren't very helpful.

I wasn't sure where else I could go, and I didn't have money to pay for a procedure out of pocket. I found out through the women's center at my school that, in Oregon, the state Medicaid program does provide abortion coverage, and they even fast-track applications from pregnant women. I wasn't sure if I would qualify because I'm not technically an Oregon resident and also I already have health care coverage. But I went to the office anyway, and they said that I was eligible. In the end, I was able to get the care that I needed covered. But I hate to think what would have happened if I had stayed in Idaho. Unlike Oregon, the state Medicaid program there does not cover abortions. Also, it took a lot of research and problem-solving, and I know that not everyone in my case has access to this kind of information or support.

LEAD a discussion using these scenarios to fill out the following diagram on a flip chart (as on page 11):

USE the questions the group was asked to consider about **Support and Resources, Barriers**, and **Power and Action.**

REFERENCE the "Sample Responses" chart at the end of this document for examples. During discussion of barriers, **SAY:**

> *"A particular policy that shapes this person's access to abortion is the Hyde Amendment. Although the Supreme Court case Roe v. Wade established the legality of abortion rights in 1973, Congress passed the Hyde Amendment just four years later. Hyde bans the use of federal public funding for abortion. This means that people who get their health care through Medicaid (1 in 7 women do), federal employees (including members of Congress), people incarcerated in federal prisons or detention centers, military service members and veterans, and Peace Corps volunteers cannot have insurance coverage for abortion.*
>
> *Some states have created means through which they can use state Medicaid funding for abortion coverage."* **[NOTE TO TRAINER:** You can check Guttmacher Institute's website to see if state(s) relevant to where you are training have Medicaid coverage for abortion.[1] You can share this information with the group to make your conversation more relevant to where you are.]

EMPHASIZE the following points:

- This suitcase represents the resources and support that someone needs to access dignified reproductive health care, in this case, abortion. We could see this suitcase as what any given person should be able to carry around with them at any given time.
- But there are many barriers that stand in the way of someone being able to have what they need. Dominant culture often blames the person at the center for their own lack of access. But as we can see, the barriers are institutional and systemic, historical and complex, and deeply interconnected.
- We can fall into a trap of seeing the person in the scenario as having no power, when in fact they exercised a great deal of power. But they can't overcome these barriers alone. Indeed, the solutions require communities to organize together as a collective in order to change systems.
- Also, the barriers that this person experiences are interconnected, and so the solutions must also be.

ASK: "Do you have any questions or additional reflections?"

Small Group Discussion of Reproductive Health Access Scenarios
(45 minutes)

NOTE TO TRAINER: There are six scenarios in this section of the workshop. These are appended at the end of this curriculum. Pre-select the ones that best fit the needs and knowledge of participants. Depending on the size of the group, you can choose whether to give each small group only one scenario or multiple scenarios. If you give small groups more than one scenario each, plan to add time for their discussions and the larger debrief.

1 https://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf

DIVIDE the participants into three or four small groups, and give each a blank copy of the flip chart suitcase diagram.

SAY:

"Now we are going to divide into small groups and each look at additional scenarios using the same framework we've been discussing. We'll use the same questions and some additional ones as a guideline for discussion. You have about 25 minutes in your groups to read through the scenarios and discuss."

USE the following discussion questions (**WRITE** these on a flip chart):

1. What forms of support and resources does this person need access to in order to have just and dignified reproductive health care?
2. What are the barriers that they face in accessing the support and resources they need for just and dignified reproductive health services?
3. What kinds of messages about people and their bodies are underlying in this case study?
4. How does this person exercise power?
5. What kinds of changes in our communities need to happen in order for these barriers to be overcome? What kinds of action can people take to make these changes?

ASK groups to report-back. Each group reports back for three to four minutes each. Ask them to share a one-sentence description of their scenario as well as:

- the resources and support the person needed
- the barriers in their way
- the power and action needed in this scenario

REFERENCE the "Sample Responses" chart for examples.

Debrief (20 minutes)

To debrief, **ASK:**

- What are some of the patterns that we see in the barriers?
- What are the messages that justify and maintain these barriers?
- What do we think is or should be the role of the government in guaranteeing and protecting all communities' rights to accessible and affordable reproductive health care?
- Now, looking at the kinds of power, support, and resources that the communities in these and other scenarios need – how can we ensure that these resources exist? What are the remedies and solutions?
- What are the ways that the speakers in each scenario exercised their own power? How can we make sure that our organizing and policy advocacy efforts center the leadership and power of the people directly affected by these issues?

WRITE key words or concepts from participants' answers on a piece of flip chart paper.

EMPHASIZE the following take-away points:

- While abortion is a legal right in the United States, some people have barriers to exercising that right – policy barriers, economic barriers, and social barriers. This makes abortion access an issue of social justice.
- The government plays a key role in guaranteeing and protecting communities' access to affordable and dignified reproductive health care. Public funding is a key resource. Because corporations have so much power over how our health care system works, many people can't afford health coverage. About 1 in 5 people in the U.S. are on Medicaid, and more than half of Medicaid enrollees are people of color.
- Harmful stereotypes and stigmas about women, people of color, LGBT people, immigrants, and low-income people (like "welfare queen," "anchor baby," or submissiveness as a cultural trait) are used to justify these coverage bans and other policies that control communities' reproductive options. The core message is that women and transgender people cannot be trusted to make decisions about their own bodies.
- But people can and do exercise agency and power every day in their own lives – by making the best decisions they can, by strategically navigating institutions, by knowing their own bodies and needs, by pushing back against oppression, by participating in community organizing, and more.
- There is much that organizations (like y/ours) can do to participate in cultural and policy change for reproductive justice. [Refer back to some of the things that the group came up with.]

Wrapping Up and Next Steps (15 minutes)

SAY: "I'd like to close by asking everyone to share something they are leaving this workshop with. It could be a new idea, a commitment, or even a question."

HAND-OUT

Reproductive Health Access Scenarios

1. Contraceptive Access and Youth

I'm 17 years old, a junior in high school, and have been having sex since I was 15. I come from a big immigrant family where talking about sex is totally off limits. I can't talk to them about it even if I wanted to because I don't know the words in their language to say, words like sex or birth control or vagina. My older sister got pregnant when she was 16 and now has a three-year-old, and I see how hard it is for her. I wanted to get on the pill so that I don't get pregnant too but my friend told me pills cost her $50 a month with a prescription! I don't want to talk to my doctor because my mom is always with me when we go and I don't want to go to the health center at school because I'm afraid people will gossip about me. At first, my boyfriend would pull out when we had sex, and I'd pray to God that I wouldn't get pregnant. Last month though, another friend told me to go to the county health clinic and ask about the CCare program. I went over and they said I could get a year of pills for free – wow! That's $600 I'm not spending in my no-job life. I'm grateful my friend told me about CCare and I'm definitely going to tell my other friends about it. But, I'm worried that when I graduate from high school and get a job, I might not be able to qualify for the program anymore.

2. Pregnancy/pre-natal Care and Undocumented Immigrants

I'm a mother of two young children and I'm five months pregnant with my third child. I don't have my papers yet so I don't get healthcare. Sometimes doctors will come to the farmworkers' housing we live in to give services but we never know when that is going to happen. For my last two babies, I showed up at the emergency room at the hospital in the city to give birth. That's the only way I know how to deliver my babies for free. After I gave birth the first time, a nurse there was telling me how I should have come in earlier that I should get check-ups before I give birth – but I know we can't pay for that. One of the other wives at the farm who works for a lady says if you don't have health insurance, it costs $2,000 for check-ups. If I don't use the ER, it could cost us $10,000 just to give birth – an easy birth without a Caesarean. Where will I find that kind of money?

3. Abortion and Low-wage Work

I am 30 years old and have been working as a waitress since I was 18. My base pay is $2.13/hour because I make tips, so each week my paycheck depends on how well I do with my customers and how many shifts my manager gives me. My manager, who's been hitting on me since I started this job, keeps asking me out. I've been avoiding giving him a direct answer or saying no because I need the shifts. I recently found out that I was pregnant, and I'm not ready to have another child. I can barely provide for me and my seven-year-old as it is. I'm on a cheap health insurance plan that doesn't cover abortion care, and Medicaid doesn't cover abortion in my state. So some of my friends pooled some cash so I that I could get an abortion at the local clinic. After the procedure, the doctors

told me to take it easy for a couple of days and not go to work. When I was able to go back, the same manager who has been harassing me for a date told me that I had missed too much work and didn't have a job anymore.

4. Reproductive Health Access and LGBT Justice

I'm 34-year-old queer woman. I run my own business, and I have to pay a ton of money out of pocket for all of my health care needs. Because of this, I hardly ever go to the doctor unless it's an emergency. It's frustrating, because I could have full coverage on my partner's insurance. But her employer doesn't recognize our domestic partnership and won't extend benefits to me, even though they do for straight couples. We even got her union to include domestic partner coverage in their contract negotiations, but they weren't able to win it this year. This means that I don't get coverage for anything, including my reproductive health needs.

5. Contraception, Abortion, and Trans Justice

I'm a 29-year-old trans man – I was assigned female at birth but I identify as male and live my life as a man. A couple months ago, I switched from one insurance company to another because I just changed jobs. I'm glad that my new insurance covers my primary care provider because she has been a great ally and very knowledgeable in trans health issues. The insurance company itself has not been so great, though. I need birth control pills because I'm physically able to get pregnant, and my partner is a man. I have had top surgery, but I am not currently on testosterone. Our plan fully covers contraception, but because my gender is listed as male, they keep refusing me this coverage. I've called and talked with the benefits specialist – I even sent them a fact sheet about trans health and contraceptives – but they haven't been able to work it out in their system.

I started paying out of pocket for the pills, but we couldn't afford to keep doing that, and so we haven't had access to pills for four months as I'm given the run-around with my insurance company. I do want to be a parent, but I don't want to be pregnant or give birth. The new insurance has already been a nightmare, and so I know I'd have to jump through the same hoops to get an abortion covered if I ever needed one (even though, like contraception, my insurance is also supposed to fully cover abortions). If I needed an abortion and could not access it through my insurance, then maybe I could try the women's clinic that is nearby. But I don't actually know if they would serve me as trans man.

6. Abortion, Birth, and Civil Rights of Incarcerated People

I'm a 38-year-old woman, and I was arrested two years ago for a non-violent drug offense and spent two years in prison. I was four months pregnant when I was arrested and though I wanted my baby, I did not want to be pregnant and give birth while inside. Despite how hard a decision it was, I decided I'd rather have an abortion than spend my entire pregnancy behind bars only to give birth in chains and have my baby immediately taken from me after birth. I told them I wanted an abortion at booking but was told I couldn't get one. Who was I to question? I ended up keeping my baby and I love her, but it breaks my heart that I missed the first years of her life. They barely let me have any

time with her after hours of being in labor. All I wanted was to hold her, but they took her away after only an hour. My milk dried up and there was no way I could pump breast milk for her. She stayed with my mother who was old enough to need care for herself. My mother couldn't afford to travel the three hours to bring her to visit. She also worried the baby would get sick if she brought her there. Plus, the prison didn't allow contact visits so I wouldn't have been able to hold or touch her. Since I got out I've been reunited with my baby, but she doesn't recognize me as her mother yet. Because I now qualify for Medicaid, I have been able to see a doctor who recently informed me that I can no longer have children. Apparently, while recovering from childbirth, the doctor tied my tubes without my permission. My baby Lily is the best thing in my life, and yet I'm so angry. I did my time, and I've been trying to get my life back together, but my two years in prison have changed my entire life forever in ways that aren't fair.

Sample Responses To Scenario Discussion Questions

SCENARIO	SUPPORT AND RESOURCES NEEDED	BARRIERS	POWER AND ACTION
Large Group Scenario 1: No Healthcare Coverage for Abortion (state without Medicaid coverage)	Living wage, public funding support (Medicaid, disability), safety net, full reproductive health coverage	**Policy:** Hyde Amendment and state Medicaid ban **Economic:** Low wages, underemployment, lack of job options **Social/cultural:** Lack of support for abortion access	**Power exercised**: Personal decision-making and resource gathering **Collective action needed for:** State public funding for abortion, repeal of Hyde Amendment
Large Group Scenario 2: Abortion and Low-Wage Work (state with Medicaid coverage)	Partner support, insurance coverage and/or state Medicaid funding for abortion, adequate care close to home	**Policy:** Limited abortion care nearby **Economic:** Low income **Social/cultural:** Cultural bias/dismissal at clinic, anti-abortion gatekeeping	**Power exercised:** Self advocacy at clinic, navigating systems, abortion coverage mandate for all insurance **Collective action needed for:** Cultural competency in health care institutions, DHS staff training/ accountability about abortion and coverage
Large Group Scenario 3: Tribal Sovereignty Issues and Abortion Access (state without Medicaid coverage)	Abortion coverage through IHS, and/or state Medicaid, access to referrals and advocacy for healthcare and support.	**Policy:** Hyde bans abortion coverage in IHS, Idaho ban on public funding for abortion **Economic:** Income **Social/cultural:** Lack of referral support/advocacy in IHS	**Power exercised:** Research and problem solving **Collective action needed for:** Medicaid coverage in all states, repeal of Hyde, wraparound referral services in IHS

Small Group Scenario 1: Contraceptive Access and Youth	Access to and coverage for contraception, supportive environment at school, comprehensive sex education including access to information about resources, school-based health clinics, patient confidentiality to ensure visits aren't disclosed to parents through insurance	**Policy:** Contraceptive access for all, absence of statewide comprehensive sex education **Economic:** Affordability **Social/cultural:** Stigma among peers and in family about sexuality	**Power exercised**: Personal resolve in decision-making, seeking information **Collective action needed for**: Contraceptive coverage for all, cultural shift around sex and reproductive health in school
Small Group Scenario 2: Pregnancy/ Pre-natal Care and Undocumented Immigrants	Access to affordable, accessible, high quality pre-natal, maternal, and delivery care, economic security and reliability in services	**Policy:** Lack of pre-natal, maternal health and delivery coverage for undocumented immigrants, lack of cultural competency mandate and standards **Economic:** Affordability, accessibility **Social/cultural:** Sporadic provision of health care to farmworkers, anti-immigrant sentiment	**Power exercised**: Seeking information and options **Collective action needed for**: Full reproductive health coverage for undocumented people
Small Group Scenario 3: Abortion and Low-wage Work	More comprehensive health coverage and/or public funding of abortion, safety net, living wage, access to information about health and insurance systems.	**Policy:** Hyde Amendment, 'Right-to-Work' laws, Lack of Paid Sick Days **Economic:** Income too low **Social/cultural:** Patriarchal attitudes about women, corporate profit is worth more than human rights	**Power exercised:** Navigating systems to find information and resources **Collective action needed for:** Higher minimum wages, anti-harassment policies with teeth, workers' right to unionize, Paid Sick Days, Affordable childcare, repeal of Hyde

Small Group Scenario 4: Reproductive Health Access and LGBT Justice	Full and accessible health care coverage, recognition of rights as LGBT partners	**Policy:** Lack of recognition of same-gender couples **Economic:** Health care affordability **Social/cultural:** Heterosexism in policies and practices	**Power exercised**: Organizing within union for domestic partnership coverage **Collective action needed for**: Universal healthcare, intersectional organizing within union (LGBT rights as workers' rights), domestic partnership recognition or marriage access.
Small Group Scenario 5: Contraception, Abortion, and Trans Justice	Full reproductive health coverage, trans cultural competency, allyship, and advocacy in healthcare and insurance providers	**Policy:** Lack of full trans inclusion in insurance coverage **Economic:** Needing to pay out of pocket for services that should be covered **Social/cultural:** Transphobia, lack of safety and recognition in institutions	**Power exercised**: Personal advocacy, navigating institutions **Collective action needed for**: Trans-inclusive health care and insurance coverage, provider cultural competency mandates and standards
Small Group Scenario 6: Abortion, Birth, and Civil Rights of Incarcerated People	Recognition of reproductive rights during incarceration, access to family support access to health care and other support services (during and after incarceration)	**Policy:** Shackling during birth, denial of abortion care in prison, no-contact visitations, forced sterilization **Economic:** Impact of incarceration record on employability and access to housing/other services **Social/cultural:** Lack of human rights for incarcerated people, family separation	**Power exercised**: Personal advocacy **Collective action needed for**: Anti-shackling policies, abortion coverage in prison, right to reproductive decision-making for incarcerated people, ban on forced sterilization, full range of visitation rights

MODULE 2

Equity And Justice: Social Justice and Access to Abortion for Low-Income People

Time: 2 hours, 20 minutes

Summary

This module supports staff, members, and leaders of social justice organizations to develop a shared understanding of abortion access for low-income people through the lenses of immigrant rights, civil rights, and/or economic justice movements. It is designed to highlight policy and political implications of abortion access as it relates to the justice struggles of low-income communities and communities of color. It provides a basis for participants to seek alignment on the shared political values that will allow their organization(s) to take further steps in support of increasing access to abortion for low-income people.

Goals

- Connect the core principles of social justice movements we are part of with the issue of low-income access to abortion.
- Build towards a shared understanding of abortion access as part of health care equity and economic justice for communities of color, immigrant and refugee communities, and workers.

Materials Needed

- Easel paper or white board, and markers
- Hand-outs
- Powerpoint slides or flip-charts with abortion facts in "Context of Abortion in the United States"
- Hand-out: "Abortion in the U.S."

Agenda Outline

EXERCISE	FORMAT	TIME
Introduction	Presentation	10 minutes
Getting Grounded in the Principles of Our Movements	Group brainstorm	15 minutes
Making Connections: People at the Center	Large group discussion	45 minutes
Context of Abortion in the United States	Large group discussion	30 minutes
Optional: Lay It on the Line	*Group activity*	*20 minutes*
Wrapping Up and Next steps		20 minutes
	TOTAL TIME : 2 hours, 20 minutes	

Trainer's Notes:

- You can train this curriculum with one of three focus areas – Immigrant Justice, Civil Rights, or Low-Wage Workers and Economic Justice. The outline of each approach is the same, yet we indicate some points and nuances that differ according to the specific and overlapping concerns of these social movement sectors.
- This curriculum does not explore the personal feelings and values that inform individual beliefs about abortion overall.
- In some cases, it will be important for participants to first experience other political education sessions about abortion such as the companion curriculum to this training, "Case Studies of Reproductive Health Access," or Western States Center's Reproductive Justice Timeline (available at http://www.westernstatescenter.org/tools-and-resources/Tools).

Introduction (10 minutes)

SAY:

"Many of us have complex feelings about abortion. How we feel about abortion is deeply rooted in our beliefs, our values, and, often, our faith. When someone finds out they are pregnant, this too is personal and complex – every individual situation is nuanced and unique. Our conversation today is not designed to support or oppose people's individual feeling about abortions, the choices they have made, or the decisions we might make in the future. Our conversation IS about how the political fight around abortion and access to abortion through public funding relates to our present work in fights for social justice." [Feel free to contextualize further within the specific issues area(s) participants organize in.]

REVIEW goals and **CREATE** group agreements. The following may be particularly helpful:

- **Respect different opinions:** We will respect that we can all have different opinions about whether ending a pregnancy is something we would do – or something we wouldn't do.

- **Create respectful space:** We will respect that we do not know the personal histories, lives and stories of everyone in the room – so we will seek to create a respectful space that supports the dignity of each of us in this room.
- **Listen and learn together:** We will seek to listen to each other and learn together how to talk about access to abortion – even while acknowledging that this is a conversation that many of our communities have kept hidden or silenced in the past.

Getting Grounded in the Principles of Our Movements (15 minutes)

SAY:

"Let's start our conversation by listing some of the most important issues facing our communities. Let's list out the top priorities for what we are trying to achieve in our work. What do we care about as an organization [that works for immigrant justice, civil rights and/or economic justice]?"

FOCUS on the issue area(s) your organization works on.

WRITE up the issues that the group brainstorms.

Brainstorm examples: Issues

IMMIGRANT RIGHTS	CIVIL RIGHTS	ECONOMIC JUSTICE
Keeping our families together and safe Stopping the militarization and policing of our communities Safe and stable jobs with no raids Legalization and path to citizenship Dignity of our families Access to health care Ending racial profiling Ending forced migration through free trade agreements	Ending racial profiling and criminalization of people of color Access to housing Access to jobs and education Voting rights Saving affirmative action Quality healthcare	Safe working conditions Health care benefits Living wage jobs Right to organize Sick and personal days Labor protections

SAY: "Great, now looking at this list, what are some of the underlying values or beliefs that link all of these issues together?"

WRITE up this list of underlying values next to the issue list, again focusing on the issue area(s) your organization works on.

Brainstorm examples: Values and Principles

IMMIGRANT RIGHTS	CIVIL RIGHTS	ECONOMIC JUSTICE
Self-determination and dignity Respect for immigrant families Governments should help, not hurt, our families Non-discrimination and fairness Racial and economic justice	Self-determination and dignity Equal opportunities, affirmative action, reparations Ending discrimination Governments should help, not hurt, our families Racial and economic justice Separation of church and state	Self-determination and dignity Respect for workers Ability to responded to emergencies or unexpected events in our lives Ability to balance work with caring for our families Non-discrimination and fairness Racial and economic justice People before profits

Making Connections: People at the Center (45 minutes)

PRESENT a graphic of a woman of color with concentric circles around her. Write on each successive circle the following words: People, Institutions, and Circumstances.

ASK: "Think about one of the most important decisions you can make in your life – do I want to be a parent? This one decision can have serious economic, social, emotional, and physical consequences on you. What would you have to consider or reflect on before you could make that decision? What are all the things that go into making that one decision?"

SAY:

"I've drawn a woman in the middle of these circles because even though deciding to become a parent is something many of us have to think about and affects all of us in some way, women, transgender people, and gender nonconforming people in particular bear the consequences of pregnancy and parenthood. Physically and culturally, they carry the weight of this decision and can be made to disproportionately experience all of our cultural expectations, beliefs, and assumptions about pregnancy, birthing, and parenthood. It's also important to note that I've drawn a woman of color to reinforce the idea that not all people face the same circumstances, and that the multiple identities a person holds is key to understanding them."

WRITE down participants' responses to the following questions throughout the appropriate circle:

- Who are all the people in your life whom you might consult regarding this decision?
- What are all the social institutions that would shape your values and options?
- What are all the circumstances, questions, considerations, or consequences (economic, social, cultural, etc.) that count in your decision-making?

Possible responses:

- **People in your life:** best friends, partner(s), priest/minister/faith leader(s), children, parents, doctor.
- **Social institutions:** family, church, health clinic/hospital, company/agency, Human Resources at work, Department of Human Services, immigration system, criminal justice system.
- **Circumstances:** Do I want to be a parent, and if so, am I ready to parent? How many children do I already have? What support system do I have? How much am I earning? Is my partner committed?

Do I have family close by? Is my work stable? Can I get time off from work? Can I breastfeed at work? What will I do for childcare? What kind of neighborhood do I live in? Do I have residency status so I can access resources? Will my family be legally recognized?

ASK:

- What do you see as you take in the big picture? What do all your responses tell you?
- If we change the question that the person in the center has to make to "Should I continue a pregnancy?" do any of these things written down in the circles change for you? What changes?
- How does that question clarify what's written on the circles? What comes up for you on the issue of abortion as you look at the circles?

NOTES FOR TRAINER: In the possibility that you have participants who are particularly anti-abortion, the following tips will be useful:

- Affirm their responses as possible answers to your questions. "Priest/Minister, church/faith, How does this impact a life?" are all valid answers to the discussion questions.
- Emphasize that there are different ways to answer those questions and that we respect the decision-making of every individual, no matter who they are, where they live, where they're from, or who they love.
- Review the goals of the exercise, how learning to reserve judgment and shaming of people who have abortions means learning to see the world through their eyes. Repeat group agreements as well if needed.

SHARE the following core messages and connect them to the values and principles brainstormed earlier that related to self-determination and dignity:

- People's decisions and behaviors are a combination of individual values, aspirations, life goals, resources, support system, circumstances, and capabilities. We are all unique and we have many things in common. You can be stable and unchanging throughout your life or you can be constantly evolving throughout time. You are a complex combination of all that's in your life and what you want your life to be.
- Many forces and institutions shape an individual's belief system, including but not limited to religious beliefs. These forces significantly shape our values, knowledge, attitudes and behaviors. They are not, however, the only source of information and influence with regards to decisions about ourselves, our bodies, and our lives.
- People at the center are balancing many tensions, considerations, and influences. Sometimes, they may all be compatible with one another and a relatively easy decision emerges. Often, the forces impacting them can be contrary or opposing and a decision needs to be deeply thought out. Understanding this helps us better support the self-determination and dignity of all members of our communities.
- When we're not the person at the center making the decision, we can be people playing multiple different roles throughout the circles – people close to the person making the decision, or people

representing institutions that shape and influence them. This means that we can do a lot to either show support or perpetuate stigma as people make decisions about their bodies.

- Certainly, there are as many belief systems as there are people in the world. Choosing one belief system and using that as a basis for public policy demonizes and stigmatizes those who disagree and those who make health decisions that are appropriate and necessary for them.
- We can see the connections back to the core issues that we brainstormed earlier (**ELABORATE** based on the issue(s) the group focused on.)

Context of Abortion in the United States (30 minutes)

SAY:

"We are going to talk now about abortion. As we know, folks have different personal feelings about abortion, but we want to make sure that everyone has the same information about abortion in the U.S."

USE the following sets of facts as the basis for this discussion. You can prepare them in advance in a slide presentation or on flip charts, or you can ask the group to take turns reading them aloud from the hand-out.

Abortion is legal.

The Supreme Court decided in 1973 that abortion is legal in the US.

NOTE TO TRAINER: For groups focused on immigrant communities, consider asking about people's countries of origin and whether abortion is legal in their home countries. Research shows that some individuals who are immigrants may carry negative associations with abortion care because they grew up in a country where it was illegal.

Abortion care is not a dangerous medical procedure. It is a common experience in the lives of our communities.

- 1 in 3 women living in the United States will have an abortion in her lifetime.
- A first-trimester abortion (within the first three months of a pregnancy) is one of the safest medical procedures, with minimal risk of major complications that might need hospital care.[2]
- Among women who have an unplanned pregnancy, the risk of mental health problems is no greater if they have a single first-trimester abortion than if they carry the pregnancy to term.[3]

NOTE TO TRAINER: Again, the facilitator may want to ask about the safety of abortion care in participants' countries of origin due to the fact that abortion care may in fact be a risky procedure in countries where it is illegal.

Unplanned pregnancies correlate with race and poverty in the U.S. Lack of access to abortion is also tied to poverty in the U.S.

- Unintended pregnancy rates are highest among poor and low-income women, women aged 18–24, cohabiting women, and minority women.[4]
- In 2008, Black women had the highest unintended pregnancy rate of any racial or ethnic group. At 92 per 1,000 women aged 15–44, the rate was more than double that of non-Hispanic white women (38 per 1,000.)[5]
- Most women who get abortions are already mothers of other children.
- Studies show that when policymakers place restrictions on Medicaid coverage of abortion, it forces one in four poor women to carry and unwanted pregnancy to term.[6]

2 Weitz TA et al., Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver, American Journal of Public Health, 2013, 103(3):454–461.
3 Major B et al., *Report of the Task Force on Mental Health and Abortion*, Washington, DC: American Psychological Association Task Force on Mental Health and Abortion, 2008, http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf, accessed Apr. 19, 2010.
4 Finer LB and Zolna MR, Shifts in intended and unintended pregnancies in the United States, 2001–2008, *American Journal of Public Health*, 2014, 104(S1): S44-S48.
5 Ibid.
6 Henshaw, S. K., Joyce, T. J., Dennis, A., Finer, L. B., & Blanchard, K. (2009). Restrictions on Medicaid funding for abortions: A literature review. New York: Guttmacher Institute.

ASK the group what factors lead to more unplanned pregnancies in low-income communities and communities of color (examples include: less access to sexual and reproductive health education and reduced access to reproductive health care and contraception.) You may also want to explore how cultural taboos about discussing sex, sexuality, and reproductive health can increase rates of unplanned pregnancies.

Abortion care is not available to all people because of how much money they have or where they live.

- In 1977, Congress passed a budget Amendment that said that public dollars would not be used to pay for abortion care through Medicaid – unless individual states decided to include it. This is called the Hyde Amendment.
- 17 states in the U.S. provide state Medicaid funding to support all or most medically necessary abortion procedures.
- Because of Hyde and other policies, people who often face barriers to abortion access include: low-income communities, Native communities, military servicepeople and veterans, Peace Corps volunteers, federal, undocumented immigrants, immigrants obtaining residency but experiencing a five-year bar on health care coverage, and residents of Pacific Islander nations that have entered into the Compact of Free Association (COFA) with the U.S. employees.
- 89% of all U.S. counties lacked an abortion clinic in 2011; 38% of women in the U.S. live in those counties.[7]

SAY:

"In other words, abortion care in the U.S. is legal, but it's only available based on whether someone has the resources to both get to a clinic where they can provide the care AND to pay for the care itself." Reference back to values brainstormed previous regarding access to services, equal access, etc.

REFERENCE specific information about abortion-related funding and laws in your state.

> For specific information on access to abortion and Medicaid coverage of abortion care in your state: www.guttmacher.org/statecenter/spibs/spib_OAL.pdf
>
> For more facts and background on abortion in the US: www.guttmacher.org/pubs/fb_induced_abortion.html

SAY:

"These facts help us to understand that if someone does need, want, or choose to have an abortion, it is not always an option for them. Let's talk for a minute about how different parts of our families and communities are affected by the ban on public funding for abortion-related health care or other barriers to getting this care."

ASK: "How are different parts of our community impacted by restrictions on public funding and other barriers to accessing abortion care?":

7 Jones RK and Jerman J, Abortion incidence and service availability in the United States, 2011, *Perspectives on Sexual and Reproductive Health*, 2014, doi: 10.1363/46e0414, accessed Jan. 22, 2014.

As women? As LGBT people? As citizens? As undocumented people? As people of color? As under-insured or uninsured people? As low-wage workers? As young people?

ASK: "How do these impacts relate to the issues values and principles we brainstormed earlier about our movement?"

Some additional facts about who gets abortions:

- 1 in 3 women living in the United States will have an abortion in her lifetime.
- 6 out of 10 are already parents.
- 72% are religiously affiliated.
- 37% are obtained by Black women. About one-third are obtained by white women, Latinas comprise a smaller proportion of the women who have abortions, and the rest are obtained by Asians, Pacific Islanders, Native Americans, and women of mixed race.[8]
- Women aren't the only people who need abortion access; transgender men and gender non-conforming people also do.

Optional Group Activity: Lay It on the Line (20 minutes)

SAY:

"In this activity, I'm going to ask you all to line up on this imaginary line [the facilitator can put one on the floor with tape.] If you stand at this end of the continuum it means that you fully agree with the statement [point to sign at one end that says "agree."] If you stand at the other end of the continuum it means that you deeply disagree with the statement [point to a sign at the other end that says "disagree."] You can stand wherever you want on the line – at either end, somewhere in the middle, it's up to you. As we do this activity let's remember our ground rules of respect for different beliefs and experiences. Because this is a complicated topic we don't talk about much, please do this exercise silently and based on your own experiences. As I share the statement, silently walk to where you want to place yourself on the line and wait for the next prompt.

READ Statement 1: The government should ensure that all people have access to the health care they need.

Once people have lined up, ask a few folks at either end and in the middle why they chose to stand where they did. Model non-judgmental questions in order to fully understand what folks are thinking:

- For folks who agree/disagree with the statement, why did you choose to stand there?
- For folks who are in the middle, what are you thinking or feeling that made you want to stand there?

READ Statement 2: All people should have the power to make personal decisions about whether to continue or end a pregnancy based on their own values, beliefs, and circumstances.

Repeat debrief above.

8 Cohen, A. S. (2008). Abortion and Women of Color. The Bigger Picture. Guttmacher Institute. Retrieved from http://www.guttmacher.org/pubs/gpr/11/3/gpr110302.html

Wrapping Up and Next Steps (20 minutes)

NOTE TO TRAINER: You may want to re-ground the group as a whole as you move toward next steps. This could include taking a deep breath together as a group or doing a short mindfulness exercise.

REITERATE the following points:

- Going back to our agreements at the beginning, let's affirm that we are committed to respecting each other's personal values and also challenging ourselves to learn and understand the values of others.
- The goal of this workshop was to be able to think about abortion and abortion access through the lens of the [immigrant rights, civil rights, or economic justice] struggle and the issues and principles that are core to our organization.
- Whatever we believe personally, there are members of our organization who are experiencing reproductive justice issues in their own lives. Additionally, the issue of abortion impacts the political conditions in which we work. So, it is really important that we be able to deepen our understanding and awareness of what is at stake in these conversations on both personal and political levels.

EVALUATE the workshop: ask participants questions to assess points of ongoing confusion or concern. Then, based on your organizational goals in having this conversation, and the actual experience of the discussion so far, lay the groundwork for where your organization is moving next. See "Moving Toward Action" for potential next steps.

NOTE: For some audiences, you may want to include a discussion about the ties between the anti-immigrant movement and the anti-abortion movement in the United States. There is an evolving synergy between these movements that is coalescing through a nativist framework in order to build and consolidate political power that has long-term implications for justice movements. Political Research Associates has done extensive research on this topic. You can search their website at www.politicalresearch.org.

HAND-OUT

Abortion in the U.S.

Abortion is legal.

The Supreme Court decided in 1973 that abortion is legal in the US.

Abortion care is not a dangerous medical procedure. It is a common experience in the lives of our communities.

- 1 in 3 women living in the United States will have an abortion in her lifetime.
- A first-trimester abortion (within the first three months of a pregnancy) is one of the safest medical procedures, with minimal risk of major complications that might need hospital care.[1]
- Among women who have an unplanned pregnancy, the risk of mental health problems is no greater if they have a single first-trimester abortion than if they carry the pregnancy to term.[2]

Unplanned pregnancies correlate with race and poverty in the U.S. Lack of access to abortion is also tied to poverty in the U.S.

- Unintended pregnancy rates are highest among poor and low-income women, women aged 18–24, cohabiting women, and minority women.[3]
- In 2008, Black women had the highest unintended pregnancy rate of any racial or ethnic group. At 92 per 1,000 women aged 15-44, the rate was more than double that of non-Hispanic white women.[4]
- Most women who get abortions are already mothers of other children.
- 37% are obtained by Black women. About one-third are obtained by white women, Latinas comprise a smaller proportion of the women who have abortions, and the rest are obtained by Asians, Pacific Islanders, Native Americans, and women of mixed race.[5]
- Studies show that when policymakers place restrictions on Medicaid coverage of abortion, it forces one in four poor women to carry and unwanted pregnancy to term.[6]

---

1. Weitz TA et al., Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver, *American Journal of Public Health*, 2013, 103(3):454–461.
2. Major B et al., *Report of the Task Force on Mental Health and Abortion*, Washington, DC: American Psychological Association Task Force on Mental Health and Abortion, 2008, <http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>, accessed Apr. 19, 2010.
3. Finer LB and Zolna MR, Shifts in intended and unintended pregnancies in the United States, 2001–2008, *American Journal of Public Health*, 2014, 104(S1): S44-S48.
4. Ibid.
5. Cohen, A. S. (2008). Abortion and Women of Color. The Bigger Picture. Guttmacher Institute. Retrieved from http://www.guttmacher.org/pubs/gpr/11/3/gpr110302.html
6. Henshaw, S. K., Joyce, T. J., Dennis, A., Finer, L. B., & Blanchard, K. (2009). Restrictions on Medicaid funding for abortions: A literature review. New York: Guttmacher Institute.

Abortion care is not available to all people because of how much money they have or where they live.

- In 1977, Congress passed a budget Amendment that said that public dollars would not be used to pay for abortion care through Medicaid – unless individual states decided to include it. This is called the Hyde Amendment.
- 17 states in the U.S. provide state Medicaid funding to support all or most medically necessary abortion procedures.
- Because of Hyde and other policies, people who often face barriers to abortion access include: low-income communities, Native communities, military servicepeople and veterans, Peace Corps volunteers, federal employees, undocumented immigrants, immigrants obtaining residency but experiencing a five-year bar on health care coverage, and residents of Pacific Islander nations that have entered into the Compact of Free Association (COFA) with the U.S.
- 89% of all U.S. counties lacked an abortion clinic in 2011; 38% of women in the U.S. live in those counties.[6]

For specific information on access to abortion and Medicaid coverage of abortion care in your state: www.guttmacher.org/statecenter/spibs/spib_OAL.pdf

For more facts and background on abortion in the US: www.guttmacher.org/pubs/fb_induced_abortion.html

Some additional facts about who gets abortions:

- 1 in 3 women living in the United States will have an abortion in her lifetime.
- 6 out of 10 are already parents.[7]
- 73% are religiously affiliated.[8]
- Not only cisgender women need abortion access; transgender men and gender non-conforming people also do.

6. Jones RK and Jerman J, Abortion incidence and service availability in the United States, 2011, *Perspectives on Sexual and Reproductive Health*, 2014, doi: 10.1363/46e0414, accessed Jan. 22, 2014.
7. Jones RK and Kavanaugh ML, Changes in abortion rates between 2000 and 2008 and lifetime incidence of abortion, Obstetrics & Gynecology, 2011, 117(6):1358–1366.
8. Ibid.

HAND-OUT

Moving Toward Action

Advancing a shared justice and rights agenda through supporting public funding for abortion

There are many ways that your organization can participate in movements for abortion access. Here are some ideas! Please note that this is not a linear series of steps to take but rather a collection of possible actions for you and your organization to consider as you strategize about roles you can play in advancing reproductive justice.

1. Have conversations at all levels of the organization.

Whether you are having conversations with your members, your staff, or your board, it is important to remember that the goal is not for everyone to agree on whether abortion is a good or bad choice for individual people. Rather, the goal is to build a shared understanding of what kinds of policies ensure that our communities have self-determination over when and if to have children; decrease health disparities and ensure equitable outcomes for low-income people, low-wage workers, communities of color, and immigrant communities; and ensure that all communities have equal access under the law.

Resources to support political education and dialogue:

- Western States Center's Reproductive Justice timeline curriculum (http://www.westernstatescenter.org/tools-and-resources/Tools) and other curricula in the Center's 15-module We are BRAVE toolkit
- Additional resources from All* Above All (http://allaboveall.org/learn/?post_category=resource)

2. Build relationships with reproductive justice advocates and organizations.

The reproductive justice movement, and the organizations that are part of it, arise from the leadership of women of color moving culture and policy change from an intersectional framework. Reproductive justice advocates and organizations approach abortion access and public funding for abortion as integrated parts of racial, gender, and economic justice agenda. These organizations are uniquely positioned to build cross-organizational partnerships with groups working on economic justice and civil rights within communities of color and immigrant communities.

Western States Center (info@westernstatescenter.org) or Forward Together (info@forwardtogether.org) can make introductions between your organization and local and state-based leaders.

3. Apply a reproductive justice lens to your work.

Too often the experiences that our constituents have with reproductive justice – experiences which are shaped by gender and sexuality in connection with race, economics, and migration – fall through the cracks when we set advocacy agendas, work with leaders, and build programs. When you are selecting issues, building campaigns and strategies, and developing programs, it's valuable to intentionally and

explicitly incorporate principles and criteria that advance reproductive justice. Some questions you can ask to apply a reproductive justice lens in your work include: How are women, transgender people, and gender non-conforming people affected by this issue or effort? What messages about families, communities, bodies, gender, sexuality, and reproduction are at play in the debates about this issue? What might implications be for abortion access and public funding? What opportunities do we have to incorporate reproductive justice into our leadership development, political education, messages, and strategies?

Some tools and resources you can adapt:

- "Three Applications of the Reproductive Justice Lens / Tres Formas de Aplicar el Lente de la Justicia Reproductiva" from Forward Together (http://strongfamiliesmovement.org/assets/docs/ACRJ-Three-Applications-of-the-RJ-Lens.pdf)
- Strong Families Policy Criteria (http://strongfamiliesmovement.org/policy-criteria)

4. Create opportunities to educate reproductive health, rights, and justice organizations about your issues, and for these organizations to support your issues.

Increasing equitable health outcomes for our communities and expanding abortion access for low-income people will require strong and vibrant cross-sector movements working for racial, gender, and economic justice. The work of reproductive justice organizations will be greatly enhanced when they have opportunities to work side by side with your organization on the issues you prioritize. For example, in the fall of 2014, Oregon's immigrant communities will face an attack on Driver's Cards at the ballot box. Following education on issues facing immigrant communities and relationship-building with immigrant rights advocates and allies, the Oregon Foundation for Reproductive Health utilized their extensive voter contact lists to support maintaining Driver's Cards.

Similarly, the Restaurant Opportunities Center (ROC) is conducting a community-based research project to document the experiences that low-wage restaurant workers have with sexual assault. Forward Together is leveraging their national Strong Families network to gather surveys for this research project that will fuel advocacy for safer and more just working conditions.

Many reproductive justice leaders and organizations have experience building bridges and coalitions between racial justice, economic justice, and civil rights organizations and the reproductive health and rights movement. For information and referrals to possible resources, contact Western States Center (info@westernstatescenter.org.) or Forward Together (info@forwardtogether.org).

5. Take an organizational position in support of public access for abortion.

Every organization is different in terms of when and how it takes public positions on issues that are not core to their mission. Whether it's about putting a plank in your platform or taking a position on a specific piece of legislation, the time to lay the groundwork for this type of decision is not in the heat of the moment. For organizations that receive funding from Catholic Coalition for Human Development – or similar institutional funders that have explicit policies that they will not fund organizations that are allied with abortion access or equality for LGBT people – there is an added layer of decision-making because there is precedence for such funders to withdraw resources from organizations that include these issues in their approach to addressing disparities faced by constituents.

It is extremely powerful when racial justice, economic justice, and civil rights organizations take a stand for abortion access. While we know that increasing access to abortion does, in fact, decrease discrimination and disparities faced by our constituents, the political pundits, media makers, and elected leaders still see us as "unlikely allies." When we stand together, we shift the terms of debate and increase the political clout available to all of us.

Examples of organizational positions:

> *"Protect AA (Asian American) and NHPI (Native Hawaiian Pacific Islander Women's Reproductive Healthcare Access).*
>
> *As a coalition of organizations that care about the health and economic security of women and their families, we strongly urge you to oppose all efforts to attack women's health through the appropriations process, including policy riders that restrict funding for abortion coverage and care for: (i) Medicaid-eligible women and Medicare and Children's Health Insurance Program beneficiaries; (ii) federal employees and their dependents; (iii) Peace Corps volunteers; (iv) Native American women; (v) women in federal prisons and detention centers, including those detained for immigration purposes; and (vi) local District of Columbia funds for low-income women."*
>
> *—Except from the National Council on Asian Pacific Americans Health Committee Fiscal Year 15 Budget and Appropriations funding request letter*

6. Join All* Above All

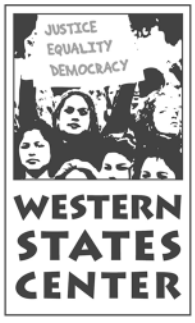
All* Above All unites organizations and individuals to build support for lifting bans that deny abortion coverage. Their vision is to restore public insurance coverage so that every woman, however much she makes, can get affordable, safe abortion care when she needs it.

Join by:

- Liking us on Facebook or Following us on Twitter or Instagram.
- Signing up for email alerts at http://www.allaboveall.org.
- Become an organizational partner. You can get more info by emailing info@allaboveall.org.
- Keeping your eye out for events and information from one of the local partners near you: (http://allaboveall.org/about/partner-organizations)


All*
ABOVE
ALL


FORWARD
TOGETHER


JUSTICE
EQUALITY
DEMOCRACY
WESTERN
STATES
CENTER