

# We are **BRAVE**

Building Reproductive  
Autonomy and Voices  
for Equity

# Toolkit

A Manual for Organizations  
of Color to Champion  
Abortion Coverage and  
Reproductive Justice



**WESTERN  
STATES  
CENTER**



# We are BRAVE Toolkit

## A Manual for Organizations of Color to Champion Abortion Coverage and Reproductive Justice

by Western States Center  
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Check out the **We are BRAVE video**, directed and produced by Momentum Alliance in partnership with Western States Center, at [www.momentumalliance.org/WeAreBRAVE](http://www.momentumalliance.org/WeAreBRAVE) or [www.westernstatescenter.org/our-work/we-are-brave](http://www.westernstatescenter.org/our-work/we-are-brave).

**#weareBRAVE**

*Dedicated to the memory of Roslyn Farrington, 1963-2014. We could not have built We are BRAVE and this toolkit without your sage advice, your generous heart, and your indomitable spirit. Rest in power, in friendship, in love.*

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# Foreword

Our big bold BRAVE vision is a world where all people in all communities thrive – where they have the political, economic, and social power and resources to make decisions for themselves and their families – without fear, discrimination, violence or shame.

We know we share this vision with many. Our network of social justice organizers and organizations works towards the day when all young people can grow up in environments that give them tools and information about their bodies, sexuality, and relationships so that they can make healthy decisions for themselves and their future. A day when communities are free from policing, exclusion, and violence for being who they are, having the families that they hold, and building the communities that they need. A day when all people are supported for the complicated decisions they need to make about their bodies and their families, regardless of what their circumstances may be.

Yet, for many of our communities, this day is still far out on the horizon. The public scrutiny over people’s bodies, especially the bodies of women of color, lesbian, gay, bisexual, and transgender (LGBTQ) people, low-income people, people who are differently-abled, immigrants and refugees, and indigenous people, is increasingly intrusive and dehumanizing. As we write this, we are still grappling with the June 30th Supreme Court decision on *Burwell vs Hobby Lobby*.<sup>1</sup> Four Supreme Court justices ruled that closely-held corporations can proclaim religious beliefs and are given a religious exemption within the Affordable Care Act. This exemption enables them to decide what type of birth control their staff can have as part of their healthcare package, and it opens the door for further policing of marginalized bodies. A

personal, intimate, serious decision about when to become a parent has been taken away from the people who will bear most the responsibilities, consequences and impact of pregnancy, birthing, and parenthood.

This ruling brings into sharp relief the ways oppression happens and is institutionalized; it begins with the control of people’s bodies and the restriction of their autonomy and decision-making, especially over their reproduction and reproductive life. Communities of color are deeply familiar with reproductive control, whether it’s tying a family’s number of children to welfare benefits (such as with California’s Medi-Cal restrictions), the historic forced sterilization of women of color, the incarceration of women for “fetal abuse”<sup>2</sup>, or restricting women’s access to abortions as they seek to control their fertility and determine their family size.

The debate over issues of reproductive health and rights has deeply polarized our communities and movements. The social justice community struggles to find a unified voice over them. 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, as it was with LGBTQ justice issues nearly a decade ago. Much of the division is over the issue of abortion rights, access, and coverage. Cloaked in stigma and shame, this has been the 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 talk about the most stigmatized and taboo of topics seriously ignores the realities of our constituents’ and members’ lives. It leaves unremarked and unaddressed the ways that politicians and fundamentalists are talking about

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1 *Burwell v. Hobby Lobby* 573 U.S. (2014)

2 *Undivided Rights: Women of Color Organize for Reproductive Justice.* (Silliman et al)

women, especially women of color, and what they see as their inability to govern themselves, their families, and their communities.

How do we build relationships of trust, collaborate to build political power for all of us in the social justice ecosystem? How do we argue for and assert the interconnectedness of our identities, issues and interventions? How do we resist the lull of the echo chamber and continue to reach out beyond the boundaries of our choir and comfort zone? How do we connect the dots between abortion access and racial justice, immigrant rights, queer liberation, disability justice, youth empowerment, and other movements for equity and justice?

This toolkit – a series of discussion guides that facilitators and trainers can use to facilitate such brave conversations – seeks to answer these questions. It is a collaboration of many hands, among

organizations that work for the full breadth of social justice. It is our attempt to build the space our communities and our movements long for – visionary, transformative community spaces where we affirm people’s whole selves and whole lives. Together, that brave new world is not only possible, but already lives amongst us, in our daily resilience, our demonstrated interdependence, and in our daring leadership. We invite you to take a courageous stance and embed it into your public advocacy to help make it a lived reality for all.



# Introduction

It is no accident that BRAVE is in the title of this toolkit. At the core of the toolkit, is the imperative we feel to summon our courage. Courage, as we know, is the currency on which our social justice movements live on. We commonly understand it as standing up for our convictions despite fear and threats. Courage is from the Old French word *corage*, meaning heart. As we do our work – initiating, facilitating, and moving through complicated conversations about reproductive justice and abortion rights – we increasingly understand the root of this word. Because what we are doing, being BRAVE, is in essence revealing our heart to others and looking clearly into theirs. We are learning to be bold and audacious, breaking our isolation to challenge the silence, stigma, and shame imposed on us because we dare to seek control over our bodies, our futures, and our lives.

The We are BRAVE Toolkit is designed for bridge builders - organizers, activists, and leaders in organizations led by and serving communities of color who are committed to advancing racial, gender, and economic justice. Community-based



organizations who work on racial justice and civil rights, immigrant and refugee rights, lesbian, gay, bisexual, transgender, and queer (LGBTQ) liberation, and economic justice and workers' rights will find tools that they can use to connect the dots by:

- Sharing the ways that their members and leaders worry and struggle about themselves and their families;
- Articulating how their decision-making regarding issues of identity, body, health, family formation, and support has been compromised and eroded by public policy;
- And describing how cultural messages meant to shame and blame us have stigmatized us, signaling the policy and institutional attacks on our communities.

Our vision is that these BRAVE conversations will move us into action so that we can catalyze individual, cultural, institutional, and systems-wide change that honors and supports everyone's dignity, decision-making, and self-determination.

## How Did We Get Here?

The reproductive justice movement arose in the decades after the 1973 *Roe v. Wade*<sup>3</sup> Supreme Court decision because women of color found that "pro-choice" language and politics largely ignored the depth of institutional control over their reproductive autonomy. The National Black Women's Health Project, SisterSong Women of Color Reproductive Health Collective, Asian Communities for Reproductive Justice (now Forward Together), and many others formed to organize for a broader range of reproductive freedoms – ending sterilization abuse, ensuring welfare rights, culturally-competent comprehensive sexuality education, contraceptive access,

3 *Roe v. Wade* 410 U.S. 113 (1973)

fighting environmental toxins that disproportionately affect communities of color, and many other related human rights issues.<sup>4</sup> In our work, we are indebted to their leadership.<sup>5</sup>

Western States Center has been working on reproductive justice issues as a response to the ways women of color and LGBTQ-identified people of color were being pushed out and thrown under the policy and cultural bus. Our work also began in response to the ascending Family Values campaign by the Christian Right who had effectively monopolized and defined the American Family: nuclear, two straight white parents with two children, a boy and a girl. It was clear this definition was based on a fantasy which four out of five families in the U.S. don't fit into. Many of us realize we need a world where all families are recognized in all their shapes and sizes, and that they have access to resources and opportunities so that they are happy, healthy, safe, and economically secure.

In 2013, as an Oregon state partner for the Coalition for Abortion Access and Reproductive Equity (CAARE) – a ten-year effort to repeal the Hyde Amendment,<sup>6</sup> Western States Center invited leaders and organizations of color to:

- Engage more community members through a political education curriculum to build grassroots awareness and skills for reproductive justice;
- Implement cultural work and communications campaigns that help to change public narratives and challenge stigma, criminalization, and disempowerment around reproductive health;

- Formulate policy remedies to help ensure reproductive healthcare services for all, including abortion coverage for the communities who lack access to public funding due to exclusions based on immigration status, income, or the Hyde Amendment;
- And deepen cross-movement relationships and coalitional efforts that connect reproductive rights to racial justice, immigrant rights, LGBTQ liberation, health equity, and economic justice.

Three organizations – Mano a Mano Family Center, Asian and Pacific American Network of Oregon (APANO), and Momentum Alliance – as well as eighteen leaders of color committed to participate in a 15-month long cohort called We are BRAVE (Building Reproductive Autonomy and Voices for Equity) to deepen their analysis, skills, and courageous voices to become public champions of reproductive justice. They understood that this included becoming strong advocates for abortion rights, access, and coverage.

All of the training modules and tools included in this toolkit are a product of our work with this cohort. These BRAVE leaders co-wrote, collaborated, reviewed, and guided every aspect of this manual. We take full responsibility for any flaws in the writing of this work but are indebted to our partner leaders and organizations for their incredible wisdom, hard work, and support.

4 Ross, L. (2006). Understanding reproductive justice: Transforming the pro-choice movement. *Off our backs*, 14-19.

5 For much more history of the reproductive justice movement, please refer to the Recommended Readings (including *Undivided Rights: Women Of Color Organizing For Reproductive Justice* and other excellent resources).

6 Pub.L. 94-439, § 209, 90 Stat. 1434 (1976)

## Who is This For?

This manual was designed for trainers and organizers who:

- Believe that issues of reproductive justice are integral to social justice.
- Are tired of the strategies that wedge and divide us.
- Understand that 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 people of color – especially women, LGBTQ people, and youth – to share their stories without judgment or shame.
- Want our members, leaders, and organizations to be public champions for reproductive justice broadly and for abortion coverage specifically.

## Why Will Communities of Color Benefit from This?

For those who work with women of color, immigrants and refugees, indigenous communities, young people, LGBTQ people, low-income people, and people with disabilities, we understand that, as Audre Lorde observed, “There is no such thing as a single-issue struggle because we do not live single-issue lives.”<sup>7</sup>

Our communities are besieged on multiple fronts using a range of tactics and strategies. Some of the most egregious attacks are on our personhood, dehumanizing and stigmatizing us and robbing us of our political power and the ability to make our own decisions about our bodies, health, and families. This siege needs to stop.

When designing this toolkit, we heard many of the social justice and movement leaders we talked

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<sup>7</sup> Lorde, A. (1984). *Sister outsider: Essays and speeches*. Trumansburg, NY: Crossing Press.



with ask for tools and training to build their analysis and leadership. They want to learn how to build safer spaces so that constituents can share their personal and family struggles. They seek to build the resources to transform their institutions so that they, in turn, can be community resources on reproductive justice. They want to practice facilitating challenging conversations that don't leave them stumbling over the word "abortion." By building core leadership, they will be ready to integrate, institutionalize, and embed reproductive justice – including abortion rights, access, and coverage – into their organizational DNA.

At this political moment, there are urgent, material, and far-reaching fights for our autonomy and power to self-govern. If we can come together and unite as social justice movements to defend and advance all our human rights, ranging from the most personal and intimate of decisions that can shape our future to the most public issues of self-determination and sovereignty, we will all be stronger and more powerful for it.

### Several Important Notes

**This is a short curriculum.** This is not an exhaustive curriculum on reproductive justice or on abortion rights, access, and coverage. We are building the road as we're traveling on it – developing curricula as our partner organizations and Center staff identify training needs. It would not be possible to do justice to the breadth and depth of the tremendous work that has been done and the resources that have been developed and made readily available by various reproductive justice leaders and organizations. A limited selection is listed in our Recommended Reading List for folks to continue their education and awareness-raising.

**This is a work in progress.** The toolkit has benefited from the input and feedback of many BRAVE

leaders, bringing diverse racial, cultural, and religious backgrounds and experiences. At the same time, as we attempt to address a range of communities in this toolkit, it's limited by a lack of specificity in the Black, Latin@, API, Native American, youth, or LGBTQ experience. We are working to respond to this need by developing separate curricula written by the BRAVE leaders whose expertise and experience will shape it. We strongly encourage trainers who pick up this Toolkit to infuse the modules with the local and cultural context of their audience.

**We encourage you to seek language and resources about gender identity and sexism in ways that support your community's ongoing learning.** 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.

## Who is the Western States Center?

For the past 27 years, Western States Center has worked to build the progressive movement in the West. 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.

## What We Do?

- Develop individual leadership.
- Strengthen the capacity of organizations and communities.
- Act as a convener and catalyst for bringing together leaders, organizers, and community-based groups across movements to build a stronger social justice movement.

## How Do We Do It?

- **Training:** we expand the skills of grassroots community organizers and leaders, and help sustain their work.
- **Consultation and Support:** we offer strategic planning, organizational development, and other capacity building expertise to community-based organizations.
- **Research and Analysis:** we offer information and analysis that allow groups to advance progressive policies and defeat regressive ones.
- **Tools and Resources:** we develop training curricula for organizations to adapt to their needs in an ever-changing political landscape.
- **Convene and Incubate:** we bring groups and leaders together to strategize and organize collectively, and to incubate new organizations and coalitions to fill in the gaps in their region.

# Assumptions

We strive to create a movement-building space – committed to doing the complicated work of thinking strategically with our organizational hats on AND at the same time moving past our historic silos with a long-view of building a progressive movement that advances everyone in our communities.

The Center believes in transformative individual, institutional, and cultural change, which is why this is not a one-time workshop but a series of conversations that we hope you plan to grow with your membership. There are a number of assumptions that the Center and our BRAVE collaborators made in designing these workshops. We believe these are useful to share with workshop participants. Being explicit with these assumptions helps guide your work together and allows you to be transparent about your values and vision.

- **This is a learning and doing community.** No one person is an expert in any of the issues we raise. On the contrary, we believe everyone is an expert in their own lives and only by pulling together all of our stories, experiences, and knowledge, do we construct a more powerful, nuanced, and realistic understanding of what happens in peoples' lives. This layered analysis helps shape impactful and transformative solutions.
- **This will take our hearts, bodies, and minds.** This is meant to be powerful work and can be emotionally challenging, draining, and triggering. Rarely is there a trained counselor or therapist on a training team. We are very aware that our discussions can remind us of experiences and memories that we have buried. We urge you to be aware of those sensations and to take care of yourself. And even though we are not trained counselors,

we are very good listeners. (We also recommend that trainers share a resource on triggering to support participants.)

- **Peer relations and critical mass are important to break our isolation, inspire leaders, and to maintain hope and optimism.** This means building deeper relationships with one another as well as creating deeper connections between our communities. Growing core leadership allows us to be strategic and demonstrate energetic base-building. Having allies also allows us to be bolder in our advocacy actions, knowing that colleagues and partner groups have our back when we go out on a political limb.
- **We're very clear that oppression, such as reproductive oppression, affects all of us and that we all have a role to play.** The people most directly affected by abortion and the lack of abortion access and coverage are low-income women and transgender people of color. They have a critical leadership role and are instrumental in developing analysis and actions. Allies have a separate learning process that needs to be accountable to the people most affected by these issues.
- **Expect unfinished business.** We will dig into many layers of many issues through our work together and we agree to trust that these processes are ongoing – there will always be more work ahead.

# How To Use This Toolkit

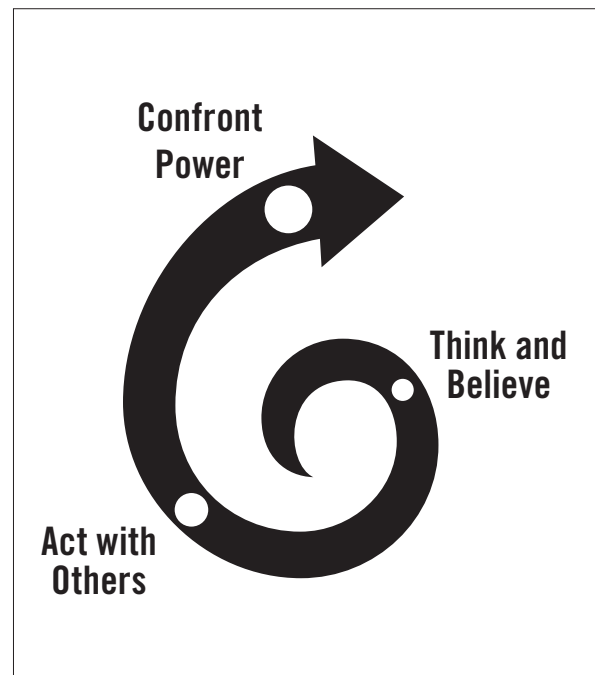
The We are BRAVE Toolkit is made up of three sections, with four to seven training modules in each one, and a series of case studies and tools. Together they form an arc aimed to move members from any social justice group to become public champions for reproductive justice, including abortion rights, access, and coverage. Our highest hope is that individuals will understand the larger history and political context in which issues of reproductive justice have emerged and that they will be able to connect reproductive autonomy with other struggles for self-determination and sovereignty.

The Western States Center and BRAVE cohort adopted a developmental approach in designing these modules and thinking about the core audience. Thus, Section I “Making It Real” creates a foundation for participants to name reproductive justice issues in their historical and present contexts. Section II “Connecting the Dots” deepens that analysis by addressing how reproductive justice and abortion access intersect with racial justice and civil rights, immigrant rights, LGBTQ justice, and tribal sovereignty struggles. Section III “Putting It into Action” is intended to support leaders and organizations in building concrete tools and skills to take public action for reproductive justice.

We imagine trainers and facilitators will closely assess the needs of their audience and organization as they plan to organize a workshop. The process of becoming a public champion will require organizations to be thoughtful and strategic in how reproductive justice is introduced, integrated, and institutionalized. The discussions within the training modules are often explicit conversations about organizational values and vision, which allow the process to be transformative rather than

transactional.

Storytelling is a key technique woven throughout these modules. They center stories from people’s lives, organizational experiences and campaigns, and the histories of communities and movements. We encourage trainers to integrate local stories to make these exercises and discussions as relevant and compelling as possible. Stories help generate lessons learned, new ideas, emotional responses, and complete shifts in thinking, feeling, and doing. The use of stories, in keeping with Paulo Freire’s Popular Education<sup>8</sup> approach, also helps us to understand the experiences, knowledge, beliefs, and skills that participants bring with them. When their individual stories are stitched together, they can be harnessed to reveal inequity and injustice, and then to imagine and champion social change.<sup>9</sup>



8 Freire, P. (1993). *Pedagogy of the oppressed*. New York: Continuum.

9 Ganz, M. (2011). Public narrative, collective action, and power. *From Inertia to Public Action*, 273.

Each training module includes:

- A summary description of the workshop
- A list of collaborators on the workshop, as well as sources it is adapted from
- 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 this toolkit 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 are in an appropriate sequence that serves your needs. If you use exercises as stand-alone pieces, understand they will have varying

impacts when used separately from companion curriculum. For example, skipping foundational modules on sex and gender, as well as building participants' Gender Justice vocabularies, will mean that participants with varying understanding of these concepts may not track the language you'll be using in more advanced modules.

This toolkit 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.

# Opening and Closing Each Workshop

Trainers and facilitators will notice that some of the workshops in this toolkit have no specific opening or closing exercise while others have detailed curriculum notes. We know that trainers and facilitators will bring creativity to modules and training exercises, and adjust them as necessary to meet your specific goals. We know that you will start and end each session with what is needed by your workshop participants. Opening and closing exercises that are included in modules are suggestions and can be freely adapted, used, or discarded.

Our best practices for opening sessions include many common practices used in the field today:

- Review of Goals
- Group Agreements
- Agenda-setting
- House/venue Logistics
- Check-in Question: Usually a warm-up question relevant to the workshop's topic which surfaces each participant's relevant experience. This respects participants' inherent wisdom and helps them connect quickly to the issue.

In creating group agreements, we have found the following agreements to 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.
- **Language reflects our understanding and is continually evolving.** 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.

We also suggest a number of techniques for ending your sessions. Those that we have found useful in providing an opportunity for reflection and forward movement include:

- **Positives and Deltas:** A quick verbal evaluation of one thing each participant liked, and

one thing they would change or focus on for the next time.

- **Head, Heart, and Feet:** Ask people to identify one thing they learned (head) one thing that touched or moved them (heart) and one action step that they will take (feet).
- **Radical Appreciation:** Participants share an affirmation or appreciation for someone else in the workshop that they learned something from.
- **Free-write:** Ask participants to write quietly to reflect on what they learned or in response to a prompt question such as, "I have been changed by...", "I was surprised when...", "I am grateful to learn that..."
- **Bike Rack/Parking Lot:** Give an anonymous opportunity for participants to write questions down that they are still struggling with and would like to address in future sessions.

# Section 1

## Making it Real

### GOALS:

- Develop a critical analysis of gender oppression and understand the strategies and forms of reproductive control and oppression.
- Place personal and community experiences in the context of histories of reproductive control and build a sense of collective struggle for reproductive justice.
- Understand and feel the urgency of the real impacts that reproductive oppression and control have on communities of color, native communities, immigrants and refugees, LGBTQ communities, and low-income communities

These modules surface participants' real-life experiences with a range of sexuality and reproductive health issues, from pre-conception to post-partum, throughout all the stages of their lives. Almost everyone has thought about and been concerned with sex and reproductive health sometime in their life, which in turn means that everyone is affected by issues of reproductive justice and has a stake in this – for themselves, their families, and their communities. The modules in this section lay the foundation for participants to

more deeply understand their own experiences while learning shared language around Gender Justice, including key terms and concepts used throughout Section II and Section III.

The ugly public debate on reproductive health, rights and justice means that very few people feel safe to talk about these issues. They continue to be hidden as “private issues” instead of legitimate areas of public debate or advocacy. The modules in this section surface and reveal the historic and systemic forces that shape individual and institutional roles in creating stigma, policing people's bodies, and passing punitive and exclusionary laws. These modules are meant to create safer spaces within organizations and to make these issues real and personal, breaking through our isolation and drawing out our courage.

## MODULE 1

# “Act Like a Lady,” “Be a Man”

**Time:** 75 minutes

## Summary

This is an interactive exercise that helps break down the cultural messages that we receive about gender and sexuality. It’s a useful activity to support participants in developing or strengthening a gender justice analysis and building shared vocabulary within an organization’s membership.

## Sources

Paul Kivel, National Network of Immigrant and Refugee Rights, Uniting Communities Toolkit

## Goals

- Discuss where messages and norms about gender and sexuality come from, and understand how we are shaped by them.
- Understand how strict gender roles and expectations hurt people, and how gender oppression is used to control the bodies and lives of people.
- Understand differences between gender and sexuality.

## Materials Needed

- Flipchart of “Lady” and “Man” Boxes (large square box on easel paper with a large outline of the figures from “Men’s” and “Women’s” restroom signs in the middle – one per sheet, and can be color-coded blue and pink respectively.)
- Flipchart with Sex and Gender definitions
- Flipchart with Gears of Oppression drawn and labeled (see Hand-out)
- Copies of Hand-out: Systems of Oppression
- Markers

## Agenda Outline

EXERCISE	FORMAT	TIME
Introduction	Presentation and go-around	5 minutes
“Lady” and “Man” Boxes	Group brainstorm	10 minutes
Debrief and Takeaways	Large group discussion	25 minutes
Gears in the Machine of Oppression	Large group discussion with paired sharing	25 minutes
Closing reflections	Large group discussion	10 minutes
<b>TOTAL TIME : 75 minutes</b>		

## Trainer’s Notes

- It might be helpful to do Reproductive Justice Dominoes before this workshop.
- Trans 101 (from the Uniting Communities Toolkit) would be a good follow-up to this workshop. Our practice at Western States Center is to make sure at least one of the facilitators of Trans 101 is a trans person.
- You might also prep some relevant statistics about the consequences of harmful gender norms to share in the group debrief.

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## Introduction (5 minutes)

**SAY:** “In this activity, we’re going to take a close look at messages we get in society about gender and sexuality.”

**CHECK-IN** with an opening question. For example, you could ask participants to share a moment in their early life when they first became aware of how people are differentiated according to their sex and gender (go-around or pair-and-share, depending on time).

## “Lady” and “Man” Boxes (10 minutes)



**SAY:** “This is a ‘man box.’ What are messages that you have heard from society, in culture, in your communities, in your families about what it means to ‘Be a Man?’ They don’t necessarily have to line up with what you believe. Let’s start with: What does a man LOOK LIKE?”

**DRAW** your group’s responses – “big muscles, short hair, etc...” – onto the man figure. If you don’t feel confident drawing, you can **WRITE DOWN** what they say instead.

**ASK,** when they start running out of things about what a man looks like: “What is a man supposed to act like? Or what are the things that men are supposed to do? What are they supposed to be like? What are things that men say?”



**DRAW OR WRITE** these as well inside the man box. Feel free to follow-up with additional prompts or suggestions of your own to keep them going.

**REPEAT** the same set of questions for the ‘lady box.’ Spend five minutes on each.

## Debrief “Lady” and “Man” Boxes and Review Takeaways (25 minutes)

**DEBRIEF** with the following questions:

- What are your reactions to messages and drawings?
  - Note: Sometimes the messages are contradictory (e.g. “Women are supposed to be sexy YET virginal.”)
  - Note: There are often different messages for and from different communities. You can give an example, drawing from your own experience. Also, we should remember that there are many different words in many different languages that maintain these gender boxes.
- Who are the people that society tells to ‘act like a lady?’ Like a man? What does it mean to be a woman? A man?
  - You can point to how these are tied to biological/anatomical/chromosomal constructions of sex, not gender or gender identity.
- Do any of you feel like you don’t fit in either of these boxes?
- How does society police the boundaries of these boxes? What are people called when they don’t fit into one box? What happens when you step outside of the box? How are the boxes reinforced? [**WRITE** these responses in the margins around the boxes.]

**ASK** the following additional questions to lead into your take-away points:

- Where do the boxes come from and how did they become so powerful?
- Where do we hear these messages, and from whom?
- What institutions are invested in maintaining these boxes, and what do they gain?

**REVIEW** the following takeaway points:

- **Sex does not equal gender.** Review the following definitions (have them scribed beforehand.)
  - **Sex:** Refers to a person’s biology in terms of anatomy, chromosomes, and/or hormones; assigned at birth by doctors and others based on random characteristics.
  - **Gender identity:** How a person feels inside about who they are in relation to systems of gender; a person’s internal sense of male-ness or female-ness. If a person’s assigned sex matches their gender identity, they are cisgender. If a person’s assigned sex does not align with their gender identity, they may identify as transgender or gender non-conforming.
  - **Gender expression:** How a person expresses their gender to the outside world.
  - **Sexual orientation:** Describes whom people fall in love with and/or are sexually attracted to.
- There are **three core ideas that hold up gender oppression** and need to be dismantled:
  - White cisgender wealthy men are superior to everyone else.
  - The biology that you’re born with determines your identity: who you are, what traits you have, what role you play, what power and resources you deserve.
  - There are only two gender identities: male/masculine and female/feminine. Everyone should fit into one of these two boxes.

## MODULE 1: “Act Like a Lady,” “Be a Man”

- **Gender boxes are used to police people and maintain uneven relations of power, keeping the supremacy of white straight cisgender men.**
  - Sex, gender and sexuality are all connected to each other. These messages and traditions [point to “man/lady” boxes] are used to maintain patriarchy (or sexism), homophobia and transphobia. People who don’t fit into these boxes are often called lesbian, or gay, or bisexual or transgender), even if they are not. Being called lesbian, gay, bisexual, or transgender is used as a threat to reinforce these boxes.
  - These hierarchies also are used to block people from access to power and resources they need to survive.
- Are there any other thoughts, observations, reflections? Questions?

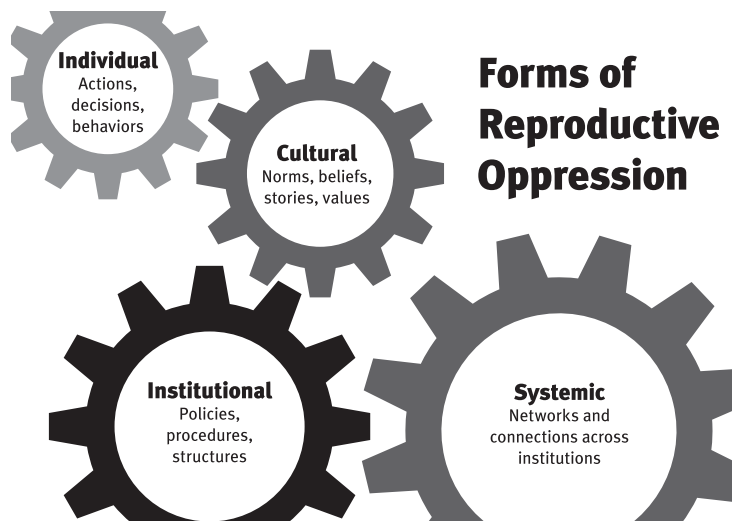
### Gears in the Machine of Oppression (25 minutes)

**SAY:** “Sexism, homophobia and transphobia are systems of gender oppression. We have discussed many different kinds of ways that oppression happens – namecalling, violence, policies and rules, for a couple of examples. Sometimes it’s helpful to think about all of these different forms of oppression as a machine, so I’m going to use this picture to talk about them using this drawing.”

Individual, cultural, institutional, and systemic forms of oppression function as interlocking gears that re-inforce each other to perpetuate discrimination, structural inequality, norms, and violence against groups of people in ways that benefit others. In order to dismantle systems of oppression, we need to ‘jam the machine’ by challenging all of the ways in which oppression plays out. Let’s talk about them one by one.”

#### Individual or Interpersonal Oppression

- **SAY:** “**Individual and interpersonal oppression** (what we say and do to each other and to ourselves) – from words to behavior to violence. It includes internalized beliefs about ourselves.” GIVE one example from the discussion during this workshop so far.
- **ASK:** “Can you think of some ways you have personally experienced or witnessed individual oppression having to do with gender? **TURN TO A PARTNER** sitting next to you and share an example or two each.”
- After two minutes, **INVITE** a couple of responses in the large group and **WRITE** these on the ‘Individual’ Gear in your flipcharted diagram.



### Cultural Oppression

- **SAY:** “These words and behaviors don’t come from out of nowhere. They are informed by **cultural forms of oppression**, or messages about social norms (around gender, sex, and sexuality) that we learn, and hold in our hearts and minds. These gears spin each other.”
- **GIVE** one example from the discussion during this workshop so far.
- **ASK:** “Can you think of ways you have personally experienced or witnessed **cultural** oppression having to do with gender? Turn to a partner sitting next to you and share an example or two each.”
- After two minutes, **INVITE** a couple of responses in the large group and **WRITE** these on the ‘Cultural’ Gear in your flipcharted diagram.

### Institutional Oppression

- **SAY:** “These cultural messages and beliefs, along with individual actions and behaviors, also connect with **institutional oppression**. Institutional oppression is the policies, rules, procedures, and decisions made by institutions – school systems, financial institutions, social services, criminal justice system, etc. – that perpetuate structural inequality.”
- **GIVE** one example from the discussion during this workshop so far.
  - **ASK:** “Can you think of ways you have personally experienced or witnessed **institutional** oppression having to do with gender? Turn to a partner sitting next to you and share an example or two each.”
  - After two minutes, **INVITE** a couple of responses in the large group and **WRITE** these on the ‘Institutional’ Gear in your flipcharted diagram.

### Systemic Oppression

- **SAY:** “Finally, **systemic oppression** happens when multiple institutions -- healthcare, media, government, banks and others you’ve named – come together and form a system. These institutions work together to contribute to and reinforce gender bias. When this happens, women and LGBTQ people, especially those in communities of color and immigrant communities, are hurt by the outcomes. All of the individual actions, behaviors, stories and policies you named are pieces that together form a large and complex machine.”
- “In order to dismantle systems of oppression, we need to ‘jam the machine’ by challenging all of these different forms of oppression. We need lots of different kinds of strategies, but we can’t begin without understanding how the machine works. That’s why it’s important to be able to name these experiences that our communities have.”

### Closing Reflections (10 minutes)

**CLOSE** the activity by asking people to talk with a partner next to them and think of a couple of concrete changes they can push for – in school, in their families, in their churches or temples, in organizations they belong to, in government programs, in media, e.g. – to jam the machine. Discuss in pairs for 5 minutes, and then popcorn back in the full group!

## HAND-OUT

# Systems of Oppression

A system of oppression is like a machine. Individual, cultural, institutional, and systemic forms of oppression function as interlocking gears that reinforce each other to perpetuate discrimination, structural inequality, norms, and violence against groups of people in ways that benefit others. In order to dismantle systems of oppression, we need to ‘jam the machine’ by challenging all of the ways in which oppression plays out:

- **Institutional oppression** occurs in the form of policies and procedures that enforce reproductive control.
- **Cultural oppression** occurs in the form of harmful narratives and beliefs about particular communities justifies such norms and policies.
- **Individuals** internalize these harmful narratives about others and about themselves, perpetuating these narratives in their actions, behaviors, and decisions.
- **Systemic oppression** occurs when networks of multiple institutions reinforce common narratives, consolidate power, and enforce policies that harm particular communities.

### Words naming systems of oppression

The systematic individual, cultural, institutional and historical oppression of:

- Women and Trans People = Sexism, Patriarchy
- People of Color = Racism
- Immigrants = Racism, Xenophobia
- LGBTQ People = Heterosexism, Homophobia
- Trans People = Cissexism, Transphobia

**Gender Oppression:** The intersection of many systems of oppression that try to control our bodies, sexualities, identities, and behaviors.

**Institutional Racism:** Racially disparate outcomes, discriminatory treatment, and unequal opportunities produced and perpetuated by institutions.

**Patriarchy:** The belief that men are superior to women, and the power and resources to enforce that belief.

**Homophobia, or heterosexism:** The belief that heterosexuality is the most superior and normal sexual orientation, and the power to enforce that belief.

**Transphobia, or cissexism:** The belief that there are only two genders - tied to physical sex assignment at birth - and the power to enforce that belief.

**Racism:** The belief that white people are superior to people of color, and the institutional power to enforce that belief.

**Worksheet:  
Gears in the  
Machine of  
Oppression**

**Individual**

Actions,  
decisions,  
behaviors

**Cultural**

Norms, beliefs,  
stories, values

**Systemic**

Networks and  
connections  
across institutions

**Institutional**

Policies,  
procedures,  
structures

## MODULE 2

# Gender Dominoes

**Time:** 50 minutes

### Summary

In this workshop, participants play a game to build shared language for gender justice and reproductive justice.

### Goals

- Understand the appropriate and respectful terms to use in discussing issues about reproductive justice, gender, and sexuality.
- Strengthen a broad and intersectional understanding of the range of reproductive justice issues.
- Clarify myths and misconceptions that participants may have.

### Materials Needed

- Two or more sets of RJ dominoes, cut out and scrambled.

### Agenda Outline

EXERCISE	FORMAT	TIME
Introduction and instructions	Presentation	10 minutes
Playing Reproductive Justice Dominoes	Small group activity	20 minutes
Debrief	Large group discussion	20 minutes
<b>TOTAL TIME : 50 minutes</b>		

### Trainer's Notes

- This activity works best in small groups (3-4) to maximize participation. You'll need to have enough sets of dominoes so that each group has one set.
- You can conduct this activity as a contest, having the first group to finish call out "Domino!" Offer a prize if possible. Some groups even incorporate this game into a scavenger hunt activity (breaking the dominoes up into smaller sets and hiding them in secret locations with clues).
- Be prepared to handle homophobic or transphobic comments or questions. If a homophobic comment arises, refer back to ground rules about creating a safe and respectful space for all participants.

## Introduction and Instructions (10 minutes)

**REVIEW** the goals of the workshop.

**SAY:**

*“The ability to define one’s own experiences is powerful. It’s important to have shared language and understanding about concepts in reproductive justice and gender justice. The language used in this exercise includes terms that reproductive justice, gender justice, and LGBTQ justice organizations and communities themselves are using. These are definitions that are currently in use.”*

**DIVIDE** participants into groups of three or four.

**GIVE** the following instructions:

- Each domino contains a word or term on the left hand side, and on the right hand side there is a definition of another word that is used in conversations about these issues.
- Teams should lay out all the dominoes so they are visible.
- Each person on the team will then take turns trying to play a domino so that a word is matched with the correct definition.
- Within each team, the person who traveled from farthest away goes first.
- *[Optional]* The first team to match all the terms and definitions is the winner, but play will continue until all the dominoes have been matched up.
- It’s very important that everyone gets to hear each term and each definition, so make sure you do work together as a whole team.
- In the end, all of the dominoes should fit together.



## Playing Reproductive Justice Dominoes (20 minutes)

**GO AROUND** the room making sure participants are following instructions. Help out folks who may be stuck.

## Debrief (20 minutes)

**ASK** if anyone has any questions or reflections from this activity. Clarify questions and misconceptions they may raise.

**ASK** participants which were the hardest words to match up.

## MODULE 2: Gender Dominoes

**EMPHASIZE** the following key points:

- Reiterate the difference between sex and gender.
- Be prepared to handle homophobic or transphobic comments or questions. If a homophobic comment arises, refer back to ground rules about creating a safe and respectful space for all participants.
- Acknowledge that language for talking about gender justice and reproductive justice issues is evolving. While we have attempted to incorporate definitions and terms in use today, language is always changing, shifting, and growing—when in doubt, a respectful question is always better than an assumption.
- It's okay to be unclear about a term. Put terms about which the group and/or the trainer has questions on a list to come back to.

**REPRODUCTIVE JUSTICE**

Learning about human sexuality, safer sex, contraceptives, sexually transmitted infections (STIs), reproductive rights and responsibilities, and healthy relationships. Can be in school or out of school.

**SEXUALITY EDUCATION, OR SEX ED**

The well-being of an individual or of a community. Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

**HEALTH**

A medical procedure to terminate a pregnancy.

**ABORTION**

Methods used to prevent pregnancy. They include birth control pills, other hormonal methods (Norplant, Depo-Provera), intra-uterine devices (IUDs), condoms, fertility awareness method, etc.

**CONTRACEPTION**

The belief that heterosexuality is the most superior and normal sexual orientation, and the power to enforce that belief.

**HOMOPHOBIA, HETEROSEXISM**

The marginalization of people whose bodies and physical, mental, and/or emotional abilities fall outside what is defined as normal and socially acceptable.

**ABLEISM**

The maleness or femaleness of a person's biology in terms of chromosomes, hormones, and genitalia. It is assigned at birth by doctors.

**ASSIGNED SEX**

Proposed legislation meant to erode abortion rights, prohibits abortion on the basis of "race or sex selection." Targets Black and Asian women and other communities of color, based on cultural stereotypes.

**PRENDA, OR  
PRE-NATAL NON-  
DISCRIMINATION  
ACT**

The practice of respect, mutual support, self-determination, and anti-oppression in relationships with partners (and others). Requires both parties to set boundaries and communicate consistently.

**HEALTHY  
RELATIONSHIPS**

How one identifies who they are attracted to (gay, straight, queer, bisexual, lesbian, etc.)

**SEXUALITY,  
OR SEXUAL  
ORIENTATION**

Any pattern of behavior — including physical, sexual, or emotional harm or threat — that a person uses to exercise power and control over someone they are dating, a partner, or another family member.

**DOMESTIC  
VIOLENCE**

The belief that men are superior to women, and the power and resources to enforce that belief.

**SEXISM AND  
PATRIARCHY**

A U.S. government program that gives health care access to eligible low-income U.S. residents by using local, state, and federal funds to provide health coverage.

**MEDICAID**

Shorthand for lesbian, gay, bisexual, transgender, and queer people. Describes trans communities and communities that are attracted to people of the same gender, to both men and women, or to people of all genders.

**LGBTQ**

Federal and state policies intended to reduce or ban public assistance to low-income and no-income individuals and families.

**WELFARE  
REFORM**

A person whose gender identity does not correspond to the physical sex they were assigned at birth. They may or may not make physical changes to their body.

**TRANS/  
TRANSGENDER**

Stands for Child Protective Services, or state agencies charged with protecting the welfare of children under 18, particularly in cases of abuse or neglect.

**CPS**

A person who identifies or is comfortable with the sex they were assigned at birth.

**CISGENDER**

Any unwanted sexual behavior or contact.

**SEXUAL  
ASSAULT**

When a person and a community has the right and the power to make the best decisions for themselves. "Nothing about us without us."

**SELF-  
DETERMINATION**

Defense of Marriage Act, federal policy that defines marriage as only between a man and a woman.

**DOMA**

Public policies and procedures that support immigration for the purpose of ensuring that families be kept together.

**FAMILY  
REUNIFICATION**

How a person feels inside and expresses who they are in terms of male-ness and female-ness.

**GENDER  
IDENTITY OR  
EXPRESSION**

A person who is exploring their sexual orientation or gender identity.

**QUESTIONING**

The belief that there are only two genders - tied to physical sex assignment at birth - and the power to enforce that belief.

**TRANSPHOBIA**

A clear and freely given "yes," not the absence of a "no." Must be obtained when someone wants to have sexual activity with someone else. You can change your mind about this at any moment.

**CONSENT**

Umbrella term that honors the spectrum and fluidity of gender and sexual identities in Native communities.

**TWO SPIRIT**

The understanding that identities (race, gender, class, e.g.) and systems of oppression (racism, patriarchy, classism, e.g.) are interconnected, and developing strategies and visions that address the connections.

**INTERSECTIONALITY**

The belief that white people are superior to people of color, and the power to enforce that belief.

**RACISM**

Having the economic, political and cultural power and resources to make healthy decisions over their own bodies, families, and communities. It is when all individuals and families in all communities thrive.

## MODULE 3

# Reproductive Justice Timeline

**Time:** 2 hours

### Summary

This exercise helps to build a shared understanding of reproductive oppression and reproductive justice in the United States.

### Collaborators

This workshop is an updated version of one that Western States Center developed in 2008. Advocates for Youth contributed to the revised compilation of events and to the citational work.

### Goals

- Build a shared language and understanding of reproductive justice - identifying core aspects and strategies of resistance.
- Describe strategies of reproductive oppression used at various levels.
- Strengthen skills to identify reproductive justice issues in their communities and organizations.

### Materials Needed

- Reproductive Justice Timeline slides and tape
- Post-it notes (three sheets each of two colors for every participant)
- Flip chart and markers
- Flip charts:
  1. Debrief questions
  2. *Strategies of Gender and Reproductive Oppression* (6 sheets)
  3. Sex, gender identity, gender expression, and sexuality definitions
  4. Reproductive Oppression
  5. Reproductive Justice definition
  6. Elements of Reproductive Justice
  7. Gears in the Machine of Oppression
- PowerPoint projector and computer (optional)
- Copies of *Strategies of Gender and Reproductive Oppression* hand-out

## Agenda Outline

EXERCISE	FORMAT	TIME
Introduction	Presentation	5 minutes
Gallery Walk	Pairs	20 minutes
Debrief Timeline	Large group discussion	10 minutes
Strategies of Reproductive Oppression	Large group discussion	20 minutes
Definition and Core Elements of Reproductive Justice	Presentation	25 minutes
Adding Our Own Stories	Individual writing, group discussion	30 minutes
Closing		10 minutes
		<b>TOTAL TIME : 2 hours</b>

## Trainer's Notes

- This can be a standalone workshop, but it's also helpful to hold this training after "Racial Justice Dominoes" and "Act Like a Lady, Be a Man," so that folks have some shared definitions and analysis.
- Prepare in advance some of your own timeline events to model the instructions for the 'Adding Our Own Stories' section.
- It is often helpful to "curate" the timeline by adding additional events that speak to the particular experiences of participants and their families – for example adding Latin@ specific events, or events with particular impact on youth.
- If you don't have enough time to do the full storytelling activity, you can hand out copies of blank timeline slides or post-its and have them add their own events and add them to the timeline. You can take whatever time you have to invite a handful of folks to popcorn out the things they are adding. Keep the timeline up and encourage folks to take another tour during a break.
- Another adaptation is to facilitate the 'Strategies of Oppression' presentation as a skit activity. Divide the larger group into six smaller groups and give them 20 minutes to put together a two minute skit to teach others about their strategy of oppression, drawing from the timeline as well as their own experiences. Debrief by discussing how these strategies affect our lives. This can work particularly well for youth.

## Introduction (5 minutes)

### SAY:

*“The issues of justice and injustice that our communities experience and our struggles of resistance have specific origins. It’s important to ground our work in history, and to build a shared understanding of how we got to this moment. We are going to tour a timeline about how reproductive oppression affects various communities, particularly poor women, women of color, and LGBTQ folks in the United States.*

*Timelines are also a way to share our history of resistance, and tell the story of the ways people affected by these issues have organized for reproductive justice. This is not an exhaustive review of every single reproductive justice issue; it is only a sampling of select events. So we are going to add our own histories, experiences, and knowledge to the timeline.”*

## Gallery Walk (20 minutes)

**INSTRUCT** participants to partner with someone and tour the timeline. Ask them to reflect on the following questions along the way (flip-chart or on slide):

- What did you learn or what was surprising about the timeline?
- What are some of the messages you see in the timeline? (For example: women of color’s bodies are test sites.)
- Who is affected by reproductive oppression? What experiences are shared by multiple communities?

Folks should pick a place to start anywhere in the timeline, not just at the beginning, so that everyone can move through in the time that we have.

## Debrief Timeline (10 minutes)

**DEBRIEF** the questions above, reviewing definitions of sex, gender, sexuality and other RJ terms as necessary.

## Strategies of Reproductive Oppression (20 minutes)

**NOTE TO TRAINER:** This section may be done using a computer and projector or by writing each method of reproductive oppression on flip chart paper.

### SAY:

*“Through the timeline, we can see that communities have been controlled in a variety of ways from expressing their full reproductive freedom.”*

**USE** the hand-out “Strategies of Gender and Reproductive Oppression” to discuss the six strategies of reproductive control listed – economic marginalization, political subordination, stigma and stereotyping, regulation of families, violence, and control over bodies. For each strategy, **READ** the definition and **ASK** for timeline examples. Wrap up each method of oppression with the examples provided in the hand-out.

## Defining Core Elements of Reproductive Justice (25 minutes)

**SAY:**

*“These elements of oppression – Political Subordination, Economic Marginalization, etc, -- all lead to three assumptions at the core of gender injustice.*

- 1. the **supremacy** of straight people, cisgender people, and men because our institutions and cultural norms benefit people with these forms of privilege at the expense of people without them.*
- 2. that **biology is destiny** – the notion that the body you are born into determines your roles in families and societies, your performance of that role, your expression of yourself, and your rights.*
- 3. the **gender binary** – that there are only two genders, everyone must fit into one of them, and that gender corresponds with your assigned sex at birth.”*

**SAY:**

*“This is a lot of history, a lot of collective trauma, and ugliness that we are facing. Even when it’s not spelled out on the wall in front of us, it’s with us, and it shapes our present realities.*

*It’s important to remember that our communities have never taken this lying down. Our ancestors, our mentors, and our communities of solidarity in struggle have resisted in ways small and monumental. Let’s name some of the ways that communities have resisted and are continuing to resist reproductive oppression – whether or not you saw it on the timeline, just shout them out...”*

**SHARE** the following definition:

**Reproductive Justice happens when all families thrive.** It will be achieved when all people have the economic, social, and political power and resources to make healthy decisions about our bodies, genders, and sexuality, families and our communities in all areas of our lives.

**ASK** participants what this definition means to them, what pieces resonate with them or how would they explain this to friends or family.

**EMPHASIZE** the Core Elements of Reproductive Justice:

- Recognize the interconnectedness of identities and issues:
  - Reproductive justice recognizes that people have complex identities that mark race, gender, sexual orientation, class, citizenship, age, ability, and more. Any one person can be affected by one issue in myriad ways because of the combination of these multiple identities.
  - Reproductive justice understands that because of our intersecting identities, people do not experience single-issue lives. People’s ability to make decisions on their bodies, health, family formation, family support, etc. are affected by the ways in which the healthcare system, schools, law enforcement, the welfare system, immigration system, and the like see them and interact with them.
- Focus on the control of genders, bodies, sexualities, and families:
  - In asserting body sovereignty, it’s important to understand that gender and reproductive oppression lift up and promote the supremacy of white, cisgender, wealthy men and allow

- o them to control the bodies and family formation of those who are not men, cisgender, white or wealthy.
  - o Gender and reproductive justice rest on asserting and protecting the humanity and the human rights of all people, no matter their sex, gender identity, sexual orientation, family formation, and the like.
- Rights, resources, recognition, and respect for all families:
  - o For all families in all communities to thrive, it's critical that they are fully recognized for their humanity in ways that ensure they have rights and resources through culture and policy.
- Working toward individual change, cultural change, and institutional change:
  - o Working towards reproductive justice means you have to challenge gender oppression happening at every level it operates.
  - o Interventions at every level of operation will ensure that change is transformative, that it responds to the conditions on the ground, and is sustainable over time.
- Led by the communities most affected by reproductive oppression:
  - o The leadership of the people most affected by reproductive oppression will be critical if we are to change our relationship to power and the hierarchy of white, cisgender, wealthy men.
  - o Although everyone is affected by reproductive oppression, people who are most directly affected, targeted, and made vulnerable are most able to describe the harm, identify root causes, and formulate the solution.

**REVISIT** the Machine of Reproductive Oppression. **SAY:** "We had previously discussed the ways the different forms of oppression work together to form a machine."

**REVIEW** briefly the diagram and gears, drawing from the "Gears in the Machine of Oppression Activity" in curriculum in Module 1 "Act like a Lady, Be a Man."

**NOTE:** If this group has not done this activity yet, review it in more depth.

**SAY:**

*"In discussing this timeline, there is a lot of pain and trauma that we have called into the room. Luckily, our communities have never taken it lying down. Our communities – the giants in history whose shoulders we stand on, to the movements we are each connected to in the present moment - have resisted in so many ways. And so, I'd like to take a moment for us to together name those forms of resistance."*

**ASK:**

*"What are the ways that our communities have fought back and continue to fight back against injustice? What are ways that we have and continue to organize to jam the machine in each of these gears of oppression – individual, cultural, institutional and systems? How have we transformed and built just systems and societies?"*

**FLIP-CHART** the responses on the gears diagram.

## **Adding Our Own Stories (30 minutes)**

**INTRODUCE** this activity by saying:

*“One of the ways our communities have always resisted oppression is by telling our own stories. To work toward our visions for Reproductive Justice, we need to be able to name our experiences, and the histories they come from. This is why we do this activity. And the last thing we’ll do is to add our own histories...”*

**HAND OUT** three each of two different color post-its to each participant. Instruct them to write their own timeline events. Give them about 10 minutes to:

1. Identify three events that describe experiences of your own, of your families or of your communities that connect with the history we’ve already discussed and that are important to you personally and politically – one on each post-it.
2. Identify three events that help them think about their allyship. You can SAY: “We find it important to understand the ways we are directly affected by particular histories of oppression – or hurt by them. And so on your other post-its, identify a couple of events that help you think about your allyship. (You may have already named some in your first set of post-its). We think of allies as people who work to end oppression in all aspects of their lives, especially where they, their families or their communities historically and currently benefit from oppression.”

**INSTRUCT** participants to form groups of 3-4 to share the timeline events that they choose to write on their post-its (round-robin style, one event at a time). Give them about 20 minutes for this.

**DEBRIEF:** What was it like to place yourselves on the timeline? Are there similarities and patterns in your experiences of gender justice? Are there differences?

## **Closing (10 minutes)**

**CLOSE** with the following:

- In our struggles for collective liberation, we all have a role. We all have work to do – for self-determination, and for allyship.
- Our lives are intersectional and intertwined with those of others.
- Telling our own stories on our own terms is an important part of the work:
  - Healing from trauma that is historical, collective, and personal.
  - Reclaiming and owning our own narratives.
  - Shifting how dominant cultures defines us, our communities, and our bodies.

## HAND-OUT

# STRATEGIES OF GENDER AND REPRODUCTIVE OPPRESSION

## EM

## Economic marginalization (“Nickel and Dimed”)

Groups of people are restricted from participating in and benefitting from mainstream economic activities such as bank loans, family tax credits, and welfare benefits. The wealthiest benefit off of the backs of the most vulnerable, and corporations are given more protection and value than human beings.

- **1980s – WELFARE CUTS:** When the Reagan administration cut welfare benefits, many single mothers of color were left unsupported. Programs with proven effective strategies of pulling people out of poverty were shut down – such as supporting poor people through schooling. This is reinforced by cultural stereotypes of “welfare queens,” which particularly target low-income black women.<sup>10</sup>



- **1977 – HYDE AMENDMENT BAN ON PUBLIC FUNDING FOR ABORTION:** Due to Medicaid restrictions alone, 1 in 4 low-income women are forced to carry an unwanted pregnancy to term. Many more women face costly delays as well as barriers because of legislated waiting periods, forced ultrasounds, and invasive counseling.<sup>11</sup>

## PS

## Political subordination (“Separate and Unequal”)

Groups of people do not have power to decide for themselves and are not allowed to be part of the decision-making process around policies that impact their reproductive lives.

- **1968 – STERILIZATION ABUSE IN PUERTO RICO:** Too often, communities are excluded from tables where decisions are made about their bodies and survival. Puerto Rico is a U.S. territory, subject to U.S. control without governmental representation. This is the context that led to one third of Puerto Rican women being sterilized by 1968.<sup>12</sup>

<sup>10</sup> Roberts, Dorothy. (1997). *Killing the Black Body*. New York: Vintage Books. Image source: <http://othersidecolumn.blogspot.com>

<sup>11</sup> Guttmacher Institute (2009). “Restricting Medicaid funding for abortion forces one in four poor women to carry unwanted pregnancies to term.” Guttmacher Institute (2007). “The Heart of the Matter: Public Funding of Abortion for Poor Women in the United States.” Both available at [www.guttmacher.org](http://www.guttmacher.org).

<sup>12</sup> Chicago Committee to End Sterilization Abuse (1977). “Sterilization Abuse: A Task for the Women’s Movement.” Available at: <https://www.uic.edu/orgs/cwluherstory/CWLUArchive/cesa.html>

## MODULE 3: Reproductive Justice Timeline

- **1954 – BAYARD RUSTIN and the MARCH ON WASHINGTON:** Civil rights icon and main organizer of the March on Washington, Bayard Rustin was displaced from leadership in the Civil Rights movement because he was an out gay man. His story represents the impacts of constraining possibilities for leadership development among people representing “margins within margins.”<sup>13</sup>



### SS Stereotyping, stigma, shaming and silencing (“I’m Normal, You’re Not”)

The reproductive knowledge, attitudes, and behavior of groups of people are demonized and are portrayed through cultural references as unnatural, inhumane, or immoral.

- **2006 – ANCHOR BABY STEREOTYPE:** Stereotyping immigrant families for using “anchor babies” as a strategy for establishing residency in the U.S. is predominantly used to vilify Latin@ families, but it originated in anti-Vietnam refugee sentiment over 20 years ago.<sup>14</sup>
- **2010s – ‘WAR ON WOMEN.’** Transgender men and gender non-conforming people who need access to abortion are left out of picture when reproductive rights are framed as women’s issues and when we understand anti-choice strategies only as a “War on Women.”<sup>15</sup>



### RF Regulation of families (“Leave it to Beaver”)

The ability of certain groups of people to form, make decisions about and support their families are restricted and/or controlled by other agencies.

- **1996 – DOMA:** The Defense of Marriage Act (partially repealed in 2013) prevents LGBTQ people from marrying or forming families.<sup>16</sup>
- **2008 – POSTVILLE IMMIGRATION RAID:** Immigrant families are criminalized and often live in fear of deportation. Families are separated by borders as a result of immigration raids, like in Postville, Iowa, when 389 workers were detained (some for several months, unable to work to support their dependents in both the U.S. and in Latin America) and deported.<sup>17</sup>



13 Pollard, Sam. (2002). “Brother Outsider: The Life of Bayard Rustin.” Image: [www.wikipedia.org](http://www.wikipedia.org)

14 Nguyen, Tram (2007). “No Sanctuary: Elvira Arellano Deported Without Son.” <http://colorlines.com>. Image: Illustration by Anne Park. <http://cpreview.org>

15 Rankin, Lauren (2013). “Not Everyone Who Has an Abortion Is a Woman - How to Frame the Abortion Rights Issue.” <http://www.truth-out.org>. Lori (2011). “CLPP 2011: Transfeminisms.” <http://feministing.com/2011/04/09/clpp-2011-transfeminisms/>

16 Image: [www.domaproject.org](http://www.domaproject.org)

17 Lee, Esther Hui-si. (2013). “How The Postville Immigration Raid Has Changed Deportation Proceedings.” [www.thinkprogress.org](http://www.thinkprogress.org)



### Perpetration and/or threat of violence (“Carry a Big Stick”)

Harm or the threat of harm is inflicted upon certain groups of people just because of who they are. The harm can be physical, sexual, psychological, or spiritual violence.

- **SEXUAL ASSAULT AND TRIBAL SOVEREIGNTY:** Native American women face a higher rate of sexual assault than any other group in the U.S., while tribes have been limited to exercise authority over these cases in their communities (until recent revisions to the Violence Against Women Act).<sup>18</sup>
- **2012 – CECE MCDONALD SENTENCED:** A young Black transgender woman, CeCe McDonald, defended herself when she was verbally and physically attacked by a white man shouting transphobic and racist slurs. She was criminalized and assigned to all-male prison based on biology rather than gender identity, a form of institutional violence.<sup>19</sup>



### Control of bodies, genders, and sexualities (“Dehumanization”)

Certain groups of people are stopped from making decisions to care for and to express their own bodies, gender identities, and sexualities.

- **2000s – CRIMINALIZATION OF DRUG USERS:** Pregnant women, often poor and women of color, who’ve used drugs are criminalized and imprisoned and do not have access to treatment options.<sup>20</sup>
- **2003 – LAWRENCE VS. STATE OF TEXAS:** As recently as 2003, anti-sodomy laws formerly codified the criminalization of consensual love between LGBTQ people.<sup>21</sup>



18 Bogado, Aura. (2014). “A Small Victory for Native Women.” [www.colorlines.com](http://www.colorlines.com)

19 Democracy Now! (2014). ““Black Trans Bodies Are Under Attack”: Freed Activist CeCe McDonald, Actress Laverne Cox Speak Out.” <http://www.democracynow.org>. Image: HEXX (n.d.). FREE CECE. Available at: <http://freececemcdonald.tumblr.com>

20 Nossiter, Adam. (2008). “In Alabama, a Crackdown on Pregnant Drug Users.” *New York Times*. <http://www.nytimes.com> Image source: [http://www.salon.com/2013/10/31/the\\_rights\\_war\\_on\\_pregnant\\_women](http://www.salon.com/2013/10/31/the_rights_war_on_pregnant_women)

21 BBC News (2003) “US court overturns gay sex ban.” Image source: AP. <http://news.bbc.co.uk>

## MODULE 4

# Stories from a Brave World

**Time:** 2 hours

### Summary

This session is an important introductory workshop that allows participants to get a sense of the breadth of people's reproductive health and abortion experiences. Storytelling is an important method for building empathy and resonance, as well as illustrating how the dynamics of race and gender play out in people's reproductive lives and shapes their "choices."

### Source

This module was co-written with Roslyn Farrington, BRAVE trainer and Portland State University professor of Women's Studies and Black Studies.

### Goals

- Paint a personal intimate picture of what's at stake when people increasingly lose reproductive freedom and when abortion rights are eroded.
- Articulate the root causes of reproductive oppression by sharing stories of myriad people of color as they're affected by reproductive injustice.
- Inspire participants with stories of the active resistance of the people most affected by a lack of reproductive freedom and the erosion of abortion rights.

### Materials Needed

- Flipchart
- Markers
- Sheets of 8"x11" paper

## Agenda Outline

EXERCISE	FORMAT	TIME
Introduction	Large group discussion	5 minutes
Two Voices: A Readers’ Theater Piece on Reproductive Justice	Performance Large, small group discussion	30 minutes
Fishbowl: Listening with Open Hearts	Large, small group discussion	40 minutes
When We Know Someone	Paired discussion	20 minutes
Our Big Bold Vision	Small group work Large group discussion	25 minutes
<b>TOTAL TIME : 2 hours</b>		

### Introduction (5 minutes)

**INTRODUCE** the session to participants:

*“Most of what we understand of reproductive health and rights comes from headlines put out by media, or large social institutions such as the Church and the Government who often define these issues according to their agendas and self-interests. Rarely do we hear the people affected by these issues tell their stories on their own terms and in safe environments that withhold judgment or shaming. Sharing and telling our stories with honesty, complexity, and courage is often the first critical step to building our awareness of the breadth and depth of reproductive justice – what it means to different communities of people and what it looks like in our daily lives. The first step to compassion is building a relationship with each other through truth-telling.”*

**SHARE** goals of the session.

**ASK** check-in question: What is one word that comes to mind when you hear the words “reproductive health”?

**FLIP-CHART** responses.

**PROCESS** their responses by saying:

*“All of these words capture the cultural moment we live in, with all the swirling messages and stories we hear about our bodies, our reproductive lives, and the ways we form and support our families. Much of what we hear is full of stigma, shame, and silence. What would happen if we could transform that stigma, shame, and silence? What would happen if the people affected by this issue, and who aren’t affected by this issue, could expect not shame, but love?”*

### Two Voices: Readers’ Theater (30 minutes)

**NOTE TO TRAINER:** At least two weeks before this training, ask two seasoned community leaders/staff members if they will perform this readers’ theater piece. After confirming their participation, assign roles

## MODULE 4: Stories from a Brave World

to each reader: (1) observer/commentator reading facts and figures, and (2) emotionally open and strong activist sharing their experience of coming out with their abortion story. Give them a copy of the readers' theater piece adapted from "What Abortion Access Looks Like for Young Women of Color" by Daisy Khamphakdy<sup>22</sup> and "Stepping Up and Speaking Out about My Abortion" by Renee Bracey Sherman<sup>23</sup>. Practice reading with them.

To set up the performance:

- **INTRODUCE** performers.
- **DESCRIBE** the pieces and acknowledge the resources from which they were sourced.
- **ASK** participants to listen actively to the stories and reflect on the following questions:
  - What was most impactful for you in the piece?
  - What was most surprising to you? What numbers were striking? What story resonated?
  - How do we create a community that openly talks about and supports reproductive freedom and justice?
  - What is scary about being a leader for reproductive justice?

**ASK** performers to read.

**DEBRIEF** the performance with the questions above.

**REINFORCE** the following messages:

- Sharing abortion stories is an act of courage. We thank people who share their gifts with us.
- The numbers and statistics are important to understand scale of the issue, but the stories are critical to understand the complexity and humanity of people struggling with issues of reproductive health or deciding to go through an abortion.
- Even though 1 in 3 women will have an abortion before they're 45 years old, the issue of abortion is cloaked in silence and shame. We don't talk about abortion as medical or as a part of healthcare. How would people's lives change if they could expect love and support instead of shame when talking about abortion?

### Fishbowl (40 minutes)

**NOTE TO TRAINER:** At least one month before this workshop, ask people who've disclosed their abortions to you if they can publicly share their experience with your workshop participants. Also consider inviting people who have supported others to obtain an abortion. As this is a sensitive request, make sure fishbowl leaders understand what they're committing to. Describe what a fishbowl discussion is, who the workshop participants are, and who else will be part of the fishbowl. Provide them the fishbowl questions at least two weeks before the session.

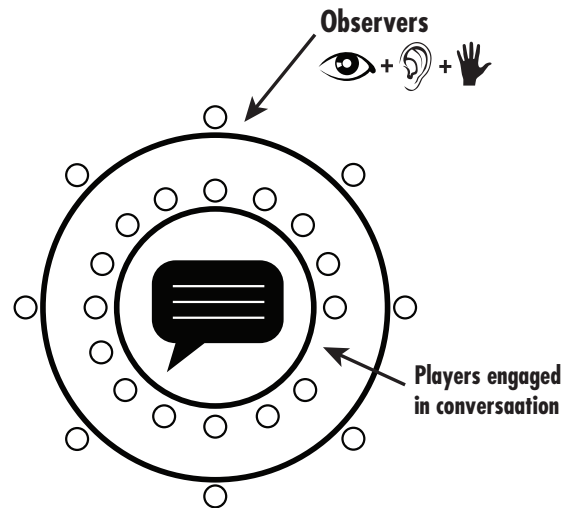
If the trainer/facilitator doesn't personally know anyone who's disclosed an abortion story, asking for referrals from your local NARAL chapter or Abortion Fund is another avenue. The local Planned Parenthood may also have a speaker's bureau that you can tap into.

22 Khamphakdy, D. (2013). What Abortion Access Looks Like for Young Women of Color. Ms. Blog Magazine. Retrieved from <http://msmagazine.com/blog/2013/01/28/what-abortion-access-looks-like-for-young-women-of-color/>

23 Bracey Sherman, R. (2012). Stepping Up and Speaking Out About My Abortion. Retrieved from <http://abortiongang.org/2012/07/03/stepping-up/>

For those who haven't participated in or experienced a fishbowl, a fishbowl is a structured exercise or form of dialogue that can be used when discussing sensitive or highly stigmatized topics within large groups.

- Four to five chairs are arranged in an inner circle. This is the fishbowl.
- The remaining chairs are arranged in concentric circles outside the fishbowl. A few participants are selected to fill the fishbowl, while the rest of the group sits on the chairs outside the fishbowl.
- In an **open fishbowl**, at least one chair is left empty. In a **closed fishbowl**, all chairs are filled. The moderator introduces the topic and the participants start discussing the topic.
- Fishbowl discussion can be facilitated by a participating leader who is experienced and comfortable in these kinds of conversations. If no one participating is able to facilitate, an outside facilitator can do it. The facilitator should be clear and transparent about their role as someone who is either directly affected or an ally.
- The audience outside the fishbowl can only listen in on the discussion. They are not allowed to ask questions of the fishbowl leaders.
- If you choose to set up an open fishbowl, partway through the discussion the facilitator may invite participants who share similar experiences – having an abortion or supporting someone to have one – to participate by filling the seat(s) you have left open.
- Make sure you have water and a box of tissues for fishbowl leaders.



It is important to understand that fishbowls are often used to provide a safe and protective space to individuals who are making themselves very vulnerable, by sharing their stories, opinions, or work. The absence of a larger group discussion is a way to prevent commentary or judgment on what they share, and helps participants actively listen to stories that can be challenging to hear.

**INTRODUCE** the fishbowl. Say:

*“Reproductive justice is grounded in principles of body sovereignty, autonomy, and community empowerment – the idea that individual people, families, and communities can exercise self-determination over their own bodies and lives. We will have reproductive justice when everyone has the power and resources to make decisions for their own well-being. This vision is deeply connected to a world where all families (chosen and biological) and communities have political decision-making in our neighborhoods, cities, and societies. In this way can all families thrive and have dignity and power over who we are, what our lives look like, and what our future is.*”

## MODULE 4: Stories from a Brave World

*In order for reproductive justice to be an authentic part of our lives and communities, we need to be able to listen actively and openly to the stories in our communities – without judgment or stigma. In this way, we are also able to define our own experiences with our own words, and directly challenge the ways right-wing fundamentalist forces and media talk about us.”*

**DESCRIBE** the fishbowl method and process. Reinforce the following guidelines:

- This is a safe and sacred space that we offer to the leaders who’ve agreed to join us.
- To ensure safety, we ask that you listen actively without comments or questions to what you hear. We accept the gifts they offer with openness and in the generous spirit that they are given.
- We require participants to keep confidentiality. You may share the lessons you learned but not the identity of the speakers or any details of their stories outside of the workshop.

**SHARE** goals of exercise and introduce fishbowl leaders. Describe them as people who’ve had abortions or people who’ve supported others who’ve had abortions.

**USE** any, some, or all the questions to facilitate the fishbowl discussion. Choose questions that feel most appropriate for where your workshop participants are at with the discussion topics. In general, instruct fishbowl leaders to respond to questions within 3-5 minutes.

Prompts for those who have had an abortion themselves:

- Why did you agree to be in the fishbowl?
- What is the biggest myth about people who have abortions?
- What’s a part of your story that you want others to know?
- What would have been wonderful to have during that experience?
- People assume because I had an abortion that I.....
- If you really knew me you would know that...
- The most challenging part about the abortion experience was...
- The most important/best part about the abortion experience was...
- The younger me thought and felt about this...
- The current me thinks and feels about this...
- What I learned about myself from this experience is that...
- What I would like you to learn from me is that...

Prompts for those who have loved someone who had an abortion:

- People assume because they had an abortion that they.....
- If you really knew them you would know that...
- The most challenging part about this experience for me was...
- The most important/best part about this experience for me was...
- The younger me thought and felt about this...
- The current me thinks and feels about this...
- What I learned about myself from this experience is that...
- What I would like you to learn from me is that...

**THANK** the fishbowl leaders for their courage, generosity, and love.

## When We Know Someone (20 minutes)

**ASK** participants to go into pairs. Prompt them to reflect on what they heard and answer the question: “What do we do with what we’ve learned to serve our vision for reproductive justice?”

**GIVE** participants 15 minutes to share with each other.

## Our Big Bold Brave Vision (25 minutes)

**DISTRIBUTE** sheets of paper and pens to participants.

**ASK** them to reflect individually and write freely in response to this question:

*“What does a BRAVE world look like that lifts up and supports people who’ve had abortions and the stories we heard today? How do you see people acting? What kind of spaces, buildings, or institutions would we have? How would we talk about this issue? What would be different in order for this brave world to become reality?”*

**ASK** participants to share popcorn-style the things they wrote that they’re willing to share.

**SUMMARIZE** and elevate ideas that reinforce our definition of reproductive justice.

**THANK** participants and fishbowl leaders for sharing truth to power and for holding their stories gently

### SUGGESTED CLOSING ADAPTATION:

**ASK** participants to read from the poem “The Welder” by Cherrie Moraga<sup>24</sup>, having each participant read one paragraph at a time.

**ASK** participants after the reading to respond to the following questions:

- What is the most powerful line in the poem?
- How are you a welder in your life?
- How are we welders within our organization?

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24 Moraga, Cherrie and Anzaldua, Gloria. (1983). This Bridge Called My Back. New York: Kitchen Table.

## HAND-OUT

# Stories from a BRAVE World

### Sources:

Bracey Sherman, R. (2012). Stepping Up and Speaking Out About My Abortion. Retrieved from <http://abortiongang.org/2012/07/03/stepping-up>.

Khamphadky, D. (2013). What Abortion Access Looks Like for Young Women of Color. Ms. Blog Magazine. Retrieved from

<http://msmagazine.com/blog/2013/01/28/what-abortion-access-looks-like-for-young-women-of-color>.

Moraga, Cherrie and Anzaldúa, Gloria. This Bridge Called My Back. New York: Kitchen Table, 1983.

### Two Voices: A Readers' Theater Piece on Reproductive Justice

She was 14 years old and going into the 9th grade. From the moment she learned she was pregnant, she contemplated what to do. Not comprehending how to even deliver a baby (let alone how to take care of a child for the rest of her life) prompted grave fears about her future.

*For six years, I didn't talk about my abortion. I sat in the closet, alone – very alone. For six years, I only knew three women who had abortions – one being a cousin of mine, yet we still didn't talk about it. I was afraid of what people would think of me, what they would say if I talked about it, the names they would call me if I came out of the closet. For a long time, I barely admitted to myself that I had an abortion.*

Being the eldest of an immigrant family of seven, she learned early to take on the role of her family's translator and primary caretaker. She could not fathom how she would tell them about her pregnancy. She pondered the level of disappointment her family might feel and the distress she would put on them with the possibility of a baby.

*The first time I spoke publicly about my abortion was in Fresno, California. Previously, I'd written about my experience in a blog post and spoken about it with Exhale's talk line counselors in training, but this was different. It was the Grassroots Institute for Fundraising Training's academy for nonprofit fundraising staff.*

Not knowing the options available to her, she withheld her pregnancy from her family and friends. She had never felt so alone, confused and afraid. The days passed and her belly grew. Knowing what she had to do, she finally found the courage and sought help from her grandmother and aunt. At 21 weeks, my cousin found the proper care and support to have an abortion.

*I had been attending for a few days and getting to know my peers, but not on a personal level. It wasn't designed as a safe space for abortion stories, I was on a panel about fundraising and I was there to talk about why I am a donor to Exhale and the pro-voice movement. Fresno is a conservative agricultural city in California and I was scared.*

January 22nd marked the 40th anniversary of Roe v. Wade, the monumental U.S. Supreme Court decision that made abortion legal. There is much to celebrate in the advancement of women's reproductive rights. However, we cannot ignore the barriers that continue to limit women's access to viable resources regarding their reproductive health.

*Why I give to Exhale has everything to do with my abortion experience and I couldn't explain one without the other. I was so nervous I couldn't breathe. I was afraid to out myself in a room of people I barely knew.*

A number of issues such as restrictive laws and lack of federal funding continue to make it difficult for women to seek help. If my cousin had been aware of the resources available to her and had felt comfortable enough to discuss her teenage pregnancy, she could have sought help sooner. But beyond my cousin's experience, the choice to have an abortion is a fundamental right that should be readily accessible to every woman.

*"When I was 19, I had an abortion. I was alone and had no one I felt I could talk to. This is why I donate to Exhale – so no one has to feel like they have to go through an abortion alone." The room was silent. Thirty pairs of eyes were staring hard at me. I continued to tell my story and why I support Exhale. By the time I finished, more than half of the people in the room were crying. I was crying. We shared a moment in that room – you could feel it.*

Yet the layers of societal stigma, governmental interference and other hardships make it increasingly difficult for women to access this right.

*After I spoke, a pastor came up to me and said that he did not support abortion. He said it was wrong. My heart stopped and I thought, "Breathe, his words won't hurt you." Then he continued, "I never thought about the women having abortions, just abortion itself. You showed me that women going through a tough experience deserve respect and support, whether I agree or not. I'm going to take that lesson back to my church." I cried. I never thought that I would be able to impact someone like that.*

It is no surprise that the women who are hit hardest are young, low-income women of color. The National Abortion Federation found that "87 percent of all U.S. counties have no identifiable abortion provider. In non-metropolitan areas, the figure rises to 97 percent." Consequently, women have to travel long distances to find the nearest abortion provider.

*Now, I talk about abortion all the time - on the bus with friends, at the farmer's market with aunts, at work with coworkers. I know what you're thinking, "Who talks about abortion at work?" Well, I do. I do because it has brought me closer to the women and men I work with who have experienced abortion and to those who don't know anyone who has openly talked about their experience.*

Furthermore, "a shortage of trained abortion providers; state laws that make getting an abortion more complicated than is medically necessary; continued threats of violence and harassment at abortion clinics; state and federal Medicaid restrictions; and fewer hospitals providing abortion services" all become inescapable deterrents for a woman wanting to terminate her pregnancy.

#### MODULE 4: Stories from a Brave World

*For me, talking about it is part of my healing and they have said it feels good to find someone else in the world with a similar experience. Through talking about my experience, I have found a supportive community of women, new stronger relationships with family members, and love and acceptance for myself.*

It is a basic right for families and individuals to make responsible decisions, without hindrance, about the number, timing, and spacing of their children, and to have the correct, accessible information to do so. A woman's decision about her health and her family's health is personal and should be respected. Yet public and governmental interference continues to impact women's access to such necessary resources.

*When talking about my abortion my intention is not to change anyone's political opinion, it is to put a face on abortion experiences and the range of experiences. If one in three women have had an experience with abortion, then why aren't we talking about it? Why aren't we hearing their stories?*

With the persisting obstacles and restrictions regarding abortion, some questions to ponder are: Which populations have access to sexual and reproductive health? Which populations are being affected by these restrictions? Whose bodies are we governing? And, of course, why?

*For women thinking about sharing their story, I say go for it. But make sure you do it for you – not for anyone else, not to push an agenda either way. Do it because you want to have your voice heard. It can feel scary and liberating at the same time. It is not an easy decision, but one that has freed me from internalized shame.*

The disproportionate access and ongoing conflict over regulating sexual and reproductive health send the message that women's bodies need to be controlled. Ultimately, every woman has the absolute right to the highest standard of sexual and reproductive health care without discrimination, coercion or violence.

*In sharing my story, I have met so many of our sisters with abortion experiences and some have begun to speak out publicly. A few months after I shared my story, my cousin wrote a blog about her experience and she met and inspired many more women who shared our experience. I think she and I are now closer than ever knowing that we share a bond through our abortions and speaking out about it.*

*An aunt told me that she wanted to speak out about her abortion the way I did, but she was afraid of the shame and the way people might treat her afterwards. Speaking publicly about your abortion experience isn't for everyone.*

*For some people, it is something that they never want to share aloud, and that's okay. Everyone heals and shares in different ways – both publicly and privately. But as more of us start to come out, the stigma and shame will be left in the closet. And we will join our sisters in the sun.*

## The Welder

Cherrie Moraga

I am a welder.

Not an alchemist.

I am interested in the blend  
of common elements to make  
a common thing.

No magic here.

Only the heat of my desire to fuse  
what I already know  
exists. Is possible.

We plead to each other,  
we all come from the same rock  
we all come from the same rock  
ignoring the fact that we bend  
at different temperatures  
that each of us is malleable  
up to a point.

Yes, fusion is possible  
but only if things get hot enough -  
all else is temporary adhesion,  
patching up.

It is the intimacy of steel melting  
into steel, the fire of your individual  
passion to take hold of ourselves  
that makes sculpture of your lives,

builds buildings.

And I am not talking about skyscrapers,  
merely structures that can support us  
of trembling.

For too long a time  
the heat of my heavy hands  
has been smoldering  
in the pockets of other  
people's business-  
they need oxygen to make fire.

I am now  
coming up for air  
Yes, I am  
picking up the torch.

I am the welder.  
I understand the capacity of heat  
to change the shape of things.  
I am suited to work  
within the realm of sparks  
out of control.

I am the welder.  
I am taking the power  
into my own hands.

## MODULE 5

# Decolonizing Our Hearts and Minds for Body Sovereignty

**Time:** 2 hours

### Summary

This piece explores personal experiences as they are connected to reproductive justice. The aim of this workshop is to open a space to address the ways that systematic oppression and historic colonization have played out in the messages we receive about bodies, rights, gender, and communities. By mapping their own roads into the present moment, participants will identify needs and opportunities to engage in decolonizing efforts which work towards body sovereignty for all communities.

### Goals

- Articulate how our values are formed and how we act on our values.
- Identify the ways in which the forces of colonization have affected each of us.
- Deepen a shared analysis about body sovereignty and its importance to reproductive justice.

### Materials Needed

- Flip chart:
  - Definitions of Reproductive Justice, Colonization, Decolonization, and Self-Determination
  - Road Map prompts on flipcharts so that participants can see them from all over the room
- Blanks flip chart sheets of paper for each participant
- Markers
- Prepared *Road Map To This Room* to share as an example

### Agenda Outline

EXERCISE	FORMAT	TIME
Introduction	Presentation and go-around	15 minutes
Connecting Messages About Gender to Colonization	Go-around and discussion	25 minutes
Mapping Your Road to This Room	Individual work time	15 minutes
Caucus Break-Outs	Small group break-outs	30 minutes
Decolonizing Our Families, Hearts, Bodies and Minds	Presentation and discussion	30 minutes
Closing	Presentation	5 minutes
<b>TOTAL TIME : 2 hours</b>		

## Trainer's Notes

- It is recommended that you do the Reproductive Justice timeline before this exercise.
  - Prepare your Road Map to This Room, making sure to highlight your responses to the prompts.
  - Evaluate whether or not using an immigrant rights frame is best or if you should focus on economic justice, civil rights, or tribal sovereignty.
  - Prepare a scenario for the Gears of Oppression activity in the 'Decolonizing Our Families, Hearts, Bodies, and Minds' section of the curriculum.
- 

## Introduction (15 minutes)

**PREPARE** sheets of flipchart paper, each one written with a word being defined below: Colonization, Decolonization, Self-Determination, and Reproductive Justice.

**REVIEW** the purpose and the goals of the workshop:

- This session will tackle big concepts and words, such as colonization, decolonization, self-determination, body sovereignty, and reproductive autonomy.
- We want to break these down into their basic ideas and connect them with our real lives and communities' histories, as well as how they continue to shape the world we live in.

**SAY:**

*"We know that when our families experience justice, the cornerstone of that justice will be self-determination. Families and women experience justice when they can make decisions about their own bodies and identities, and have the means to care for their families. I'd like to invite everyone to think about and share a message that you received early in your life about gender – that is, expectations of how men and women should be and act in the world."*

**ASK:** "What was the message, where did it come from, and how did it affect you?"

**PAIR** up participants. Give them five minutes to think, and then give them time to share with their partner.

## Connecting Messages About Gender to Colonization (25 minutes)

**ASK** pairs to share about their conversations in the larger group, popcorn-style.

**DISCUSS** reflections and observations about the messages that participants shared.

**SUMMARIZE** some common themes, patterns, and similarities in what people shared. Make connections to the "Act Like a Lady, Be a Man" workshop if this is something your group has done.

**REINFORCE** the following points:

- Lift up that we often take these messages for granted, as if they are normal or natural. But these messages can be very hurtful to our sense of selves and our freedom to act, express ourselves, and make healthy decisions.

## MODULE 5: Decolonizing Our Hearts and Minds for Body Sovereignty

- Discuss how messages and norms about gender – especially as they connect with race, class, sexual orientation, ability, and immigration status – justify policies that block rights and resources from certain groups.
- Make sure to lift up the positive messages participants shared that affirm reproductive justice.

**CONNECT** the discussion to understanding how colonization shaped some of these themes and patterns.

**DEFINE** colonization, by saying:

*“Many of the messages you shared about gender growing up have their roots in colonization. Colonization is when a group of people forcibly takes control of a land that is not their own. Colonization is based in creating a social hierarchy that both benefits the settlers who have moved in and continually asserts their supremacy.*

*For many of our communities – especially those with indigenous roots in the Americas – colonization has meant having land, lives, cultural identities, rights to language, and rights to self-determination stolen from them by colonizers and settlers. These actions of colonization are set up to give power to a new group of people. And these actions send lasting messages to demonstrate that colonization is not simply something that happened in the past and is over.”*

**PROVIDE** the following input, referring to slides in the Reproductive Justice Timeline for examples when necessary:

- Colonization is a project of complete domination – it imposes its own view of understanding the world on the people it’s colonized. This in effect means erasing and substituting communities’ cultural norms, religion, and beliefs, power relations, and social roles. Everything is transformed to benefit the colonizer – nothing by way of economics, culture and social institutions is spared.
- Religion was a critical force and strategy of domination. The Christian Church and its priests were oppressive agents of colonization, often using physical, emotional, and sexual violence to bend people to their will. In many countries that experienced colonization, including the United States, Christianity was used to justify oppression and domination by encouraging the belief that God intended Christians to colonize heathen indigenous peoples in order to civilize them. Sexism, racism, homophobia, and class oppression are all parts of the belief system holding up colonization. Similarly, colonizers took advantage of existing strong spiritual values within indigenous communities to subdue and culturally manipulate them and impose their own religion.
- The messages you shared at the beginning demonstrate the ways in which our bodies, our minds, and our hearts can continue to be colonized as they echo the legacies of colonization. Colonization is ongoing – it hurts many communities in different ways and ultimately benefits the dominant group.
- We need to be aware of all of this, because otherwise we risk participating in our own oppression. Colonization has long legacies in the United States as we see Native communities who were brutally colonized, forced to lose their traditional ways of life – their spiritual practices, languages, and diverse cultures. Colonization is ongoing and active.

**ASK:** “Who can share a few examples of colonization that are happening today?”

**REFER** to the definition of reproductive justice:

- Reproductive justice is rooted in self-determination, the idea that individuals and communities can make the best decisions for themselves – their bodies, identities, beliefs, and behaviors – and that they directly bear the consequences of these decisions.
- We can think about this in terms of ‘body sovereignty’ – or simply what it means for ALL people to be able to exercise self-determination over their own bodies.
- We should also be mindful of the fact that the focus on reproduction in reproductive health and rights movements has been used to exclude transgender and queer communities from the conversation on body sovereignty.

**CONNECT** to history of colonization and decolonization:

- For as long as colonization has been happening in the United States and elsewhere, indigenous communities have resisted this oppression and asserted their right to be self-determining and sovereign. Self-determination is a political, cultural, and spiritual concept - it talks about power and who should have the power to make decisions.
- For this, we take lessons from Native American communities who defend and fight for tribal sovereignty and self-determination – for their right to decide for themselves as autonomous, self-governing nations.
- Forces of colonization from the past to the present are direct threats to tribal sovereignty, as well as other communities’ pursuit for self-determination, and individuals’ rights to body sovereignty and reproductive autonomy.
- As indigenous communities work to restore their cultural traditions and ways of knowing, these acts of resistance are strategies of decolonization. Decolonization is the process of undoing the effects and impacts of colonization. That is to say, decolonization is any act that examines a belief, cultural norm, social institution, or systemic practice and questions whether it supports individuals and communities to self-govern, or whether it continues the colonial practices of imposing one’s beliefs, practices, policies, and institutions on others.
- Reproductive Justice, as a belief in the ability and right of individuals and communities to make decisions for themselves and their families, is compatible with and fundamental to the process of decolonization.

**DISCUSS** any reflections and observations.

## **Mapping Your Road to This Room (15 Minutes)**

**SAY:**

*“Within this context of colonization throughout the world, we begin to understand that the values and beliefs that we each hold were not formed overnight. They have been forming for many years. Our vision for justice has been shaped through our communities’ struggles and is deeply rooted in hope. Now we’re going to draw your road map to this room; it will include the people, culture(s), and institutions that shaped your path. Take a second to imagine your life up until this point. Think of the people who empowered you to be yourself. Think about the places you interacted with that shaped your world view.”*

**GIVE** every person a large piece of paper and markers and 15 minutes to draw their road to this room with the following prompts:

**INSTRUCT** participants to draw on one side of their paper:

1. What are the messages you heard growing up about your relationship with your body, sexuality, and fertility? Who did you hear them from?
2. What institutions (school, church, government, etc.) did you and your family interact with that shaped your understanding of body, sex, reproduction, reproductive health, rights, or justice?
3. How did you resist messages that you heard from your community, family, or institutions in order to pave your own way? What messages did you hear that were affirming?

**SHOW** an example of your own roadmap, which you prepared in advance.

**NOTE TO TRAINER:** Make sure that everyone in the room can see the questions clearly posted around the room. As people are drawing, wander around and talk to people who seem like they’re stuck getting started.

**MODIFICATION:** If time permits consider adding this prompt: On the back of your paper draw your vision of your family and community experiencing Reproductive Justice. (Give an extra five minutes for this modification)

## **Caucuses or Small Group Break-Outs (30 minutes)**

**NOTE TO TRAINER:** In advance determine the best ways to break people into caucuses. They can be based on racial or gender identities, or any other identities relevant to your work and next steps. Another option is to have people count off into random small groups.

**SAY:**

*“The roads that have led us all to this place are different – they have been shaped by our families, our culture, and the institutions that we interact with. They bring up reminders of the oppression we face.*

*These road maps also remind us of our triumphs and moments when we resisted – when we stood up for our family, ourselves or for our communities.*

**BREAK** out into small groups/caucuses. In your caucus/small groups participants will share their stories. After everyone has shared, the group will consider discussion questions.

**TELL** each person to share their map for three minutes. As they share their story, the person to their right will clock how long they take.

**ASK** group to consider the following questions:

- Where did these messages come from? What or who do they serve?
- What similarities and themes did you find in common in your caucus? Did your personal experiences and cultural impacts intersect?
- What did resistance look like for your group? How did you find power in resistance?
- What visions do you have for your own families to undo the effects and legacy of colonization?

### **Decolonizing our Families, Hearts, Bodies, and Minds (30 minutes)**

**CALL** the full group back together for a large debrief.

**SAY:**

*“Thank you all for being vulnerable and sharing your roads to this room. We know that sharing our roads to this room can be heavy. We want you to keep the stories you heard close to your heart and let them drive you. We’re here today to identify what we can do to make change. Let that be the fire in our belly and let our vision for the future drive us there.”*

**ASK:**

- What were the themes of resistance you saw in your caucuses?
  - Say (if relevant): It reminds me of how we discussed how the gender boxes are policed in “Act Like a Lady, Act Like a Man.” It also reminds me of how, in the timeline and when we talked about the machine of oppression, cultural norms and stereotypes like the Welfare Queen and Anchor Babies are used to justify policies that hurt particular families and communities.
- Take a second to imagine what Reproductive Justice would look like for your family and community. What is your life like? Who is with you? What is your vision?
- **MODIFICATION** (if you chose the vision modification for the prompts, use this question): Who would like to share components of your vision with the group? Let’s talk about the way your family feels in this vision – what are they doing, how are they living?

**SUMMARIZE:**

*“That is a beautiful vision. Building our power and implementing smart strategies is how we can make our visions come true. We know that sometimes it seems that the tasks are too big and that’s why it’s*

## MODULE 5: Decolonizing Our Hearts and Minds for Body Sovereignty

*important that we each carve out our piece of the work in reproductive justice. In time, we can chip away at the oppressions that keep us from experiencing equity and justice.”*

**REVIEW** the Gears of Oppression:

Across your roadmaps, it is clear the way the legacy and impacts of colonization work and effectively take away the power of individuals and communities to govern themselves. It may remind you of the gears of oppression. For some of you this may be new. We know that each level of oppression works in tandem with the next and that when we can interrupt those gears, we can start to make change.

**PRESENT** visual of Gears [see page 27].

**NOTE TO TRAINER:** Draw a gingerbread person and ask the group to name the person and to identify a few things about them (gender, race, age, etc.), then use the themes from the roadmaps to reiterate the ways this person may face each gear. Preparing visual aids or cartoon images on the flipchart will help tie these gears and examples together.

**CHOOSE** some of the examples given in the roadmaps that illustrate the impact of the different gears:

- **Culturally**, many of us grew up learning about gender through the ways we were told how boys and girls, or men and women should act. Many of us who were not raised in Christian homes likely heard messages that sex was dirty and that we should wait until we're married to have sex. These messages were everywhere: on tv, in books, in stories we tell each other, around kitchen tables, and more.
- **As individuals** shaped by these pervasive cultural messages, many of us internalize these messages and behave towards other people accordingly. So we might tend to judge and shame people who have sex when they are young or unmarried. Of all the stereotypes that many people in the United States continue to believe in, the stereotype of the immoral, irresponsible teen parent is the most persistent and pervasive.
- **Institutions** similarly perpetuate these cultural messages, as they are peopled with folks who have internalized these cultural messages. Individual beliefs and biases shape the way policies and programs are developed in these organizations. So often, schools will push out pregnant and parenting teens because they deem them to be bad role models. Legislatures will pass policies that defund sex education in schools believing that they encourage promiscuity. Cities will mount teen pregnancy prevention campaigns that stigmatize young people and demonize teen parents.
- **At a systems-wide level**, schools, legislatures, and cities interact and reinforce their policies and programs, once again affirming and perpetuating the cultural messages we hear.

**LINK** these gears to the work of decolonization:

- We have internal and external work to push back against these messages. We need to:
  - Support and facilitate healing for ourselves and our communities around historical and collective trauma.
  - Deconstruct and minimize the stereotypes and messages about our bodies (brown bodies, female brown bodies, transgender bodies, and other marginalized bodies) and sexualities.

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- Advocate for policy and program changes that make institutions more responsive and accountable to serving our communities.
- Shift culture through art, music, and performance.
- Decolonization is not just about taking back our own power individually, but also about shifting the power collectively and institutionally.

### **Closing** (5 minutes)

**ASK** each person to close out with one thing they're taking away.

## MODULE 6

# Embracing the Elephant: Reconciling Faith and Reproductive Justice

**Time:** 4 hours

### Summary

This session is a series of discussions that can help surface and sort through participants' religious or faith-based thoughts and feelings regarding reproductive justice broadly, and abortion rights specifically. The workshop helps to clarify the roles of church and state, as well as the concept of religious freedom and re-direct our attention to the political manipulation of religion to advance beliefs hostile to reproductive autonomy.

### Collaborators

This module was developed in collaboration with Rev. Andrea Cano (United Church of Christ), Mariotta Gary-Smith (Western States Center board), and Rev. Rob Keithan (Religious Coalition for Reproductive Choice.)

### Goals

- Empower leaders who identify as people of faith and non-denominational to facilitate conversations that effectively address religious thoughts and feelings.
- Surface shared values that uphold the dignity of every individual and their right to self-determination.
- Recognize that conservative religious extremists have intentionally and strategically tried to make it seem like they speak for all people of faith, whereas in reality they are a very small (although powerful) minority.
- Illuminate the separation of church and state, and the implications for public policy.

### Materials Needed

- Large cut-outs with quotes written on them
- Worksheets and hand-outs
- Flipchart with an outline of a person drawn on it
- Copies of hand-outs

## Agenda Outline

EXERCISE	FORMAT	TIME
Introduction	Large group presentation and go-around	10 minutes
Growing Up Religious	Go-around and discussion	20 minutes
Many Voices, Many Faiths	Presentation, large group discussion	1 hour
People of Faith in Good Standing	Small and large group discussion	1 hour
Crossing the Line: Separation of Church and State	Paired and large group discussion	1 hour
Ritual of Reproductive Justice	Individual free-write	30 minutes
<b>TOTAL TIME :</b>		<b>4 hours</b>

## Trainer’s Notes

- This module requires strong facilitation and compassionate, active listening skills. The tone you set and the learning environment you build as a facilitator will strongly contribute to the success of your gathering. Consider co-facilitating with another trainer in order to provide a range of skills, faith backgrounds, perspectives, and energy.
- This training is also most effective if it’s done after the “Reproductive Justice Timeline” module. In that way, you’ll have established a shared understanding of historical acts and strategies that have led to the reproductive oppression of people and communities of color.

## Introduction (10 minutes)

**REVIEW** the goals of the session.

**SAY:**

*“The history of reproductive health, rights, and justice in the U.S., as well as throughout the world, has been significantly linked to religious and morality arguments – that is, there’s a dominant story out there that all faith-based institutions and people of faith are morally opposed to issues of reproductive health, rights, and justice. Much more broadly than that, conservative forces historically and strategically use religious freedom as an effective wedge issue to oppose many issues of social justice – such as immigrant rights, racial justice, and lesbian, gay, bisexual, transgender, and queer (LGBTQ) liberation.*

*Often, much of organizers and organizations’ hesitation to discuss reproductive justice issues stems from people’s discomfort with talking about religion, and nervousness in refuting religious claims against reproductive rights.*

## Growing up Religious (20 minutes)

**ASK:** What religious institution, tradition, or spiritual practice are you a part of now, or if you don't identify as a person of faith, what religious or spiritual tradition were you raised in?

**MODEL** first and share around the circle.

**ASK:**

- What is it like living in a diverse religious community with different faith traditions and practices?
- How does religion affect (or not affect) how you get along with one another in your daily life?

**DISCUSS** the assumptions of the session:

- **Our religious upbringing or faith/spiritual practice are important parts of our selves, including for those who identify as atheists or agnostic.** We deeply understand that a person's religious or spiritual background has significant bearing on their political values or views. Any formation of a political position on issues such as reproductive health, rights, and justice needs intentional reflection of our religious and/or spiritual beliefs.
- **We're also going to talk about sex.** A discussion of reproductive health, rights, and justice will necessarily include sexuality, a significant and profound part of our humanity and our spirituality.
- **It is not our intent to demonize any religion, or religion generally.** We are examining the role of our religious beliefs in public policy and health, and what common ground we can all hold.
- **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.
- **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. We are all affected by reproductive justice issues, and we all have a role to play.
- **We will seek to listen to each other** and to 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.

## Many Voices, Many Faiths (1 hour)

**INTRODUCE** this section:

*"The dominant story in our society is that religious institutions and people of faith are morally opposed to reproductive rights, which include issues of comprehensive sexuality education, contraceptive access, and abortion. This is a story that is generally accepted and assumed to be true - we rarely question it. In our advocacy work, we have found that this is one of the major reasons why individual leaders and organizations refuse to take a position on reproductive rights, even though they may individually support and uphold reproductive rights and as an organization work on many issues that affect women and gender minorities, including health equity.*

*In other words, we never ask. We accept this story of moral opposition as true for all people in our communities or we believe that it would be so divisive as to fracture our communities. We need to examine these core messages and compare them with what we know of our real lives, our real families and communities, and the democratic society we live in."*

**FLIP-CHART** these core messages under the heading, "What They Say":

1. All religious institutions oppose reproductive rights.
2. All people of faith follow the teachings of their church with regards to the role of women, gender minorities, and reproductive health and rights.
3. Religious freedom justifies religious exemptions for individuals and organizations – that is, make it legal for individuals, non-profits, and corporations to violate state or federal laws of non-discrimination or equity.

**DISCUSS** Myth #1: "All religious institutions oppose reproductive rights."

**PRESENT** written cut-outs with the following statements from different religious denominations or have participants read them [see Hand-out on page 68]:

- Judaism
- Hinduism
- Islam
- Unitarian Universalism
- Mainline Protestant
- Catholicism
- Historically African-American Protestant Churches
- White Evangelical Churches
- The Church of Jesus Christ of Latter-Day Saints
- Evangelical Churches

**DISCUSS** the following questions in small groups of 4-5 (if possible, in caucuses based on faith traditions). Give them 30 minutes:

1. What values are common throughout the different faith traditions? Where do they differ?
2. What is the significance of diverse religious views on reproductive health and abortion? What does it mean to have multiple voices on this issue, including those who are atheist or with no religious affiliations?
3. Who decides for people if you become a parent, when to become parent, what our families look like and other similar issues governing people's bodies, health, and family formation?

**ASK** small groups to report-back the highlights of their discussion.

**PROVIDE** the following input, flipchart core messages under the heading "What We Know is Real":

- Religious and faith institutions have many positions on reproductive health and rights issues that range from supportive to prohibitive. There is no universal consensus on the morality of reproductive health issues such as contraception, abortion, or sexuality education.
- White evangelical Protestants are the only major religious group in which a majority (54%) favors completely overturning the Roe v. Wade decision. Large percentages of white mainline Protestants (76%), Black Protestants (65%), and white Catholics (63%) say the ruling should not be overturned.<sup>25</sup>

<sup>25</sup> Roe v. Wade at 40: Most Oppose Overturning Abortion Decision. (2013). Pew Research. Retrieved from <http://www.pewforum.org/2013/01/16/roe-v-wade-at-40>

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- Research shows that the majority of people of faith and religious organizations support comprehensive sex education that includes messages about delaying sexual initiation and medically-accurate, age-appropriate information about contraception.<sup>26</sup>
- Prior to *Roe v. Wade*, denominations like the Southern Baptists had positions on abortion that were very similar to their mainline Protestant counterparts (like Methodists and Presbyterians).<sup>27</sup>
- Two core principles of democracy in the U.S. that continue to evolve and be challenged are:
  - Religious freedom – the idea that individuals have the right to practice their faith tradition without fear, discrimination, or persecution.
  - Separation of church and state – the idea that a pluralistic society must find productive, democratic ways of governing a diverse populace that respects religious freedom and upholds individual rights.
- In a society that has many faith traditions shaping different understandings of what is morally right or wrong, strengthening our democratic principles can be challenging and extremely necessary.
- The American Dream as an ongoing project and challenge is to build a just and equitable society – one that allows all people and families, no matter their faith tradition, to thrive.

### People of Faith in Good Standing (1 hour)

**ADDRESS** Myth # 2: “Good people of faith follow the teachings of their church with regards to reproductive health and rights.”

**PRESENT** the following headlines, messages, and statistics:

1. Some 98 percent of sexually active Catholic women have used contraceptive methods banned by the church.<sup>28</sup>
2. Two-thirds (67%) of Black Americans believe that abortion should be legal in all or most cases.<sup>29</sup>
3. Strong majorities of Black Americans and Latin@Americans believe you can disagree with your religion’s teachings on abortion and still be considered a person of good standing in your faith (78% and 60%).<sup>30</sup>
4. The Pontifical Commission on Birth Control was a committee charged by the Catholic Church to analyze the impact of modern birth control. They produced a report in 1966, concluding that artificial

26 Religious Resources in Support of Sex Education, Reproductive Rights, and the Rights of GLBTQ Youth. n.d. Advocates for Youth. Retrieved from <http://www.advocatesforyouth.org/sercadv/1375>

27 *Roe v. Wade* anniversary: How abortion became an evangelical issue (2013). Mohler, R.A. Retrieved from <http://www.faithstreet.com/onfaith/2013/01/22/roe-v-wade-anniversary-how-abortion-became-an-evangelical-issue/11238>.

28 Guttmacher Statistic on Catholic Women’s Contraceptive Use. (2012). Guttmacher Institute. Retrieved from <http://www.guttmacher.org/media/inthenews/2012/02/15/>

29 Religion, Values, and Experiences: Black and Hispanic American Attitudes on Abortion and Reproductive Issues. (2012). Public Religion Research Institute. Retrieved from <http://publicreligion.org/research/2012/07/african-american-and-hispanic-reproductive-issues-survey/>

30 Religion, Values, and Experiences: Black and Hispanic American Attitudes on Abortion and Reproductive Issues. (2012). Public Religion Research Institute. Retrieved from <http://publicreligion.org/research/2012/07/african-american-and-hispanic-reproductive-issues-survey/>

birth control was not intrinsically evil and that Catholic couples should be allowed to decide for themselves about the birth methods they use. Pope John Paul VI decided to contradict their recommendation and rejected the use of modern contraception in his encyclical *Humanae Vitae*.<sup>31</sup>

5. Almost 7 in 10 women who accessed abortions in 2008 reported a religious connection.<sup>32</sup>

**DISCUSS** the following questions in small groups of three (mixed faith traditions):

- What do these stories and statistics tell us about individuals' religious beliefs and reproductive behaviors?
- What do these stories and statistics tell us about Catholic Church and other religious institutions' connection and relationship to their congregants?
- Given the divergence of views within and across faith-based institutions, what are the implications of legislating people's reproductive behaviors to follow specific religious beliefs?

**HAVE** participants report back the highlights of their discussions.

**SUMMARIZE** themes from their responses and provide the following input:

- In people's real lives, their reproductive health, behavior, and beliefs are complex and informed by many things.
- Many people of faith view their individual contraceptive use as highly compatible with their religious beliefs and don't see contradictions between them.
- Most sexually active women who do not want to become pregnant practice contraception, using highly effective methods like tubal ligation, the pill, or the intrauterine device (IUD) - this is true for Evangelicals, Mainline Protestants, and Catholics, even with church leaderships' extreme opposition to modern birth control.
- Many people of faith can differentiate between the values and principles of their faith and the religious institutions' positions as formulated by church leadership. There are many examples of religious institutional policy being inconsistent with congregants' behaviors or beliefs. There are also many lay leaders who believe in ongoing dialogue and are engaged in shaping their denominations' positions on various issues.
- Religious institutions can also evolve in their official stance. There are many recent examples of faith-based institutions changing their thinking and public positions on controversial issues, such as LGBTQ liberation. Often these organizations respond to pushback, organizing, and pressure from within their congregation. [DISTRIBUTE the hand-out on page 71 featuring the article "Presbyterian Church Votes to Allow Gay Marriages" by Jaweed Kaleem.]

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31 Pontifical Commission on Birth Control. n.d. In Wikipedia. Retrieved from a [http://en.wikipedia.org/wiki/Pontifical\\_Commission\\_on\\_Birth\\_Control](http://en.wikipedia.org/wiki/Pontifical_Commission_on_Birth_Control)

32 Jone, K, R, Finer, B. I., and Singh, S. (2010). Characteristics of U.S. Abortion Patients, 2008. Retrieved from <http://www.guttmacher.org/pubs/US-Abortion-Patients.pdf>

**Crossing the Line: Separation of Church and State (1 hour)**

**DISCUSS** Myth #3: Religious freedom justifies religious exemptions for organizations – that is, it any non-profit or corporation that claims religious beliefs should be allowed to violate state or federal laws of non-discrimination or equity based on their professed faith.

**SAY:**

*“Religious freedom is a strongly-held belief and cultural value in the U.S. Many communities have histories and current struggles of religious persecution, and as such are vigilant around this freedom. As communities of color, we are also very familiar with how religion has been used to colonize and subjugate us. Our communities still bear the generational trauma of religious institutions using Church and God’s name to impose their will on us. And yet, church and faith-based institutions remain significant parts of our families and communities and have been instrumental in our struggles with racism and xenophobia.*

*An important task of our society is to define the bright line between the influence of the church and the secular (non-religious) functions of government. At this political moment, there is no bright line and the intersection between religious freedom and reproductive autonomy is an especially murky area. It is particularly tricky to navigate because conservative forces are consistently trying to pit one against the other, essentially asking people of faith to choose their religious identity over our need for reproductive autonomy.”*

**ASK** participants to pair up and share with each other: What questions regarding religious freedom and reproductive autonomy are you struggling with or working through?

**SAY,** to transition to the next activity:

*“On this issue, where there is manufactured conflict between religious freedom and reproductive autonomy, it’s important for us as social justice activists and leaders to ask: what are the clear facts and history surrounding this, where are the gray areas that social institutions are still deciding on, and where do our values direct us towards? Where does our moral compass bring us?”*

*As we pull out history, facts, competing ideas and our shared values, it will be useful to write down notes from our discussion that may help clarify these various pieces for you.”*

**DISTRIBUTE** worksheets of this table that participants will discuss and fill up throughout the conversation:

	<b>RELIGIOUS FREEDOM</b>	<b>REPRODUCTIVE AUTONOMY</b>
What does this mean?		
Who gets to exercise this?		
What are the boundaries or limits of this freedom?		
When can this freedom be taken away from you?		

**SHARE** the following points (written up on pieces of flipchart paper or presented as a PowerPoint.)

**NOTE TO TRAINER:**

- Assess your participants' level of familiarity and literacy with the U.S. Constitution. Depending on their understanding of U.S. civics, civil history, and the Constitution, you may need to provide background information on the history, development, and role of the U.S. Constitution.
- Read the following background for your own deeper understanding. You may not get to all the points below but it will be useful to clarify for yourself the definitions, timeline of events, political actors and how they have converged to produce conflict between religious freedom and reproductive autonomy. The Religious Coalition for Reproductive Choice (RCRC) has excellent resources on their website for further learning.

**What is Religious Freedom?**

- Religious freedom is protected by the First Amendment of the U.S. Constitution:  
"Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances."<sup>33</sup>
- The establishment of religion by law was intended, in the words of Jefferson, to put up "a wall of separation between Church and State"<sup>34</sup>
  - A state or federal government cannot set up a church.
  - A state or federal government cannot pass laws which benefits one religion, benefit all religions, or prefer one religion over another.
  - They cannot force a person to go to or to remain away from church against their will nor force them to profess a belief or disbelief in any religion.
  - It is also unconstitutional to discriminate against people who do not claim any religion.

**What are reproductive rights?**

- The World Health Organization defines reproductive rights as follows:
  - "Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence."<sup>35</sup>

**How did Religious Freedom and Reproductive Autonomy become competing ideas?**

- In 1993, Congress passed the Religious Freedom Restoration Act, or RFRA. The purpose of RFRA was to prevent discrimination against people on the basis of their religion.

33 First Amendment. Cornell university law school legal information institute. Retrieved from [http://www.law.cornell.edu/constitution/first\\_amendment](http://www.law.cornell.edu/constitution/first_amendment)

34 First Amendment to the united states constitution. N.d. In wikipedia. Retrieved from [http://en.wikiquote.org/wiki/first\\_amendment\\_to\\_the\\_united\\_states\\_constitution](http://en.wikiquote.org/wiki/first_amendment_to_the_united_states_constitution)

35 Reproductive Rights. n.d. In Wikipedia. Retrieved from [http://en.wikipedia.org/wiki/Reproductive\\_rights#cite\\_note-autogenerated1-2](http://en.wikipedia.org/wiki/Reproductive_rights#cite_note-autogenerated1-2)

## MODULE 6: Embracing the Elephant: Reconciling Faith and Reproductive Justice

- The RFRA, however, has been used by conservative forces to elevate the free exercise of religion above and beyond other laws on civil rights and basic protections to communities, such as LGBTQ communities, communities of color, and women.<sup>36</sup>
  - Conservative religious fundamentalists use the RFRA to create conflict between these values: individual religious rights and laws advancing fairness and equity, especially for marginalized communities. Congress and the Supreme Court have now recognized claims by conservative religious leaders that they are harmed when they are made to follow non-discrimination or equality/equity laws.
  - We can trace the use of this legal strategy to the union of the Republican Party and prominent evangelist Jerry Falwell who worked to build the “Moral Majority.” Evangelicals became increasingly conservative and moved steadily to the Right resulting in a formal linking of evangelical religion and politics that has resulted in the blurring of the lines between religion and state.<sup>37</sup>
  - Corporations are now using religious freedom to establish corporate personhood. By allowing businesses to act like people and claim religious beliefs, they are denying their responsibility for ensuring equity and fairness.
    - The cases before the Supreme Court, *Conestoga Wood Specialties Corp. v. Burwell* and *Burwell v. Hobby Lobby*, were brought by for-profit corporations with religious owners who want to be exempt from obligations of the Affordable Care Act. They claimed that any health insurance that lets a woman choose pregnancy prevention violates the religious freedom of the owners and the company itself, even if it costs them nothing.
    - Corporations have also attempted to deny services or employment to people they believe violate their religious beliefs, like LGBTQ people. They’ve demanded immunity against prosecution for discrimination

### How else has Religious Freedom been used outside of challenging religious persecution?

- Forces of white supremacy have consistently used religious freedom to threaten the basic constitutional rights and freedoms of others:
  - Used to justify slavery
  - Tried to exempt churches from land use laws
  - Attempted to prohibit employees from joining unions

### SAY:

*“The tension between reproductive autonomy and religious freedom surfaces many questions for us to reflect on, such as:*

- *What does religious freedom mean to you? Who gets to exercise religious freedom? How and when do organizations and corporations proclaim a faith identity?*
- *What are we really talking about in Supreme Court decisions like Hobby Lobby? How is religious freedom practiced by individuals threatened by the reproductive autonomy of other individuals?*
- *How is an individual’s reproductive autonomy eroded by another individual’s or a corporation’s proclaimed religious freedom?*

36 Dorner, J. (2013). Religious Liberty for Some or Religious Liberty for All? Center for American Progress. Retrieved from <http://www.americanprogress.org/issues/civil-liberties/report/2013/12/12/80968/religious-liberty-for-some-or-religious-liberty-for-all/>

37 Moral Majority. n.d. In Wikipedia. Retrieved from [http://en.wikipedia.org/wiki/Moral\\_Majority](http://en.wikipedia.org/wiki/Moral_Majority)

- *What is the shared common ground between religious freedom and reproductive autonomy?*
  - *How do we overcome the wedge that is being used to pit religious freedom against reproductive autonomy?"*

**DIVIDE** participants into small groups of five. Make sure each small group has a staff facilitator. Facilitators should continue to make sure the discussion is flowing and record highlights onto a flipchart. Give them 30 minutes to discuss.

**RECORD** responses into the following format:

What Do We Agree On?	What Do We Disagree On?	What Needs More Discussion?

**BRING** participants back into the large group and share what they wrote on the flipcharts. Summarize points of agreement, disagreement, and needs for clarity.

**DISTRIBUTE** article "Faith Letter to President Defending Exec Order 2014-07-08" on page 66. Ask participants to read it quietly to themselves.

**PRESENT or FLIP-CHART** the following statements:

- In keeping with the principle that our government must adhere to the highest standards of ethics and fairness in its own operations, we believe that public dollars should not be used to sanction discrimination.
- The imperative to seek healing and justice is one of the most widely shared values across religious traditions and our world is better because of it.
- ...If selective exemptions to the executive order were permitted, the people who would suffer most would be the people who always suffer most when discrimination is allowed: the individuals and communities that are already marginalized.
- We are a pluralistic nation – one that is among the most religiously diverse and devout in the world. Each day we continue to make progress on our journey toward "a more perfect union," in which all God's children are treated with fairness and dignity.
- Those of us who are old enough to remember hearing religious arguments for segregation know that just because an argument is based on religious tradition doesn't mean it's just or good. That's why so many of us who believe in religious liberty don't want religious liberty used as a smokescreen to aid, abet, and protect prejudice.<sup>38</sup>

**ASK** participants what statements stood out or resonated for them.

38 Blumberg, A. (2014). Faith Leaders Sign Letter Opposing Religious Exemption for LGBT Hiring Non-Discrimination. Huffington Post. Retrieved from [http://www.huffingtonpost.com/2014/07/08/religious-exemption-lgbt-discrimination\\_n\\_5567510.html](http://www.huffingtonpost.com/2014/07/08/religious-exemption-lgbt-discrimination_n_5567510.html)

**REINFORCE** the following core messages:

- Each person has sovereignty over their own bodies and decision-making.
- Everyone has the responsibility to do no harm to others, including coercing others to believe in our religious tradition as we do.
- Faith moves us to build our values on compassion, centering the lives and realities of our most vulnerable and marginalized.
- As we work to build community with one another, we work to strengthen the common good, public resources, and support for one another.

### **Ritual of Reproductive Justice (30 minutes)**

Ask participants to write a letter to an unknown person in their organization. This person may need support to exercise their reproductive rights because they've internalized negative messages about faith and sexuality. Give participants 15 minutes to write individually and freely. Use quiet music as background while they write. Share the following prompt sentences to initiate their reflection:

"I know that part of the reason you're struggling is that you've heard many negative religious messages. But the truth is...."

- I want to understand...
- What must it be like...
- You're not alone...
- We are alike...We are different...
- Standing up to your fear means...

Ask participants who are comfortable to share about their letter with the full group. Thank participants for their openness and compassionate participation. Encourage leaders to hold follow-up conversations and continue to integrate these reflections in their work.

**HAND-OUT****Faith Letter to President Obama Defending Executive Order for LGBTQ Hiring Non-Discrimination**

Dear Mr. President,

As faith and civic leaders dedicated to affirming the sacred dignity and equal worth of every person, we are grateful for your upcoming executive order ending discrimination against LGBTQ people in hiring by federal contractors. We urge you not to include a religious exemption in the executive order. In keeping with the principle that our government must adhere to the highest standards of ethics and fairness in its own operations, we believe that public dollars should not be used to sanction discrimination.

We recognize in others, and have ourselves heard, a faithful calling to contribute to our communities and country through public service. The imperative to seek healing and justice is one of the most widely shared values across religious traditions and our world is better because of it.

In our democratic nation, we believe that public service—especially when it is directly supported by the federal government and our tax dollars—must be aligned with the Constitutional principle that all people deserve equal treatment under the law. Requiring all federal contractors to operate according to the same set of non-discriminatory hiring practices is more than fair; it is a critical safeguard that protects all parties. If contractors were allowed to selectively follow employment or other laws according to their religious beliefs, we would quickly create an untenable morass of legal disputes. Furthermore, if selective exemptions to the executive order were permitted, the people who would suffer most would be the people who always suffer most when discrimination is allowed: the individuals and communities that are already marginalized. Increasing the obstacles faced by those at the margins is precisely the opposite of what public service can and should do, and is precisely the opposite of the values we stand for as people of faith.

In a nation as diverse as the United States of America, it is critical that the federal government be trusted to follow—and indeed, to role-model—equitable employment practices. We believe that our mutual commitment to the common good is best served by policies that prohibit discrimination based on factors that have no relationship whatsoever to job performance. We are better and stronger as a nation when hiring decisions are made based on professional merit rather than personal identity.

An executive order that allows for religious discrimination against LGBTQ people contradicts the order's fundamental purpose, as well as the belief shared by more and more Americans every day, which is that LGBTQ people should not be treated as second-class citizens. An exception would set a terrible precedent by denying true equality for LGBTQ people, while simultaneously opening a Pandora's Box inviting other forms of discrimination.

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In addition to protecting current and potential employees, we believe ensuring that federal contractors do not discriminate on the basis of sexual orientation or gender identity in their hiring helps to reduce the likelihood that these contractors will discriminate against clients or other parties in the provision of services. If contractors are free to discriminate in their hiring, it is at least plausible, if not probable, to conclude that clients will experience discrimination as well. We believe that the best way to eliminate discrimination at one level is to reduce discrimination at all levels.

We are a pluralistic nation—one that is among the most religiously diverse and devout in the world. Each day we continue to make progress on our journey toward “a more perfect union,” in which all God’s children are treated with fairness and dignity. Many forces help spur this progress. They include the courage of everyday people who live openly as who they truly are; the witness of faith leaders who provide a compass for religious growth; the commitment of political leaders such as yourself who help guide our nation toward a more just path; and the passage of laws and policies that ensure fair treatment for all people.

In conclusion, Mr. President, we believe that the path to national unity lies in affirming the full equality and potential of every person. In the spirit of equality, fairness, and justice, we urge you to issue an executive order that ends discrimination against LGBTQ people in federal contracting without exceptions.

In Faith,

Signed by 115 faith leaders representing many faith traditions.

For a full list, please see the full letter at: [http://www.huffingtonpost.com/2014/07/08/religious-exemption-lgbt-discrimination\\_n\\_5567510.html](http://www.huffingtonpost.com/2014/07/08/religious-exemption-lgbt-discrimination_n_5567510.html)<sup>1</sup>

1. This letter was delivered on July 8, 2014 to President Obama and Melissa Rogers, Executive Director of the White House Office of Faith-Based and Neighborhood Partnerships. It is excerpted from the following source: Blumberg, A. (2014, July 8). Faith leaders sign letter opposing religious exemption for LGBT hiring non-discrimination. *Huffington post*. Retrieved from [http://www.huffingtonpost.com/2014/07/08/religious-exemption-lgbt-discrimination\\_n\\_5567510.html](http://www.huffingtonpost.com/2014/07/08/religious-exemption-lgbt-discrimination_n_5567510.html)

## HAND-OUT

# Faith and Abortion: What Do Religious Traditions Say?

The following summaries are paraphrased by the **Religious Coalition for Reproductive Choice** faith archive. Greater detail can be found at the links provided below.

**JUDAISM:** [Jewish] legal codes and rabbinic teachings tend to depict the fetus as simply a part of a woman's body. The fetus is not a person; it has no rights. Thus, abortion becomes permissible, according to the vast majority of authorities, under a wide variety of circumstances. Judaism sees comprehensive sexuality education for both teens and adults as a vital means of teaching respect for oneself and one another and, generally, opposes the funding of abstinence only education on federal, state, and local levels.  
<https://www.rcrc.org/perspectives/jewish.cfm>

**ISLAM:** There is little clarity on the status of women, a fetus, or abortion in the Quran or subsequent writings. However, there is relative agreement that Islam forbids abortion after 'ensoulment,' which Muslims believe occurs at 120 days. There is also relative agreement that Islam allows abortion if the life of the woman is endangered at any period during pregnancy.  
<https://www.rcrc.org/perspectives/muslim.cfm>

**HINDUISM:** Sanatana Dharma, the original name for Hinduism, means the unending cyclic order of life. Consequently life does not begin at conception or end with the death of the body. Hindu theology surrounding reincarnation can be used to make a case both for and against abortion and, as such, very much depends on the unique situation of the mother.  
<https://www.rcrc.org/perspectives/hindu.cfm>

**BUDDHISM:** There is no uniform position on abortion for Buddhist followers. This excerpt from the Japanese-American Buddhist Churches of America captures the complexity of the decision making process around ending a pregnancy: "It is the woman carrying the fetus, and no one else, who must in the end make this most difficult decision and live with it for the rest of her life. As Buddhists, we can only encourage her to make a decision that is both thoughtful and compassionate."  
<http://rcrc.org/perspectives/buddhism.cfm>

**UNITARIAN UNIVERSALISM:** The denomination has historically and consistently stressed the right of individual conscience in matters of religious faith and practice, as well as the inherent worth and dignity of all people—leading to strong support for both the separation of religion and state and also gender equality. The Unitarian Universalist Association of Congregations was one of the first national religious organizations to officially declare its support for abortion rights with a public statement in 1963. More recently, the Association has been moving from a framework of choice, which tends to focus on individual legal rights, to justice, which connects reproductive health and rights to broader human rights concerns like access to healthcare generally. The Association adopted reproductive justice as its focus issue for 2012-2016.  
<http://rcrc.org/perspectives/unitarian.cfm>  
 and <http://www.uua.org/reproductive>

**CATHOLICISM:** While the Catholic Bishops are outspoken opponents of access to abortion, contraception, and other reproductive health services, the church has acknowledged that it does not know when the fetus becomes a person and

has never declared its position on abortion to be infallible. Indeed church teachings, tradition, and core Catholic tenets—including the primacy of conscience, the role of the faithful in defining legitimate laws and norms, and support for the separation of church and state—leave room for supporting a more liberal position on abortion. Catholics can, in good conscience, support

access to abortion and affirm that abortion can be a moral choice. A 2012 poll conducted by Catholics for Choice found that 60% Catholic voters believe abortion should be legal.

<http://www.catholicsforchoice.org/topics/reform/documents/ProchoiceCatholicism101.pdf>  
<http://rcrc.org/perspectives/catholic.cfm> and [www.CatholicsForChoice.org](http://www.CatholicsForChoice.org)

*The following summaries are paraphrased from the respective denominations' public policy positions. Greater detail can be found at the various links provided below.*

**White Mainline Protestant Denominations:** For the majority of mainline Protestant denominations (e.g., The Episcopal Church, United Methodist Church, United Church of Christ and), there is a strong commitment to preserving safe, legal, and unfettered access to abortion services. However, most denominations encourage women and families facing this decision to first consider options such as parenting and putting the baby up for adoption, while recognizing “that what is determined to be a morally responsible decision in one situation may not be in another (Evangelical Lutheran Church in America, 1991).” As a means of reducing unintended pregnancies, especially among teenagers, most mainline protestant denominations have longstanding commitments to “safe, reliable, affordable and culturally appropriate methods of contraception for both men and women worldwide (American Baptist Church, 1988)” and “comprehensive, age-appropriate sexuality education (United Methodist Church, 2012).” Support for these types of programs extends beyond church life and into public policy initiatives that advance such goals.  
[www.religiousthink.org/search/statements](http://www.religiousthink.org/search/statements)

**Historically African American Protestant Churches:** Black church traditions (e.g., Church of God in Christ, African Methodist Episcopal, and AME Zion) do not have formally written positions on issues of human sexuality but typically encourage abstinence until marriage. However, according to a February 2013 poll, 80% of African

Americans – including 76% of those who attend religious services on a weekly basis – agree that “regardless of how I personally feel about abortion, I believe it should remain legal and women should be able access safe abortions.” Further, 91% of African Americans believe that instead of outlawing abortion, we should provide high quality sex education and birth control to reduce unintended pregnancies.

<http://www.bwwla.org/wp-content/uploads/2012/02/memo-final-2.8.pdf>

**White Evangelical Churches:** The majority of evangelical Protestant denominations believe that life begins at the moment of conception and therefore ardently oppose abortion in almost all cases. In addition to those funded by Catholic dioceses, evangelical churches are the largest operators of so-called crisis pregnancy centers, as they see “responsible opposition to abortion require[ing a] commitment to the initiation and support of programs designed to provide care for mothers and children (Church of the Nazarene, 1993).” Though many evangelical denominations and churches preach abstinence until marriage, there are a growing number of pastors who acknowledge the flaws in this idealism and have begun to advocate for comprehensive sex-education, contraception and family planning. The New Evangelical Partnership for the Common Good has launched a family planning campaign “recognize[ing] as a practical matter that couples engage in sexual activity outside of marriage

whether we approve of it or not. Although we do not offer moral support for sexual activity outside of marriage, we do believe that providing contraceptive access to all is a preferable option to couples engaging in unprotected sex.”

[www.religioustheology.org/search/statements](http://www.religioustheology.org/search/statements)

[www.newevangelicalpartnership.org/files/NEP\\_FP\\_sm.pdf](http://www.newevangelicalpartnership.org/files/NEP_FP_sm.pdf)

**The Church of Jesus Christ of Latter-day Saints:**

“...opposes elective abortion for personal or social convenience, and counsels its members not to submit to, perform, encourage, pay for, or arrange for such abortions. The Church allows possible exceptions for its members when: [the] Pregnancy results from rape or incest, a competent physician determines that the life or health of

the mother is in serious jeopardy or...determines the fetus has severe defects that will not allow [it] to survive beyond birth.”

[www.mormonnewsroom.org/ldsnewsroom/eng/public-issues/abortion](http://www.mormonnewsroom.org/ldsnewsroom/eng/public-issues/abortion)

**Orthodox Churches:** Eastern Christianity has a long history of opposition to abortion. According to orthodox theology, the “conceptus” (fetus) is not viewed as a part of the mother: “it is the body and life of another human being entrusted to her for care and nurture.” There is little agreement among Orthodox churches regarding contraception when it is used within a marriage to space or limit the number of children.

[www.religioustheology.org/search/statements](http://www.religioustheology.org/search/statements)

**HAND-OUT**

# Presbyterian Church Votes to Allow Gay Marriages<sup>39</sup>

By Jaweed Kaleem

In a monumental move, the nation's largest Presbyterian denomination voted Thursday to change its definition of marriage and allow its pastors to officiate same-sex ceremonies in states where gay marriage is legal.

By a vote of 429-175, leaders of the 1.76 million-member Presbyterian Church (USA) voted during the biennial General Assembly in Detroit to change the denomination's Book of Order to describe marriage as being between "two people."

The decision opens a path toward gay marriage across the denomination's 10,000 churches.

A majority of the church's 172 regional bodies, called Presbyteries, must now approve the decision before it's official, a process that can take up to a year. But after years of failed efforts to get the church to approve gay marriages, LGBTQ activists and pastors said they were optimistic.

"This is a glorious day for the church and for LGBTQ people who have been seeking full inclusion here for decades," Pittsburgh-based Rev. Randy Bush, the co-moderator of the board for pro-LGBTQ church group Covenant Network, said in a statement.

In a separate vote, 371 to 238, the church assembly also approved a measure to allow pastors who minister in places where same-sex marriage is legal, which currently includes 19 states and the District of Columbia, to officiate those weddings. That move is final and doesn't need further approval.

Many smaller, more conservative Presbyterian denominations, including the Presbyterian Church in America and Evangelical Covenant Order of Presbyterians, don't ordain gay people or official same-sex marriages.

But the decisions for the USA group, which came after hours of tense debate, follow years of discussions on the meaning of marriage in the church and a rapidly changing tide of support for religious and civil same-sex marriage. The Presbyterian Church (USA) voted in May 2011 to allow the ordination of openly gay men and women in same-sex relationships, and other Christian denominations have also increasingly ordained openly gay clergy.

The Episcopal Church started allowing same-sex marriage blessings last year, though individual priests have been performing gay marriage ceremonies for years in states where they are legal. The United

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<sup>39</sup> Kaleem, J. (2014). Presbyterian Church Votes to Allow Gay Marriages. Huffington Post. Retrieved from [http://www.huffingtonpost.com/2014/06/19/presbyterian-church-gay-marriage\\_n\\_5512756.html](http://www.huffingtonpost.com/2014/06/19/presbyterian-church-gay-marriage_n_5512756.html). Used with permission.

Church of Christ has allowed same-sex marriages since 2005. Going further back, the Unitarian Universalist Association of Congregations has officially supported same-sex marriages since 1996. The Evangelical Lutheran Church in America allows individual church ministers to make decisions on gay marriages. Among Jews, two of the three major Jewish denominations, Reform and Conservative, allow same-sex marriages.

Like most religious groups that have policies allowing same-sex marriage, Presbyterians decided Thursday to let pastors who are against gay marriages make the choice to not perform them.

Some speakers at the assembly said they were afraid the decision would cause more conservative people to leave the church, which has been gradually losing members. As recently as 2010, the Presbyterian Church (USA) had 2.1 million members. Hundreds of congregations have defected in recent years, in part because of the church's increasingly liberal views on gay issues.

To combat splintering, Presbyterians voted to include language that marriage is not only between "two people," but also "traditionally of a man and a woman" in the change passed Thursday.

While all Presbyterian Church (USA) congregations are affiliated nationally, congregations tend to differ widely in worship style and views on homosexuality and same-sex marriage. Liberal pastors are known to publicly and privately officiate same-sex marriages, but the church has censured some of these people. In one high-profile case in 2010, the church's highest court found a California minister guilty of misconduct for officiating gay marriage ceremonies.

**HAND-OUT**

# Clarifying Connections between Religious Freedom and Reproductive Autonomy

	RELIGIOUS FREEDOM	REPRODUCTIVE AUTONOMY
What does this mean?		
Who gets to exercise this?		
What are the boundaries or limits of this freedom?		
When can this freedom be taken away from you?		

<b>What Do We Agree On?</b>	<b>What Do We Disagree On?</b>	<b>What Needs More Discussion?</b>

## MODULE 7

# Writing with Fire: Storytelling as a Way to Reproductive Justice

**Time:** 2 hours (varies)

### SUMMARY

This is a creative writing and storytelling workshop. Participants will use the power of the pen to document their experiences of, testimonials about, and visions for reproductive justice.

### SOURCES

This workshop was co-authored with leaders from Momentum Alliance – Karla Castañeda (Youth Organizer and Board Member), Diego Hernandez (Co-Executive Director), Oscar Tzintzun (Summer Activities Coordinator and Youth Board Member), and Rebecca Shine (Co-Executive Director).

### GOALS

- Connect our own experiences to reproductive justice.
- Build stronger connections and relationships of trust with each other.
- Understand the role of cultural work and narrative change, with the possibility of collectively producing material for a We are BRAVE poem.

### MATERIALS NEEDED

- Notepads and writing utensils for each participant
- Flip-charted prompts
- Numbered index cards
- Campfire/circular space (optional)

## Agenda Outline

EXERCISE	FORMAT	TIME
Grounding	Presentation	15 minutes
Writing to Prompt: "I am from a body that..."	Individual writing activity	15 minutes
Reading	Small or large group activity	30-45 minutes
Discussion (optional)	Large group activity	10 minutes
Closing: Collective Poem	Large group activity	15-40 minutes
<b>TOTAL TIME : 2 hours (varies)</b>		

## Trainer's Notes

- This training opens with an example to showcase the kind of free-writing that you are asking participants to do. We highly recommend that you as the facilitator (or one of the facilitators) prepare and share your own poem; this sets a powerful tone for the workshop and also builds trust and courage.
- The Reading section, in which participants share their "I am from a body that" poems, may be done in one large group or in several small groups, depending on how much time you have. Whatever group size you have, plan on ensuring least ten minutes per person to share their poems and receive appreciations. If you do facilitate this section in small groups, make sure you prepare a strong facilitator for each group.
- Momentum Alliance facilitated a youth-directed We are BRAVE video project, which shares testimonials of experiences, demands, and visions for reproductive justice. Their staff and staff from Western States Center facilitated writing workshops like this one to support participants to develop their own story materials to share in the short film
- While we place this module here in Section I (Making it Real), we encourage you to incorporate reflective writing as a practice in the ongoing trajectory of your work. That is to say, consider repeating this workshop with different prompts as you progress through the toolkit. For example, other suggested prompts include:
  - For Story of Us: "We live in a world where..." This is an opportunity for participants to articulate a "problem statement." An example might be: "We live in a world where corporations are given the power to make contraceptive decisions on behalf of their employees."
  - For Story of Now: "We will have reproductive justice when..." This is an opportunity to develop a collective vision and set of demands.

## Grounding (15 minutes)

**SAY:**

*"I'd like to create a campfire space – a sacred space that recognizes that our words are our greatest power. Much organizing begins by sitting in a circle and telling our own stories. We will be doing some free-writing to connect our own stories with the reproductive justice issues we've been talking about.*

*First, I'd like to invite everyone to take a moment to ground ourselves in our bodies. Let's just take a moment to breathe, feel our breath, feel our bodies, feel our connection to the ground.*

*You may know about 'I am from' poems, in which young people (and indeed people of all ages) write about themselves, in ways that they often don't get other opportunities to. We are going to build on that, and do a 15 minute free-write poem of 'I am from a body that...'*

*I'm going to share one that I prepared."*

**READ** your poem. (You may also ask someone else to read their poem. Consider facilitating appreciations for them, based on the appreciations described below in the 'Sharing' section.)

**CLARIFY** the following instructions and agreements:

- We will be doing free-writing to continue writing ourselves into this work.
- You are the owner of your own story. You get to decide how you share and what you share – right now as well as in the future.

## Writing to Prompt: "I am from a body that..." (15 minutes)

**SAY:**

*"Now, I invite you to pick up your pens and your papers, and write your own 'I am from a body that' poem. This is a free-write, so remember that right now your words are just for you. Start with, 'I am from a body that,' and let your pen finish the sentence, and keep writing from there. Push your judgment aside, as well as the temptation to edit yourself as you go along. If you get stuck, write the prompt again and start from there. We'll write in silence for 15 minutes. Feel free to move to a position in which you feel comfortable."*

## Sharing (in large group or small groups) (30 – 45 minutes)

Each facilitator **SAYS:**

*"You are invited to share what you wrote, a part of what you wrote, or not at all. If you choose not to share, your listening presence is enough for us!*

*After each person who wants to read does so, we'll give feedback in the form of appreciation. As a group, we'll reflect back what you heard that resonated and what we appreciate of you in your sharing. There will be no critique from the group.*

*When people share their pieces, they are often tempted to start with disclaimers or apologies for some reason! Try not to do that, and rather just start reading. Listeners, listen with your full heart and presence.*

*Would anyone like to go first?"*

**SUPPORT** the group in reading and appreciating, allowing people to opt in. Facilitators should be prepared to start the appreciations.

### **Discussion (Optional) (10 minutes)**

If there is time at the end, the group can discuss the activity briefly – not asking questions or addressing the specific content of what people have written, but rather talking about the experience of writing and sharing.

### **Closing: Writing Our Collective Poem (15 minutes)**

**INVITE** everyone to form a large circle (if they are not in one already.)

**SAY:** Read over what you just wrote, and choose one line that you feel most strongly about.

**GIVE** folks a minute or two to find the line they want to share.

**SAY:** One by one, I'd like you to read your one line, starting with (point to someone). As each person reads, please listen deeply with your full heart and presence. [Everyone reads in a circle.] That is our collective poem, about the world we are creating, moving toward with our daily work for Reproductive Justice. [Optional – ask people to read their lines again.]

### **Adaptation: Editing the Poem (add 25 minutes)**

**SAY:** Now, let's edit our poem. I think our poem starts here – point to a strong beginning. Facilitators can model and encourage participants to start moving folks around so that their lines follow and build each other. Facilitators should ask people to repeat their lines to edit, and encourage folks to make suggestions when they see their lines connect with others.

**INVITE** the group to read their poem one more time. For documentation, hand out numbered index cards in order and have people write down each of their individual lines.

## BRAVE CASE STUDY

# Mano a Mano Family Center

Mano a Mano Family Center is the oldest Latino community organization in the Salem-Keizer area. Mano a Mano works to educate Latino and low-income clients to become self-sufficient and active participants in their community. Through direct service programming, Mano a Mano addresses food insecurity, housing and health needs of the Latino, mostly immigrant community that they serve. They also offer educational programming for all ages to ensure that families are strong and part of healthy communities. Based in the heart of the Mid-Willamette Valley, Mano a Mano has a strong history and reputation in the Salem area for not only serving Latino families but also being a movement leader in the community.

Mano a Mano has a rich history of leading the way when it comes to addressing the many identities their clients have. As part of the Western States Center's Uniting Communities program, Mano a Mano was able to fully embrace and serve Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Latinos by addressing internal systems to be more inclusive and by creating programming that embraces and supports LGBTQ Latinos. Levi Herrera-Lopez, Mano a Mano's Executive Director, took great leadership in moving this work forward.

## Identifying a Gap

Levi, board members, and staff identified a gap in their work in serving the community fully. Levi recognized "access to affordable health care and health education are two key issues facing the Latino and immigrant communities of our areas. Undocumented Latinas are not eligible for public assistance, which means many of them lack access to anything but emergency health care." 65% of Mano a Mano's base identify as women. However they weren't involved in any projects or campaigns that specifically address policy advocacy or base-building efforts for reproductive health. There was interest, urgency, and energy to start a conversation that would support and build up programs and projects to support these women.

## Getting Your House in Order

Staff knew they had a steep hill to climb to align publicly with reproductive justice and abortion access. They started with the basics. First, staff worked together to name their fears as well as the ways in which the work benefit their community, their organization, and the networks they are a part of. Vicky Falcon-Vazquez reflected, "I realized I did have fears, lots of them. But I also could name many reasons to invest in this." Within a few months of the first convening, she and her co-worker Circe Barranza stood in front of their colleagues and gave testimonial to the importance of addressing the reproductive justice issues their communities don't normally engage, including abortion.

Levi also had intentional one-on-ones with board members and staff to engage people in starter conversations about women's rights and reproductive health, and how they connect with Mano a Mano's

mission. In these one-on-ones, all stakeholders were able to build trust, have candid conversations about gaps in existing programs, and talk about how reproductive health uniquely impacted Latino Immigrants. were also able to acknowledge some of the concerns that staff and board members had. They decided collectively that best path forward was to start with internal political education trainings. These trainings would be the foundation from which this work would grow.

## **Building Shared Values and Connecting Issues**

Staff leaders quickly determined that they needed to first build a shared language and values. To bridge the gaps and build support, the staff started with a conversation about LGBTQ justice and reproductive justice by combining the timeline activities from Uniting Communities and BRAVE. Using a combination of these timelines, the staff and board were able to draw from their collective work to integrate LGBTQ values in Mano a Mano and begin to build up Reproductive justice values by exploring connections that a broader gender justice framework.

These first conversations needed follow-up to be successful. The staff leaders identified that, in addition to starting at the beginning with staff, there needed to be room for men, women, and trans people to have safe conversations in caucuses. The men at Mano a Mano made a plan to meet up for an open dialogue once a month, giving themselves a chance to dive deeper into the developing an entry point and constant leadership development for male allyship. At the first meeting, as caucus members met to think about structure, the men decided that this could not be a program that only served staff but rather they needed to plan for expansion to the communities they served. They decided that all self-identified men would be invite to participate in open conversations about reproductive health in Latino communities, underlining that men, women, and trans people are in this together. At the same time, the female staff met in caucuses during workshops and were able to seek their own language and analysis of gender justice together.

Centering personal story telling and connecting the decolonization of bodies to decolonization of communities proved to be a deeply effective in moving people from theoretical concepts to reality. It was with these experiences that Mano a Mano stepped up to support and led the development of the BRAVE toolkit. By identifying gaps in shared values, lifting up unique cultural assumptions, and deepening the urgency of what Latina women need to be fully served by Mano a Mano, the staff has paved the way to begin the development and implementation of projects and programs that serve all of their community holistically.

## **Lessons Learned**

- No assumptions can be made about a person's experience with reproductive justice. We need to start with one-on-one conversations and build a program that meets the individual needs of the full team.
- Each organization must make space for women, trans people, and men in this work so that we can be united and strong.
- Trainings must be culturally appropriate, timely and consistent.
- Effective messages must be built internally and externally to communicate organizational values.

# Section 2

## Connecting the Dots

### **GOALS:**

- Sharpen analysis about the scale and apparatus of reproductive control.
- Understand the forms of power and support that individuals need to make complicated, personal decisions about their health and lives, and the economic, political, and cultural barriers to accessing that power and support.
- Connect the dots with broad range of social justice, racial justice, and economic justice issues through an intersectional lens.

These modules help connect reproductive health, rights, and justice issues to organization's priority issues, whether they are racial justice and civil rights, immigrant and refugee rights, LGBTQ liberation, economic justice, educational equity, or health equity. The modules can help identify common struggles and issues across our movements, outlining the strategies of oppression used to attack all of our communities. The idea of intersectionality - interconnected identities, issues, and interventions - is core throughout this section.

Participants will continue to study the deep divisions among our movements and the concerted efforts of our opposition to ensure that we stay divided. Ideally this will strengthen participants' resolve to defend and advocate for reproductive justice, including abortion rights, access, and coverage. At the end of these sessions, they will more likely be able to articulate why reproductive autonomy is fundamental to social justice and part of our broad agendas.

## MODULE 8

# The Heart of the Issue: Centering People's Lives

**Time:** 45 minutes

### Summary

This session is a useful exercise for surfacing the myriad considerations and circumstances that inform people's complex decision-making regarding their bodies and health. Using the question, "How do you decide if you're ready to be a parent?", facilitators will help illustrate the varying contexts of people's lives in order to build empathy, understanding, and trust in their decision-making.

### Goals

- Surface the complexity and context of people's decision-making regarding family formation.
- Describe similar experiences of complex decision-making, and the roles we play as individuals and institutional representatives who can shape people's decision-making.
- Build empathy, understanding, and trust in people's decision-making especially with regards to decisions on having an abortion.

### Materials Needed

- Flipchart
- Markers

### Agenda Outline

EXERCISE	FORMAT	TIME
Introduction	Large group discussion	5 minutes
People at the Center	Small or large group discussion	30 minutes
Closing	Large group discussion	10 minutes
		<b>TOTAL TIME : 45 minutes</b>

## **Trainer's Notes:**

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.

## **Introduction (5 minutes)**

**NOTE TO TRAINER:** In order to prepare for this exercise, it will be useful to first go through the questions yourself and identify how you would answer and reflect on them. Clarifying your own views and perspective and lifting up your own personal experiences can help you frame participants' responses more broadly.

### **SAY:**

*"As we go through our daily lives, we make a million decisions on a million things. Some decisions are small and easy to make, some are big, life-changing, and possibly agonizing to make. What we can all probably agree on is that these processes are very individual and specific to who we are."*

*SHARE* goals of the session.

**ASK:** "Looking back at your life, what are some of the bigger, more complicated decisions you've made?"

Possible responses:

- Who you are as a person
- Whether to be with someone
- Whether to continue a relationship
- How to get a job
- Whether you can go to college
- Where to live
- How to deal with conflict
- When/if to have children
- How to get residency/citizenship
- How to find safety

**SUMMARIZE** responses and reinforce the seriousness of these questions, drawing out the serious consequences they have on the direction of your life.

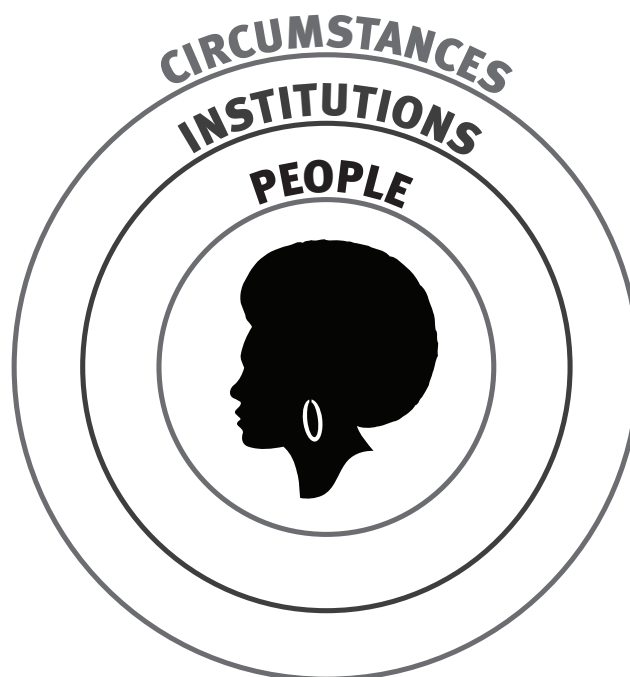
## People at the Center (30 minutes)

**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 non-conforming 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.]

### **Closing (10 minutes)**

**ASK:** "As we close out this discussion, name one thought or feeling that changed or shifted for you with regards to seeing how people make decisions about their bodies."

**THANK** participants for their honest responses and their generous, nuanced reflection on this issue.

## MODULE 9

# Stories of Reproductive Health Access

**Time:** 2 hours and 15 minutes

### Summary

This curriculum module supports participants to understand the experiences that people have in accessing reproductive health services, particularly abortion. It uses scenarios about 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.

### Collaborators

This workshop is co-authored by Forward Together and the Coalition for Abortion Access and Reproductive Equity (CAARE).

### 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. Illuminate the connections between these barriers and civil rights, economic, and worker justice, LGBTQ liberation, and immigrant rights issues.
- 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)
  - one copy for large group discussion
  - 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
		<b>TOTAL TIME : 2 hours and 15 minutes</b>

## 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.

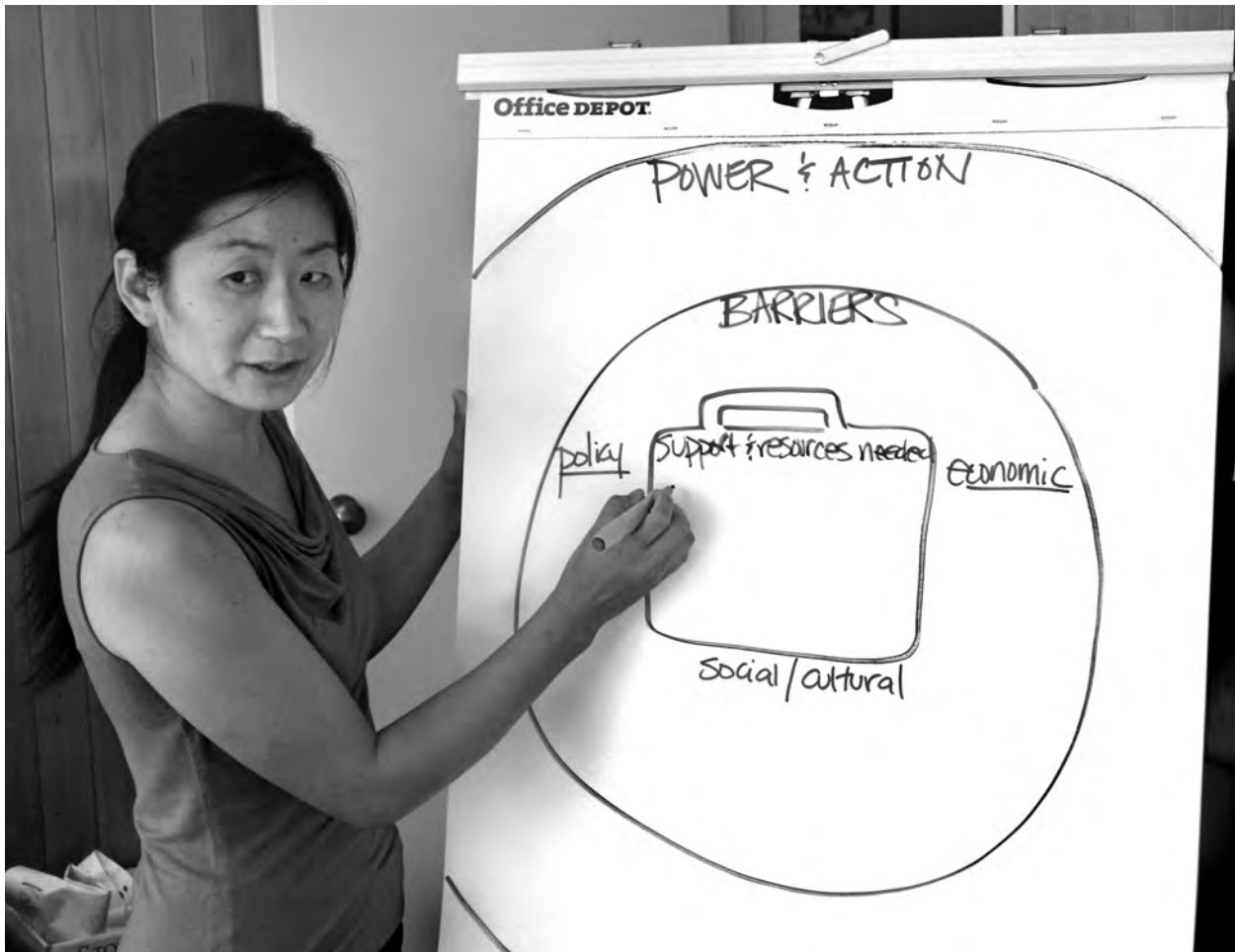
**REVIEW** the definition of reproductive justice:

*“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, 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 #1

### **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:

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

**REFERENCE** the “Sample Responses” chart on page 99 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.<sup>40</sup> 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 can be found on page 96. 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.

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

<p><b>Small Group Scenario 1:</b> Contraceptive Access and Youth</p>	<p>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</p>	<p><b>Policy:</b> Contraceptive access for all, absence of statewide comprehensive sex education</p> <p><b>Economic:</b> Affordability</p> <p><b>Social/cultural:</b> Stigma among peers and in family about sexuality</p>	<p><b>Power exercised:</b> Personal resolve in decision-making, seeking information</p> <p><b>Collective action needed for:</b> Contraceptive coverage for all, cultural shift around sex and reproductive health in school</p>
<p><b>Small Group Scenario 2:</b> Pregnancy/ Pre-natal Care and Undocumented Immigrants</p>	<p>Access to affordable, accessible, high quality pre-natal, maternal, and delivery care, economic security and reliability in services</p>	<p><b>Policy:</b> Lack of pre-natal, maternal health and delivery coverage for undocumented immigrants, lack of cultural competency mandate and standards</p> <p><b>Economic:</b> Affordability, accessibility</p> <p><b>Social/cultural:</b> Sporadic provision of health care to farmworkers, anti-immigrant sentiment</p>	<p><b>Power exercised:</b> Seeking information and options</p> <p><b>Collective action needed for:</b> Full reproductive health coverage for undocumented people</p>
<p><b>Small Group Scenario 3:</b> Abortion and Low-wage Work</p>	<p>More comprehensive health coverage and/or public funding of abortion, safety net, living wage, access to information about health and insurance systems.</p>	<p><b>Policy:</b> Hyde Amendment, 'Right-to-Work' laws, Lack of Paid Sick Days</p> <p><b>Economic:</b> Income too low</p> <p><b>Social/cultural:</b> Patriarchal attitudes about women, corporate profit is worth more than human rights</p>	<p><b>Power exercised:</b> Navigating systems to find information and resources</p> <p><b>Collective action needed for:</b> Higher minimum wages, anti-harassment policies with teeth, workers' right to unionize, Paid Sick Days, Affordable childcare, repeal of Hyde</p>

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

## MODULE 10

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

**Time:** 2 hours and 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

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

## 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 the “Reproductive Justice Timeline.”

## 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**

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

**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 in the Center (45 minutes)**

**FACILITATE** the 45-minute “People at the Center” activity in the preceding curriculum, “The Heart of the Issue: Centering People’s Lives” (page 82).

**NOTE TO TRAINER:** If your group has already done this activity, take 10-15 minutes to briefly review the questions, the diagram, and core takeaways.

Either way, **DISCUSS** any new insights and connections to the core issues, values, and principles that the group surfaced in the last section of the workshop. You could **SAY**:

- This is what supporting the self-determination and dignity of all members of our communities looks like.
- This also points to a great need for change in institutions (policies and practices), as well as in our cultures (the beliefs and narratives that underline our ability to support each other’s self-determination).
- 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.<sup>41</sup>
- 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.<sup>42</sup>

**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.**

- Unintended pregnancy rates are highest among poor and low-income women, women aged 18–24, cohabiting women, and minority women.<sup>43</sup>
- 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).<sup>44</sup>
- Most women who get abortions are already mothers of other children.

**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.

41 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.

42 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.

43 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.

44 Ibid.

**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 service people 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
- Abortion is also restricted by the U.S. in other countries. In 1973, the Helms Amendment to the U.S. Foreign Assistance Budget was passed to prohibit the use of U.S. funds for abortion outside of the U.S. including at U.S. funded medical facilities. It is the counter-part to the Hyde Amendment limiting access to full information about reproductive health care including abortion.
- 89% of all U.S. counties lacked an abortion clinic in 2011; 38% of women in the U.S. live in those counties.<sup>45</sup>

**SAY:** *“In other words, abortion care 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](http://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](http://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?”:

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

<sup>45</sup> 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.

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.<sup>46</sup>
- Women aren't the only people who need abortion access; transgender 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 "dis- agree."] 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.

**NOTE TO TRAINER:** In some cases, participants may all choose to stand on one side of the line. In that case, you can ask the participants why they are in agreement with another, and why other individuals or groups may disagree.

46 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 (belief in favored status for established residents vs. new immigrants) 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](http://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.<sup>1</sup>
- 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.<sup>2</sup>

### Unplanned pregnancies correlate with race and 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.<sup>3</sup>
- 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.<sup>4</sup>
- 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.<sup>5</sup>

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>

### Abortion care is not available to all people because of how much

- 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 service people 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.
- Abortion is also restricted by the U.S. in other countries. In 1973, the Helms Amendment to the U.S. Foreign Assistance Budget was passed to prohibit the use of U.S. funds for abortion outside of the U.S. including at U.S. funded medical facilities.
- 89% of all U.S. counties lacked an abortion clinic in 2011; 38% of women in the U.S. live in those counties.<sup>6</sup>

For specific information on access to abortion and Medicaid coverage of abortion care in your state: [www.guttmacher.org/statecenter/spibs/spib\\_OAL.pdf](http://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](http://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.<sup>7</sup>
- 73% are religiously affiliated.<sup>8</sup>
- Women aren't the only people who need abortion access; transgender 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 and Gynecology*, 2011, 117( 6):1358–1366.8. Ibid.

## MODULE 11

# The Story of the Racist, Sexist Billboard and Bill

**Time:** 2 hours

### Summary

This session will focus on building and understanding the current strategies of anti-abortion and patriarchal forces, focusing specifically on the use of racist and sexist wedges. By integrating learning from the campaign experience of SisterSong, this workshop will develop participants' understanding of current barriers to reproductive autonomy, and the policies and cultural beliefs that put those barriers in place.

### Sources

SisterSong and National Asian Pacific American Women's Forum.

### Goals

- Understand how culturally specific messages are needed and used effectively to build support for policy remedies, good or bad.
- Define and describe the use of wedges to polarize and divide communities.
- Outline ways that solidarity and values-based alliances can be built to blunt wedges and support women of color and marginalized communities.

### Materials Needed

- Illustrated story: Racist Billboard and Bill (see photo on page 116 for example of how to create one)
- Copies of Hand-out: Blunting the Wedge

### Agenda Outline

EXERCISE	FORMAT	TIME
Story of the Racist Billboard and Bill	Large group presentation and go-around	30 minutes
Blunting and Dismantling Wedges	Go-around and discussion	45 minutes
Coming to a Billboard Nearest You	Presentation, large group discussion	45 minutes
<b>TOTAL TIME :</b>		<b>2 hours</b>

## **Trainer's Note**

- This session is best timed after these foundational workshops: (1) "Act Like a Lady, Be a Man" and (2) the "Reproductive Justice Timeline." This is important as it will enable the trainer to reference concepts and events in the timeline that reinforce the use of wedges.
- The story of the SisterSong campaign against racist billboards in Georgia is a key learning tool in this session. It is best shared with a visual tool such as an illustrated storyboard or a Powerpoint presentation.

## **Story of the Racist Billboard and Bill (30 minutes)**

**INTRODUCE** the session:

*"There is a concerted and coordinated attack to overturn Roe v. Wade. This attack is comprehensive, employs a vast network of people and institutions, and is well-resourced. They have been particularly effective in using both policy and cultural change to erode abortion rights.*

*We are going to look at a specific campaign from the broad view of reproductive justice. We talk about abortion not because this medical procedure is all that we care about, but because it embodies the way we talk about bodies, about women of color and their decision-making, and everyone whose identities and lives don't fit into neat boxes designed by white wealthy men. It is also a perfect case study for how institutions and systems work to keep the status quo, and maintain a system of white supremacy and heterosexism.*

*This session is designed to help us to understand more clearly exactly what kind of struggle and fight we are in. Some of the questions we are trying to explore in this session are:*

- *Who and what are behind the wave of anti-abortion policies and campaigns?*
- *What do they have in common with the folks attacking immigrant communities, LGBTQ communities, communities of color, and Native American nations?*
- *What are the strategies and tactics they're using and why are they so effective?*
- *What have been our communities' own histories of organizing; what are our strengths, assets, and where are our gaps?"*

**NARRATE** an illustrated story of the racist genocide billboards that appeared in Georgia and the accompanying Prenatal Non-discrimination Act (PReNDA) legislation introduced. Tell the story of the organizing campaign that defeated them.

**SAY:**

*"I want to share a story. This is the story of the racist billboard and bill. This is taken from the experience and report published by the SisterSong Women of Color Reproductive Justice Collective - a network of local, regional, and national grassroots agencies working to ensure reproductive justice*

by securing human rights.<sup>47</sup> We encourage you to read their report for its in-depth analysis and inspiring campaign.

On February 5, 2010, 65 billboards, paid for by the Radiancance Foundation and Georgia Right to Life, appeared throughout predominantly African American, low-income neighborhoods in Atlanta with a sad image of a Black male child proclaiming “Black Children are an Endangered Species.” [FACILITATOR SHOWS BILLBOARD ILLUSTRATION.]

These billboards largely targeted African Americans, although billboards targeting Latinos in South Los Angeles have since emerged as well. Their ultimate aim is to divide support for abortion in communities of color by showcasing it as a racist eugenics plot. Billboards around the country compare abortion to slavery and genocide, and claim that African American children are an “endangered species” or that “the most dangerous place for an African-American child is in the womb.”

The campaign also accused Planned Parenthood, the largest single provider of birth control and abortion services in the Black community, of targeting the Black community for genocide by manipulating the history of its “racist founder” Margaret Sanger. [FACILITATOR SHOWS PLANNED PARENTHOOD CLINIC ILLUSTRATION.] The opposition used the history of medical mistrust in the Black community to accuse abortion providers of racism and genocide.

The racist billboards very quickly became national news, picked up by CNN, The New York Times, MSNBC, ABC, the Washington Post, and dozens of national and local radio, television, and newspaper media outlets. [FACILITATOR SHOWS NEWS OUTLETS ILLUSTRATION.]

These billboards were just the opening attack in a campaign to introduce into the Georgia legislature a bill called the Prenatal Non-discrimination Act (PRENDA.) It’s modeled after national legislation introduced by Trent Franks, a Republican Congressman from Arizona, which was deceptively and disrespectfully called the Susan B. Anthony and Frederick Douglass Prenatal Nondiscrimination Act of 2009. This bill claimed (1) that most if not all abortions are coerced in the black community, and (2) that Asian families target female fetuses for abortion because of a cultural preference for male children. The bill penalized abortion providers, and would have made it a racketeering crime for them to provide an abortion to women if they believed that the abortion was being sought because of the race or sex of the fetus. If passed, this bill would have intruded on patient confidentiality and threatened doctors with criminal sanctions. [FACILITATOR SHOWS BILL and CONGRESS ILLUSTRATION.]

SisterSong, an inclusive, women of color-led reproductive justice organization whose national headquarters was based in Atlanta, galvanized into action. They carefully assessed the threat this Georgia campaign presented to all women of color, with African American and Asian American women on the initial front lines of the assault. They understood how nimble, manipulative, and well-resourced the opposition was as well as how our communities were vulnerable to these divisive messages because of institutionalized sexism and transphobia. [FACILITATOR SHOWS CIRCLE OF WOMEN LINKING ARMS.]

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47 Loretta Ross, Heidi Williamson, Laura Jimenez, Serena Garcia, SisterSong Women of Color Reproductive Justice Collective (2010). Race, Gender and Abortion: How Reproductive Justice Activists Won in Georgia. Atlanta, GA.

## MODULE 11: The Story of the Racist, Sexist Billboard and Bill

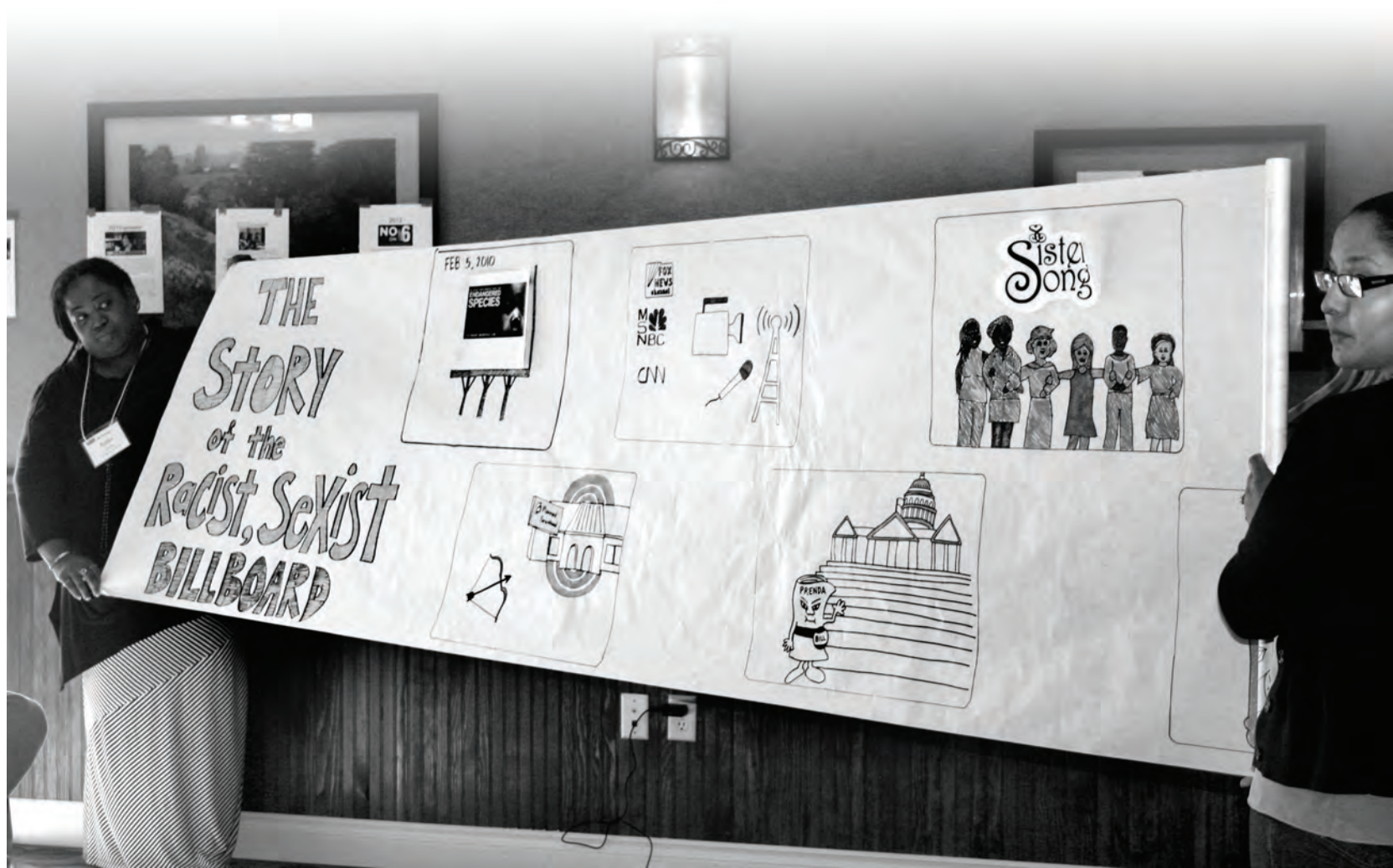
*And so despite limited capacity and resources, SisterSong decisively acted – raising funds, building a core working group for the campaign, and developing their strategy to bring down the billboards and defeat the legislation. There was no time to waste – the Georgia legislature would only be in session for 40 days.*

*SisterSong mobilized the local Reproductive Justice movement by bringing in five organizations with various capacities and strengths, to play unique roles within the campaign: Feminist Women’s Health Center, Planned Parenthood of Southeast Region, SPARK, Raksha, and Sisterlove joined SisterSong in a coalition. Collectively, they were able to bring in a paid lobbyist with extensive background and relationships.*

*In less than four months, they had to shape and implement a campaign with many moving parts, using culturally specific communications strategies as well as using a legislative strategy to defeat the policy proposal.*

- In order to change the cultural message and conversation, SisterSong and their allies had to reframe the debate by changing the focus to women instead of abortion. [FACILITATOR SHOWS FRAME STORY ILLUSTRATION.]
  - The coalition had to redirect the story by describing the campaign as an attack on the autonomy of Black and Asian women. They highlighted that the manipulation in the messaging being used aimed to exacerbate gender tensions in these communities. So they decided to emphasize the negative messages towards women of color, [FACILITATOR SHOWS SPEECH BUBBLES WITH GENOCIDE AND GENDERCIDE] messages that work to shame Black women and assume that they are not capable of making decisions for themselves. They stressed that this strategy was clearly meant to shame and blame women of color.
  - To challenge these racist and sexist frames, the coalition used messages that insisted that Black women are trustworthy, informed, and politically savvy. They declared that whether Black women were pro-choice or pro-life, as organizations they were united in believing that Black women could reasonably decide for themselves whether to become parents. “Freedom is inherent in Black women and we would let no one justify limiting our liberty.” The campaign used this message to successfully pivot away from the paralysis of the pro-choice/pro-life debate and to emphasize women of color’s self-determination and autonomy.
  - Leaders found the message of trusting Black women’s autonomy and self-determination to be powerfully resonant and widely embraced by African American women. The coalition was able to reinforce that the bill was a scare tactic used by anti-choice extremists to divide communities for political gain. “Every woman’s life is complicated and often requires difficult decisions. If a woman chooses to terminate a pregnancy, we trust that she is making a decision that is right for herself and for her family. The billboards and the bill are offensive because their aim is to single out Black and Asian women and deny them the rights afforded all other women. That is racist.”
- The campaign used research on the anti-choice opposition to expose their distortions and hidden agendas. [FACILITATOR SHOWS MAGNIFYING GLASS ILLUSTRATION.]

- o The coalition had to debunk the right wing's powerful emotional appeal that they were defending Black children and women. They described the opposition's tactics and behaviors with words like "judgmental," "irrational," "manipulative," "controlling," and "dictating" to define the emotional difference between our messages and theirs. Reproductive Justice leaders created doubts about the opposition by challenging their motives, hidden agendas, and credibility. They examined the legislative voting records of the proponents of the anti-abortion legislation, pointing out the contradictions when they voted against health care reform, funding for education, support for child care, or any measure that would support families and children of color.
- SisterSong leaders developed a communications plan to work with the media and to inform their base of reproductive justice activists about the legislation. [FACILITATOR SHOWS ILLUSTRATION OF MEDIA OUTLET, PLAN.]
  - o Along with coalition allies, Racial Justice leaders provided twenty-eight interviews in national mainstream media. In addition, they did forty interviews with alternative media, including bloggers, campus newspapers, and radio shows. Twenty-seven interviews were conducted for local and regional media. This was a bare-bones, grassroots campaign – SisterSong and their allies did not have the time or money to do public opinion research, focus groups, cognitive linguistics analysis, or polls to develop and test their messages. Coalition members started by collecting all of the available opinion research on attitudes towards abortion in the African American community.



## MODULE 11: The Story of the Racist, Sexist Billboard and Bill

- o They then developed tools to provide data and facts to challenge the opponents' distortions [FACILITATOR SHOWS ILLUSTRATION OF SPEECH BUBBLES, LIES.]
- They had to find the right messengers – credible persuasive allies who could help undermine the messaging and standing of the opposition. Finding these messengers required a strategy to:
  - o *Engage Civil Rights organizations and leaders who could alert the African American community. [FACILITATOR SHOWS ALLIES TALKING, NAACP LOGO.] It became clear to the SisterSong coalition that most male-led Civil Rights organizations would not take the lead on gender justice issues on behalf of women, especially on such a difficult issue such as abortion. When their female bases are activated, however, they will often support the efforts. Civil Rights organizations have a huge and influential base vital to the work. Moreover, they are vulnerable to manipulation by our opponents if organizers neglect them.*
  - o *Engage communities of faith as allies in religious institutions [FACILITATOR SHOWS CHURCHES ILLUSTRATION.] Our opponents have the advantage of a base in socially conservative Black churches, especially among male ministers who can be persuaded to reinforce sexist views that Black women are “loose” and must be “controlled.” To counter this pervasive influence, the Coalition organized progressive Black religious leaders, like the Religious Coalition for Reproductive Choice (RCRC), and others. They sponsored a lunch with 20 black ministers from around the South [FACILITATOR SHOWS LUNCHEON WITH BLACK MINISTERS] to ensure that the progressive religious community was engaged and that their voices were brought to the table.*
  - o *Mobilize the medical and legal communities for expert testimony. [FACILITATOR SHOWS DOCTORS TESTIFYING ILLUSTRATION.] Using experts at the right time was essential to defeating this bill. The coalition recruited a wide range of professionals to discuss the negative implications of this bill during committee meetings. It was strategically important that not all the doctors opposing the bill were abortion providers.*
- Organizers worked hard on a legislative strategy to defeat the bill:
  - o Their legislative goal was to stall the bills in House and Senate committees in order to prevent them from coming to the full floors for votes. They knew that they would lose any vote that came to either floor.
  - o They sponsored a press conference on the Capitol steps entitled “Trust Black Women”. [FACILITATOR SHOWS RALLY WITH TRUST BLACK WOMEN BANNER.] They read aloud their Statement of Solidarity that affirmed SisterSong’s core reproductive justice principles.
  - o The first incarnation of PRENDA was HB 1155, and was successfully stalled in a House Committee.
  - o Chip Pearson, an anti-immigration, anti-labor, anti-woman crusader, introduced the second version in the Special Judiciary Committee of the Senate. Reproductive Justice allies testified at these hearings. [FACILITATOR SHOWS ILLUSTRATION OF SisterSong TESTIFYING IN FRONT OF COMMITTEE.] The bill passed out of committee, then went to the Senate for a floor vote.

SisterSong knew that their supporters didn't have enough votes to defeat the bill, so they took the opportunity to get their message out about prevention, human rights, and the right of women to control their bodies. The bill passed the Senate floor after more than three hours of debate.

- o It was at that time that the coalition had to strategically work with moderate Republicans, Republican women, and Democrats to stall the bill in committee. Among them was the Speaker of the Senate who was concerned about the constitutionality of the legislation and tried to work with the bill's advocates to modify the legislation enough to pass constitutional muster; the bill's advocates rebuffed his efforts.
- o On the 40th and last day of session SisterSong spent nearly half of the 16-hour day negotiating with Georgia Right to Life. At 11:56 PM that evening, Georgia Right to Life told the Speaker of the House, "No deal. It's our original bill that goes to the floor or nothing at all." Because of their non-compromising stance they lost his support, so the Speaker killed the bill. [FACILITATOR SHOWS ILLUSTRATION OF GRAVEYARD MARKER FOR BILL.]"

**ASK** large group: "What struck you or resonated for you from this story?"

**DISCUSS** lessons learned from the SistersSong campaign:

- The leadership of women of color can achieve policy victories by mobilizing our base in communities of color to influence decision makers.
- The Reproductive Justice and Pro-Choice movements must work successfully together by sharing leadership, capacity, and resources.
- African American women can be powerfully engaged on a national scale in the front lines of the abortion conflicts and we need to prepare for future battles.

**INSTRUCT** participants to have discussions in small groups with the people around them, using the following critical questions:

- What were the tactics and strategies that the opposition used that were harmful and effective?
- What are the cultural messages and beliefs that the opposition was using to divide and conquer, blame and shame?
- In what ways are these messages and strategies similar and different from the messages and tactics used by your opponents on the issues you work on?
- If these billboards came to your city/town tomorrow, what do you think our communities' response will be?
- What are the assets that we have that would enable us to respond? What do we need to work on for us to win?

## Blunting and Dismantling Wedges (45 minutes)

**NOTE TO TRAINER:** Use a visual of a wedge to demonstrate and discuss what a wedge is and how it works. Prepare recent examples of wedge issues used during a local campaign for added relevance and resonance.

**DEFINE** a wedge in the large group and discuss how the billboards and anti-choice campaign used the gender wedge among communities of color and the racial wedge among legislators and voters. **DISCUSS** how a wedge effectively uses existing vulnerabilities, fissures, stereotypes, prejudices, and distrust to cleave communities apart. Wedges especially target the people who are at the margins of our communities.

### DISCUSS:

- What strategies did the opposition use to divide communities of color?
- What messages were used to drive these wedges?
- How do wedges hurt us?

**SHARE** the following points:

- **Wedges are not just controversial issues or issues that there are two differing sides of.** Wedges are designed and driven by a person, organization, or movement to divide a possibly united base of people. They do this by demonizing one identity over the other (for example, religious identity vs racial identity) and persuading one segment of the community to privilege this identity (for example, religious identity).
- **In this story of the racist billboards and legislation, the potentially unified communities are (1) the Black community, and (2) communities of color.** In this instance, the wedge is a gender and class wedge, demonizing Black women who choose to terminate pregnancies by holding them responsible for social, cultural, and economic impacts on the African American community, and asking the rest of the community to penalize Black women for making these decisions.
- **Using wedge language allows the opposition to dehumanize our communities without “seeming” overtly racist or sexist.** Since the advent of Civil Rights and women’s liberation, it is no longer appropriate for the white supremacist system to say that people of color, women, and LGBTQ people are not fully “human” and therefore not deserving of the same equal rights as white, middle-class, Christian men. Instead, those interested in maintain the white supremacist system have used “wedge issues” to justify their oppression of marginalized groups and their protection of their white privilege by manipulating wedge issues strategically and systematically.
- **The wedge is driven by the opposition claiming moral high ground.** It builds on persistent prejudices of racism, heterosexism, and/or classism by describing them in sophisticated and seemingly “fair” messages such as:
  - A legal framework; “I don’t care that they’re Black, what they’re doing is murder!”
  - A “normal” or “cultural norm” framework; “we have to protect Christian values by keeping things how we’ve done them for centuries.”
  - A “no special treatment” framework; “we’re color-blind – they have to do things just like everybody else.”
  - An “American” framework; “they’re hurting Americans by using our tax dollars to pay for their immoral lifestyles!”

- **Wedges harm our communities** because:
  - Wedge issues value homogeneity and oppose diversity.
  - Wedge issues propose to confer human dignity, power, and resources only to select and privileged groups, disempowering those they don't approve of or recognize.
  - Wedge issues ignore the long and common struggle to elevate human rights for everyone, and instead pit people against each other.
  - Wedge issues allow powerful members of our community to control and dictate the terms of the dialogue.
- **People opposing Reproductive Justice have been effective because they take advantage of a fault line in our communities.** The "right-to-life" movement found anti-abortion sentiment in the home and in the church, so it moved abortion to the center stage of the political arena. The sentiment was always there, but it was tapped into and exploited as part of a conservative Republican strategy to break the loyalty of Catholics and conservative Christians to the Democratic Party – replacing economic interests with religious identification.
- **The need for racial and gender justice organizing is especially intense in places where communities of color are smaller, more diverse, isolated from each other, and more effectively marginalized by the dominant community.**

**ASK:** "What are strategies for overcoming or defeating the wedge?"

**SHARE** the following Organizational Principles for Building Alliances across Race

- Even if we are working on single-issue campaigns, it is useful to place these campaigns in a broader context. Example: Parents, Friends of Lesbians and Gays (PFLAG) Portland Black Chapter may work to get the county health department to disaggregate their data to count black LGBTQ people. AND their leaders can articulate how the disenfranchisement of black LGBTQ folks relates to the broader framework of anti-black racism, homophobia and transphobia, and the gentrification of their communities. Developing a statement of values can be useful in creating a framework that allows an organization's membership to assess their position on wedge issues, challenge oppression when it arises, and create conversations among members when wedge issues surface. Example: Voz Workers' Rights Education Project rejected funding from the Catholic Campaign for Human Development as they pressured the organization to cut ties with National Council of La Raza, a national Latin@ organizing and advocacy group that supports the Freedom to Marry and family reunification.
- Organizations that consistently utilize political education strategies that strengthen the language and analysis of members and leaders are less vulnerable to wedge strategies. For example, Oregon Foundation for Reproductive Health is training board members and leaders to endorse a ballot measure campaign to establish a Driver's Card for undocumented immigrants, and to talk about this as a choice issue.

## **Coming to a Billboard Nearest You (45 minutes)**

**ASK:** What are the racist and sexist wedges in your community? What are the figurative (or literal) billboards that we have in our communities? What are all the messages attacking our communities today?

**INSTRUCT** participants to work in their groups to create two billboards:

1. A billboard that captures the shaming and stigmatizing messages that women and transgender people of color in our communities are receiving, whether or not they're on a highway billboard, over the radiowaves, on tv, or in Congress
2. The billboard we would make to challenge that rhetoric and define our issue and communities. Participants will spend 30 minutes doing this.

**ASK** groups to report back:

- What are the messages targeting women and transgender people of color in our communities?
- How is the wedge being used here?
- What is the counter-message that you developed?

### **SUMMARIZE:**

- The marginalized status of women and transgender people of color is not meant to claim victimhood for our community, but to emphasize that the disparities we experience are there by design, by institutions and systems that are meant to push us out and throw us under the bus.
- These strategies and tactics are held up by cultural messages and beliefs that perpetuate racism, sexism, and transphobia.
- We need to design counter strategies that employ the diversity, strengths, and assets of our communities – this takes time, relationships, and mindful struggle.

## HAND-OUT

# Blunting the Wedge



## What are Wedges?

- **Wedges are not just controversial issues or issues that we have two differing sides on.** Wedges are designed and driven by a person or organization to divide a possibly united base of people. They do this by demonizing one identity over the other (for example, religious identity vs racial identity), persuading the other segment of the community to privilege this identity (for example, religious identity).
- **Using wedge language allows the opposition to dehumanize our communities without “seeming” overtly racist or sexist.** Instead they have used “wedge issues” to justify their oppression of marginalized groups and their protection of their white privilege by manipulating wedge issues strategically and systematically.
- **The wedge is driven by the opposition claiming moral high ground.** It builds on persistent prejudices of racism, heterosexism, and/or classism by describing them in sophisticated and seemingly “fair” messages such as,
  - a legal framework; “I don’t care that they’re black, what they’re doing is murder!”
  - a “normal” or Cultural norm” framework; “we have to protect Christian values by keeping how we’ve done it for centuries.”
  - a “no special treatment” framework; “we’re color-blind, they have to do things just like everybody else.”
  - An “American” framework; “they’re hurting Americans by using our tax dollars to pay for their immoral lifestyles!”
- **Wedges harm our communities** because:
  - Wedge issues value homogeneity and oppose diversity.
  - Wedge issues propose to confer human dignity, power and resources only to select and privileged groups, disempowering those they don’t approve or recognize.
  - Wedge issues ignore the long and common human struggle to elevate human rights for everyone and pit people against each other.
  - Wedge issues allow powerful members of our community to control and dictate the terms of the dialogue.
- **People opposing RJ have been effective because they take advantage of a fault line in our communities.** The “right-to-life” movement found anti-abortion sentiment in the home and church and moved it to center stage of the political arena. The sentiment was always there, but it was tapped and exploited as part of a conservative Republican strategy to break the loyalty of Catholics and conservative Christians to the Democratic Party – replacing economic interests with religious identification.

## MODULE 11: The Story of the Racist, Sexist Billboard and Bill

- The need for racial and gender justice organizing is especially intense in places where communities of color are smaller, more diverse, isolated from each other and more effectively marginalized by the dominant community.

### Organizational Principles for Building Alliances Across Race

- Even if we are working on focused single issue campaigns, it is useful to place these campaigns in a broader context.

For example: Parents, Friends of Lesbians and Gays (PFLAG) Portland Black Chapter may work to get the county health department to disaggregate their data to count black LGBTQ people, and their leaders can articulate how the disenfranchisement of black LGBTQ folks relates to the broader framework of anti-black racism, homophobia and transphobia and the gentrification of their communities.

- Developing a statement of values can be useful in creating a framework that allows an organization's membership to assess their position on wedge issues. This can be used to challenge oppression when it arises and create conversations among members when wedge issues surface.

For example: Voz Workers' Rights Education Project rejected funding from the Catholic Campaign for Human Development as they pressured the organization to cut ties with National Council of La Raza, a national Latin@ organizing and advocacy group that supports the Freedom to Marry and family reunification.

- Organizations that consistently utilize political education strategies that strengthen the language and analysis of members and leaders are less vulnerable to wedge strategies.

For example, Oregon Foundation for Reproductive Health is training board members and leaders to endorse a ballot measure campaign to establish a Driver's Card for undocumented immigrants, and talk about this as a choice issue.

## BRAVE CASE STUDY

# Momentum Alliance

### About Momentum Alliance

A member of the first We are BRAVE cohort, Momentum Alliance (MA) is a three-year-old organization in Portland that works with youth of color, undocumented and immigrant youth, LGBTQ youth, low-income youth, youth with disabilities, youth affected by homelessness and incarceration, survivors, teen parents, and allies. MA develops youth social justice leadership by combining individualized academic coaching with cultural and storytelling activities, wellness programs, leadership development, and community organizing.

### Challenges Faced

The voices of youth, especially youth of color and other underrepresented youth in MA's constituency, are not fully engaged in the reproductive rights landscape in Oregon. As a result, most do not have safe spaces to access the information and resources they need to make healthy decisions about their bodies and health. As Youth Director Vanessa Dominguez writes: "As we know, personal stories are often the key cultural shift leading to policy change, as it was in the coming out of LGBTQ people and undocumented youth. But we lack that public 'coming out' in this movement. When is the last time you heard a group of people say publicly and I had an abortion /I use birth control /I am sexually active /I have been sexually abused and this is how it affects me /I had a clitorrectomy and this is what it means to me?" Instead, they face stigma and silence.

Although MA engages policy advocacy strategies (most recently participating in a coalition to

pass in-state tuition for undocumented youth, the Tuition Equity legislative campaign in Oregon,) they also reflect that youth often feel disconnected from the political process.

### Building a Strong Core Team

To get started, MA focused on building a core team to identify the best strategy to empower and engage youth. The core team was made up of nine coaches who were mostly young people under age 23 who are low-income, survivors, undocumented, indigenous, youth with disabilities, and some adult allies. Folks from this core team met every other Sunday in the spring with Western States Center and, through the course of these sessions, they participated in political education workshops and honed their skills as leaders and facilitators. They designed activities and trainings for a youth summer camp and envisioned strategies to engage youth in action for reproductive justice.

Key members of this team are Karla Castañeda and Diego Hernandez. Karla, 17, is one of MA's youth board members and staff organizers, and Diego is co-executive director. They recruited youth to the camp, identified strong potential leaders to invite to MA's second-tier leadership program Leveraging Momentum, and took responsibility for stewarding MA's overall strategy for reproductive justice leadership and advocacy.

### Camp RJ

The core team determined that the best way to engage youth in a conversation about reproductive justice would be to utilize their experience hosting summer camps. At the end of June in 2014, Momentum Alliance hosted a two-week summer camp to build reproductive justice leadership. 26 youth participated; many had been part of MA for several years while some were newcomers.

The camp kicked off with participants learning key terms about gender, sexuality, and reproduction. There were workshops about gender norms, transgender issues and allyship, histories of reproductive oppression and resistance, and myths and facts about abortion. Youth learned community-based research skills and interviewed people on the street about their beliefs on abortion and other topics. They also learned social justice messaging skills and developed skits, poems, and visual artwork that asserted their own visions and demands for reproductive justice.

### **Cultural Work: From Storytelling Process to Communications Products**

The centerpiece of Momentum Alliance’s work throughout all programs is storytelling. At camp, Momentum Alliance created safe spaces for youth members and adult allies to tell their stories about experiencing violence, female circumcision, being teen parents, having disabilities, being queer and trans, having abortions, and supporting people they love to get abortions. MA innovated the “I am from a body that” poetry-writing activity in Module 7 of this toolkit.

### **Taking Action**

Youth organizer Perla Alvarez, 19, comments, “People sometimes say that young people are the future. I say, young people are the present.” Karla adds, “It’s important to have the quality of listening. Adults need to let youth express their needs and find ways to support them, rather than taking control and finding resolutions for them.” Being able to tell their own stories and to hear those of others is, for Momentum Alliance, an act of healing and liberation. Participants have the chance to name and then interpret their experiences on their own terms, and define what resistance and resilience are. It is from these grounds that youth

are prepared to take public action. This group picked up exactly where camp left off – developing skills and strategies for changing cultures as well as policies to support youth communities’ demands for reproductive justice. They participated in the National All Above All campaign by talking with community members in public spaces and building support for abortion access.

### **Lessons Learned**

- Invest in building the capacity of a strong core team through political education, skill-building, and visioning efforts. Doing so helps an organization develop the critical mass, focus, and accountability needed to integrate reproductive justice.
- Create safe and supportive spaces for communities to tell their own stories on their own terms, as a way for individuals to see themselves as part of a collective and to break pervasive myths and silences. Note that this is very different from using the stories of affected communities as tearjerkers for heart-strings appeal!
- Leverage existing programs and assets, and integrate reproductive justice into them – as MA did with their summer camp programs and their existing leadership development structure.
- Infuse your work with play, laughter, love, and radical appreciation!

## **BRAVE CASE STUDY**

# **No on 6 Campaign**

## **Winning the 2012 Amendment 6 campaign in Florida**

On Election Day 2012, Florida voters soundly rejected Amendment 6 – if this amendment had passed it would have opened the door to a range of abortion restrictions by rolling back strong Florida privacy protections and putting in place a constitutional ban on public funding for abortion. Though Florida does not currently use state Medicaid funds to cover abortion because of the federal Hyde prohibition, Amendment 6 would have taken away coverage from state employees and would have barred any future expansions in public coverage for abortion.

The opposition was not planning to put up substantive barriers because these barriers already exist. This was a cultural strategy to demonize women who have abortions, and work to decrease the public's political will to defend abortion rights. By targeting public funding for abortions, which isn't allowed in FL, the opposition was creating an opportunity to promote the message "a bad government enables bad women to make bad decisions." The opposition knew this message would resonate strongly with their base of support, whom they wanted to turn out during the elections so they could erode Florida's strong protection of individuals' privacy rights.

The Amendment was defeated with 55% of voters voting no – 15 percent more than was required for defeat. The lion's share of the work, including all of the administrative and legal coordination, was managed by the No on 6 campaign (Planned Parenthood of South Florida and the Treasure Coast.) The Coalition for Abortion Access and Reproductive Equity (CAARE - national

coalition working to repeal the Hyde Amendment,) was also able to contribute significantly to the success in Florida by developing and testing messages for supporters and Latinos, identifying and reaching out to supporters, leveraging the strength of coalition members, and collaborating successfully with partners on the ground.

## **Focus Groups for Effective Messages**

In late August, in partnership with CAARE, Planned Parenthood of South Florida and the Treasure Coast, the National Latina Institute for Reproductive Health, and MiLOLA, ConwayStrategic conducted two community-based participatory research groups in Miami with English- and Spanish-dominant Latinas to test messages and provide recommendations to the No on 6 campaign on how to tweak their messages for Latino audiences.

CAARE, in cooperation with the No on 6 campaign, also surveyed a large number of Latinos and African Americans and asked them to respond to television ads. Among these ads was a test ad created by CAARE to ask our pro-abortion funding base to support our position. They used research the campaign had conducted earlier in the year to shape this ad.

The results were very exciting, demonstrating broad support for the ad with everyone, not just the base, though the base demonstrated the highest agreement with the ad's content. A third of voters found the ad very convincing and two-thirds found it convincing overall. It was particularly exciting that the messages worked well with specific base communities: African Americans, non-Cuban Latinos, and white college-educated women.

## Building Supporters and Sharing Successes

CAARE then organized a phone and mail program in order to capitalize on the demonstrated opposition to the amendment and the strength of CAARE messages amongst supportive communities. The goals of this program were to identify and communicate one-on-one with supporters to ensure they would vote all the way down the ballot, prioritize women of color supporters, identify these supporters in a relevant congressional district, and ask supporters to take further action by volunteering.

CAARE called 27,953 voters, spoke with 9,550, and identified 5,987 supporters and 64 volunteers. The result was that 63% of conversations expressed support for their position. CAARE immediately shared lists of identified volunteers, supporters, and undecided voters back to the No on 6 campaign.

Other findings include:

- **Basic values work.** Using messages based on the core values of personal decision-making, being free from political interference, and putting women's health and safety first work

well when talking about abortion coverage and funding. This finding is encouraging because it means we don't have to talk about this issue any differently than we talk about other abortion issues.

- **It's time to take these messages to scale.** Groups, campaigns, and organizations are ready to start using these messages more broadly on other budget-related issues and in the states.

## Lessons Learned

Sophisticated, nuanced messages worked with a base of reproductive justice supporters without driving away the middle. Aspects of these messages which worked include:

- Eliciting empathy for women making complicated decisions
- Creating a personal connection, allowing the listener to visualize someone they may know
- Emphasizing that the woman is taking the decision seriously, but focus on decision-making, not on reasons why
- Reminding the listener that we don't know a woman's circumstances
- Establishing "denial of funding" as a barrier to making the best decision for her

### Sample Advertisement Used During the FL Amendment 6 Campaign:

#### **SHE IS**

You may know her. Someone who needed to end a pregnancy. She considered her options carefully and made an important life decision – ...one that was hers to make -- not anyone else's, and not any politician's.

However we feel about her decision, we respect that it's hers to make, with her family and her faith.

Denying insurance coverage for her abortion interferes with her personal decision.

No woman should have her decision made for her because she can't afford medical care.

# Section 3

## Putting It Into Action

### **GOALS:**

- Convert political will into capacity and support for action.
- Build skills for organizing, issue analysis, basebuilding, communications, and cultural work.
- Develop pathways for organizations to take public action for reproductive justice and abortion access.

This section positions an organization to facilitate strategic conversations at various levels – membership, leadership, and board – in order to institutionalize reproductive justice advocacy. The modules provide tools, exercises, and case studies to highlight a range of public advocacy actions and opportunities for engagement. As organizations grow into this advocacy role and develop their overall vision, they can build a ladder of engagement opportunities to strengthen their voice, build core leadership, and innovate advocacy actions.

## MODULE 12

# Knowledge is Power! Reproductive Justice Community Scan

**Time:** 2 hours

### Summary

This workshop includes basic training on community-based research, and guidance for planning a community scan process in which you interview or survey members of your community about their experiences and/or analysis about reproductive health, reproductive justice, and abortion access. This curriculum is most useful for a group that has been through several other modules from this toolkit and is ready to engage members in the discussions and in action. It is also useful for staff of an organization to use this material to begin a basebuilding process around reproductive justice.

### Goals

- Understand the basic process of community-based research.
- Design a community scan and a plan to implement it.
- Use the community scan as a basebuilding strategy to engage community members in organizing for reproductive justice.

### Materials Needed

- 1 piece of paper for each participant, folded in half and taped to the bottoms of their chairs. Half of these sheets should be on green paper, with the inside labeled "Interviewer" and including a copy of the "Flash research project" question (see below). The other half of the sheets should be on blue paper with the label "Interviewee" inside.
- 20 half-sheets of paper (blank) taped up on a wall
- Markers
- Flip chart: Flash interview research project questions, Basebuilding diagrams
- Case study: Western States Center's community scan
- Copies of Hand-out: Planning Your Scan

## Agenda Outline

EXERCISE	FORMAT	TIME
Grounding	Presentation, group discussion	5 minutes
Flash Research Project	Activity and discussion	25 minutes
Basebuilding Review	Presentation	10 minutes
Community Scan Case Study	Presentation	10 minutes
Planning Your Scan	Group brainstorm	60 minutes
Closing and Next Steps		10 minutes
<b>TOTAL TIME :</b>		<b>2 hours</b>

### Trainer's Note

- This workshop helps a group to plan a community scan project and get it off the ground. However, it does not offer a full step-by-step guide for the research process, especially in later stages like analysis. For additional guidance on community-based research, consider reading Western States Center's report *Growing From Groundwork* (available on our website) as well as tools from DataCenter.
- Note that there are a variety of needs that any particular group might have for community scan. For example, the scan that Western States Center did (included in this module as a case study) targeted grassroots leaders within communities of color in order to develop strategies for We are BRAVE. The Asian Pacific American Network of Oregon (APANO) used the community scan methodology to launch a grassroots story collection project, interviewing community members in APANO's base about their experiences with reproductive justice and health. APANO's project is intended to build knowledge and visibility about the reproductive justice needs of Asian and Pacific Islander communities, as well as to connect more members to opportunities to take action.

### Grounding (5 minutes)

**REVIEW** the goals of the workshop.

**LEAD** the group in a quick brainstorm: "When I say research, what comes up for you? What images, feelings?"

**DEBRIEF** and emphasize the following points:

- Research is usually something not done by us, probably not done for us, and too often done to us in problematic ways. And it results in shaping how our communities are defined...
- At the same time, our communities hold a lot of valuable knowledge and stories, and when we organize we are contributing to that knowledge and developing our own theories.

## Flash Research Project (25 minutes)

### NOTES TO TRAINER:

- Before participants come into the room, tape the folded sheets of paper under their seats. Make sure you have an equal number of sheets in two colors, each one with the following printed question: “Think about times that you learned about or received messages about bodies and reproduction, especially your body and your reproduction. They may be from early childhood, as a teenager, or as an adult. They may come through family, school, friends, media, government, or other sources. What did you learn about bodies and reproduction? What messages did you receive?”
- This group may have already answered this question in some form, such as in the workshop titled “Decolonizing Our Hearts and Minds for Body Sovereignty (see page 47, Module 5 in Section I). On one hand, you may choose to revisit the question, especially if you feel that there is more to explore or a richer analysis to draw from it. On the other hand, you may want to take the opportunity to dialogue about another aspect of your work. Other interview questions, depending on participants’ roles in the organizing, might include:
  - What has been the most important shift that you have experienced as a result of being a part of this group? Can you give an example?

### SAY:

*“Everyone reach under your seats and find a piece of paper. Don’t open them yet! In a minute, you will all open your papers, and some of you are going to be interviewers, and some of you are going to be interviewees.”*

### INSTRUCT participants:

1. Ask those with green sheets to interview those with blue sheets for five minutes based on the question in their paper, which is: “Think about times that you learned about or received messages about bodies and reproduction, especially your body and your reproduction. They may be from early childhood, as a teenager, or as an adult. They may come through family, school, friends, media, government, or other sources. What did you learn about bodies and reproduction? What messages did you receive?”
2. Next, have those with blue sheets interview those with green sheets for five minutes using the same question.

**INVITE** everyone to come back together and to share themes/quotes: “What are memorable things you heard from your interviewee?”

**WRITE** participants’ responses up, one idea per half-sheet of paper taped to the wall, as you go along. Take about five minutes to do this

### DISCUSS themes that came up in the flash interviews:

- Are there things here that relate to one another?
- Do you see patterns in what people shared?
- What other questions arise?

**SUMMARIZE** briefly any big picture findings that emerge.

**ASK** if your summary resonates with participants:

- What did we get right?
- What's missing?
- What does this make you want to do or to discuss in relation to other folks from our communities?

**BRAINSTORM** for five minutes: How could a research process like this contribute to our work for reproductive justice?

**SUMMARIZE** with these takeaways: "We get to define our own selves and our stories. We can ground our work in a better analysis of our communities' needs and desires. This builds power by strengthening our own narratives and inviting more people into our work."

### Basebuilding Review (10 minutes)

**REVIEW** the following definitions:

- **Constituency:** people directly affected by the issue(s) an organization works on (ask for examples.)
- **Base or membership:** people who identify with an organization and would take action on its behalf.

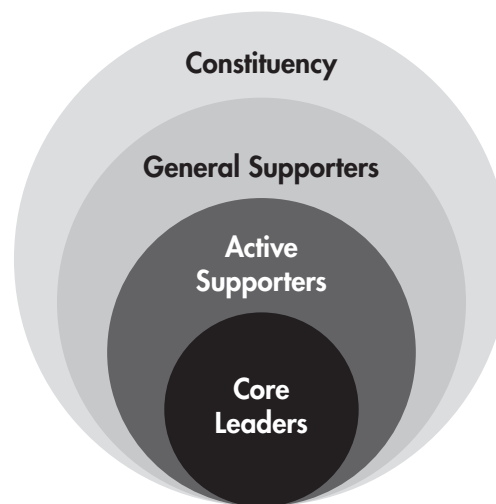
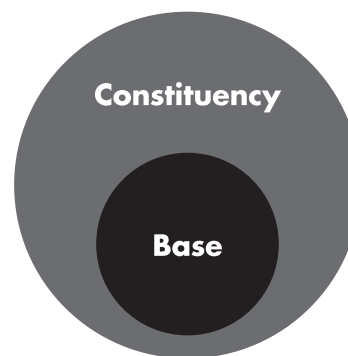
**EMPHASIZE** why this is important: Because organizing happens through building, which:

- Is a source of power (to win policy and cultural change victories, and to shift power structures into hands of the people.)
- Can be engaged in many different ways.
- Defines issues and priorities (how an organization knows it's accountable to needs and desires.)
- Needs constant cultivation! They won't come unless you ask.

**SAY:**

*"A key basebuilding activity that organizers do is having one-on-one conversations with members of an organization's constituency about their lives and interests for social justice. This is in many ways similar to a research project like the kind we're going to talk through, the community scan. It's important to think about the variety of ways you can move constituents into your base, as well as how you can move existing supporters closer in to the core of your organization." [Refer to diagram.]*

**NOTE TO TRAINER:** For a deeper discussion of one-on-ones, it may be important to refer to a more complete organizing manual like *Advocates for Youth's* which can be found here: [www.advocatesforyouth.org/storage/advfy/documents/Activist\\_Toolkit/activisttoolkit.pdf](http://www.advocatesforyouth.org/storage/advfy/documents/Activist_Toolkit/activisttoolkit.pdf).



## Case Study Review: Western States Center Community Scan (10 minutes)

Use the case study on page 134 to present the steps in a community-based research project, giving examples from the community scan that Western States Center used to prepare for We are BRAVE.

## Planning Your Scan (60 minutes)



**REVIEW** the steps in the community scan methodology, using the case study.

**DISCUSS** as a group the Vision for your project:

- Big questions: What big picture questions do you have driving your Reproductive Justice work?
- Big needs: What role will this information play? Where do you need people to plug in?
- Big asks: What invitation or ask do you want to lay the groundwork to make?

**IDENTIFY** one driving question that you will use to design a community scan. From there, clarify the goals of doing a scan (what role and needs it will fill) and what kind of invitation you'll be making.

**THINK** about what kinds of questions you'd ask (Design), as well as whom you would approach (Community mapping). See a sample script and consent process from APANO's Strong Families Story Collection Project, below.

**MAKE** a workplan that includes all steps of the community scan process and how you can plug this effort into your existing work, particularly making sure to set aside time for analyzing the findings and sharing them back.

## Closing (10 minutes)

**CLOSE** this workshop with a go-around of participants' takeaways.

## BRAVE CASE STUDY

# Western States Center Community Scan

The Western States Center does a particular kind of community-based research before launching any new program or initiative. This is called the community scan. Western States Center staff members sit down with key leaders to literally scan across the communities the organization holds itself accountable to in its work, and to get a sense of their thoughts on a project. It also moves these leaders closer to participating or otherwise taking action.

Western States Center used a scan to launch the reproductive justice organizing project, We are BRAVE (Building Reproductive Autonomy and Voices for Equity), in 2014. This toolkit is one product of the We are BRAVE work so far. Through a six-month process, Western States Center staff members had one-on-one interviews with 41 leaders of color, analyzed the data for themes, and reported the findings back in a series of community events.

The Center had been doing reproductive justice work for several years preceding this community scan. Western States Center's efforts for reproductive justice included working with organizations on a range of issues such as passing legislation to increase access to doulas, fighting police collaboration with immigration enforcement, holding Child Protective Services accountable for targeting families of color, and more.

Because of the Center's history of work and their role in strengthening movement building approaches - which means fully engaging directly

affected communities in social justice struggles that shape their lives – the organization was invited by a national coalition working on abortion access to be an anchor organization in engaging communities of color for abortion access advocacy in Oregon. Oregon was asked to be a state lab partner because it is one of 17 states that has statewide Medicaid dollars for abortion coverage, although this fund is consistently threatened by the Oregon Right to Life coalition through legislative and ballot measure attacks.

Western States Center staff knew that this was critical work, and an important opportunity. While 1 in 3 women of reproductive age in the United States will have an abortion in her lifetime, there are many barriers to access because of funding bans, clinic and provider regulations, religious refusals, policy gaps, and numerous cultural and social barriers.

While Center staff were familiar with the importance of the work, they didn't know where leaders of color and people of color-led organizations they worked with were in terms of their values around reproductive rights and justice, or in terms of their political will to work on such issues.

Center staff also knew that abortion is often scary to talk about, that there is an atmosphere of fear, silence, stigma, and divisiveness, and that often organizations are unwilling to take on issues of reproductive justice and abortion access because they are worried they'll lose political capital. Fear and stigma around these issues can present barriers even for organizations whose values are in line with reproductive justice principles.

## Vision

The vision for the community scan was to answer the following questions:

- What are communities' experiences, analysis, and values on reproductive justice and abortion access?

- What are organizations' positions, and how do their priority issues connect with reproductive justice?
- How should we design and implement a reproductive justice strategy?
- How can we move organizations into the fold of this effort?

## **Design**

The Center made a list of all the questions that they wanted to ask and sorted them into a guide for 45-60 minute conversations. These included questions like:

- How do reproductive health issues surface in your work?
- Do you believe in a woman's right to terminate a pregnancy if she chooses? What experiences have shaped that position?
- Do you believe public funding of abortion is important for the communities you work with?
- How would your base respond to this discussion, and what tools and strategies would you need to engage them?

## **Mapping**

To figure out who to talk to, the Western States Center started with close allies and asked them who else to talk to. The selection criteria used to determine organizations to interview was: interviewees from a people of color-led organization with an organizing track record, and people uniquely positioned to offer key insights about communities and contexts the Center knew were missing or under-represented in their community map. In order to make sure that there was representation from each community the BRAVE program sought to engage, the Center made sure that completed interviews happened in each community, and the Center evolved the list of interviewees based on recommendations from our initial list of interviewees. This is an important step to reach beyond inner circles and to learn from the community most affected by

the issues, in this case, by reproductive justice. The Center specifically targeted folks they hoped would be part of the We are BRAVE project.

The Center created and sorted a list of individuals representing organizations and communities. There were originally nearly 100 people on the list. The Center began with their priority contacts and narrowed the list to around 40. At that point, Western States Center staff started calling and scheduling interviews.

## **Interviews**

The Center staff held in-person meetings as much as possible. They began by taking some time to talk through the project, why they were doing it, and what their process would look like. Staff told interviewees that nothing they said would be attributed directly to them, but that Center staff would share a list of organizations that were represented in the project. Before proceeding with the interviews, staff made sure that the information was clear and that interviewees consented to the interviews.

The interviews were amazingly successful. Center staff unearthed real champions with rich histories and experiences in reproductive rights organizing. Some folks that weren't sure they had anything to say about reproductive justice turned out to have a great deal to say and felt deeply about it! Staff took handwritten notes during each interview and entered them into a shared document for later analysis.

## **Analysis**

Western States Center staff analyzed the interviews by pulling out quotes and patterns, then physically sorting them up on a wall. It took staff about two and a half full days to talk through this together, and along the way, staff kept track of their own notes, impressions, and questions. After staff had a draft of their findings, they formed an advisory committee of strong reproductive justice leaders who helped Center staff members finalize the

findings and also design what the program would look like. These leaders are all participating fully in We are BRAVE.

The major findings of the community scan were:

- There was overwhelming support for abortion access, but few leaders had experienced the opportunity to express that support publicly.
- Leaders of color and their organizations needed access to tools, resources, and relationships to be able to seed dialogue in their communities about reproductive justice issues.
- It was critical to place abortion and abortion access into broader reproductive justice context, drawing out connections with immigrant rights, racial justice, economic justice, LGBTQ justice, workers' rights, and tribal sovereignty.
- There was a great deal of desire and will for ongoing engagement.

## **Reporting Back and Community Dialogue**

Western States Center shared these findings in a community report-back meeting in July 2013 (about five months after they started interviewing.) Center staff invited all the folks they had interviewed as well as others who they hoped to talk to and to invite into the project. Center staff gave a presentation sharing their findings in detail, and then facilitated a discussion focused on envisioning what it would take to build a reproductive justice movement in Oregon. Western States Center also shared a two-page summary of the project.

The process galvanized a sense of will and possibility around a shared vision of reproductive justice. Leaders had a chance to see other people and what they thought about the topics. The process built buy-in, political will, courage, a sense of critical mass/mutual support, space to articulate values and commitments, and opportunities to ask critical questions. The Center had 20 individual leaders

sign up for We are BRAVE, including doulas, organizers, executive directors, community health workers, former legislators, DREAMers, and more. This is the point at which three core organizations – Momentum Alliance, APANO, and Mano a Mano Family Center – officially signed up to be part of the first We are BRAVE cohort.

## HAND-OUT

# Reproductive Health Community Scan

## Advancing Reproductive Justice: Accessible Abortion for All Women

Western States Center has launched a new reproductive justice initiative in Oregon. We will focus on abortion access for communities of color, in connection with broader social justice agendas. Oregon is one of the few states in the country where public funding for abortion is still intact, making abortion accessible to low-income women. Each year, anti-choice groups seek to eliminate this option, and it is likely they will force a ballot measure in 2014.

In this current political moment, the stakes are high. Since 2010, through a re-invigorated War on Women, conservatives have pushed through numerous state and federal measures restricting access to abortion. The voices and demands of people of color have been missing in the debates while our images are tokenized in anti-choice messages that drive wedges through progressive movements. Our histories and lived realities are complex. We can't separate and isolate abortion rights from broader struggles for self-determination. The Center has prioritized this new initiative and is supported by the national Coalition for Abortion Access and Reproductive Equity (CAARE) as a model for effective strategies.

### **Community-based Research Shapes Our Strategy.**

In the spring of 2013, Center staff interviewed 41 leaders representing 34 social justice organizations in Oregon. Some questions we asked were:

- What are your members' experiences and analyses of reproductive justice?
- How does your organization respond?
- What are your own values about abortion, and what informs them?
- What tools, strategies, and leadership do you need to organize for reproductive justice?

The leaders we spoke with overwhelmingly expressed pro-choice values. However, few had ever been asked to take a public stand for reproductive rights. Most respondents didn't feel they had access to the movement leadership and adequate tools to incorporate reproductive justice issues into their work. A third of the organizations we interviewed had limited relationships with Planned Parenthood, but many shared that the mainstream choice movement does not effectively engage communities of color.

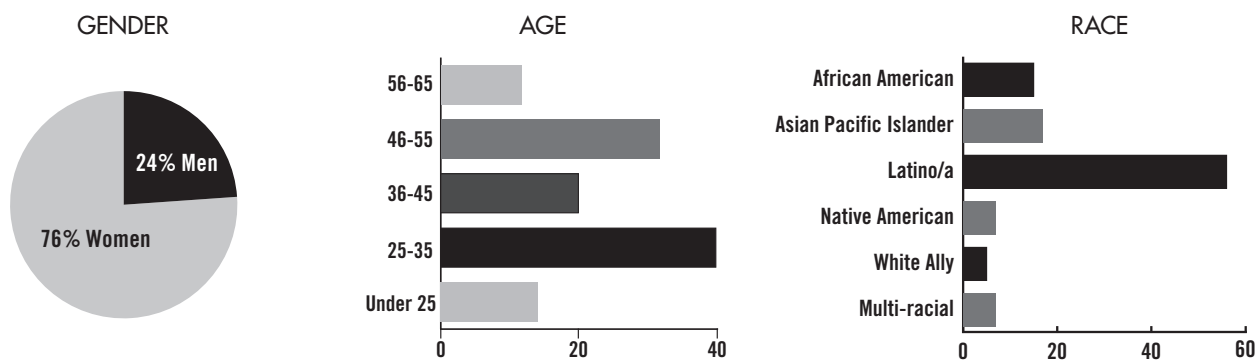
### **Communities' experiences with reproductive rights and justice often surface both in the forms of individual health and in connection to other social justice issues.**

For example, many interviewees discuss high rates of teen pregnancy, need for culturally relevant sexuality education, and health disparities. Others share stories that illustrate that reproductive rights are interconnected with multiple systems of oppression. The movement must be able to stand with women facing high risk of sexual assault in precarious labor conditions, parents fighting Child Protective Services for custody, low-income women for whom abortion is an economic justice issue, incarcerated women, and undocumented people whose desires to have children are tempered by fear of family separation. We also have to be able to account for complex histories of sterilization abuse, colonization, and genocide.

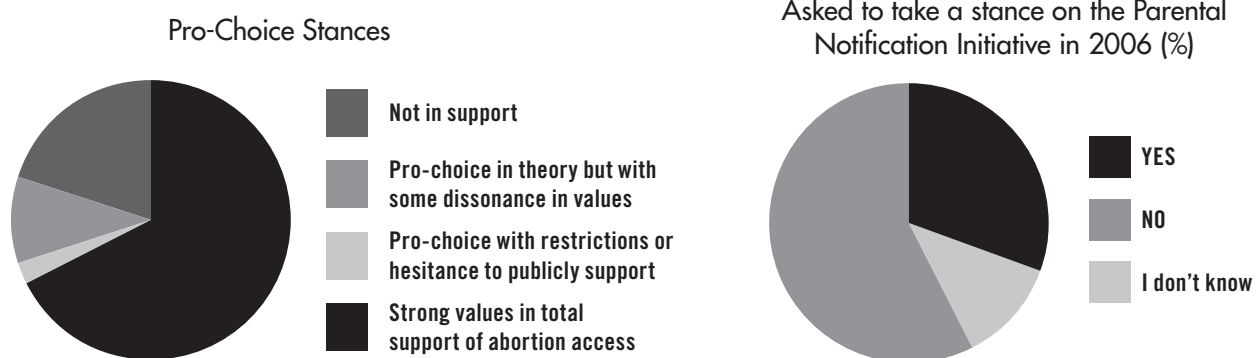
**Organizations are not set up to respond when reproductive justice and abortion access come up, and the barriers are many:** taboo, stigma and silence; fear of losing funding and political capital; cooptation of religious values; and not being reflected in the mainstream choice movement. To counter

# Reproductive Justice Community Scan by the Numbers

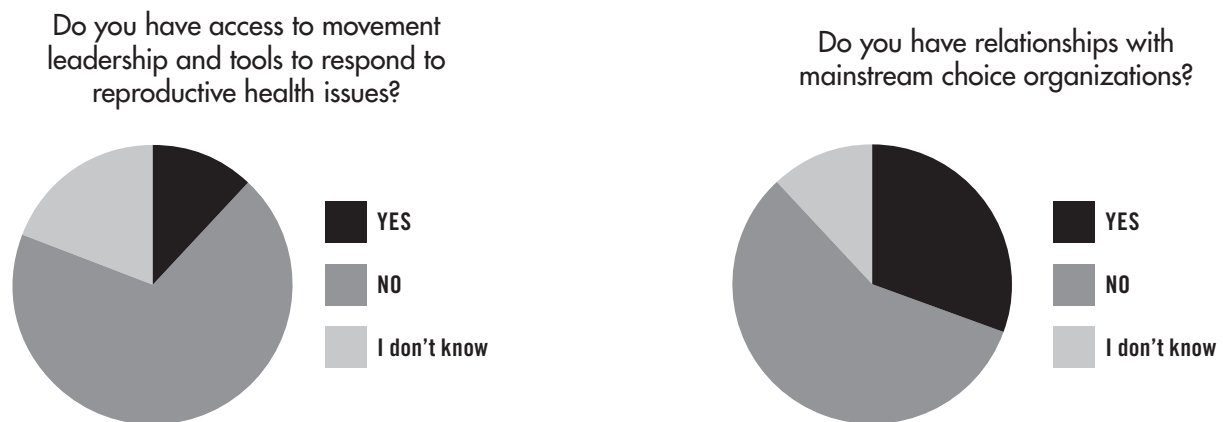
## 41 INDIVIDUALS FROM 34 ORGANIZATIONS INTERVIEWED



## STRONG CHOICE VALUES, LITTLE OPPORTUNITY FOR PUBLIC STANCE



## NEED FOR MOVEMENT TOOLS AND LEADERSHIP



these, we have the opportunity to address the following myths and assumptions.

**Myth: Few people are affected directly.**

**Reality: Nearly 1 in 3 women have an abortion.**

The fact is nearly 1 in 3 women in the U.S. will have an abortion by the age of 45. Nearly half of all pregnancies are unintended, with low-income people and people of color disproportionately affected.<sup>1</sup>

**Myth: This is not a priority issue for my community.**

**Reality: Reproductive Justice is intersectional.**

Reproductive justice and abortion access go hand-in-hand with economic justice, racial justice, immigrant justice, and gender justice. What links these issues is that they center women's, families' and communities' self determination to make decisions for themselves and have their needs for survival and thriving met.

**Myth: Doing this would be outside of our mission and we will lose political power.**

**Reality: Intersectional approaches to social justice deepen all of our work and power.**

Building bridges among movements strengthens our work and our organizations. When we engage the intersections to fight for everyone's right to meet our needs for survival and humanity on our own terms, we make sure we leave no one in our communities behind.

**Myth: Our communities will not or cannot show up for this fight, and no one will lead.**

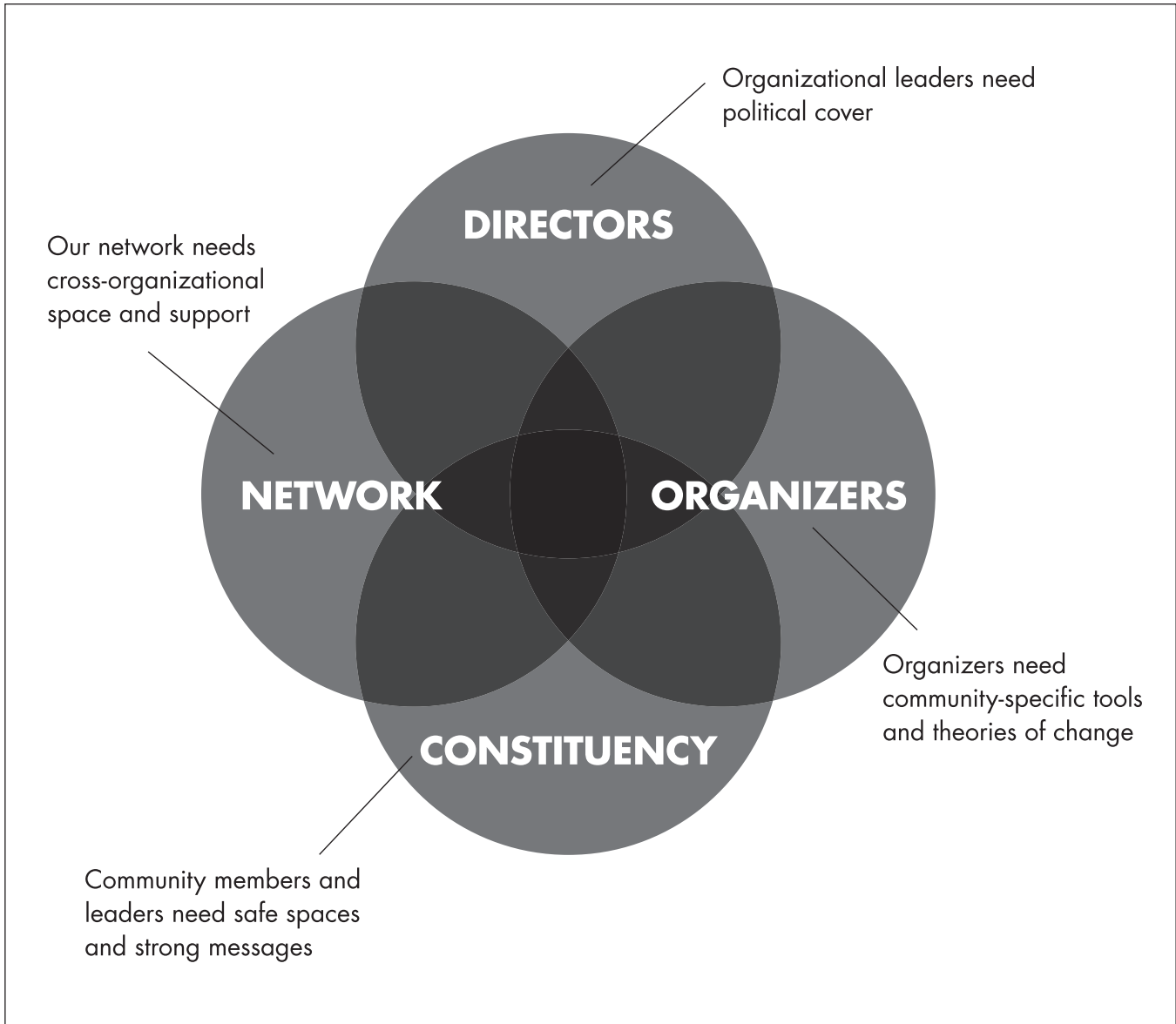
**Reality: We are critical mass to harness.**

Respondents expressed the desire to be engaged in reproductive justice. They are looking for the right space, tools, messages and the support to show up. There are existing champions in our communities ready to take a stand and a number of groups have existing efforts to take progressive action through community education, policy advocacy, direct services and referrals.

**Strategies for reproductive justice organizing.**

Our goals are to develop shared reproductive justice analysis, place abortion in context, de-stigmatize and demystify reproductive health issues, and create and leverage safe spaces for communities to engage in this work. People in particular roles have expressed the following needs (see diagram on following page):

1. Guttmacher Institute Data Center (2011). <http://www.guttmacher.org>



## HAND-OUT

# Sample Interview Script: APANO's Strong Families Story Collection Project

### 1. Share Context

[**SAY:**] With the story collection project, we are creating a space to hear and highlight messages, beliefs, and experiences in our communities connected to families, bodies, gender, and reproduction.

It's important to say up front that abortion is one of the decisions that people make about their bodies and reproduction, and so that is one topic that we are going to focus on. At the same time, Strong Families is about the broad spectrum of rights, support, and power that everyone needs to thrive, as well as the ways our society needs to change so everyone has access to it.

What we are doing is interviewing members of the Asian and Pacific Islander communities to hear about people's beliefs and experiences around families, bodies, gender, and reproduction.

The goals of this project are to:

- Build better understanding of the experiences of API communities around reproductive health and families.
- Help APANO identify opportunities for policy change and cultural change around the Strong Families frame.
- And connect people who are interested in continuing these discussions with others in APANO!

We are interviewing about 25-30 people this summer and fall, and we'll be sharing back our findings in the winter through a report. We are also working on a cultural media project to share the oral stories that interviewees give us permission to. The interview has seven questions, and once we

start it will take about 45 minutes. Do you have any questions about the process?

### 2. Ask for Informed Consent

[**ASK:**] Do you agree to participate in the interview? Again, remember that anything you share during your interview will be anonymous, and we hope this helps you be as honest and candid as possible! Also, know that you can stop the interview at any time, and also you may choose not to answer a question if you don't want to.

[**When they say YES:**] Thanks! I'd like to record this interview. This is mainly for note-taking purposes in order to make sure I capture what you say accurately. Is it okay that I record you? [If YES:] After the interview, you'll also have the option about whether or not you would like to make this recording or part of it available for the media project, either anonymously or not. We definitely wouldn't use your story this way without your express permission. Do you think you might be interested to share your story through the media project? It's okay if you're not sure yet at this moment.

[**If they respond NO to being recorded:**] That's okay, and thank you for thinking about it and drawing the boundaries you need! Instead I will be taking notes to ensure I get your words right.

### 3. Interview Questions

- **What is one message that you remember having received about bodies and reproduction?** Where did this message come from?

(Family? School? Faith? Culture? Media?) Are there other messages that you can remember? How did these impact your life?

- **Can you talk about an experience you've had with reproductive health or services?** (For example, sex ed, contraception, pre-natal, fertility treatments, primary checkups including OB/GYN, transgender health care, giving birth, postpartum care, having a miscarriage, choosing sterilization, experiencing menopause, sexual health, sexuality education, sexually transmitted infections (screening, treatment, counseling))
- What were the circumstances? Who did you talk to about it? What barriers did you come across?
- **Do you believe in a person's right to have an abortion, if they choose it?** What informs that belief?
- **Have you had, or have you supported someone in having, an abortion? Or has someone shared their abortion story with you?** Can you share more about that story? What were the circumstances? What considerations did they (or you) make? Who did they (or you) tell/not tell? What barriers did they (or you) encounter? How did this shape your thinking and values around abortion?
- Can you imagine a situation in which you might decide to get an abortion, or when you would support someone else to? Or a time in the past when you or someone you know considered it? Can you share more about that? How did this shape your thinking and values around abortion?

**APANO's Strong Families frame is the vision that every family will have the rights, recognition, and resources it needs to thrive. What does this look like for your family? What does your family need to survive and thrive?**

**Is there anything you'd like to add? Or questions you have for me?**

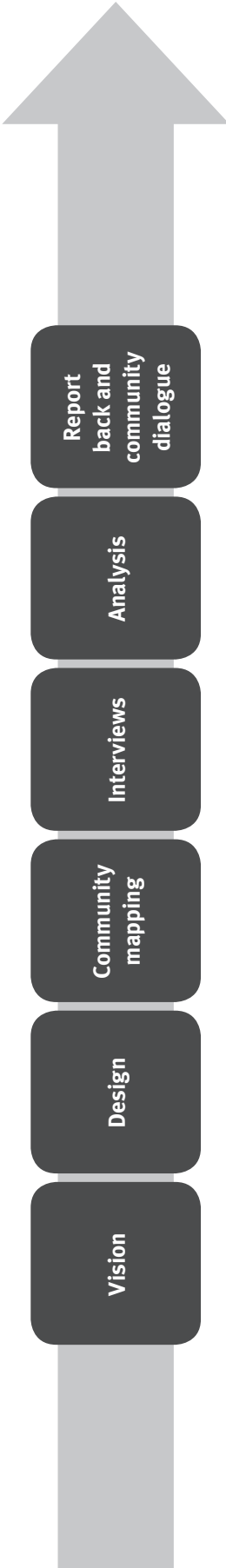
**To end this interview, I'd like to ask for some information about you. Remember that this interview is anonymous, so your name won't be shared with anyone. At the same time, it's helpful for us to have a sense of how people we talk with identify.** Do you mind sharing: Your age? Your ethnicity or cultural background? Your gender identity? Your sexual orientation? Any languages you speak?

I actually have one final question, but it's not an interview question. Would you be interested in being involved in APANO's Strong Families work in any way?

# HAND-OUT Planning Your Community Scan

BIG QUESTIONS	BIG NEEDS	BIG ASKS
<p>What big picture questions do you have driving your reproductive justice work?</p>	<p>What role will this information play? Where do you need people to plug in?</p>	<p>What invitation or ask do you want to set up being able to make?</p>

# Community Scan: Methodology



Design	Community Mapping	Interviews	Analysis	Report Back, Dialogue
What questions would you ask?	Who should you talk to?	What does your ideal interview look like?	What are your plans for documenting and analyzing interviews?	How will you share it back and invite folks into dialogue?

## MODULE 13

# Policy for the People

**Time:** 3 hours

### Summary

This set of exercises and discussions allow participants to understand how policy advocacy can advance reproductive justice goals and vision. It elevates strategies of basebuilding, leadership development, storytelling, and building alliances based on values.

### Goals

- Provide basic concepts and strategies for pushing public policy proposals
- Build shared understanding of how public policy impacts people and communities' reproductive health, rights, and ability to seek justice
- Strengthen commitment and investment of leaders and organizations in policy advocacy as a critical strategy of change for social justice organizations

### Materials Needed

- Visual storyline of Young Women United
- Flipchart
- Markers
- Hand-out: Policy for People: Policy Advocacy as Movement Building

### Agenda Outline

EXERCISE	FORMAT	TIME
Introduction	Large group discussion	30 minutes
Basta! Young Women United	Visual storytelling	1 hour
Got Policy? What Policy Gets Us	Large and small group discussion	45 minutes
Super Powered Panel	Small and large group discussion	45 minutes
<b>TOTAL TIME:</b>		<b>3 hours</b>

## Introduction (30 minutes)

### SAY:

*"In our everyday lives, it's easy to discount policy because it's so abstract – far removed from what our families have to deal and struggle with on an everyday basis. It can also feel very big, something that leaders and the elite work out amongst themselves and then hand down to us. In a very real way, it feels like we don't have a say in what the rules of our society are."*

### DEFINE policy:

- A proposed or adopted course or principle of action
- Rules of our society
- Established internally within institutions, or publicly as part of local, state or federal governance

### ASK for responses pop-corn style: "What policies affect your families and lives?" Sample responses:

- Paths to citizenship
- Healthcare access
- Violence Against Women Act
- Minimum Wage
- Non-discrimination laws
- Safe Schools Act
- Welfare reform
- Child welfare laws
- Worker protection laws
- Trade policies
- Military treaties

### ASK: "What functions does policy serve? What is policy ultimately able to do that makes it relevant and important for our communities to pay attention to?"

- Enshrine importance or value of issue
- Elevates rights and recognition of certain groups of people (e.g. domestic workers' rights, tribal sovereignty laws)
- Allocates resources (e.g. ESL funding, welfare reform)
- Provides protections and punishments (e.g. Non-discrimination in housing and employment)
- Sets options and recourses (e.g. Violence Against Women Act, Safe Schools Act)
- Establishes guidelines to process (e.g. Affordable Healthcare Act, immigration reform)

## Basta! Young Women United! (1 hour)

**TELL** the visual story of Young Women United's (YWU's) policy campaign to push funding for treatment and prevention of addiction.

*"Although there is nothing formulaic about the process of policy advocacy, there are elements and strategies that are essential in organizing grassroots-driven policy campaigns. These are particularly important if you want your campaign to embody social justice values. We're going to share the story of one particular experience by an organization in NM called Young Women United."*

*This is the story of Young Women United or YWU. At the time, they were a small scrappy group with 4 staff based in Albuquerque, New Mexico. They were then best known for a campaign establishing comprehensive sexuality education in the Albuquerque public school system. Prior to this campaign, they had never run a statewide legislative campaign."*

*In 2008, their core group of young women decided that they wanted to work on anti-violence against women issues, and spent a year shaping and sharpening their issues by collecting stories. One of the things they kept hearing about was the growing number of young women being incarcerated for non-violent offenses. In doing their research, they soon learned that 80% of women incarcerated in New Mexico, disproportionately poor women of color, were in for non-violent drug offenses.*

*Around this time, one of their core members had a niece, Amber, who was about to be released from prison after being incarcerated for drug use. There was much anticipation and celebration of her newfound freedom, and many plans to talk to her about what that experience was like. In December that year, Amber was released in the middle of night in an unknown drop off site without resources in the freezing cold with no access to transport or communication. She died that night from heroin overdose. As the leaders and community of YWU started working through their grief, they realized that Amber's death was emblematic of the apathy and indifference of the system to people struggling with addictions. Amber was not the only death that happened in this manner. They soon began hearing from partner organizations of other women who had died the same way. And then two months later, 13 women's bodies were found in the West Mesa desert.*

*The initial media reports were that these women were prostitutes, were drug addicts. The attitude was that they deserved their deaths and were disposable.*

*Young Women United galvanized into action. They had a keen understanding that Amber's death and the deaths of these women emanated from the dominant belief that women struggling with addictions and the families that they were a part of didn't matter. Here was a pattern of tragic deaths that might have been prevented had the system bothered to care about what happened to them. YWU wanted to change that. They wanted to change the way the systems were treating them. They wanted local jails and detentions to release the women into their identified families, or connect them to resources and support. They wanted public funds allocated to high quality treatment and prevention programs so that families with addictions could get help.*

*They began to hold monthly vigils to honor and memorialize these tragic deaths, and held them no matter how many people came. They would put 13 crosses at the local park for each of the women murdered. Soon enough, they began to swell in numbers and by April, they had 400 people at the park. Adriann Barboa, the then-executive director of YWU, shared that she knew they had reached a cultural shift when she began to see that the crosses that they had put up in the park were not being torn down by the parks staff. And one day, she got a call from the parks and recreation people begging her to tear them down because their staff refused to put them away.*

*All this time, they were organizing their base and the families of the women murdered. They provided leadership development and media training because they knew that the families were the most effective spokespeople for the campaign. They wanted them to share their stories so that the families could define how these women were being described and portrayed in the media. They named each one of the women, and called them their sisters, their daughters, their cousins, and their lovers. Almost as an immediate response, the Lt. Gov created a taskforce and changed the release policies of the detention centers. Now they offer a telephone call upon release in the waiting area or let people stay until morning if they don't have a ride. There are also pick ups if they need to get to a shelter.*

*But even with this victory, YWU began to set their sights higher. They wanted to pass statewide legislation, allocating resources to high quality treatment and prevention programs for families struggling with addiction. They knew that most everyone in New Mexico knew someone in their family who needed help. They started to get smart about their communications. They used a Google voicemail account and embedded it in an email message to reach out to their supporters and solicit their stories. Within 48 hours, they got 50 people to share what it was like having someone they love struggle with addiction. They had everyone involved in the campaign talk about why treatment was important and how the deaths of any more women could be prevented. They circulated an online petition and got 800 people to sign it. They trained people on how to talk to their legislators and brought 56 people to the Capitol. The impact of these 56 people was staggering. They put a family story to the problem of addiction. Even though this bill was being introduced every year in legislation, this was the first time that legislators heard from anyone other than the clean sober men who testified year in year out. Their moving testimony got bipartisan support and soon, even legislators shared stories of their own familiarity with addiction in their families. Ultimately, legislation was passed from both the Senate and House. However, despite the impressive and massive community organizing, testifying and communications work, the Governor vetoed the law!*

**ASK** participants for initial responses to the story and what resonates with them the most.

**DIVIDE** participants into groups of three. Distribute Campaign Strategy Chart worksheet<sup>48</sup> and explain the different components:

- **Campaign Goals:** What you want to achieve through the course of your campaign.
- **Organization-building Considerations:** The specific ways in which you want your organization to be strengthened by this campaign
- **Moving a Racial Justice Agenda**
- **Root Cause:** the underlying structural, institutional, or cultural factors that create the problem.
- **Demands** Specific and realizable proposals that the group presents to the target(s) to resolve the issue/ dispute.
- **Target(s):** Individual(s) with the power to grant the organization its demands.
- **Tactics:** A specific activity, among a set of activities, that helps move an organization towards its goals.

**ASK** participants to answer the following questions (written on the worksheet), writing down their responses on the worksheet in the corresponding boxes.

1. Who are the players in the policy arena? Who was the decision-maker? Who are allies?
2. What was the harm being done to the community that YWU wanted to solve? Who was being specifically targeted or disproportionately affected by the problem?
3. Who was causing the harm? What were the roots of the problem?
4. What was the policy remedy? Short-term solution? Long-term proposal?
5. What are some of the critical strategies used by this organization that achieved their goals of changing hearts and minds? How was their campaign different from mainstream advocacy campaigns?

<sup>48</sup> We do not include this worksheet in this toolkit, but you can find Midwest Academy and US Students' Association's version at: <http://www.sfalliance.org/resources/Strategy%20chart%202006.pdf>.

6. What are the building blocks that an organization needs in order to push policy proposal forward?
7. What did they need to have in order for the decision-makers to pay attention and respond to them?
8. What are the values that guided their work?

## **Got Policy? What Policy Gets Us (45 minutes)**

**FLIP-CHART** groups' responses as they report back on a large blank campaign strategy chart (see link in footnote on page 148) . To maximize time, **ASK** groups to report new answers without repeating what groups have previously said. Make sure they include the following points:

- The leadership of the people directly affected by the problem is key in articulating the problem and shaping the solution.
- It's important to correctly identify your target, the person/s who can say, "Yes" to your demand. Doing so will make sure your tactics and demands are appropriate and effective.
- The harm done to the community is two-fold: (1) historic pattern of policies systematically create hostile conditions for certain people, families and communities. In this case, the patchwork of drug and prison laws target people and communities of color and multiply the population of women of color in prisons for non-violent drug offenses; the withholding of funds for critical addiction prevention and treatment programs similarly show a consistent disregard for marginalized, low-income, women of color, and (2) perhaps more importantly, the stigma on affected women, families and communities dehumanizes young women of color, immigrant women, sex workers, women with addictions, transgender women and works to perpetuate violence on them.
- Young Women United used very impactful cultural tactics that increasingly built their base and public support – (1) memorializing the murdered young women in order to put a name and face to their lives, (2) cultivating the leadership of the young women's families that provided a compelling voice to the campaign, and (3) providing multiple opportunities for community members to engage and express their support.
- Mainstream advocacy campaigns can win policy without building a base or developing leaders, using an insider strategy. This alone cannot transform power relations nor strengthen the community's voice. Basebuilding and leadership development, cultural work, and communications that frame race and gender, are strategies that put community members at the center of the work, challenges the cultural stigma and oppressive beliefs, and upends institutions' harmful policies and practices.
- Essential building blocks that a social justice organization needs to push policy proposal forward and build their organization's capacity and leadership are:
  - Resources – financial and human resources to fuel and sustain your campaign.
  - Research – stories and statistics that describe the harm, root causes and mechanism for the oppression. Research will also help surface the remedy.
  - Political Education materials – curricula, tools, information that you use to educate and raise the awareness of your constituencies. This process helps build a shared vision and united actions.
  - Communications – the messaging you develop to communicate your values and vision to constituents, members, leaders, public, decision-makers, and media.

- o Partners and alliances – relationships built on shared values that will generate collective power and shape strategy to advance your policy agenda
- o Organized leadership and base – demonstration of your political power and influence, expression of your values and vision

**NOTE TO TRAINER:** The following input is adapted from Illinois Caucus for Adolescent Health “Organizing for Policy Change” (2010). Please credit as you share it!

**DISCUSS** and summarize stages and strategies of policy advocacy:

*“Policy campaigns are potential vehicles for using social justice strategies and advancing our goals and vision. As we see in the YWU experience, the way you lead your campaign is as important as the policy win. Even when you don’t get your policy victory, you can win so much more that positions you for future campaigns, or win hearts and minds that begins to generate the cultural shift.”*

- Organize your core group of leaders and activists.
  - o Recruiting and developing the leadership of the people and communities most affected will form the initial base of your campaign.
  - o Holding a series of discussions and strategy sessions will help articulate the Analysis – Identify Structural Intervention
- Organize the community.
  - o Strengthen your analysis and communications by Naming and Framing the problem according to your social justice values and bigger vision of transforming the system of oppression.
  - o Provide constant and consistent political education for the community, giving members many ways to engage your campaign.
  - o Find champions who share your values and are willing to testify and advocate publicly for your campaign demands.
- Approach the system and decision-maker.
  - o Let them know who your base is and what power you have cultivated.
- Shape the policy solution.
  - o Your policy proposal will go through a series of negotiations and changes as you engage various stakeholders.
  - o Be aware and mindful of your non-negotiable demands, and be consistent with your campaigns values and goals.
- Get on the system’s agenda.
  - o Your strategy chart and mapping of power and influence among stakeholders and targets will need to evolve throughout the campaign. Document these changes as power shifts, public support builds and decision-makers agree to your demands.
  - o Escalate! As needed, develop new tactics that will influence and move your targets, gaining new champions and scaling up your base of support.
- Policy change happens!!

## Super-powered Panel (45 min)

### NOTES TO TRAINER:

- You can hold this session on a different day from the visual story of Young Women United's (YWU's) policy campaign.
- You will need to prepare for this panel a month to six weeks beforehand. Assess who in your community shares your values and has experience in passing policy proposals that can share their strategy and lessons learned. You will want to find the following folks, highlighting three perspectives:
  - Individual activist – a community leader who has experience actively engaging a policy campaign (not necessarily leading it), either by providing testimony, recruiting others, or attending lobby days;
  - Organizational leader – an organizer who has experience leading or coordinating a policy campaign that mobilized their membership to act in unity, trying to pass a policy;
  - Legislator/Policy-maker – a community leader who shares your values and has held either elected or appointed position that allowed them to decide on policy proposals forwarded by community.

**ASK** panelists to respond to the following questions (give them these questions at least a week before the panel):

- What does it take for reproductive justice policies to push through?
- What strategies have proven most effective in persuading decision-makers?
- What stages or phases should we anticipate?
- How do we prepare our base and leadership for the long haul?
- What about the policy process surprised you? Or what important mistakes did you make? What lesson did you learn from this?

**PROVIDE** 20 minutes for questions and answers. Synthesize the most significant responses and lessons from the dialogue. Reinforce movement-building aspects shared.

**HAND-OUT****Policy for People: Policy Advocacy as Movement Building**

**Policy** is a proposed or adopted course or principle of action.

**Public policy impacts** and influences the lives of our constituents, members, and leaders through the following way:

- defines problems, issues, and enshrines values; ex. civil rights, VAWA, public health policies re: abortion access
- prescribes or prohibits behaviors with punishments or rewards; ex. DOMA, criminalization of pregnancy
- identifies eligibility criteria for both status and services; ex. immigration, Medicaid/Medicare, TANF
- allocates and appropriates funding; ex. Local and state funding to schools

**Policy advocacy** is the work of shaping the outcome of that process and influencing decision-makers to support your position.

**Critical questions** to ask:

**VALUES**

- Does our policy campaign address these underlying root causes or create temporary solutions?
- Who is involved in the analysis?
- How do we explicitly frame our policy work in order to name institutionalized racism and other oppressions?

**PROBLEM**

- What's the harm being done to our communities? To different groups within our communities?
- What information do we need to be able to describe the harm fully and comprehensively?
- Where can we access this information?
- Based on what we know and what we've learned, where can we identify disparate or disproportionate impacts on our communities?
- What are the specific mechanisms, practices or policies that institutionalize or perpetuates the disparity?

**SOLUTION**

- What's the fix? What policy changes will address the root causes of oppression facing people and families in our communities?
- What model policies exist in other communities?
- What other organizations doing work in similar communities could we turn to for help?
- Who is the decision-maker or target for our policy campaign?

**ACTION**

- How do we continue to build relationships and develop leadership throughout our campaign?
- What actions would allow our members to express leadership and support?
- If “power concedes nothing without a demand”, how do we persuade decision-makers and demonstrate our political power and influence?

**Who are the players in the policy arena?**

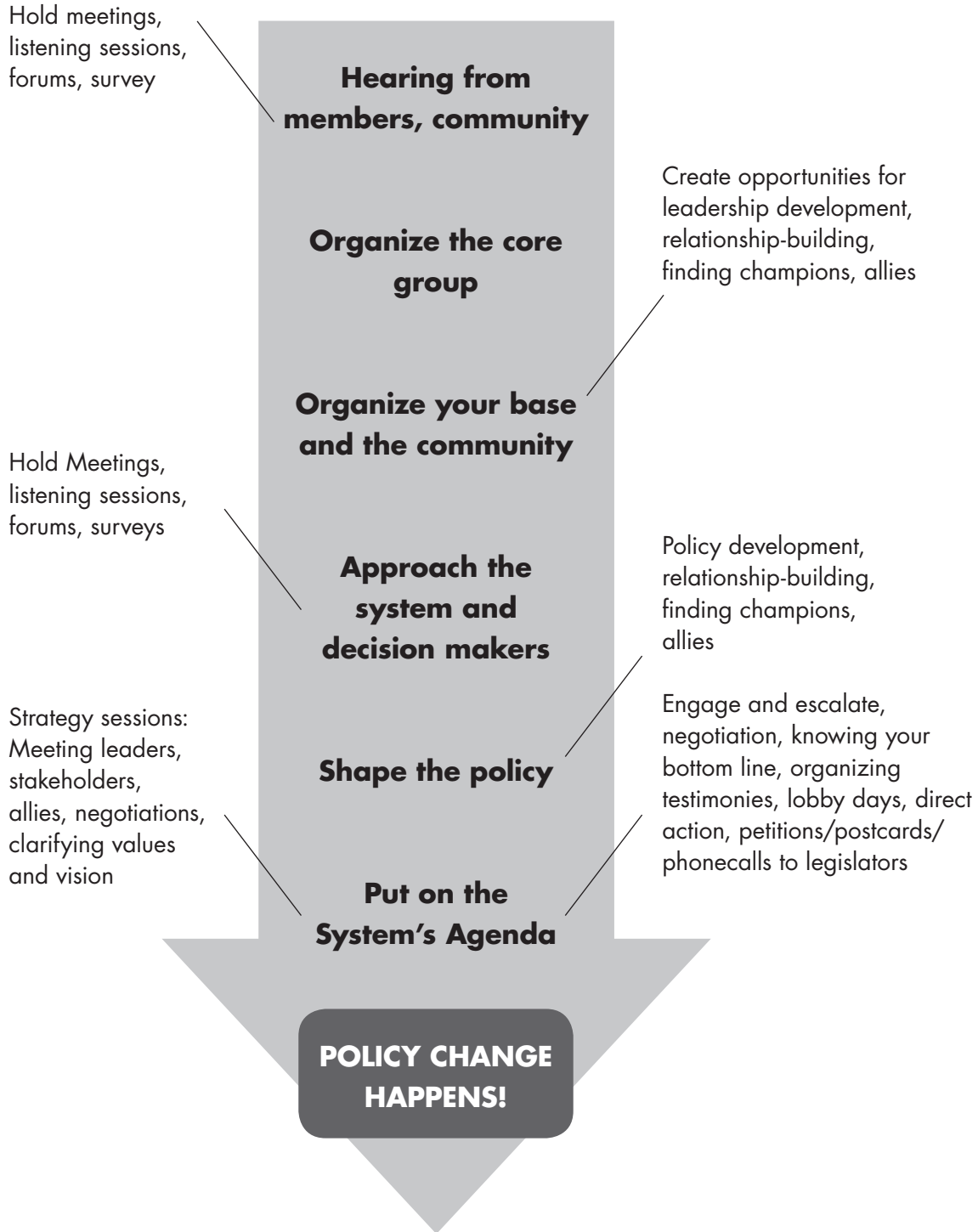
- Decision-makers – these are the real individual/s who can say yes to your demand
- Advocates/lobbyists – people who try to influence legislation on behalf of a special interest/ organization
- Base – community members who identify with your cause/organization and can demonstrate public support through advocacy actions you direct them to
- Organizer – person who mobilizes their base to influence decision-makers to agree to their demands; this person pays attention to leadership development, political education, policy development, and shaping campaign strategy and tactics
- Secondary targets – people who can influence the decision-maker; they might be from their personal or professional circles
- Opinion-makers – leaders or media practitioners who can shape public opinion

**What are the building blocks that an organization needs in order to push a policy proposal forward?**

- Resources – financial and human resources to fuel and sustain your campaign
- Research – stories and statistics that describe the harm, root causes, and mechanism for the oppression. Research will also help surface the remedy
- Political Education materials – curricula, tools, information that you use to educate and raise the awareness of your constituencies. This process helps build a shared vision and united actions
- Communications – the messaging you develop to communicate your values and vision to constituents, members, leaders, public, decision-makers, media
- Partners and alliances - relationships built on shared values that will generate collective power and shape strategy to advance your policy agenda
- Organized leadership and base – demonstration of your political power and influence, expression of your values and vision

## Policy Campaign Stages and Strategies

(DISCLAIMER: This is a linear theoretical flowchart whereas reality is messier and much more cyclical!)



Adapted from materials by Illinois Caucus for Adolescent Health, National Violence Against Women Prevention Research Center and Western States Center

## MODULE 14

# Applying a Strong Families Policy Lens

**Time:** 1 hour

### Summary

This workshop supports participants to understand and discuss reproductive justice within a Strong Families framework. Strong Families is a national network of over 125 organizations and thousands of individuals who are changing policies and cultures so that all families have the rights, resources, and recognition they need to thrive. Strong Families is staffed and led by Forward Together.

### Collaborators

This workshop is co-authored by Forward Together and the Asian Pacific American Network of Oregon (APANO).

### Goals

- Discuss how the Strong Families policy criteria can deepen our understanding of reproductive justice and the needs of all families.
- Understand how policy, culture, and oppression reinforce certain types of family formations, which can lead to reproductive injustice.
- Apply the Strong Families policy criteria to policy proposals and analysis of policies at organizational, institutional, and systemic levels.

### Materials Needed

- Flipchart drawing: stereotypical middle-class family with two children, a dog, their own home with picket fence, car, etc.
- Flipchart: Reproductive Justice definition (see page 157)
- Flipchart: drawing of the gears of reproductive oppression (see page 20)
- Flipchart: Strong Families Policy Criteria
- Hand-outs of four case studies (one for each small group member)
- Markers and tape

## Agenda Outline

EXERCISE	FORMAT	TIME
Introduction and Grounding	Presentation and paired discussion	10 minutes
Our Families and Reproductive Justice	Large group discussion	15 minutes
Applying Strong Families Policy Criteria: Case Studies	Small group activity	25 minutes
Closing and Reflections	Large group discussion	10 minutes
<b>TOTAL TIME:</b>		<b>60 minutes</b>

## Trainer's Notes

- We have included as case studies four Oregon policies from 2013 and 2014: the Oregon Drivers Card Ballot Measure (on the 2014 ballot), a possible ballot measure banning public funding of abortion (did not qualify for ballot), a possible ballot measure allowing businesses to discriminate on the basis of "religious freedom" (did not qualify for ballot), and county-level decisions for sheriff departments to opt out of collaborating with ICE (Immigration and Customs Enforcement).
- You can use these case studies, or you may select case studies that are more relevant to your organization's political context, that are timely, and/or that the group is actively engaged with.

### Introduction and Grounding (10 minutes)

**REVIEW** the goals of the workshop.

**SAY:** "'Family' is a concept that the conservative right has co-opted. But who are the families that they refer to when they say 'Family Values'? They look something like this ..."

**DESCRIBE** the drawing of the stereotypical nuclear family you have prepared.

**INVITE** participants to pair with a partner sitting next to them and to take two minutes to discuss whether they relate to this model of family.

### Our Families and Reproductive Justice (15 minutes)

**DISCUSS** the paired-sharing responses in a large group.

**ASK:** "Why might a person or household not fit into this model? (For example: LGBTQ people; single parents; extended family; families split by borders, deportations, incarceration; etc.)"

**SHARE:** "The most recent U.S. Census revealed that less than 25% of households were married heterosexual nuclear families with children."

## MODULE 14: Applying a Strong Families Policy Lens

**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.”*

**REFER** to the flipchart of the “gears of reproductive oppression” diagram and discuss as a group Reproductive Justice in terms of individual, cultural, institutional, and systemic forces of oppression.

**DISCUSS** key points and questions:

- What are some cultural ways that these families are marginalized? (For example: stigmas against young parents and single parents, views that LGBTQ families are “unnatural”, not trusting the reproductive decisions of women – especially women of color.)
- Cultural messages that marginalize families for not fitting into a false norm also reinforce institutional policies and procedures that harm them materially. What are some of the institutional policies and procedures that contribute to this? (For example: policies that cut welfare, practices of deportation that split families, bans on public funding for abortion.)
- This all affects individual people and families in their ability to survive and thrive, and to make the best decisions for themselves.

**SAY:**

*Our families are constantly evolving through birth, death, growth, and separation. Our families reflect our communities, values, cultures, and experiences. In a Strong Families framework, we equally recognize and support families of all shapes, sizes, and ages; biological and chosen; living in one household, many households, and across national borders; documented, undocumented, or mixed; with children and without. And we believe that to create the society we seek, public policy needs catch up to how families really exist.*

*We are going to focus on the institutional level for the rest of this workshop – on policies that shape reproductive justice. The Strong Families Policy Criteria is a helpful way to discuss and make decisions about policies. Strong Families is simply the vision that every family will have the rights, recognition, and resources it needs to thrive. And we all know that for families to thrive, we need reproductive justice. The policy criteria can help us assess any policy or initiative to see if it moves us closer to or farther away from this vision.*

*Strong Families assesses policies and bills based on their potential to support families in thriving. We support policies that:*

- Recognize and support families of all formations.
- Promote equitable outcomes for all families.
- Expand government programs and services that support family wellbeing and the wellbeing of individuals within families.
- Remove barriers that harm families in accessing government programs and services.
- Protect families – and the individuals that comprise them – against discrimination, profiling, and harassment.

### **Applying the Strong Families Policy Criteria: Case Studies (25 minutes)**

**DIVIDE** the group into four small groups. Give them 15 minutes to read over their case studies and use the four questions to apply a reproductive justice lens to analyzing the policy in the case study.

**SAY:** “For each question, your group should answer either **yes or no** and also explain **why or why not.**”

**CONVENE** participants to report back in the larger group after 15 minutes. Each group should take two minutes to summarize the policy in their case study and to discuss their answers to each question.

### **Closing and Reflections (10 minutes)**

**ASK** participants:

- What observations and reflections can you share from applying the Strong Families policy criteria to these policy initiatives?
- What questions do you have?
- How is this lens useful to our organization?
- Are there ways we can apply it internally to our work with our own communities as well as to policy?

## HAND-OUT

# Case Studies for Strong Families Lens

## Oregon Alternative Driver Card Referendum<sup>1</sup>

In 2014 a broad coalition of community organizations, businesses, and public safety officials came together to pass a Driver Card for the state of Oregon. In order to comply with the Real ID Act, Oregon required proof of citizenship to obtain a driver's license for all Oregon residents. This resulted in thousands of Oregonians losing access to driving privileges because they lacked the proper paperwork to obtain one. The Oregon Alternative Driver's Card is a temporary, four-year driving document that allows all residents of Oregon to be eligible for a driving card if they pass the driving test and prove that they have been a resident of Oregon for at least one year.

Access to a driving card can help seniors, homeless people, undocumented people and veterans take care of themselves and their families. This law will ensure that people driving in Oregon can all be tested and insured.

## 22 Oregon Counties Now Opting Out of ICE Holds<sup>2</sup>

For years, jails across the country have been used to detain immigrants solely for the purpose of assisting Immigration and Customs Enforcement (ICE) in deportation. This collaboration has been conducted through an information-sharing surveillance system called Secure Communities that alerts ICE every time a potentially "deportable" person gets booked in a local jail.

The Secure Communities system triggers a detainer request, known as an "ICE hold," on that person for a minimum of 48 hours after their charges are cleared. Detainers usually last far longer than 48 hours, and those under an ICE hold are not allowed to post bail.

ICE holds are not mandatory, despite what many think, and a movement has grown across the country to opt-out of them.

## Oregon Prohibition on Public Funding of Abortions Amendment

The Oregon Prohibition on Public Funding of Abortions Amendment was an effort by an anti-abortion group for the November 2014 statewide ballot as an initiated constitutional amendment. The measure would prohibit using public funds to pay for abortion procedures.

Ballot initiative proponents failed to collect the 116,284 valid signatures to qualify by July 3, 2014, and so the measure will not appear on the ballot.<sup>3</sup>

## Oregon Protect Religious Freedom Initiative

A measure to "protect people whose religious beliefs oppose same-sex marriage from participating in such ceremonies" was proposed for the November 2014 Oregon statewide ballot. Proponents withdrew their efforts in May 2014.<sup>4</sup>

1. Oregon Alternative Driver Licenses Referendum, Measure 88 (2014). Ballot Pedia. Retrieved from [http://ballotpedia.org/Oregon\\_Alternative\\_Driver\\_Licenses\\_Referendum\\_\(2014\)](http://ballotpedia.org/Oregon_Alternative_Driver_Licenses_Referendum_(2014))

2. Ibid.

3. Oregon Protect Religious Freedom Initiative (2014). Ballotpedia. [http://ballotpedia.org/Oregon\\_Protect\\_Religious\\_Freedom\\_Initiative\\_\(2014\)](http://ballotpedia.org/Oregon_Protect_Religious_Freedom_Initiative_(2014))

4. Ibid.

## MODULE 15

# Moving Toward Action

**Time:** 3 hours, 30 minutes

### Summary

These are ideas for a series of facilitated discussions amongst the staff, board, and leadership of your organization as you plan to integrate and institutionalize reproductive justice values and goals into your current work so that it becomes integral to your social justice agenda. They need not all happen at one meeting but best done through ongoing work with a cross-section of organization's staff, board and core leaders. This curriculum includes an assessment of where your organization is at – identifying core strengths and connections to reproductive justice, including abortion access and coverage.

### Goals

- Identify existing work that intersects with reproductive justice and surface organizational strengths that provide the foundation for deepening advocacy.
- Identify incremental steps to strengthening public voice and advocacy towards reproductive justice, including abortion rights, access, and coverage.
- Identify barriers or challenges within your organization that you can anticipate, plan for, and address.

### Materials Needed

- Copies of Organizational Assessment hand-out
- Flipchart
- Markers

### Agenda Outline

EXERCISE	FORMAT	TIME
Organizational Assessment	Small, large group discussions	1 hour
Where Do We Start?	Strategy session	1 hour
Structure for Success	Strategy session	1 hour 30 min
<b>TOTAL TIME: 3 hours and 30 minutes</b>		

## **Trainer's Notes**

Assembling the most appropriate and strategic group of people will be key to having an accurate evaluation and identifying possible next steps. You should plan to invite organizational leaders, board members, and staff who are:

- In key decision-making positions or of influence within your organization
- Have existing strong reproductive justice values, including pro-abortion positions
- Strategic thinkers and problem-solvers

## **Organizational Assessment (1 hour)**

**REVIEW** the goals of the discussion.

**INTRODUCE** the Assessment Tool, describing its value and objectives (this can be found on page 167). Describe its format and clarify language or questions they may have about specific items:

- There are 21 questions that will help to evaluate your organizational capacity, efforts, and infrastructure to support reproductive justice work. They fall under three categories:
- Internal-facing – These are questions that assess an organization's internal capacity to seek reproductive justice and to surface and describe the experiences of their constituents, illuminating the status of their reproductive health and rights;
- Pivoting – These questions reflect initiatives that organizations are undergoing in order to prepare for and begin public advocacy on an issue, and to become visible champions;
- External-facing – These questions aim to understand how existing programs and campaigns articulate connections with reproductive justice, and how they work to advance reproductive justice values and vision.
- Each question can be answered with one of the following assessments:
- Red Light: Organization has not gone there
- Yellow Light: Organization has started conversations about this or taken some first steps
- Green Light: Organization is fully on board and has completed this action

**DIVIDE** participants into their organizational teams or other relevant groupings.

**DISTRIBUTE** the Organizational Assessment worksheet.

**INSTRUCT** participants to go through each question and decide whether the work of the team or organization can be considered red, yellow, or green.

**ASK** participants to also respond to the following questions and give them 30 minutes to complete the worksheet:

1. What are your current efforts in this area?
2. Where are there natural entry points or opportunities to introduce/strengthen this?
3. What are the barriers? (For example, opposition from board and/or constituents, lack of resources, etc.)

**ASK** teams to report back after the 30 minutes. Pull out themes from their responses, noting where they have reds, yellows, and greens. Using these areas, summarize where there may be low-hanging fruit in terms of possible integration:

- Recruitment and base-building
- Political education
- Leadership development
- Issue identification
- Community needs assessment and research
- Policy development and advocacy
- Cultural work
- Communications

**REITERATE** the following points:

- The areas where you are yellow are the most significant in that they provide opportunities for growth.
- The areas where you are green are core strengths that should provide useful entry points for integration and institutionalization.
- The areas where you are red will require thoughtful planning, organizing, and preparation. A work-plan and timeline will be helpful in producing shifts and tangible gains.

## **Where Do We Start? (1 hour)**

### **NOTES TO TRAINER:**

- The following discussions are useful to embed within board and/or membership meetings.
- These ideas can be posed as questions for participants to explore, brainstorm, and develop a work-plan for. Using traditional organizing tactics and facilitation techniques can help generate ideas, examine their feasibility, and construct objectives, timelines, and leads.

### **SAY:**

*There are many ways that your organization can participate in movements for abortion access. 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! The ultimate question to ask yourselves is: How do we build the advocacy muscle to advance a shared justice and rights agenda that includes reproductive justice and supporting public funding for abortion? Here are some ideas:*

**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 this toolkit
- Additional resources from All\* Above All Movement Building Task Force

**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](mailto:info@westernstatescenter.org)) or Forward Together ([info@forwardtogether.org](mailto: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, genders, 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>) and Module 14 in this toolkit “Applying a Strong Families Policy Lens”

#### 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](mailto:info@westernstatescenter.org)) or Forward Together ([info@forwardtogether.org](mailto: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 LGBTQ 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:

*From 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 All\* Above All on Facebook: <https://www.facebook.com/Allaboveall>
- Signing up for email alerts: <http://www.allaboveall.org>
- Keeping your eye out for one of the local partners near you:  
<http://allaboveall.org/about/partner-organizations>

## **Structure for Success (1 hour 30 min)**

### **NOTES TO TRAINER:**

- This conversation is best done after a series of political education workshops have been done and the organization is ready to move forward with institutionalization.
- It is useful to have a cross-section of staff, leaders and decision-makers for this conversation.

### **SAY:**

*We’ve now built some shared language and understanding about how reproductive justice intersects with our historic work, including how abortion rights, access and coverage is a social justice issue. If we are to sustain this work, we need to create some formal structure around it so that we know who’s responsible for moving the work, we can clarify each of our roles and discuss how we incorporate throughout all our work.*

### **DISCUSS** objectives of this conversation:

- Clarify and articulate organizational role in building movement for reproductive justice
- Assess where individual staff are and organizations in internalizing and implementing a RJ vision and framework
- Develop indicators and benchmarks for individual and collective growth and progress

**ASK** participants to reflect individually and silently on the following statements, deciding whether they “strongly agree, “neutral or don’t know” or “strongly disagree”.

- My values are fully formed and clear on reproductive justice and abortion rights.
- My values are clearly aligned with my organization.
- Our organization will be able to hold a strong position on reproductive justice and abortion rights.

- I am excited about this transformative process that is happening within my organization.
- I am clear on how to contribute to this transformative process being done in my organization.

**INSTRUCT** participants to talk to one another through a series of 5 questions, going from pairs to small- to-large group discussions:

- (In pairs: Find someone not from your team/program) What do you think are the perceived and real costs and gains of this advocacy?
- (In triads: Have one person from each team/program) What are the productive and helpful ways that your organization has been able to support you throughout this transformative organizational processes?
- (In groups of 4) Where are you stuck?
- (in groups of 5) What other ways would help you strengthen your analysis, values and skills in advocating for reproductive justice, broadly, and abortion rights and coverage, specifically?
- (in groups of 6:) In your role within the organization, what is your contribution to the organization's advocacy?

**DIVIDE** participants into organizational teams/programs and develop a skit: Describe 10 years into the future, what their team/program's work looks like around reproductive justice. Have them draw or act out the following:

- How incoming/new members are learning about reproductive justice and abortion rights
- How advocacy actions are being formulated and decided on
- How resources are being developed to continue the work

**ASK** participants to reflect while they're listening to the other teams' skits:

- This makes me think of...
- This wants me to build....
- We should be attentive to...

**ASK** groups to report-back, giving them 5 minutes each.

**REINFORCE** the following ideas:

- Internalization and institutionalization requires structure and systems for iterative dialogue, feedback, application. Structure and systems look just like what they already have for their existing work: teams, workgroups, task forces, lead coordinators, etc.
- Membership and leadership will come and go, staff will need to account for constant and consistent political education with their membership
- Leadership takes strong presence and commitment, consistent communications to the base, and repetitive process for collective learning and action

**HAND-OUT**

# Organizational Assessment And Planning Worksheet

This organizational assessment is designed to help organizations examine the ways you currently engage with the issues of reproductive justice, gender justice, and abortion access. This, in turn, will guide your work in identifying opportunities to leverage – and challenges to overcome – in developing your strategy and workplan for advancing reproductive health, rights, and justice with your base.

**For each question below, please indicate whether your organization is at a red, yellow, or green light.** Remember that there are no right or wrong answers; your responses will help you see what assets you can leverage and what you might visualize working toward!

- Red Light: Organization has not gone there
- Yellow Light: Organization has started conversations about this or taken some first steps
- Green Light: Organization is fully on board and has completed this action

**Also consider the following for each area:**

1. What are your current efforts in this area?
2. Where are there natural entry points or opportunities to introduce/strengthen this?
3. What are the barriers? (E.g., opposition from board and/or constituents, lack of resources, etc.)

Red, Yellow, or Green Light?	What are your current efforts in this area?	Where are there natural entry points or opportunities to introduce/strengthen this?	What are the barriers?
<b>INTERNAL EFFORTS: Building the groundwork for reproductive justice in your organization</b>			
<p>1. Does your organization have and apply a reproductive justice lens to your work? Having and applying a lens means that you consider your members' experiences with RJ in your programs, campaigns, and basebuilding.</p>			
<p>2. Do you have ways for members to provide input and share stories about policies that will impact their access to reproductive justice?</p>			
<p>3. Does your organization make the connections between your mission and issues that are central to reproductive justice and abortion access?</p>			
<p>4. Does your organization know the existing opportunities and threats to your members' experiences of reproductive justice and abortion access?</p>			

	Red, Yellow, or Green Light?	What are your current efforts in this area?	Where are there natural entry points or opportunities to introduce/strengthen this?	What are the barriers?
<p>5. Do you use messages and stories to help build support for reproductive justice and abortion access in culturally specific ways?</p>				
<p>6. Do your leadership development programs systematically integrate a reproductive justice analysis and skills development focus, especially centering the leadership of women of color and LGBTQ people?</p>				
<p>7. Do you have curricula, resources, and other tools to educate and support conversations among your members around reproductive justice, and to build a shared values system?</p>				

	Red, Yellow, or Green Light?	What are your current efforts in this area?	Where are there natural entry points or opportunities to introduce/strengthen this?	What are the barriers?
<b>PIVOTING: Building the reproductive justice leadership of your members</b>				
8. Do you currently create intentional and safe spaces for members to dialogue about their experiences with reproductive health, rights, and justice?				
9. Do you build the leadership and capacity of men as allies for gender justice?				
10. Do you have reproductive justice values reflected in the criteria that you use to shape and prioritize your advocacy agenda?				
11. Do you habitually identify issue campaigns based on the different needs of your constituents, based on the intersections of race, class, gender, and sexuality?				

	Red, Yellow, or Green Light?	What are your current efforts in this area?	Where are there natural entry points or opportunities to introduce/strengthen this?	What are the barriers?
<p>12. Do you link up or sign on to public advocacy actions that advance gender and reproductive justice?</p>				
<p>13. Do you recruit and develop your members to prepare them as public supporters for reproductive justice and abortion access?</p>				
<p>14. Do you have meaningful relationships with reproductive rights organizations?</p>				
<p>15. Is reproductive justice work incorporated into your resource development and fundraising efforts?</p>				

	Red, Yellow, or Green Light?	What are your current efforts in this area?	Where are there natural entry points or opportunities to introduce/strengthen this?	What are the barriers?
<b>EXTERNAL-FACING EFFORTS: Building power for public advocacy</b>				
16. Do you have programmatic activities that prepare your leaders to ...be grassroots lobbyists and policy advocates at the local, state, or federal level?				
17. ...be public speakers who are able to elevate cultural narratives that challenge gender stigma and stereotypes and promote reproductive justice values?				
18. ...engage in electoral ballot measure fights, defensively or proactively?				
19. Does your organization engage in policy advocacy for reproductive justice and abortion access?				
20. Does your communications strategy strengthen messages and stories about abortion access and reproductive justice in ways that are meaningful for members?				

## BRAVE CASE STUDY

# Asian Pacific American Network of Oregon

### A Young Organization

Asian Pacific American Network of Oregon (APANO) is a statewide, grassroots organization, uniting Asians and Pacific Islanders to achieve social justice. It is a 15-year-old organization that five years ago went through a resurgence in energy, transforming into an advocacy and community organizing group with intergenerational leadership. They began to incorporate base-building strategies with an intentional political education program, continuing to work on their historic issues of educational equity and immigrant and refugee rights, as well as emerging issues of health equity.

In 2010, after a strong 2008 electoral organizing project that featured multi-lingual phonebanks for the first time in Oregon, APANO was invited by the Western States Center to participate in their Building Political Power program that works to use integrated civic engagement strategies year-round. Along with 11 other organizations in the region working on a range of issues and constituencies, APANO grew increasingly exposed to and invested in elevating the intersections of racial, gender, and economic justice.

### Starting with Feminist Values

In 2012, Rev. Joseph Santos-Lyons, Executive Director of APANO, participated in the community scan that the Center conducted – interviews with 41 movement leaders of color on their values regarding reproductive health, rights, and justice.

When the Center called for organizations to apply for the We are BRAVE cohort, Rev. Santos-Lyons first approached his staff and their members on the long-standing Health Equity and Reform (HEART) Team to assess interest and buy-in on this issue. There was unanimous support. Huy Ong, chair of the APANO board and a long-time anti-oppression practitioner, knew the importance of being a public feminist voice. He observed, “APANO is strongly led by many Asian and Pacific Islander women who have had long histories of working on women’s rights and reproductive justice. This issue was clearly in alignment with our members’ values and organizational vision. There were also obvious connections to our policy agenda focused on the health and economic security of our families.”

A series of one-on-ones with key leaders surfaced community members who were directly affected by this issue and whose leadership became pivotal in prioritizing it.

### Strong Families as a Call to Action

As APANO deepened their analysis and formulated their strategies of change, they designed a new workgroup within the organization framed as Strong Families. They adopted this from the Strong Families network, a national network of organizations working to change hearts, minds and policy to act in support of all families so that all families thrive. These Strong Families workgroup leaders developed curricula, trained fellow APANO members at monthly general membership meetings, represented the organization at cohort convenings, and strategized about how to institutionalize reproductive justice advocacy. They are currently collecting stories from APANO membership that reflect and illuminate the breadth of reproductive health, rights, and justice issues that Asian and Pacific Islander women experience. Marilou Carrera, co-chair of APANO’s Strong Families workgroup, believes that “The language of Strong Families resonates deeply with our members, because it cuts through the

polarizing rhetoric of choice and life, and reflects broadly the concerns and struggles of our communities, including abortion coverage.”

## Reproductive Justice Threats to API Communities

Nine months into the cohort, APANO has also identified specific impacts on Asian and Pacific Islanders’ reproductive autonomy. First was the growing threat of misleading Pre-natal Non-Discrimination Act (PreNDA) laws that were sweeping the country. These are pieces of proposed legislation that prohibit abortions used for race or sex-selection – proposals that are irrational, impossible to enforce, and targeting black and Asian women for stigma and stereotyping. APANO has been watchful, learning from reproductive justice groups such as Sistersong and the National Asian Pacific American Women’s Forum (NAPAWF) who have successfully defeated this in Georgia and California.

Secondly, Oregon prides itself as the state with the fewest restrictions on abortion rights because, among other reasons, Oregon is one of 17 states that allow state Medicaid dollars to cover abortion services. This is misleading, however, because several communities of women are excluded from Medicaid based on immigration status: (1) undocumented immigrants, (2) documented immigrants under the five year bar, and (3) residents who are from the nation states of Palau, Marshall Islands, and Micronesia (who comprise the Compact of Free Association or COFA nations) and have U.S. residency in exchange for military interests with the United States but were excluded from Medicaid in 1996 during welfare reform despite income eligibility.

APANO, as the anchor organization for the BRAVE policy workgroup, is currently working in coalition with the Pro-Choice Coalition of Oregon to advocate for the expansion of Medicaid eligibility to cover these groups of women and to provide

a range of reproductive health services, from pre-conception to abortion coverage to post-natal care. This proactive legislative campaign is helping build bridges between racial justice and reproductive rights organizations that have not been there before. Win or lose, this may yet be one of the biggest gains for social justice movements in Oregon.

## Lessons Learned

- Signal to your base about this work, conducting surveys and/or one-one ones. Find people most directly affected and ask them to lead the work
- Strengthen and deepen their leadership, then build a formal structure around them to elevate their voice and prioritize the issue.
- Examine the culturally-specific impacts and threats in order to surface and shape responsive remedies.

## BRAVE CASE STUDY

# All\* Above All

Reproductive justice, women's health and youth advocates from across the country joined together in July 2013 to launch an innovative campaign, All\* Above All, to restore and sustain abortion coverage for low-income women. All\* Above All provides a new generation with a bold and innovative outlet to take action to restore public insurance coverage so that every woman, however much she makes, can get affordable, safe abortion care when she needs it.



All\* Above All reflects the positive and powerful belief that all of us, not just some of us, must be able to make the important decision of whether to end a pregnancy. The campaign offers people a fresh approach to declare their support for bold action to change these policies.

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.

All\* Above All partners and supporters have taken bold action. We:

- Passed 5 city resolutions affirming abortion coverage, in coordination with partner organizations.
- Partnered with 60+ state and local organizations.
- Published 75+ op-eds, letters to the editor, and blogs by partners supporting abortion coverage for low-income women.
- Dispatched 125 delegates representing more than 20 states and the District of Columbia on 90 Congressional visits for our inaugural lobby day.
- Sent 22,000+ letters to U.S. Congress.
- Engaged 127,000+ to sign a petition to lift coverage bans.
- Signed on 142,000+ supporters on email, Facebook, and Twitter.

In the summer of 2014, we are launching two new bold strategies.

Our Be Bold Road Trip will take us coast to coast to rally our supporters, educate people about abortion

coverage, lift up women's stories, engage policymakers, and highlight local movements to secure abortion coverage in the states. The Road Trip will culminate in our second lobby day on Capitol Hill.

We are also asking local, state, and federal policymakers to publicly declare their support for abortion coverage. To join us in this campaign, sign on to be an organizational partner with All\* Above All or connect with one of our partners (see below).

There is still much more to do to push our policymakers to restore Medicaid coverage of abortion and lift the bans that deny so many women access to abortion. There are lots of ways to get involved both online and in person.

- o Sign the petition at [www.allaboveall.org](http://www.allaboveall.org) and stay updated on how to take action.
- o Become an organizational partner by emailing [info@allaboveall.org](mailto:info@allaboveall.org).
- o Follow us on Facebook, Twitter, Instagram and Pinterest.
- Find out about All\* Above All activities in your state by contacting an organizational partner in your state: <http://allaboveall.org/about/partner-organizations>

# Appendix

# Selected Reading List

- Asian Communities for Reproductive Justice (ACRJ). (2005) "A New Vision for Reproductive Justice: A new vision for reproductive justice: Advancing our movement for reproductive health, reproductive rights and reproductive justice." Oakland, CA: ACRJ. <http://forwardtogether.org>

*This document surfaces a clear definition of reproductive justice (RJ) and compares RJ issues, analysis, principles, and visions for change with those of reproductive health and reproductive rights frameworks. (The Western State Center is the Northwest anchor of Forward Together's program Strong Families, which mobilizes reproductive justice advocates in struggle for rights, recognition, and respect for all families.)*

- Luna, Z. (2009). From rights to justice: Women of color changing the face of US reproductive rights organizing. *Societies Without Borders*, 4(3), 343-365.

*Zakiya Luna reviews documentation of reproductive justice organizing and its impacts on mainstream reproductive and women's rights movements. In particular, Luna renders visible choice movements shifted their discourse and analysis to recognize the raced and classed contexts that shape notions of justice around rights, largely due to the efforts and influence of SisterSong and other RJ organizations.*

- Marty, R. and Pieklo, J.M. (2013). *Crow after Roe: How "separate but equal" became the new standards in women's health and how we can change that.* New York: Ig Publishing.

*Crow after Roe was published on the 40th anniversary of 1973 Roe v. Wade Supreme Court decision that legalized abortions in the US. Discussing the sweep of anti-abortion legislation and policy agendas at both state and federal levels, this book considers the disproportionate impacts of reproductive control on poor women, women of color, and rural women, placing erosions of Roe v. Wade in the context of Jim Crow.*

- Political Research Associates (PRA). (2013). "Defending Reproductive Justice: An Activist Resource Kit (Roe 40th Anniversary edition)." Somerville, MA: Political Research Associates. <http://www.politicalresearch.org>

*Political Research Associates researches and exposes right-wing strategies, agendas, institutions and networks, and messages. It reviews the history of anti-abortion movements and their connections with other conservative forces. Of particular value, PRA documents the evolution of anti-abortion interests (including factionalism within), targets, messages and strategies, at the service of reproductive justice activists who need this analysis to effectively challenge the right.*

- Roberts, D. (1997). *Killing the black body: Race, reproduction, and the meaning of liberty*. New York: Vintage Books.

*Legal scholar Dorothy Roberts deconstructs the ways that black women's bodies have been culturally inscribed as "welfare queens," "jezebels," "mammies" and other pathological images. In turn, these images serve to justify policies that curtail black women's reproductive autonomy, and their access to resources and political power.*

- Silliman, J., Gerber Fried, M., Ross, L., and Gutierrez, E. R. (2004). *Undivided rights: Women of color organize for reproductive justice*. Cambridge, MA: South End Press.

*In Undivided Rights, SisterSong founder Loretta Ross and co-authors share how they and other reproductive justice organizers linked reproductive rights with broader visions for racial and gender justice, documenting key reproductive justice struggles in the US over the past decades and the organizations that bottom-lined them.*

- SisterSong Women of Color Reproductive Justice Collective. (2010). "How Reproductive Justice Activists Won in Georgia (abridged version)." Atlanta, GA: Sistersong. [www.trustblackwomen.net](http://www.trustblackwomen.net) and [www.sistersong.net](http://www.sistersong.net)

*This report details strategies, tools and lessons learned from SisterSong's 2010 campaign against anti-abortion billboards targeting African-American communities in Atlanta (with slogans like "Black Children are an Endangered Species") and a Prenatal Nondiscrimination (PRENDA) bill in Georgia State Legislatures.*

- Simpson, M. (2014). "Reproductive justice and 'choice': An open letter to Planned Parenthood." RH reality check. August 4, 2014. Available at: <http://rhrealitycheck.org/article/2014/08/05/reproductive-justice-choice-open-letter-planned-parenthood>

*A recent New York Times article "Advocates Shun 'Pro-Choice' to Expand Message" (Calmes 2014) reported that Planned Parenthood made a decision to eschew 'choice' framing while neglecting to recognize the history and work of reproductive justice organizing (Simpson 2014). RJ organizations collectively authored an open letter critiquing the "co-optation and erasure of the tremendously hard work done by Indigenous women and women of color (WOC) for decades" (Simpson 2014).*

- Smith, A. (2005). Beyond pro-choice versus pro-life: Women of color and reproductive justice. *NWSA journal*, 17(1), 119-140.

*For indigenous women (along with other women of color), reproductive oppression is complex and contradictory. It has played out historically through sterilization and medical testing abuse, genocide (targeting pregnant women and women with children), lack of social welfare support and health care access, alongside barriers to abortion access. Smith discusses, with broad implication, how reproductive justice for Native women is definitively about life, survival, self-determination, and sovereignty.*

# Additional Reproductive Justice Organizations and Resources

ACCESS Women's Health Justice

All\* Above All campaign

Black Women Birthing Justice

Black Women for Wellness

Black Women's Health Imperative

California Latinas for Reproductive Justice

Colorado Organization for Latina Opportunity  
and Reproductive Rights

Desiree Alliance

Forward Together

Guttmacher Institute ([www.guttmacher.org](http://www.guttmacher.org))

Illinois Caucus for Adolescent Health

International Center for Traditional Childbearing

Law Students for Reproductive Justice

Legal Voice

National Advocates for Pregnant Women

National Black Network for Reproductive Justice

National Latina Institute for Reproductive Health

National Network of Abortion Funds

National Women's Health Network

Native Youth Sexual Health Network

New Voices Cleveland: Women of Color for  
Reproductive Justice

New Voices Pittsburgh: Women of Color for  
Reproductive Justice

Religious Coalition for Reproductive Choice

Reproductive Health Technologies Project

SisterLove, Inc.

SisterReach

SisterSong Women of Color Reproductive  
Justice Collective

SPARK Reproductive Justice NOW

Strong Families

Surge NW

Tewa Women United

Urban Initiative on Reproductive Health

URGE: Unite for Reproductive and  
Gender Equity

Women With A Vision

WV FREE

Young Women United

# Glossary

## Related to Campaigns and Basebuilding

**Base, or membership:** People who identify with an organization and would take action on its behalf.

**Basebuilding:** Efforts to engage people from an organization's constituency in participating in collective action.

**Campaign Goals:** What you want to achieve through the course of your campaign.

**Campaign Tactics:** A specific activity, among a set of activities, that helps move an organization towards its goals.

**Community Scan:** A community-based research project to interview or survey key leaders, members from an organization's base and/or other stakeholders. It can be used to gain a sense of interviewees' positions on an issue and/or experiences related to it. A community scan can also move interviewees closer to participating in an organization or otherwise taking action.

**Constituency:** People directly affected by the issue(s) an organization works on

**Demands:** Specific and realizable proposals that group presents to the target(s) to resolve the issue/dispute.

**Organization-building Considerations:** The specific ways in which you want your organization to be strengthened by a policy campaign.

**Policy:** A proposed or adopted course or principle of action; rules of our society; are established internally within institutions, or publicly as part of local, state or federal governance.

**Root Cause:** The underlying structural, institutional, or cultural factors that create a problem.

**Strategy:** Concerted methods for building power in order to influence targets, win policy change and shift culture.

**Target(s):** Individual(s) with the power to grant the organization its demands.

## Related to Policies

**Child Protective Services, or CPS:** State agencies charged with protecting the welfare of children under 18, particularly in cases of abuse or neglect.

**Defense of Marriage Act, or DOMA:** A federal policy that defines marriage as only between a man and a woman.

**Family reunification:** Public policies and procedures that support immigration for the purpose of ensuring that families be kept together.

**Immigration reform:** Efforts to change the current policies and procedures around immigration. Pro-immigrant rights groups seek reforms that will end or curtail deportations, increase pathways to citizenship for existing immigrants, reunite families, ensure services for immigrants, and de-criminalize immigration, among other changes.

**PRENDA:** Stands for “Pre-natal Non-Discrimination Act” and describes proposed legislation meant to erode abortion rights. It prohibits abortion on the basis of “race or sex selection.” Predominantly targets Asian women and other communities of color, based on cultural stereotypes.

**Strong Families Policy Criteria:** Criteria for policies that support the Strong Families vision, which is simply that every family will have the rights, recognition, and resources it needs to thrive. Policies should: *Recognize and support families of all formations; Promote equitable outcomes for all families; Expand government programs and services that support family wellbeing and the wellbeing of individuals within families; Remove barriers that harm families in accessing government programs and services; Protect families – and the individuals that comprise them – against discrimination, profiling, and harassment.*

**Welfare reform:** Federal and state policies intended to reduce or ban public assistance to low-income and no-income individuals and families.

## **Related to Power and Systems of Oppression**

**Ableism:** The marginalization of people whose bodies and physical, mental, and/or emotional abilities fall outside what is defined as normal and socially acceptable.

**Colonization:** When a group of people forcibly take control of a land that is not their own. Colonization is based in creating a social hierarchy that both benefits the settlers who have moved in and continually asserts their supremacy.

**Decolonization:** The process of undoing the effects and impacts of colonization. That is to say, decolonization is any act that examines a belief, cultural norm, social institution, or systemic practice and questions whether it supports individuals and communities to self-govern, or whether it continues the colonial practices of imposing one’s beliefs, practices, policies, and institutions on others.

**Homophobia/heterosexism:** The belief that heterosexuality is the most superior and normal sexual orientation, and the power to enforce that belief.

**Institutions:** Agencies or organizations that set and enforce policies, establish social norms, distribute resources and engage in practices that affect people’s lives.

**Intersectionality:** The understanding that identities (race, gender, class, sexuality, ability, e.g.) and systems of oppression (racism, patriarchy, economic oppression, homophobia, ableism, e.g.) are interconnected. Our movements and organizations are stronger when we understand the connections among issues, identities and systems, and when we develop responsive visions and strategies.

**Racism:** The belief that white people are superior to people of color, and the power to enforce that belief.

**Self-determination:** The idea that individuals and communities can make the best decisions for themselves – their bodies, identities, beliefs, and behaviors - and that they directly bear the consequences of these decisions.

**Sexism, or patriarchy:** The belief that men are superior to women, and the power and resources to enforce that belief.

**Transphobia:** The belief that there are only two genders - tied to physical sex assignment at birth - and the power to enforce that belief.

**Wedges:** Issues designed and driven by a person or organization to divide a possibly united base of people. They do this by demonizing one identity over the other (for example, religious identity vs racial identity), persuading the other segment of the community to privilege this identity (for example, religious identity). Wedges are not just controversial issues or issues that we have two differing sides on.

## Related to Identity

**Assigned sex:** The maleness or femaleness of a person's biology in terms of chromosomes, hormones, and genitalia. It is assigned at birth by doctors.

**Cisgender:** A person who identifies or is comfortable with the sex they were assigned at birth.

**Ethnicity:** Refers to particular groups of people that share some common ancestry, traditions, language, or dialect.

**Gender identity or expression:** How a person feels inside and expresses who they are in terms of maleness and female-ness.

**LGBTQ:** Shorthand for lesbian, gay, bisexual, transgender, and queer people. Describes trans communities and communities that are attracted to people of the same gender, to both men and women, or to people of all genders.

**People of Color, or POC:** An umbrella term for people who share the common experience of being targeted and oppressed by racism.

**Queer:** An inclusive identity used by some people to describe sexual or gender identities that don't fit mainstream definitions.

**Questioning:** A person who is exploring their sexual orientation or gender identity.

**Race:** A political construction that was created with the purpose of giving power to white people and to legitimize the dominance of white people over people of color.

**Trans/Transgender:** A person whose gender identity does not correspond to the physical sex they were assigned at birth. They may or may not make physical changes to their body.

**Two spirit:** Umbrella term that honors the spectrum and fluidity of gender and sexual identities in Native communities.

**White:** People of European descent who benefit from the privileges and power of racism.

## **Related to Reproductive Rights, Health and Justice**

**Abortion:** A medical procedure to terminate a pregnancy.

**Consent:** A clear and freely given “yes,” not the absence of a “no.” Must be obtained when someone wants to have sexual activity with someone else. You can take away your consent at any moment.

**Contraception:** Methods used to prevent pregnancy. They include birth control pills, other hormonal methods (Norplant, Depo-Provera), intra-uterine devices (IUDs), condoms, fertility awareness method, etc.

**Domestic violence:** Any pattern of behavior - including physical, sexual or emotional harm or threat - that a person uses to exercise power and control over someone they are dating, a partner, or another family member.

**Health:** The well-being of an individual or of a community. Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

**Healthy relationships:** The practice of justice, respect, mutual support, self-determination, and anti-oppression in relationships with partners (and friends, family, co-workers, etc.) Requires both parties to set boundaries and communicate consistently.

**Medicaid:** A U.S. government program that gives health care access to eligible low-income U.S. residents by using local, state, and federal funds to provide health coverage.

**Reproductive Justice:** Having the economic, political and cultural power and resources to make healthy decisions over their own bodies, families and communities. It is when all individuals and families in all communities thrive.

**Sexual assault:** Any unwanted sexual behavior or contact.

**Sexuality education, or sex ed:** Learning about human sexuality, safer sex, contraceptives, sexually transmitted infections (STIs), reproductive rights and responsibilities, and healthy relationships. Can be in school or out of school.

**Sexuality, or sexual orientation:** How one identifies who they are attracted to (gay, straight, queer, bisexual, lesbian, etc).

# Trainer's Glossary

Many trainers use a variety of techniques and methodologies to achieve their training goals and objectives. Most of these work across a range of exercises and topics. We've outlined a list of trainer terms we use consistently across the modules, and clarified what we mean when we use them. Other trainers may have other techniques that are complementary. We encourage the adaptation of trainer's tools and techniques as you know your audience and participants best.

**Caucus** – Trainer asks participants to form small groups according to a specific identity – race, gender, sexual orientation, age, religious background, etc. This allows participants of a similar background to share experiences that have more in common than in mixed, random groups. Reflection questions are often chosen to surface those experiences. Participants unfamiliar with caucus methodology may resist, thinking caucuses “separate or divide” people. It will be important to share the goal of the caucus as a technique to consolidate shared experiences in a safer space that doesn't require participants to censor themselves in order to “take care” of other people's feelings. It is important for participants to respect the identities of folks choosing to go into specific caucuses AND to self-identify appropriately. Trainer needs to ensure there will be critical mass within the different kinds of caucuses. Facilitators who share the chosen identity can be assigned within caucuses.

**Fishbowl** - a fishbowl is a structured exercise or form of dialogue that can be used when discussing sensitive or highly stigmatized topics within large groups. Four to five chairs are arranged in an inner circle. This is the fishbowl. The remaining chairs are arranged in concentric circles outside the fishbowl. A few participants are selected

to fill the fishbowl, while the rest of the group sits on the chairs outside the fishbowl. The audience outside the fishbowl can only listen in on the discussion. Prepared questions are used to facilitate the dialogue. Fishbowl participants are given these questions beforehand in order to help them prepare for the discussion.

**Flip-chart** – Trainer writes the responses of the participants onto flipchart paper or highlights the core messages of the workshop.

**Gallery Walk** – Trainer prepares a gallery of visual slides or text along the walls of the room. Trainer then asks participants (often in pairs) to view the slides, reflecting on several key questions.

**Lay It on the Line** – Trainer prepares a set of statements that can surface participants' thoughts, opinions and feelings related to topic. Trainer places within the room three signs that form a straight line: Strongly Disagree, Neutral/Don't Know or Strongly Agree. Participants place themselves along the line to indicate how they respond to the statement.

**Pop-corn** – Trainer elicits responses to a question by asking participants to contribute randomly.

**Visual storytelling** – Trainer prepares a visual storyboard that illustrates key moments of a story being told. They are big images on multiple panels that can be drawn across a long sheet of butcher paper. Or they can be drawn on flipchart paper that is flipped through. Or they can be scanned and put on a Power Point/Prezi presentation.

# ←.....1631 onward.....→



A SLAVE AUCTION IN VIRGINIA.—FROM A SKETCH BY JOHN SPENCER. ARTIST

From 1631 onward - African women in slavery experience incalculable and innumerable offences and abuses on their reproductive rights, bodies and families.

*Del 1631 hacia adelante - Las mujeres Africanas esclavas sufren incalculables e innumerables ofensas y abusos de sus derechos reproductivos, cuerpos y familias.*

PBS. (2014). "Slavery and the Making of America." Retrieved from <http://www.pbs.org/wnet/slavery/>  
Image: Slavery in America [online image]. Retrieved from <http://topics.nytimes.com/top/reference/timestopics/subjects/s/slavery/index.html>

# 1830s



President Andrew Jackson encourages his troops to kill women and children in order to decimate current and future generation of Native peoples.

*Década de 1830 - El presidente Andrew Jackson alienta a sus tropas a matar mujeres y niños para diezmar la generación actual y las generaciones futuras de la población nativa.*

Zinn, H. (2003). A people's history of the United States: 1492-present. Pearson Education.

Image: PBS. (2014). The Long Walk [online image]. Retrieved from <http://www.pbs.org/pov/sunkissed/video-the-long-walk-navajo.php>

1875



Congress passes the Page Act which effectively ends the entry of unmarried Asian women into the country as a way of limiting family development.

*El Congreso aprueba la Ley Page, que de hecho acaba con la entrada de mujeres asiáticas solteras al país, como forma de limitar el desarrollo familiar.*

Abrams, K. (2005). Polygamy, prostitution, and the federalization of immigration law. *Columbia Law Review*, 641-716.  
Image: Amelia Lee, 1910 [online image]. Retrieved from <http://wthellokitty.tumblr.com/post/5666682256/ofanotherfashion-at-the-turn-of-the-20th>

# 1900s-1940s



The process of giving birth becomes increasingly medical, and traditional birthing practices decrease under pressure from doctors and medical establishment. In 1915, 40% of all births are attended by midwives. By 1935, that number decreases to 10.7%.

*El proceso de dar la luz llega a ser cada vez más médico, y las prácticas tradicionales de la natalidad disminuyen bajo presión de doctores y del establecimiento médico. En 1915 40% de todos los nacimientos son atendidos por parteras. Sin embargo, en 1935, ese número disminuye a 10,7%.*

Feldhusen, A. (2000). "The history of midwifery and childbirth in America: A time line." Midwifery Today. Retrieved from <http://www.midwiferytoday.com/articles/timeline.asp>

Earhart, M. (n.d.). Midwife in 1513 [electronic image]. Retrieved from [http://www.ehow.com/way\\_5472014\\_effective-delegation-skills-midwifery.html](http://www.ehow.com/way_5472014_effective-delegation-skills-midwifery.html)

1920



Women get the right to vote in the US.

*Las mujeres obtienen el derecho al voto en los EE.UU.*

U.S. Const. amend. XIX. Image: American Press Association. (1912).  
Suffrage parade-New York City-May 6 1912 [online image].  
Retrieved from: [http://commons.wikimedia.org/wiki/File:Suffrage\\_parade-New\\_York\\_City-May\\_6\\_1912.jpg](http://commons.wikimedia.org/wiki/File:Suffrage_parade-New_York_City-May_6_1912.jpg)

# 1932-1972



In the Tuskegee Syphilis Experiment, the U.S. Public Health Service tracks the progression of untreated syphilis in African American rural farmers. USPH does not tell the patients they had syphilis or treat their illness even after a cure for syphilis becomes widely available. Many patients die; patients' wives and unborn children also contract the disease.

*En el "Experimento Tuskegee," los Servicios de Salud Pública de los EE.UU. documentan la progresión natural de la sífilis en agricultores afroamericano. Los doctores no informan a los pacientes que tenían sífilis, ni les ofrecen tratamiento incluso después de que ya hubo un tratamiento eficaz y disponible. Muchos pacientes mueren; las esposas e hijos no nacidos de los pacientes también contraen la sífilis.*

Centers for Disease Control and Prevention (CDC). (2009). US public health service syphilis study at Tuskegee.

Retrieved from <http://www.cdc.gov/tuskegee/timeline.htm>

Image: National Archives. (n.d.) Tuskegee syphilis study – doctor injecting subject [online image]. [http://commons.wikimedia.org/wiki/File:Tuskegee-syphilis-study\\_doctor-injecting-subject.jpg](http://commons.wikimedia.org/wiki/File:Tuskegee-syphilis-study_doctor-injecting-subject.jpg)

# 1940s

**ONCE..IN A LIFETIME.. Comes  
A Presentation That TRULY  
PULLS NO PUNCHES!**

Now YOU Can SEE  
The Motion Picture  
That DARES  
DISCUSS and  
EXPLAIN SEX  
As NEVER BEFORE  
SEEN and HEARD!



**THE ONE, THE ONLY, THE ORIGINAL...**

**"MOM AND DAD"**

**Truly The World's Most Amazing Attraction!**

*Extra* **IN PERSON**  
**ELLIOT FORBES**  
"THE SECRETS OF SENSIBLE SEX"

**NO ONE UNDER  
HIGH SCHOOL AGE  
Admitted Unless  
Accompanied  
By Parents!!**

**EVERYTHING SHOWN! EVERYTHING EXPLAINED!**

U.S. Public Health Service recommends the teaching of sexuality education in public schools.

*Los Servicios de Salud Pública de los EE.UU recomienda la enseñanza de la educación sexual en las escuelas públicas.*

Penland, L. R. (1981). Sex education in 1900, 1940 and 1980. *Journal of school health*, 51(4), 305-309.

Image: Dillow, C. (2009). Vintage movie poster [online image]. Retrieved from <http://www.avmaniacs.com/forums/showthread.php?t=14881&page=88>

1943



Testimony during hearings of the Commission on Wartime Relocation and Internment of Civilians indicate women who were rounded up along with over 110,000 Japanese Americans under Executive Order 9066, were sterilized without their knowledge while interned at Tule Lake.

*Durante la audiencia de la Comisión de Relocalización e Internación de Civiles en Tiempo de Guerra el testimonio, revela que mujeres que fueron detenidas junto con más de 110,000 japoneses-americanos bajo la Orden Ejecutiva 9066 fueron esterilizadas sin su conocimiento mientras estaban internadas en Tule Lake.*

Ordover, N. (2003). American eugenics: Race, queer anatomy, and the science of nationalism. Minneapolis: U of Minnesota Press.  
Image: Gila River Internment Camp [online image]. Retrieved from: <http://historyinphotos.blogspot.com/2013/03/charles-mace-japanese-internment.html>

# 1950s



Black families are financially exploited for housing in “contract buying.” Contract sellers would scare poor white homeowners to sell their houses and then turn and sell the houses for double the price to black buyers who could not get federally insured home mortgages. Parents are forced to take multiple jobs and are unable to keep up with payments. Schools become overcrowded and start to “double-shift” students. In Chicago, homeowners formed a Contract Buyers League to organize for their rights.

*Comprar por Contrato es la norma en muchos vecindarios afroamericanos. Vendedores de contratos espantan a los dueños de casa blancos y pobres a vender sus casas por barato y luego venderlas a doble costo a los compradores afroamericanos que no pueden conseguir hipotecas con seguro federal. Padres se obligan a tomar múltiples trabajos y no pueden cumplir los pagos. Por superpoblación, escuelas dividen a los alumnos en dobles cambios. En Chicago, dueños de casa forman Contract Buyers League para defender sus derechos.*

Arsenault, R. (2009, March 16). Ploys in the hood. *The New York Times*. Coates, T. (2014, May 21). The case for reparations. *The Atlantic Magazine*. Contract Buyers League [online image]. Retrieved from <http://www.luc.edu/curl/pastcurlevents/>

# 1956



Clinical trials begin on early forms of the birth control pill on women living in housing projects in Puerto Rico. Levels of estrogen and progesterone are 20 times the eventually acceptable levels, creating harmful side effects for women.

*Formas tempranas de la pildora anticonceptiva fueron probadas en Puerto Rico en mujeres viviendo en proyectos de vivienda. Los niveles de estrógeno y progesterona eran 20 veces mayores que los niveles eventualmente aceptables, causando efectos secundarios dañosos para las mujeres.*

PBS. (2014). "The Puerto Rico Pill Trials." Retrieved from [http://www.pbs.org/wgbh/amex/pill/peoplevents/e\\_puertorico.html](http://www.pbs.org/wgbh/amex/pill/peoplevents/e_puertorico.html).  
 Image: Puerto Rico map [online image]. Retrieved from <http://chnm.gmu.edu/wwh/modules/lesson16/images/sources/puerto-rico.gif>

1965



Griswold v. Connecticut – Supreme Court decision establishes a married couple’s right to access contraception.

*Griswold v. Connecticut – Decisión de la Corte Suprema de los EE.UU que establece el derecho de acceso a los anticonceptivos para las parejas casadas.*

Griswold v. Connecticut, 381 U.S. 479 (1965). Image: Burgess, D. (2007). Estelle Griswold [online image]. Retrieved from <http://images.fineartamerica.com/images-medium-large/birth-control-ruling-1965-granger.jpg>

# 1965

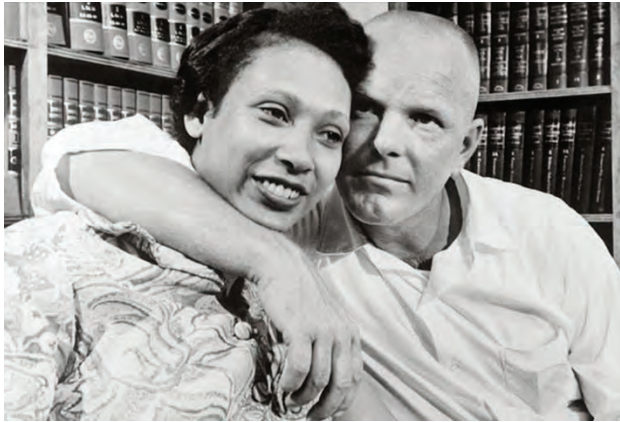


On July 30, 1965, President Lyndon Johnson signed historic legislation, creating Medicare and Medicaid health care programs that provide health insurance to the elderly and poor in the United States.

*El 30 de julio de 1965, el presidente Lyndon Johnson firmó esta legislación histórica creando Medicare y Medicaid, programas de salud para personas de edad y personas pobres en los Estados Unidos.*

Marmor, T.R. (2000). *The Politics of Medicare: Second Edition*. Hawthorne, NY: Gruyter. Image: AP. (1965).  
Johnson signs Medicare bill [online image] Retrieved from <http://www.aarp.org/health/medicare-insurance/info-07-2013/medicare-anniversary-july-30-1965.html>

# 1967



The United States Supreme Court unanimously rules in *Loving v. Virginia* that anti-miscegenation laws are unconstitutional. Anti-miscegenation laws are those that prohibit intermarriage between white people and people of color. With this ruling, these laws are no longer in effect in the remaining 17 states that at the time still enforced.

*La Corte Suprema de los EE.UU. decide por unanimidad en Loving v. Virginia que las leyes contra la miscegenación son inconstitucionales. Estas leyes prohíben el matrimonio entre una persona blanca con una persona de color. Con esta sentencia, estas leyes dejan de tener validez en los 17 estados que en ese momento aún las tenían.*

Loving v. Virginia, 388U.S. 1(1967)Image: Bettman/Corbis. (2008). Mildred Jeter and Richard Loving [online image]. Retrieved from [http://en.wikipedia.org/wiki/Loving\\_v.\\_Virginia](http://en.wikipedia.org/wiki/Loving_v._Virginia)

# 1968

Esta familia  
planeó su futuro



Cuantos más niños se tienen,



Esta familia  
no planeó su futuro



Menos se les puede dar a cada uno



A campaign carried out by private agencies and the US government since the 1940s results in the sterilization of 1/3 of Puerto Rican women of childbearing age. This is the highest rate in the world.

*Como resultado de una campaña implementada por agencias privadas y el gobierno de los EE.UU. desde los 1940s, 1/3 de las mujeres en edad fértil en Puerto Rico quedan esterilizadas sin su consentimiento. Es la tasa más alta en el mundo.*

Presser, H. B. (1969). The role of sterilization in controlling Puerto Rican fertility. *Population studies*, 23(3), 343-361.  
Image: Population control propaganda [online image]. Retrieved from <https://www.uic.edu/orgs/cwluherstory/CWLUArchive/cesa.htm>

1969



The Stonewall Riots occur in New York City. Sparked by Sylvia Rivera, a Puerto Rican drag queen and transgender activist, queer and transgender people fight against the police during a raid on the Stonewall bar. This marks a new phase in the LGBTQ liberation movement.

One of the customers at Stonewall Inn on the night of the raid is an immigrant man who commits suicide rather than be deported for being gay.

*Los Disturbios de Stonewall suceden en respuesta a los abusos policíacos. Nueva York. Incitados por Sylvia Rivera, drag queen y activista transgénera Puertorriqueña y Venezolana, personas transgénero y queer se enfrentaron a la policía durante una redada al bar Stonewall. Este hecho dicta el inicio de una nueva etapa en el movimiento de liberación LGBT.*

*Uno de los clientes presentes en el Stonewall Inn la noche de la redada es un inmigrante que se suicide antes de permitir que se le deportara por ser gay.*

Feinberg, L. (1998). Leslie Feinberg interviews Sylvia Rivera: 'I'm glad I was in the Stonewall riot.' Workers World. Retrieved from <http://www.workers.org/www/1998/sylvia0702.php>.

Image: Sylvia Rivera and Marsha Johnson [online image]. Retrieved from <http://eatsschuetzandreads.com/2014/08/11/kickstarter-stonewall-heroes>

# 1970s

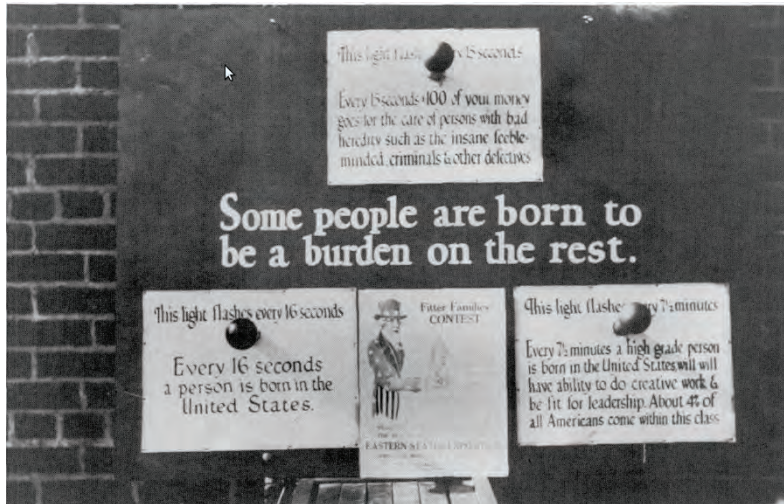


25% of Indian women living on reservations are sterilized. In 1975 alone, 25,000 women are permanently sterilized by the Indian Health Services—many after being coerced, misinformed, or threatened.

*Veinte y cinco por ciento de las mujeres indígenas que viven en reservas son esterilizadas. Tan sólo en 1975, 25,000 mujeres fueron esterilizadas permanentemente por el Servicios de Salud para Indígenas muchas habiendo sido forzadas, engañadas o amenazadas.*

Lawrence, J. (2000). The Indian Health Service and the Sterilization of Native American Women. *The American Indian Quarterly*, 24(3), 400-419. Tiger, D. (n.d). Gathering strength – print [electronic image]. Retrieved from <http://www.artnatam.com/dtiger/n-dt009.html>

1974

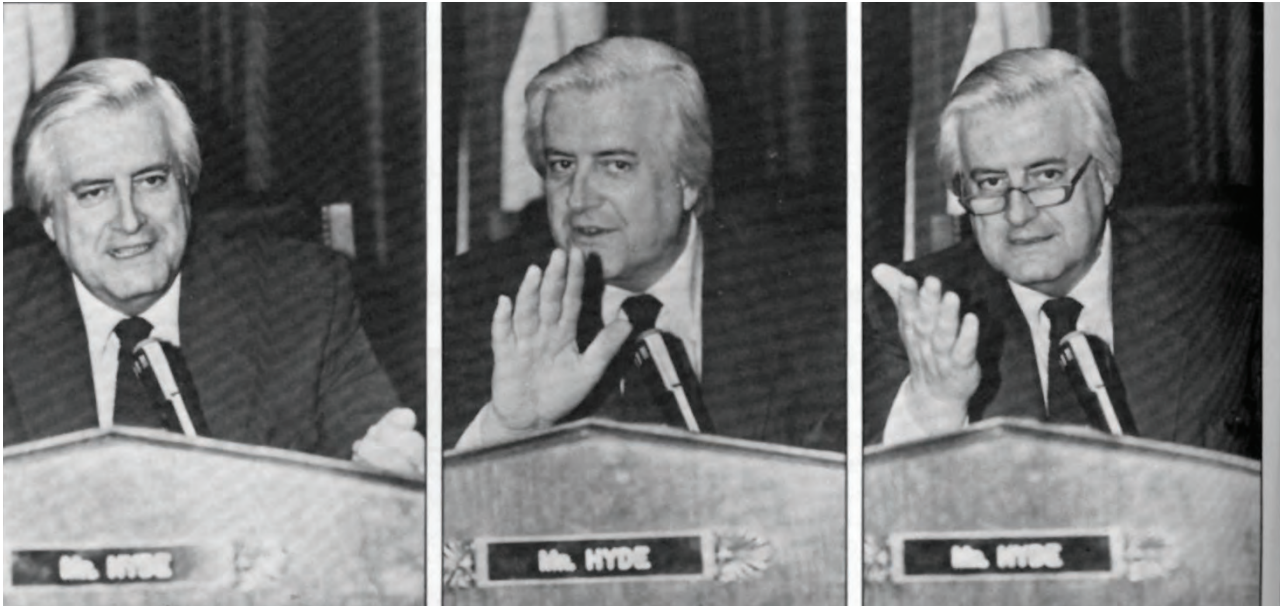


During the course of *Relf vs. Weinberger*, it is found that 100,000-150,000 poor people were sterilized each year under federally-funded programs. Mary Alice and Minnie Relf (14 and 12) become victims of the abusive practice of sterilizing poor black women in the South. Their mother thought she was giving permission for her daughters, who were both mentally disabled, to receive birth control shots. The case leads to changes in medical practices, including the requirement that doctors obtain "informed consent" before performing sterilization procedures.

*Durante el caso "Relf vs. Weinberg," se concluye que unos 100.000 a 150.000 personas fueron esterilizados anualmente bajo programas financiados por el gobierno federal. Mary Alice y Minnie Relf (14 y 12 años de edad) son víctimas de las prácticas abusivas de esterilizar a las mujeres afro-americanas de bajo ingreso en el sur de los EEUU. Su madre pensaba que estaba dando permiso para que sus hijas, las dos con discapacidad mental, recibieran una inyección de control de natalidad. Este caso lleva a cambios en las prácticas de medicina, las cuales incluyen un requisito que los médicos obtengan "consentimiento informado" antes de realizar procedimientos de esterilización.*

Southern Poverty Law Center. (2014). *Relf v. Weinberger*. Retrieved from <http://www.splcenter.org/get-informed/case-docket/relf-v-weinberger> Reilly, P. R. (1991). *The surgical solution: a history of involuntary sterilization in the United States*. Image: American Philosophical Society. (2005). 1926 Eugenics advocacy poster. Retrieved from [http://en.wikipedia.org/wiki/Eugenics\\_in\\_the\\_United\\_States#mediaviewer/File:United\\_States\\_eugenics\\_advocacy\\_poster.jpg](http://en.wikipedia.org/wiki/Eugenics_in_the_United_States#mediaviewer/File:United_States_eugenics_advocacy_poster.jpg)

# 1977



Hyde Amendment makes it illegal for federal Medicaid to pay for abortions except in the case of life endangerment for the pregnant woman. It marks a failure of the mainstream choice movement to stand with communities and women of color to ensure that abortion be accessible to all.

The Helms Amendment, passed in 1973, banned foreign aid funding for abortion.

*La Enmienda Hyde prohíbe el uso de fondos federales para pagar los costos de un aborto , salvo en caso de peligro para la vida de la mujer embarazada. O quiere decir que las mujeres que dependen de Medicaid como seguro de salud no podrían usar ese seguro para interrumpir un embarazo. Representa el abandono del movimiento para derechos reproductivos, que no cumplió con solidaridad para mujeres de color y de bajo ingreso para asegurar que el aborto sea accesible a tod@s.*

*Enmienda Helms prohíbe el uso de fondos para asistencia extranjera para el aborto en 1973.*

National Abortion Federation. (2006). Public funding for abortion: Medicaid and the Hyde Amendment. Retrieved from [https://www.prochoice.org/about\\_abortion/facts/public\\_funding.html](https://www.prochoice.org/about_abortion/facts/public_funding.html). Silliman, J., Fried, M. G., Ross, L., & Gutierrez, E. (2004). Undivided rights: Women of color organizing for reproductive justice. Boston: South End Press. Image: Henry Hyde [electronic image]. Retrieved from: <http://www.lib.niu.edu/1987/ii870821.html>

# 1980s



Phoenix and Oklahoma City Indian Health Services use Depo-Provera on Native women with disabilities, despite the fact that it wasn't approved by the FDA. Reason given was for "hygienic purposes" – or to stop the periods of patients with developmental disabilities.

In the 90's – Depo-Provera is given to women of color in public health clinics, often without adequate medical information or consent

*Antes de que fuera aprobada por la FDA, se descubrió que los médicos del Servicio de Salud Indígena inyectaron mujeres Indígenas de profundo retraso mental en varios estados con Depo-Provera.*

*En los años 90, Depo-Provera se da a las mujeres de color en las clínicas de salud pública, sin información médica o consentimiento adecuados*

Committee on Women, Power, and the Environment. (2007) "Depo Provera fact sheet." Retrieved from <http://www.cwpe.org/node/185>  
Image: Administering a shot [electronic image]. Retrieved from <http://www.geneticsandsociety.org/article.php?id=5935>

# 1980s

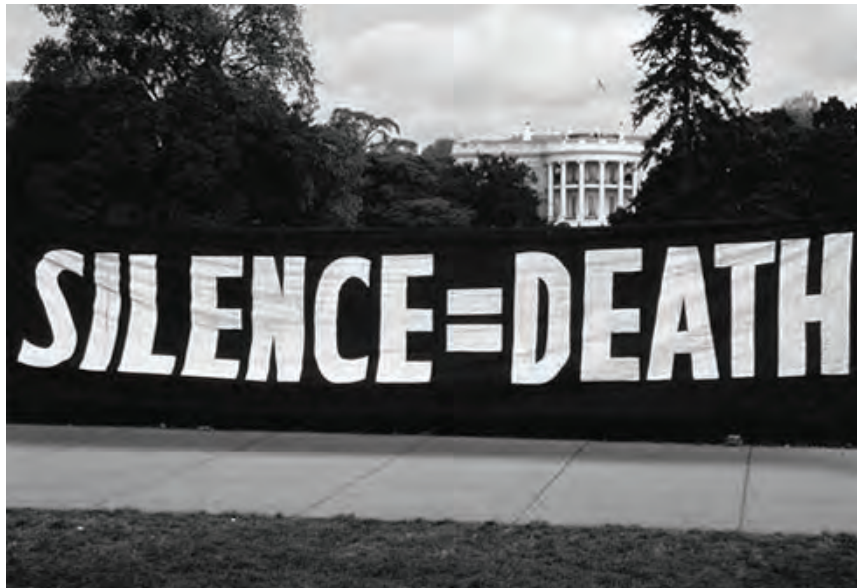


The “welfare queen” stereotype is used by Ronald Reagan and other conservatives to vilify Black women receiving social supports and to justify gutting welfare programs in the 1980’s.

*El estereotipo de “reina de la asistencia pública” es utilizado por Ronald Reagan y otros conservadores para censurar a las mujeres afroamericanas que reciben asistencia social y para justificar la reducción drástica de programas públicas de asistencia social en los años 1980.*

Roberts, D. (1997). *Killing the Black Body*. New York: Vintage Books.  
Image: Welfare queen cartoon [electronic image]. Retrieved from <http://pixgood.com/black-welfare-queen.html>

# 1980-1987



*HIV spread rapidly in the United States. Dr. C. Everett Koop, then Surgeon General under President Ronald Reagan, was not permitted to address HIV as a public health concern because the President and his advisers characterized it as a disease among “the homosexual population and intravenous drug users” who were “only getting what they deserve.”*

*El VIH se propaga rápidamente en los EE.UU. Dr. C. Everett Koop, el Médico General bajo el Presidente Ronald Reagan, no fue permitido enfrentar el asunto del VIH como un asunto de salud pública. Koop explicó que el Presidente y sus asesores consideran el VIH tan sólo como una enfermedad entre “la población homosexual y los consumidores de drogas intravenosas,” que “solo recibían lo que merecían.”*

White A. (2004, June 8). “Reagan’s AIDS legacy / Silence equals death.” San Francisco Chronicle.  
Image: Silence = Death banner [electronic image]. Retrieved from <https://anthonypeoples.wordpress.com/page/76/>

1996



The Personal Responsibility and Work Opportunity Reconciliation Act, or welfare reform, punishes low-income women by restricting assistance for bearing additional children and for out-of-wedlock births.

*Ley de Reconciliación de Responsabilidad Personal y Oportunidades de Trabajo, castiga a las mujeres de bajos ingresos, reduciendo el nivel de asistencia por tener hijos y/o hijos fuera del matrimonio.*

Pub.L. 104–193 Stat. 110 Stat. 2105. GAO. (2001). Welfare reform: More research needed on TANF family caps and other policies for reducing out-of-wedlock births. Retrieved from <http://www.gao.gov/new.items/d01924.pdf>. Image: Clinton signs welfare reform legislation [electronic image]. Retrieved from [http://en.wikipedia.org/wiki/File:Clinton\\_prwora.PNG#mediaviewer/File:Clinton\\_prwora.PNG](http://en.wikipedia.org/wiki/File:Clinton_prwora.PNG#mediaviewer/File:Clinton_prwora.PNG)

# 1996



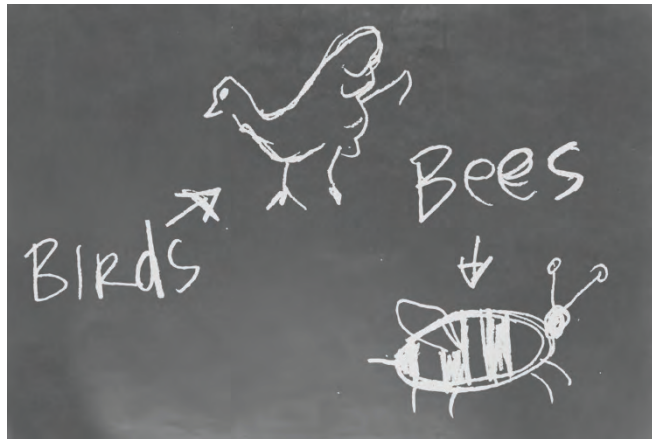
Congress passes and President Clinton signs the Defense of Marriage Act banning marriage between same sex couples.

*El Congreso aprueba y el Presidente Clinton firma la Ley de Defensa del Matrimonio, que prohíbe el matrimonio entre parejas del mismo sexo.*

Pub.L. 104–199, 110 Stat. 2419, enacted September 21, 1996, 1 U.S.C. § 7 and 28 U.S.C. § 1738C)

Image: DOMA [electronic image]. Retrieved from <http://www.washingtonpost.com/blogs/the-fix/wp/2013/03/28/raw-politics-explains-why-doma-got-wide-support-in-1996/>

1996



1996 welfare reform was also the beginning of exponential increase in funding for abstinence-only-until-marriage programs. These programs, which deny young people life-saving information about condoms and contraception, exclude LGBTQ young people who cannot legally marry in most states, promote outdated gender stereotypes, and are ineffective, receive over \$1.5 billion in funding between 1996 and 2010. Though the funding streams have dwindled during the Obama administration, abstinence-only laws remain in effect in many states.

*La reducción de asistencia social en 1996 también marcó un nuevo flujo de fondos para programas de “sólo abstinencia hasta el matrimonio.” Estos programas niegan información esencial acerca de condones y anticonceptivos. También excluyen a los jóvenes LGBTQ (al no poder casarse en la mayoría de los estados) y promueven estereotipos de género. A pesar de ser mostrados ineficaces y dañosos, programas así reciben más de \$1.5 mil millones de fondos entre 1996 y 2010. Aunque este número se redujo bajo Obama, leyes de sólo-abstinencia permanecen en muchos estados, y la influencia de éstos en la educación sigue.*

Howell, M. (2007). “The history of federal abstinence-only funding.” Advocates for Youth. Retrieved from <http://www.advocatesforyouth.org/publications/429?task=view>.

Image: Birds and bees [electronic image]. Retrieved from <http://www.salon.com/topic/abstinence/>

1997



SisterSong Women of Color Reproductive Justice Collective forms to educate women of color and policy makers on reproductive and sexual health and rights, and to increase access of health services, information and resources that are culturally and linguistically appropriate.

*SisterSong Colectivo de Mujeres de Color para la Justicia Reproductiva se funda para educar a las mujeres de color y a los políticos sobre la salud y los derechos reproductivos y sexuales, y para aumentar el acceso a servicios de salud, información y recursos que son apropiados desde el punto de vista lingüístico y cultural.*

SisterSong. (2014) "About SisterSong." <http://www.sistersong.net>. Image: SisterSong [electronic image]. Retrieved from <http://clpp.hampshire.edu/leadership-programs-rrasc-host-sites/sistersong-women-color-reproductive-justice-collective>

# 2000s



States begin passing laws criminalizing women who use drugs while pregnant.

*Los estados comienzan a aprobar leyes que criminalizan a las mujeres que usan drogas mientras están embarazadas.*

Nossiter A. (2008, March 15). "In Alabama, a Crackdown on pregnant drug users." New York Times. Image: Pregnant person by jail bars [electronic image]. Retrieved from [http://www.salon.com/2014/03/27/tennessee\\_lawmakers\\_introduce\\_proposal\\_to\\_jail\\_women\\_for\\_their\\_pregnancy\\_outcomes/](http://www.salon.com/2014/03/27/tennessee_lawmakers_introduce_proposal_to_jail_women_for_their_pregnancy_outcomes/)

2003

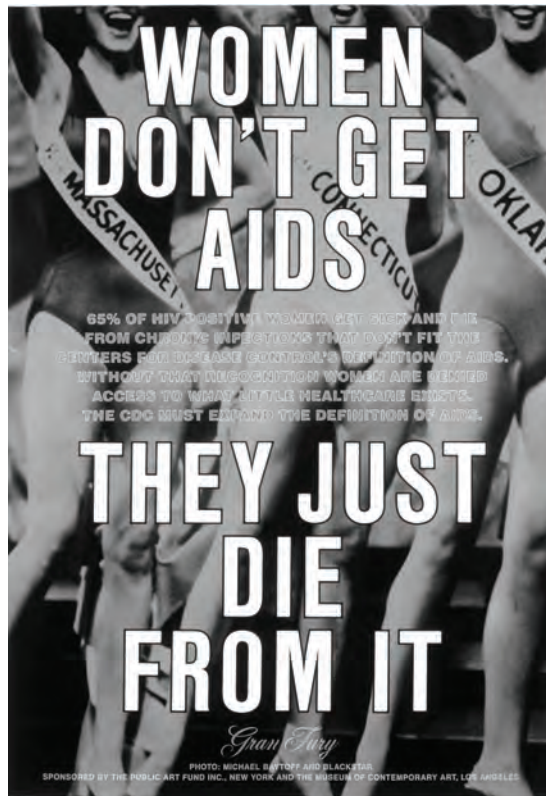


Supreme Court strikes down a Texas state law banning sex between adults of the same sex in *Lawrence and Garner v. Texas*.

*La Corte Suprema de los EE.UU. declara inconstitucional una ley del estado de Texas que prohíbe el sexo entre personas del mismo sexo, en el caso Lawrence y Garner v. Texas.*

Associated Press. (2003, June 26). Supreme Court strikes down Texas law banning sodomy. *New York Times*. Retrieved from <http://www.nytimes.com/2003/06/26/politics/26CND-GAYS.html>. Image: Phillip, D. (1996). John Lawrence with Tyron Garner [electronic image]. Retrieved from <http://www.nytimes.com/imagepages/2011/12/24/us/LAWRENCE-obit.html>

# 2005



More than 80% of women living with HIV or AIDS are women of color, and black women are 20 times more likely than white women to contract HIV. Prior to 1992, the CDC did not list women's symptoms.

*Más del 81% de las mujeres que tienen SIDA y VIH son mujeres de color, y es 20 veces más probable que una mujer afroamericana contrae el VIH que una mujer blanca. Antes de 1992, el CDC no incluyó síntomas para mujeres.*

CDC. (2008). HIV/AIDS among women. Retrieved from <http://www.cdc.gov/hiv/topics/women/resources/factsheets/pdf/women.pdf>

Castro, K. G., Ward, J. W., Slutsker, L., Buehler, J. W., Jaffe, H. W., Berkelman, R. L., & Curran, J. W. (1993). 1993 revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. *Clinical Infectious Diseases*, 17(4), 802-810.

Image: New York City Public Library (1991). Grand Fury poster [electronic resource].

Retrieved from [http://www.vanityfair.com/online/daily/2013/10/why-we-fight-aids-activism-public-library\\_slideshow\\_item3\\_4](http://www.vanityfair.com/online/daily/2013/10/why-we-fight-aids-activism-public-library_slideshow_item3_4)

2006



Seven young African American lesbians traveled to the West Village from their homes in Newark for a regular night out. When walking down the street, a male bystander assaulted them with sexist and homophobic comments. The women tried to defend themselves, and a fight broke out. On June 14th, 2007 Venice Brown (19), Terrain Dandridge (20), Patreese Johnson (20), and Renata Hill (24) received sentences ranging from 3 ½ to 11 years in prison.

*Siete jóvenes lesbianas afroamericanas fueron al West Village desde sus hogares en Newark para una salida nocturna. Mientras caminaban por la calle, un hombre las atacó con comentarios sexistas y homofóbicos. Las mujeres trataron de defenderse y hubo una pelea. El 14 de junio de 2007 Venice Brown (19), Terrain Dandridge (20), Patreese Johnson (20) y Renata Hill (24) recibieron sentencias de 3 ½ a 11 años en prisión.*

Henry, I. (2007, Jun 21). Lesbians sentenced for self defense. Workers World. Retrieved from <http://www.workers.org/2007/us/nj4-0628/>  
Image: the NJ4 banner [electronic image]. Retrieved from <http://freenj4.wordpress.com/>

## 2006

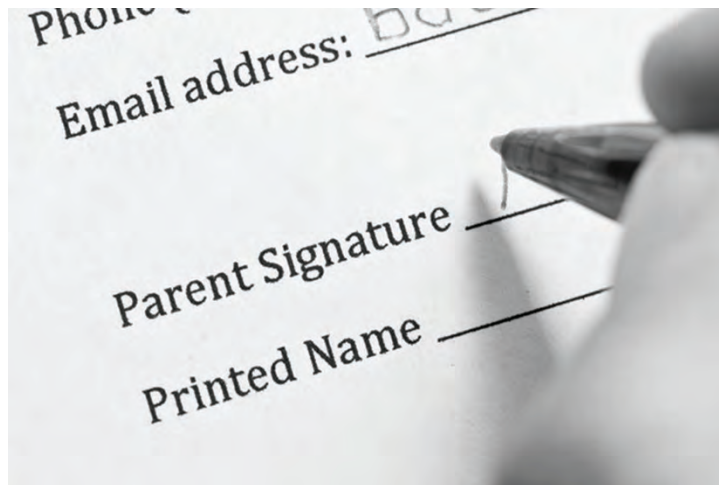


Elvira Arellano receives sanctuary in a Methodist church in Chicago upon receiving deportation orders. Her 8-year-old son, Saul Arellano, is branded by anti-immigrant commentators as an “anchor baby,” a derogatory term for a child born in the U.S. to immigrant parents. The term “anchor baby” was first used in the 1980s to oppose Vietnamese refugee families arriving on boat to the US.

*Elvira Arellano recibe santuario en una iglesia Metodista en Chicago al recibir una orden de deportación. Su hijo Saul Arellano, 8 años de edad, es simbolizado por comentaristas anti-inmigrantes como un “niño de ancla,” un término derogatorio para describir un bebe nacido en los EE.UU de padres inmigrantes. Este término fue usado por primera vez en los años 80 para oponer a refugiad@s vietnameses llegando a los EE.UU, en bote.*

Ruethling, G. (August 19, 2006). Chicago woman's stand stirs immigration debate. The New York Times.  
 Images: Left - Elvira Arellano and son [electronic image] Retrieved from <http://vivirlatino.com/2007/08/24/elvira-arellanos-struggle-continues-in-mexico.php>;  
 Right - Park, A. Anchor baby illustration by Anne Park [electronic image]. Retrieved from <http://cpreview.org/2011/05/of-anchor-babies-and-welfare-queens/>

# 2006-2014



Parental Notification Initiatives (PNI) sweep the west. Most recently Montana voters passed a Parental Notification Measure called LR-120 during the general election in 2012. Other states in the West with Parental Notification requirements are: Idaho, Wyoming, Alaska, Utah. In 2014, 39 states are enforcing PNI laws.

*Iniciativas de notificación de los padres (PNI) inundan el oeste de los EE.UU. Estas leyes requieren que los médicos notifiquen o busquen el permiso de uno o ambos padres antes de proveer un aborto en alguien de menor edad. La más recién fue en Montana, donde votantes pasaron una medida de PNI, LR-120, durante la elección general en 2012. Otros estados en el oeste con estos requisitos incluye: Idaho, Wyoming, Alaska, y Utah.*

NARAL Pro-Choice America. (2014). Mandatory parental-involvement laws threaten youth women's safety. Retrieved from <http://www.prochoiceamerica.org/media/fact-sheets/abortion-young-women-parental-involvement.pdf>.

Image: Parental signature [electronic image]. Retrieved from: <http://rhrealitycheck.org/article/2014/05/27/listen-youth-adult-allies-must-support-repeal-illinois-forced-parental-notification-law/>

2007



Gonzales vs. Carhart: Supreme Court upholds bans on third-trimester abortion procedures regardless of the health of a pregnant woman.

*Gonzales vs. Carhart: La Corte Suprema de los EE.UU. mantiene las prohibiciones de abortos en el tercer trimestre, independientemente de la salud de la mujer embarazada.*

Gonzales v. Carhart, 127 S. Ct. 1610, 550 U.S. 124, 167 L. Ed. 2d 480 (2007). Image: Bush signs Partial-Birth Abortion Ban, 2003 [electronic image]. Retrieved from [http://commons.wikimedia.org/wiki/File:Signing\\_the\\_Partial-Birth\\_Abortion\\_ban.jpg](http://commons.wikimedia.org/wiki/File:Signing_the_Partial-Birth_Abortion_ban.jpg)

2007



Thomas Beatie, a trans man living with his wife in Bend, OR, is launched into public spotlight as the first documented legal male to give birth. Mainstream narratives about Beatie's experience are critiqued by trans activists because they objectify trans bodies and treat Beatie as exceptional rather than normal.

*Thomas Beatie, un hombre transgénero viviendo con su esposa en Bend, OR, se catapulta a la atención pública por ser la primera persona legalmente documentado como hombre partir un bebe. Activistastrangéneros critican las narrativas acerca de la experiencia de Beatie en los medios del corriente principal, porque objetivan a los cuerpos de gente transgénera y tratan a Beatie como excepcional en vez de normal.*

Beatie, T. (2008). Labor of love: The story of one man's extraordinary pregnancy. Seal Press. Image: Mahaux, R. (n.d.) Thomas Beatie with daughter[electronic image]. Retrieved from <http://www.people.com/people/article/0,,20214360,00.htm>

## 2008



On May 12th, in the largest raid on undocumented immigrants in the United States, 389 immigrant workers are arrested at Agriprocessors Inc in Postville, Iowa, by the by Immigration and Customs Enforcement (ICE). Ninety children of these workers have been placed in the foster care system as their parents await deportation.

*El 12 de mayo, sucedió la redada más grande de inmigrantes indocumentados en los EE.UU. donde 389 trabajadores y trabajadoras fueron arrestados en la fábrica de Agriprocessors, Inc. en Postville, Iowa, por los agentes de Immigration and Customs Enforcement (ICE). 90 niños y niñas son ubicados en cuidados de los servicios de niños abandonados y mientras sus padres esperan ser deportados.*

Hsu, S. (2008, May 18). "Immigration raid jars a small town". The Washington Post. Retrieved from <http://www.washingtonpost.com/wp-dyn/content/article/2008/05/17/AR2008051702474.html>. Image: Associated Press. (2008). ICE protestors [electronic image]. Retrieved from <http://wfcourier.com/news/local/recalling-raid-immigrants-call-for-reform/>

## 2008



Colorado for Equal Rights supports Amendment 48 to the Colorado constitution to define a person or persons as “any human being from the moment of fertilization.” If passed, it could ban certain methods of birth control that focus on prevent implantation and certain fertility treatments. The amendment is overwhelmingly defeated 73 to 27 percent. More states continue to introduce and debate personhood amendments, but none pass.

*Colorado para la Igualdad de Derechos apoya la Enmienda 48 a la constitución de Colorado, que define a una persona como “cualquier ser humano desde el punto de la fertilización.” Si pasará, hubiera prohibido ciertos métodos de anticonceptivos que previenen implantación y también ciertos tratamientos de fertilidad. La enmienda no pasó, por un gran margen de 73 a 23 por ciento de los votos. Otros estados han introducido y debatido enmiendas para proteger “los derechos del nonato,” pero sin ningún éxito.*

Brown, J. (2008, Nov 4) “Personhood” amendment fails. Denver Post. Retrieved from [http://www.denverpost.com/politics/ci\\_10899516](http://www.denverpost.com/politics/ci_10899516)

Image: Pro-choice march in Colorado [online image]. Retrieved from <http://publichealthwatch.wordpress.com/2014/02/19/colorado-agency-wont-investigate-complaint-against-catholic-hospital-that-banned-doctor-from-discussing-abortion/>

## 2009



National Council of Negro Women reports that African-American women were at least twice as likely to receive high cost loans than their white female counterparts, regardless of income. Steering borrowers into subprime loans leads to larger payments to lenders and losses of wealth when homeowners default and go into foreclosure. People of color are expected to lose \$164 to \$213 billion over an 8-year period.

*El Consejo Nacional de Mujeres Afroamericanas encuentra que las mujeres afroamericanas son dos veces más probable que las mujeres blancas recibir préstamos de alto costo; no importa el nivel de ingreso. Atrapando a prestari@s en préstamos abusivos resulta en pagos más grandes a los prestadores, y la pérdida de los bienes cuando dueñ@s de casa no pueden pagar los préstamos y sus casas van en juicio hipotecario. Las comunidades de color pierden una cantidad de \$164 a \$203 mil millones en un período de 8 años.*

National Council of Negro Women. (2009) Assessing the double burden: Examining racial and gender disparities in mortgage lending. National Community Reinvestment Coalition. Image: Arnold, E. (2012). Foreclosure rally [electronic image]. Retrieved from <http://reimaginerpe.org/19-1/arnold>

# ← 2009 - Present →



The “genocide of black babies” is an idea that got its traction in the 70’s. Today this anti-abortion message is being used in campaigns to oppose abortion access across the country, primarily funded by white fundamentalist groups. This wedge message is being driven in communities of color to divide community members on supporting abortion.

*El “genocidio de bebés afroamericanos” es una idea que ganó atención en los años ‘70. Hoy en día, este mensaje se usa en campañas contra el aborto en todo los EE.UU, y mayormente con fondos de organizaciones fundamentalistas dirigidas por personas blancas. Este mensaje funciona como un tema que divide las comunidades de color en su apoyo para el derecho al aborto.*

Perez, M.Z. (2011). Past and present collide as the black anti-abortion movement grows. Retrieved from [http://colorlines.com/archives/2011/03/past\\_and\\_present\\_collide\\_as\\_the\\_black\\_anti-abortion\\_movement\\_grows.html](http://colorlines.com/archives/2011/03/past_and_present_collide_as_the_black_anti-abortion_movement_grows.html). Image: Anti-abortion billboard [electronic image]. Retrieved from [http://www.nytimes.com/imagepages/2010/02/06/us/06abortion\\_CA0.html](http://www.nytimes.com/imagepages/2010/02/06/us/06abortion_CA0.html)

2010



A number of suicides among LGBTQ young people receive media attention. New laws and initiatives reflect a cultural shift toward condemning bullying, although many disagree both on the causes of suicide and on what anti-bullying interventions should looklike.

*Un número determinado de suicidios de jóvenes LGBTQ reciben atención de los medios. Nuevas leyes e iniciativas reflejan un cambio cultural para condenar el acoso escolar, aunque hay mucho desacuerdo sobre las causas del suicidio y también cuáles tipos de intervención deben haber.*

McKinley, J. (2010). Suicides Put Light on Pressures of Gay Teenagers. The New York Times. Retrieved from <http://www.nytimes.com/2010/10/04/us/04suicide.html>. Image: White House Holds First Conference on Bullying [electronic image]. Retrieved from <http://parentables.howstuffworks.com/family-matters/white-house-holds-first-conference-bullying-prevention.html>

## 2010



UndocuQueer movement organizes at the intersection of LGBTQ justice and immigrant rights movements. Activists like Julio Salgado (who designed the poster above) from many organizations and grassroots networks use social media and arts to ensure the visibility of LGBTQ undocumented Americans. It is estimated that among 11 million undocumented people in the U.S. (in 2013), 267,000 adults identify as LGBT.

*El movimiento UndocuQueer se moviliza en la intersección entre los movimientos para la justicia LGBTQ y derechos inmigrantes. Activistas como Julio Salgado (quien diseñó el imagen arriba) de muchas organizaciones y redes de base usan medios de comunicación social y las artes para asegurar visibilidad de personas indocumentados LGBTQ en los EE.UU. De los 11 millones de personas indocumentadas en los EE.UU. (en el año 2013), se estima que 267.000 se identifican como LGBT.*

Sanchez, E. (2012, Nov 2). The UndocuQueer movement rises to push for a DREAM act. NBC Latino. Retrieved from <http://nbclatino.com/2012/11/02/the-undocuqueer-movement-rises-to-push-for-a-dream-act/#s:quip-3> Burns, C. Garcia A, & Wolgin, P. (2013, Mar 8). Living in dual shadows: LGBT undocumented immigrants Retrieved from <http://www.americanprogress.org/issues/immigration/report/2013/03/08/55674/living-in-dual-shadows/>. Image: Salgado, Julio. I am UndocuQueer [online image]. Retrieved from <http://nbclatino.com/2012/11/02/the-undocuqueer-movement-rises-to-push-for-a-dream-act/#s:quip-3>

## 2010



We Belong Together is formed on Mothers' Day 2010 when a group of women traveled to Arizona after the passage of the anti-immigrant law SB1070, to investigate how the new law would affect women, children and families. Each year since, they organize A Wish for the Holidays campaign that allows children to express a shared wish: an end to deportations so that all families can stay together. In 2014, between March 8 and April 9, more than 1500 women fasted through 80 events in 35 states as well as in Washington DC and Mexico City, and 100 more women fasted for 48 hours on the National Mall in DC.

*Debemos Estar Junt@s (We Belong Together) se forma durante del Día de la Madre, cuando un grupo de mujeres viajan al estado de Arizona para investigar cómo la ley anti-inmigrante SB1070 afectaría a las mujeres, a los niños y a las familias. Desde entonces, organizan una campaña "Un Deseo para los Días Festivos" cada año para que los niños expresen un deseo común. Su deseo es que sus familias puedan permanecer junt@s. En el año 2014, entre el 8 de marzo y el 9 de abril, más de 1500 mujeres se quedan en ayunas más de 48 horas en el National Mall en Washington, D.C.*

We Belong Together. (2014). We Belong Together: Women for common sense immigration reform. Retrieved from <http://www.webelongtogether.org/about>.  
Image: Women fast for families [online image]. Retrieved from <http://www.webelongtogether.org/fast>.

2010



A day after signing the Affordable Care Act into law, President Obama signs an executive order banning federal funds from being used for abortion in the context of the health care law. Rep. Bart Stupak and other anti-abortion Democrats had asked for the executive order, which reaffirmed restrictions put into effect by the Hyde Amendment.

*Un día después de firmar la ACA (La Protección al Paciente y Cuidado de Salud Asequible) ante la ley, el Presidente Obama firma una orden ejecutiva que prohíbe el uso de fondos federales para el aborto en el contexto de la ACA. Rep. Bart Stupak y otros conservadores Demócratas anti-aborto habían pedido la orden ejecutiva, que reafirma las limitaciones ya descritas en la Enmienda Hyde.*

Shear, Michael D. (2010). Obama Signs Executive Order on Abortion. The Washington Post. Retrieved from <http://voices.washingtonpost.com/44/2010/03/obama-to-sign-executive-order.html>. Image: Souza, P. Obama signs executive order on abortion limits [electronic image] Retrieved from <http://politicalticker.blogs.cnn.com/2010/03/24/obama-signs-executive-order-on-abortion-limits/>

# 2010- Present



The War on Women takes the United States by storm. While 2010 is not the first time this phrase was used, it enters mainstream discourse after the 2010 congressional elections.

In 2010 the Republican Party wins the majority in the House of Representatives and quickly begins to push policy changes. Policy roll-backs include defunding Planned Parenthood, redefining rape, reducing access to contraception and further limiting abortion access.

*La "Guerra contra las mujeres" así llamada toma los EE.UU por asalto. Aunque 2010 no es la primera vez que esta noción apareció, entra a la consciencia pública después de las elecciones del congreso 2010.*

*En 2010, el partido Republicano gana la mayoría en la Cámara de los Representantes y de inmediato empieza a impulsar cambios a las pólizas. Erosiones a protecciones de la justicia reproductiva incluyen: negar fondos a Planned Parenthood, re-definir la violación, reducir acceso a los anticonceptivos y otros límites al acceso al aborto.*

Epstein, J. (2011). Nancy Pelosi Calls GOP Budget a War on Women. Politico. Retrieved from <http://www.politico.com/news/stories/0411/52793.html>  
 Image: Retrieved from <http://www.rawstory.com/rs/2012/03/02/fluke-obama-told-me-my-parents-should-be-proud/>

2012

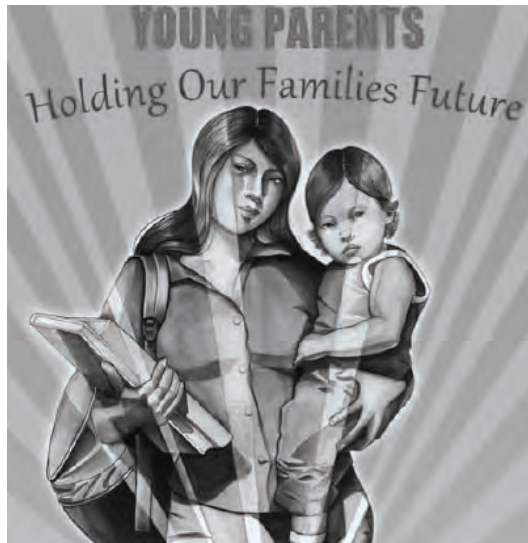


Florida becomes the first state in the nation to defeat an anti-public funding for abortions ballot measure. This measure would have removed a women's right to reproductive "privacy" from the states constitution which would have weakened the courts ability to block abortion restrictions and paved the way for a full ban on abortion. The Coalition for Abortion Access and Reproductive Equity (CAARE) supports on the ground organizations to build messages that would move communities of color to oppose this measure.

*Florida es el primero estado en los EE.UU. que vence una medida en boleta electoral contra el uso de fondos públicos para el aborto. Ésta medida hubiera quitado el derecho a la privacidad reproductiva de la constitución del estado, debilitando la habilidad de la corte bloquear restricciones al aborto. También la intención de la medida fue preparar el camino para una prohibición total del aborto. La Coalición para Acceso al Aborto e Igualdad Reproductiva (CAARE) apoya a organizaciones locales para construir mensajes para motivar a comunidades de color para oponerse a la medida.*

Florida 2012 ballot measures. (n.d.) Ballot Pedia. Retrieved from [http://ballotpedia.org/Florida\\_2012\\_ballot\\_measures](http://ballotpedia.org/Florida_2012_ballot_measures)  
 Image: Vote no on 6 [electronic image. Retrieved from <http://www.voteno6.com/coalition>

2012



New Mexico passes a law that allows additional absences from school for pregnant and parenting teens. At the federal level in 2013, the Pregnant and Parenting Students Access to Education Act is introduced in Congress with the goal of providing support to pregnant and parenting teens. Both bills are part of a growing dialogue around supporting and empowering young families rather than stigmatize them.

*Nuevo Mexico pasa una ley que permite que jóvenes que son padres y adolescentes que están embarazadas tengan más días ausentes de la escuela. A nivel federal en el año 2013, el Acta de Acceso a la Educación para Alumnas Embarazadas y adolescentes que son padres es introducido al Congreso con la meta de proveer apoyo a estos jóvenes. Los dos leyes representan el diálogo creciente para apoyar y empoderar a familias jóvenes en vez de estigmatizarlas.*

H.R.1845 - Pregnant and Parenting Students Access to Education Act of 2013.  
Image: Chacon, N. [electronic image] Retrieved from <http://quoteko.com/justice-warrior.html>

# 2012



CeCe McDonald is a transgender woman violently attacked by Dean Schmitz, who shouted transphobic and racist slurs at her. She fights back in self-defense, inflicting a wound that kills Schmitz. CeCe is sentenced to 41 months; in spite of her gender identity, she is placed in an all-male prison.

*CeCe McDonald es una mujer transgénera atacada con violencia por Dean Schmitz, mientras Schmitz le grita insultos transfóbicos y racistas a ella. CeCe se defiende, causando una herida que mata a Schmitz. Es sentenciada a 41 meses en la cárcel; a pesar de su identidad de género, las autoridades la mandan a una prisión para hombres.*

Wu, Y. (2013). While Zimmerman Walks, CeCe McDonald Is Still In Jail For Self-Defense. PolicyMic. Retrieved from <http://mic.com/articles/54845/while-zimmerman-walks-cece-mcdonald-is-still-in-jail-for-self-defense>. Image: Bazant, Micah. (2013, Nov 20). Free CeCe [original art created for Transgender Day of Remembrance, used with permission]. More info: <http://www.micahbazant.com>

## 2012



In 2012, 17-year-old Trayvon Martin was walking home in his neighborhood when he is accosted and fatally shot by neighborhood watch coordinator George Zimmerman. Zimmerman is acquitted of second-degree murder. Florida's Stand Your Ground law, permits the use of deadly force in self defense without retreating first. Although the prosecutor does not invoke Stand Your Ground law during the trial, jurors later say that they were aware of the law and it impacted their opinions. The case sparks national dialogue about the safety of young men of color and problems with bias in the judicial system.

*En 2012, Trayvon Martin, un joven afroamericano de 17 años, está caminando a su casa cuando George Zimmerman – coordinador voluntario de la vigilancia de la vecindad – lo confronta y lo mata a disparos. Martin no cargaba armas. La corte le absuelve a Zimmerman de asesinato en segundo grado. “Defienda su Posición” es una ley en Florida que permite el uso de fuerza letal para la auto-defensa. Aunque el fiscal no invoca esta ley durante el juicio, miembros del jurado comentan después que sí conocían esta ley y que les influyó en sus opiniones. El caso enciende un diálogo nacional sobre la seguridad de los jóvenes de color y de discriminación en el sistema judicial.*

Documents in the Trayvon Martin Case. (2012). The New York Times. Retrieved from <http://www.nytimes.com/interactive/2012/05/17/us/trayvon-martin-documents.html>.  
Image: DeJesus Moleski, Amaryllis. (2012, Feb). Trayvon Martin [original art, used with permission]. More info: <http://www.amaryllisdejesusmoleski.com>

2012



Seven out of ten families with annual incomes less than \$20,000 are investigated by Washington's Child Protective Services (CPS) due to allegations of neglect – inability to provide basic needs. Catalyst for Kids organizes impacted mothers to testify in support of the Family Assessment Response (FAR) campaign - reform that ensured the agency differentiates families where a child is in imminent danger from those in need of support and social services. In cases of poverty, a plan would be developed to address the welfare of the children by connecting families to services they need.

*Siete de cada diez familias con un ingreso anual menos de \$20.000 son investigadas por los Servicios de Protección Infantil del estado de Washington por alegaciones de la negligencia. Catalyst for Kids organiza a las madres afectadas para que presten declaración de su apoyo de la campaña para Respuesta de Evaluación Familiar (FAR). FAR es una reforma para asegurar que la agencia diferencie entre situaciones de peligro inminente y casos de familias que necesitan apoyo y servicios sociales. En casos de la pobreza, se desarrolla un plan para conectar la familia a los servicios que necesitan como medida para abordar el bienestar de los niños.*

Narelle, N. (2012). Washington parents organize to reunify families. Western States Center blog. Retrieved from <http://www.westernstatescenter.org/blog-and-discussion/washington-parent-organize-to-reunify-families>. Image: Western States Center. (2012). Catalyst for Kids members at Washington State Capitol.

2013



Marissa Alexander is sentenced to 20 years in prison for firing a warning shot at her abusive husband, who was not injured. She is not allowed to invoke 'Stand Your Ground,' raising questions about unequal application of the law (especially in the wake of Zimmerman's case).

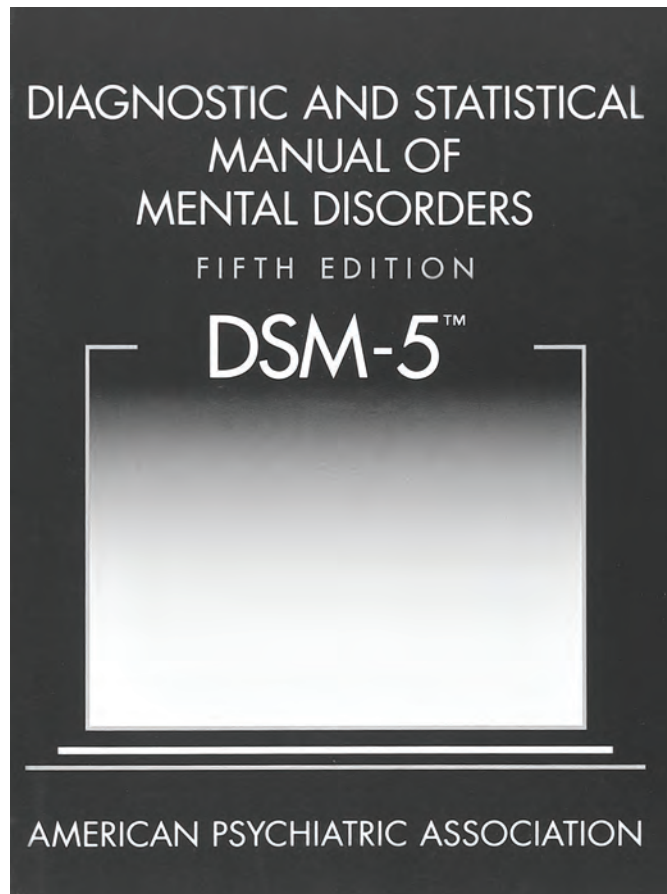
In September, Alexander's conviction is overturned; a judge rules that she had been held to too high a standard for proving she had been battered. However, in 2014, the prosecutor in a new trial announces he will seek the same penalty served consecutively, meaning Alexander could spend up to 60 years in prison.

*Marissa Alexander está sentenciada a 20 años en la cárcel por hacer un disparo de advertencia hacia su esposo abusivo (no lo lastimó). El juez no la deja invocar la ley 'Defienda su Posición,' generando dudas acerca de la aplicación desigual de la ley (especialmente si se compara su caso con el de George Zimmerman).*

*En septiembre, un juez anula la convicción, dictaminando que el jurado usó normas demasiado altas para demandar que Alexander demostrara que fue abusada. Sin embargo, en 2014, el fiscal en un juicio nuevo anuncia que pedirá la misma pena, pero la pena será cumplida consecutivamente. Esto significa que Alexander podría estar 60 años en la cárcel.*

Carmon, I. (2013). Marissa Alexander will get a new trial. Msnbc. Retrieved from <http://www.msnbc.com/msnbc/marissa-alexander-will-get-new-trial>  
Image: [electronic image] Retrieved from <http://justiceformarissa.blogspot.com/>

2013



The American Psychiatric Association's most recent version of the classification and diagnostic tool DSM-V no longer contains "gender identity disorder," replacing it with "gender dysphoria." The change reflects concerns about automatically stigmatizing transgender individuals as disordered.

*La versión más reciente del método de clasificación y diagnóstico de la Asociación Psiquiátrica Americana DSM-V ya no contiene el 'trastorno de la identidad del género.' Lo reemplaza con "disforia de género," respondiendo a preocupaciones de estigmatizar de manera inmediata a las personas transgéneras como si padecieran un trastorno.*

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders(5th ed.). Arlington, VA: American Psychiatric Publishing. DSM-5 cover [electronic image]. Retrieved from <http://dsm.psychiatryonline.org/book.aspx?bookid=556>

2013

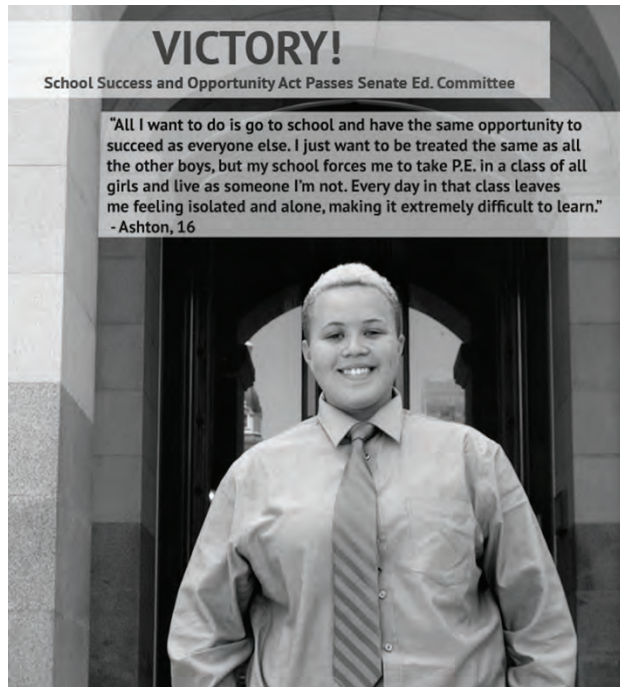


The U.S. Supreme Court issues a 5-4 decision in *Adoptive Couple v. Baby Girl*, a custody dispute involving a child, Veronica ("Baby Girl"), her father, Dustin Brown, and a non-Native couple who successfully petitioned to adopt her. Because Brown is a citizen of the Cherokee Nation, this custody dispute involves a federal law, the Indian Child Welfare Act (ICWA). ICWA was passed in 1978 to end unjust practices by child welfare and adoption social workers, attorneys, and courts that lead to violations of many Native parents' rights and the widespread removal and placement of American Indian children without parental consent.

*La Corte Suprema de los EE.UU. toman una decisión (5-4) en el caso Pareja Adoptiva v. Bebé. El caso es una disputa por la custodia de una niña, Veronica entre su padre, Dustin Brown, y una pareja no-indígena quien solicitó exitosamente para adoptarla. Por la ciudadanía de Brown en la Nación Cherokee, la disputa involucra una ley federal, el Acta de Bienestar de los Niños Indígenas. Esta ley fue pasada en el año 1978 para acabar con las prácticas injustas de parte de trabajadores sociales, abogados, y las cortes que quitan a niños indígenas de sus padres y los colocan sin el consentimiento de los padres.*

National Indian Child Welfare Association (NICWA). (2014). *Adoptive Couple v. Baby Girl*: Information and resources. Retrieved from: <http://www.nicwa.org/babyveronica/>Image: Brewer, S. Dustin Brown with his daughter, Veronica [online image]. Retrieved from <http://indiancountrytodaymedianetwork.com/2014/03/12/baby-veronica-and-future-icwa-whats-next-153971>

2013



California passes a law allowing transgender students to access school-based resources in accordance with their self-identified gender. Anti-trans groups launch an effort to repeal the law, but are unsuccessful.

*El estado de California pasa una ley que permite que alumnos transgéneros accedan los recursos de la escuela de acuerdo con su género auto-identificado. Grupos "antitrans" lanzan un esfuerzo para derogar la ley, pero no logran hacerlo.*

Bloomer J. (2013). Transgender Kids in California Earn Right to Choose Bathrooms and Sports Teams. Slate. Retrieved from [http://www.slate.com/blogs/the\\_slate-est/2013/07/04/transgender\\_youth\\_california\\_becomes\\_first\\_state\\_to\\_mandate\\_equal\\_access.html](http://www.slate.com/blogs/the_slate-est/2013/07/04/transgender_youth_california_becomes_first_state_to_mandate_equal_access.html)  
Image: School success victory [electronic image]. Retrieved from <http://transgenderlawcenter.org/archives/8293>

2014



South Dakota makes it a felony for doctors to perform an abortion on the basis of “sex selection.” Lawmakers specifically scapegoat Asian women in order to limit access to abortion. Sen. Haggard claims “the bill was necessary because of an influx of immigrants to the state.” Rep. Stace Nelson adds that certain “parts of the world don’t value women as much as he values his daughters,” citing his military experience in Asia.

*El estado de South Dakota declara que es un delito grave si un doctor ejecuta un aborto por razón de “la selección del sexo.” Algunos legisladores específicamente culpan a las mujeres asiáticas para restringir el acceso al aborto. Según Sen. Haggard, “este proyecto de ley era necesario debido a la entrada de muchos inmigrantes al estado.” Rep. Stace Nelson añade que en ciertas “partes del mundo no valoran a las mujeres tanto como él a sushijas,” refiriéndose a su experiencia militar en Asia.*

Race and Sex Selective Abortion Bans. (n.d.) NAPAWF. Retrieved From <http://napawf.org/programs/reproductive-justice-2/sex-selection/race-and-sex-selective-abortion-bans/>. Quotations from: Hertell, N. (2014, March 14). SD gender abortion ban bill criticized, revised. WDIO. Retrieved from <http://www.wdio.com/article/stories/s3348082.shtml>. Image: Retrieved from <http://napawf.org/programs/reproductive-justice-2/sex-selection/race-and-sex-selective>

2014



In 2014, Shaneshia Taylor, a homeless single mother, leaves her two children in a car for 38 minutes while she interviews for a job. She is arrested and faces charges of felony child abuse. Taylor did not have access to child care and told police she was desperate to find a job to feed her family. Over 50,000 people have signed a petition asking for the charges to be dropped.

*En el año 2014, Shaneshia Taylor, una madre soltera sin hogar, deja a sus dos hijos en un carro por 38 minutos mientras ella hace una entrevista para un trabajo. Taylor es detenida y acusada de maltrato infantil – un delito grave. La madre cuenta a la policía que no tenía acceso a cuidado de niños y que estaba desesperada para encontrar un trabajo para alimentar a su familia. Más de 50,000 personas firman una petición para que se retiren los cargos.*

Grinberg, E. (2014). When justice is 'merciful' in child abuse cases. CNN. Retrieved from <http://www.cnn.com/2014/08/07/living/shaneshia-taylor-plea-deal/>  
Image: Shaneshia Taylor [electronic image]. Retrieved from <http://www.cnn.com/2014/08/07/living/shaneshia-taylor-plea-deal/>

# 2014



In the town of Ferguson, Missouri, an unarmed teen named Michael Brown is killed by a police officer. Protests in Ferguson are met with a violent and militarized response by the police.

*En el pueblo de Ferguson, Missouri, la policía mata a una joven, Michael Brown, que no tenía armas. Cuando la población protesta, la fuerza policiaca responde con violencia y acciones militarizadas.*

Storey, S. (2014, Aug 13). Scenes of Chaos Unfold After a Peaceful Vigil in Ferguson. New York Times. Retrieved from <http://www.nytimes.com/2014/08/13/us/after-a-peaceful-vigil-in-ferguson-scenes-of-chaos-unfold.html> Olsen, S. (2014). Ferguson police militarization [electronic image]. Retrieved from <http://www.newyorker.com/news/news-desk/militarized-night-ferguson>



