

Network For **REPRODUCTIVE** Options

Board of Coordinators:

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Empowering communities
with abortion access,
grassroots health
education and
reproductive options

Hotline Stories

Since early in the days of the Network for Reproductive Options, volunteers have taken responsibility for our Hotline. Women all over Oregon and the Western United States call our Hotline number seeking referrals to abortion providers, information about what to expect at their abortion appointment, assistance with applying for the Oregon Health Plan Temporary Emergency Card (which covers abortion), and help with raising funds to pay for abortion services. We also sometimes get calls with questions about birth control, or from women seeking options counseling as they face the difficult decision of how to deal with an unexpected pregnancy. The women who call come from every walk of life, from every background imaginable, and all of them have thought seriously about the situation they are in, and what is best for themselves, and for everyone in their families.

Since the first time I returned a call to someone from the Hotline, I have been amazed by the wide range of realities in which our clients find themselves. Some stories stand out in my memory as the dramatic examples of people who seek our assistance: the Sudanese refugee raped in a refugee camp who had recently arrived in the U.S., pregnant and panicked; The homeless women camping in tents, not knowing how they would get to a clinic, let alone pay for their appointment; The teenagers who got pregnant after a birth control failure, feeling that it would be dangerous to tell their parents, and unable to apply for OHP; The undocumented immigrant woman

from McMinnville who spoke no English, had medical problems and needed a ride to the nearest clinic so her abusive husband wouldn't find out that she had decided having a seventh baby wouldn't allow her to care for the six children she already had; Women who were on the pill and kept getting periods until they were in the second trimester of a pregnancy, and didn't know they were pregnant. I have been surprised by how often we get calls from women who are planning to carry to term, until they learn in their 20-week ultrasound that the fetus has no hands, feet, or brain.

Most of the stories of the women who call us, however, are very mundane. Nearly everyday, women (or their partners, mothers, or friends) call because they learn they are pregnant and want an advocate, information, and someone to listen. These women range in age from 14 to their 50's, live in every county in Oregon, or even in surrounding states, come from every income bracket and have every possible opinion of abortion, from anti-choice to undecided/ambivalent to radically pro-choice. Some of the women who call us have health insurance... that doesn't cover abortion. Some of the women who call us can't apply for the Oregon Health Plan because they would have to provide income information from abusive partners, or from parents who can't know they are pregnant. Some of the women who call could pay for their own abortion... but only if they don't pay their rent.

(Continued on page 2)



Hotline Stories (cont.)

In the last month that I volunteered on the Hotline, I received calls from 15 to 20 women a week. We try to give every client something, even if it's just a friendly voice to talk to. When we get calls from more women than we have money for, we prioritize clients who are in the most extreme circumstances: teenage women, undocumented immigrants who can't apply for OHP and women dealing with domestic violence or pregnant as a result of rape.

As intense as it can be to hear so many hard stories every week, talking to our clients is one of the most rewarding opportunities I've ever had, because I know we are providing

information and support to women who might not otherwise have anyone to talk to about their decision. For some of the women who call us, making the choice to end a pregnancy may be the first decision they've ever independently made about their bodies.

Being an advocate for our Hotline clients is an honor. If you find these stories compelling, and

you'd like to help us fund more women, or provide advocacy to our clients, please consider becoming a Hotline Volunteer, or making a financial contribution to our Women In Need Fund ! You can call the office at 345-5702 to find out more ■

"The women who call come from every walk of life, from every background imaginable"

Progressing From Choice to Reproductive Justice: Book Review

Undivided Rights: Women of Color Organize for Reproductive Justice is a must read for everyone interested in any aspect of the issues surrounding reproductive rights. Co-authors Jael Silliman, Marlene Gerber Fried, Loretta Ross and Elena R. Gutierrez weave together an impressive account of the organizing undertaken by women of color to create a reproductive rights movement that reflects the needs of their communities. Undivided Rights documents a handful of lesser-known radical mobilizations by Latina, African American, Native American and Asian American women that provide impressive

case studies that document vibrant movements that occurred in tandem with the mainstream reproductive rights faction.

The authors raise the tough issues of inclusion, identity politics and social justice within the context of reproductive freedom and move away from the all too common focus of "choice" to women of color asserting political, physical, and emotional control over their lives. Undivided Rights is a very inspiring read ■

Review written by: Kate Ojerio

NRO Yard Sale

NRO will be hosting a Yard Sale in Eugene in late July to help raise money for our programs. Contact our office for more information as to

the time and location or if you are interested in volunteering or would like to donate items (we're looking for quality, big-ticket items!) ■

Solving Regional Abortion Access Problems

NRO Coordinators have begun debating the possibility of becoming a regional abortion fund by extending our service area throughout the Pacific Northwest. In some states women are encountering far more serious financial and other obstacles to abortion access than here in Oregon. In Idaho, for example, there is only one provider clinic, and abortion funding is practically nonexistent.

Presently, a major benefactor and a handful of other contributors have agreed to designate their gifts for Idaho and Washington residents. In order to transition to official regional status, however, we request feedback and assistance from other donors. In the process of speaking with you on the telephone campaign, it has become apparent that many of you would have no objection to allocating your annual contribution to an out of state woman needing abortion funding, or assistance with transportation and lodging costs. It is also clear that

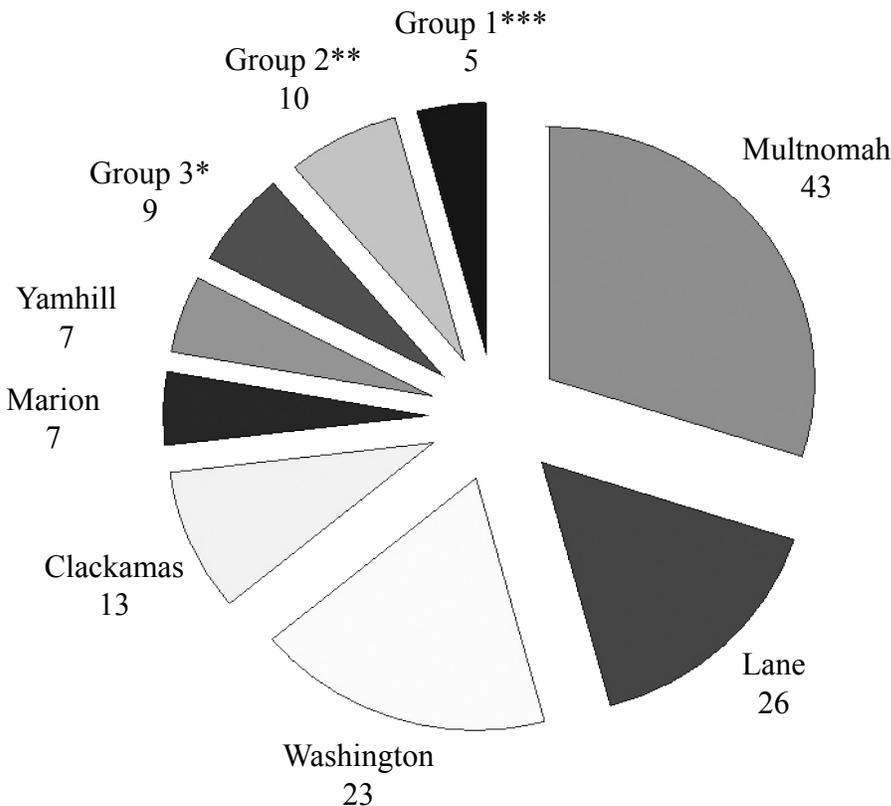
some of you prefer to contribute as locally as possible.

It is imperative that we secure additional, reliable WIN funding before we attempt to expand regionally and have already begun to investigate foundation possibilities in neighboring states. If any of you have referrals to individuals, foundations, or organizations in Idaho, Washington, or Northern California that would potentially contribute to support funding for women in these areas, please contact us with that information. Considering increasing difficulties facing women who attempt to obtain abortion services in bordering states, we anticipate a greater number of applications for assistance to the WIN Fund in the future and want to be prepared ■

Article written by: Marti Black, Staff Fundraiser,
martiblack@earthlink.net, 541-485-4621

2005 Women In Need Hotline Statistics

Number of women who received funding in each respective county:



Total WIN Recipients: 174
 Total Info/Referral Calls: 262
 Total Hotline Calls: 436
 Average Gift per Woman: \$365
 Total Amt. Given in 2005: \$63,556

By Age

15-19	45
20-29	95
30-39	32
40-49	2

Spanish Speaking 34

Pac. NW Region 29

*3 calls each from: Douglas, Kalamath, Umatilla

**2 calls each from: Lincoln, Linn, Coos, Benton, Malheur

***1 call each from: Wasco, Clatsop, Tillamook, Jefferson, Union, Baker

Anti Choice Legislation: The South Dakota Case as a National Warning

Extremists in the South Dakota legislature recently passed a measure (SD H 1215) prohibiting all abortions except in cases of "life endangerment". Pro Choice advocates generally believe that the intent was to provoke court challenges that would ultimately end in an opportunity for conservative Justices of the Supreme Court to uphold abortion restrictions. Instead, the South Dakota Campaign for Healthy Families organized a drive to collect the 16,728 petitions necessary to allow state residents a chance to vote on the repressive law in the November elections. The Petition Drive Director coordinating the campaign recently told an NRO Board member that petition circulating "is going very well" and that he is "100% confident that we will succeed" in getting the repeal attempt on the ballot. Almost everyone predicts that South Dakota residents will overturn this particular measure, but that is not unfortunately the end of the story. Legislatures in at least nine other states are drafting laws that threaten women's right to

"Legislatures in at least nine other states are drafting laws that threaten women's right to choose"

choose almost as severely, understanding that a Supreme Court that has become ever more hostile to abortion rights in recent years may finally have a chance to overturn Roe v Wade. Even in Oregon a conservative House of Representatives periodically proposes anti choice legislation, so far repelled by progressives in the Senate and by the Governor.

NRO is a 501 (c) 3 nonprofit agency. Board members are therefore prohibited from political lobbying. We are allowed to encourage everyone who values

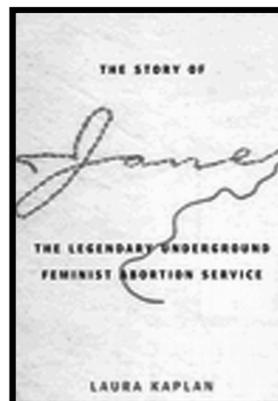
reproductive freedom to get involved with organizations working on the front lines to keep abortion safe and legal. Educate yourselves concerning local and national politicians' views about freedom of choice, letting them know that this issue is of critical significance to you. If we can win in South Dakota, we can eventually win anywhere, but, make no mistake, the battle to maintain the legal right to an abortion is only beginning ■ Article written by: Marti Black

Book Review

The Story of "Jane", the legendary underground feminist abortion service, by Laura Kaplan

Chicago, 1968. Abortion, and even helping arrange abortion, was illegal in Illinois, as in most locales. From word spreading that a few women were helping friends obtain abortions, emerged "Jane", an illegal abortion service compared by the author to the Civil War's "Underground Railroad", which transported slaves northward. "Jane" focused initially on finding doctors to perform abortions, but as frustrations over doctors' attitudes and their financial demands grew, some of the 100 plus "Jane" members began learning the art themselves, eventually performing over 11,000 abortions over

the four year period that "Jane" existed. Reading at times like a suspense novel, the reader awaits the inevitable police raid.



What eventually shut "Jane" down, however, was the passage of Roe v. Wade, for once abortions were legal, the requirements of working within the law were daunting. However welcome Roe v. Wade was, the fact remained that it was written in terms of physician's rights, not women's rights, and revalidated the medical professions' power over women's reproductive health.

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Health Education Update and Workshops

Our Grassroots Health Education Program is burgeoning this year. We have updated and expanded our "slide show" to become the Women's Reproductive and Sexual Health Slide Show, including information about the history of the reproductive rights movement, birth control options, anatomy and physiology of female reproduction, and the status of abortion rights in the United States. We've presented it in several Women's Studies classes at the University of Oregon, as well as to several community groups in the Eugene/Springfield area.

Thanks to the generous help of U of O and LCC interns,

we are developing a curriculum for middle school age students on understanding menstruation and female fertility, which we hope to make available in schools next fall.

Our library is now open to the public and community members have begun using it for their own research, including a group of young women who are planning a national "roadshow" on women's reproductive health.

We are still looking for volunteers to do Spanish translation and who are also willing to train to do presentations. Contact Jennifer at the office if you are interested.

The following workshops are currently available, contact the office for more information about scheduling a workshop or attending one:

Reproductive and Sexual Health Slide Show

Our most comprehensive and asked for presentation, this slide show covers a brief history of reproductive rights in the United States, basic female reproductive and genital anatomy, basic physiology of the fertility cycle, birth control options, and healthy sexuality. The slide show strives to create a safe and empowering environment in which participants share their own experience and knowledge and are inspired to become experts in their own reproductive and sexual health.

Getting to Know Me: Cervical Self-Exam

This workshop is designed to give biological women an introduction to performing self-exams. The workshop emphasizes the importance of greater self-awareness and understanding the range of normal for reproductive health and greater sexual satisfaction. Speculums are provided at-cost. Also looks more in-depth at reproductive and sexual anatomy, including the clitoris, g-spot, as well as exploring the vulva, vagina and cervix.

Fertility Awareness for Fun and Good Health

Fertility awareness is more than just a birth control method. This workshop emphasizes the physiology of the fertility cycle in biological women. We cover the signs of fertility, how to chart the cycle and reasons why biological women might want to be aware of their fertility. This is a hands-on workshop designed to lay the foundation for charting and understanding anyone's fertility cycle.

Book Review cont.

"Jane" therefore evolved into the Emma Goldman Women's Health Center, which performed a wide variety of reproductive health services, but did not include abortion. "Jane" members, especially those who later worked in public health settings, realized in retrospect how rare Jane's perspective had been-- putting the women first and providing counseling and compassion to match the physical need. The author clearly points out that giving a fetus the same or greater value than a living woman is an indication of how little women were val-

ued, except as childbearers. She is also clear that the real tragedy for so many women they served was not due to racial or economic status, but due to their inability to control their reproduction. "Jane" offered women power over their lives. "Jane"'s finances were always in crisis mode, and given the illegality, the chance of medical emergency, the stress of too much work for too few people, "Jane" was indeed a story of breathtaking courage and ingenuity. Kaplan captured it well, for she was one of them. Review written by Gerald Morsello ■

30 Years is Enough: The Hyde Amendment Is An Instrument of Injustice

In 1976, the US Congress under pressure from anti-choice activists passed the Hyde Amendment to the Department of Health and Human Services Appropriation restricting federal funding of abortion for women on Medicaid. Every year since then, Congress has voted to continue restricting poor women's access to abortion by passing the Hyde Amendment.

This year marks thirty years of restrictions on poor women's reproductive rights in the United States. While federal funding is available for every other medical procedure related to pregnancy, funding for abortion is restricted to instances where the woman's life would be endangered by carrying a pregnancy to term or in the cases of rape or incest. There is no other medical procedure that the federal government explicitly restricts access to. The Hyde Amendment effectively limits the freedom of women who depend on federal money to pay for their health care.

Studies by the Alan Guttmacher Institute indicate that poor women in the United States are almost four times more likely to carry an unwanted pregnancy to term because of lack of access to abortion services. A 1983 study found that 44% of women on Medicaid who sought abortions sacrificed their rent, food, and clothing money for themselves and their children in order to scrape up enough money to pay for the procedure. Some even resorted to pawning household items or selling sex in order to come up with the money for an abortion procedure. The same study also showed that poor women were more likely to have riskier and more expensive later-term procedures because of the time necessary to raise money for an abortion

The Hyde Amendment does more than create a double standard of reproductive rights in the United States; It has established state's rights to place restrictions on access

to abortion, which has led to many states' implementation of parental notification, waiting periods, mandatory counseling, etc. By allowing the constitutionality of Hyde, the Supreme Court has ruled that state's have the right to place restrictions on abortion as long as they don't create "an undue burden."

Currently, only 17 states allow women access to public funds when seeking an abortion. Of those states, only 4 do so voluntarily, the rest have been ordered to do so by the courts. Thirty-four states currently enforce parental notification and/or consent laws for minors seeking abortions; 28 states require a woman to sit through a state mandated counseling session prior to the procedure, 24 of those require a waiting period after the counseling. Four states (including Idaho) restrict the use of private insurance to pay for an abortion, unless a woman purchases additional coverage for that purpose.



Here in Oregon the Oregon Health Plan continues to provide funding to women who qualify for abortion procedures. And the women of Oregon are not forced to endure waiting periods or mandatory counseling. But we cannot take these freedoms for granted; anti-reproductive freedom forces continue to attempt to place restrictions on women's access to abortion services in our state.

This year NRO will be joining the National Network of Abortion Funds' campaign "30 Years is Enough of Hyde" to raise awareness of restrictions to abortion access as a social justice issue. Over the next few months we will be participating in letter writing campaigns, and other public education events culminating in a large fundraising event during the week of October 16-21 as part of a national campaign to raise awareness of reproductive rights as a social justice issue. If you are interested in helping NRO with these projects, please contact our office. Article written by Jennifer Webster. ■

Making Sense of the Oregon Health Plan

My first contact with Oregon Health Plan (OHP) was as a student in a class on US Health Care Systems. At the time, my professor spoke about the innovative ways this system provided coverage to a large group of people. The process and the outcome of the plan were lauded because it prioritized women, children, elderly, and the disabled, it paid for treatments known to be most effective, and it covered people most at risk. Traditional Medicaid is often based on income and family size without taking other measures into account. Four years later, answering calls on the NRO hotline, anecdotal evidence makes me wonder if something has changed with this once enviable health care plan.

OHP is Oregon's version of Medicaid. While Medicaid is a national health care plan for low income individuals, this state-beginning in 1989 with discussion and finally implementation in 1994-changed from providers of Oregon Medicaid, to the purveyors of the Oregon Health Plan. There are two forms of Oregon Health Plan currently-- OHP Plus and OHP Standard. OHP Plus is the more comprehensive plan and does not require premiums or co-pays, while OHP Standard covers fewer services and often includes premiums or co-pays.

As a prioritized group, pregnant women are eligible for OHP Plus. They are entitled to abortion services, prenatal care, delivery, birth control and some follow-up. If they qualify, they are able to decide what is best for them, and

their health care follows suit in paying for those services; we are fortunate to live in a state where this choice is up to the individual. Talking to women seeking abortion care I hear a wide range of comments upon suggestion, as is encouraged of all who seek our financial assistance, that they investigate OHP coverage first. These comments include: "What is OHP?"; "How long will it take?"; "I just moved to Oregon, can I still apply?"; "No soy ciudadana" (I am not a citizen), and "I make too much money/we have back payments". Many who know nothing of this option are happy to explore coverage, others who may have been through it before can be more hesitant, and most people fall somewhere in between.

Despite a greater chance of being covered by OHP, many pregnant women continue to struggle with the process. Those reasons are varied and many times reflect the chaos or uncertainty around finding oneself unexpectedly pregnant. At times citizenship restrictions, confidentiality, domestic violence, age, later term pregnancies, or urgent appointments make the process of applying for OHP difficult. It is at this juncture that many women find themselves calling NRO or seeking alternative funding sources. Talking with an employee of MothersCare in Lane County, no matter what a woman decides to do about her pregnancy, it is often helpful to connect her to an advocate so she can access care as quickly as possible. (Continued on the next page)



Changes in the NRO Newsletter

You may have noticed that this latest newsletter is a bit thicker than previous newsletters. That is because the NRO Coordinators decided at our planning retreat for 2006 that we were going to make the NRO newsletter an annual rather than bi-annual event.

The decision was made for two reasons. First, because the production of the newsletter is very time consuming, we think we can produce a more informative and higher quality newsletter if we limit production to once per year. And second, with the increase in first-class postage,

we will be saving a significant amount of money by only mailing the newsletter once rather than twice.

If you want to hear from NRO more than once per year, please send us your email address! We hope to send out regular updates and announcements on email to keep the community informed. See the box on page 8 for how to sign up for our email list.

We hope you enjoy this issue! As always comments are welcome, just contact the office. ■

Oregon Health Plan cont.

While MothersCare acts primarily as a liaison for women who continue their pregnancies, the urgency around receiving care is similar if not greater for those seeking an abortion. Both groups are equally entitled to coverage if they qualify for OHP but many who choose abortion are not aware that the plan provides such services. This is one point at which NRO offers much more than funding for women, we also act as a referral source and help educate women, the partners and families on what is available to them.

When talking about the Oregon Health Plan, advocates and clinics alike have often times used the term Temporary Emergency Medical Card in regard to accessing timely coverage for pregnant women. Upon investigation, it was clarified that there is no difference between the standard OHP card and the one given to pregnant women. Furthermore, a card issued in a short time because of advocacy and connections such as MothersCare still must go through the process of bringing in proof of income, filling out forms, sending them off to Salem and waiting for the hopeful approval and issue of the card. There is no way around this process. While MothersCare is able to expedite the issue of a card in 3-5 days, and branch offices have 45 days to turn a card around, there is ultimately no magic

“Despite a greater chance of being covered by OHP, many pregnant women continue to struggle with the process.”

wand or shortcut. For some women the timeline for accessing abortion care is not compatible with this process and they must come up with the money on their own or be directed to an organization such as NRO.

Despite changes to certain aspects of Oregon Health Plan over the years, pregnant women are still very much a priority in the set up of this plan and therefore, should not incur difficulties accessing coverage for abortion or prenatal services. As hotline advocates we know that this is not always the case. We hear stories

about anti-choice case workers, people who can't get to the office to apply, those who have no proof of income, lost applications, chaotic life circumstances and more. It is clear that challenges and barriers to OHP coverage still exist in the real world. For those who are able to collect their personal information, get to an office to fill out an application and can avoid the occasional case worker who may pass judgment or interfere with the process, the Oregon Health Plan is an invaluable resource. Where this is not the case and OHP coverage falls short, we should all be grateful that organizations like NRO exist for education, referral and funding for the women of this state. Article written by: Christine Mosbaugh ■

NRO Wants Your E-Mail Address

In order to keep the community informed about upcoming events, policy changes and other important information, we are building a database of email addresses for people who would like more regular updates from NRO. We are anticipating sending about 6-10 emails per year and

of course we would never, never share your information with anyone else.

If you would like to receive email updates from NRO, please send an email to edu@nroptions.org with **Add Me!** in the Subject line ■

Party it up with NRO

As many of you know, NRO has been growing by leaps and bounds these past few years. It has been tremendously exciting and also very challenging. This year, we are attempting to raise more money than ever for women in need of abortions. While Marti continues her fundraising on the phone and several Coordinators

are writing grants. We know that there are more fun ways to raise lots of money and you can help! This summer, you can host a house party for NRO (or a picnic or a BBQ or maybe a pool party!). It's a simple and fun way to let more people know about the great work that NRO does and to help us meet our fundraising goals for this year.



- Invite some friends, acquaintances, community members for a fun little get together (at your house, at the pool, at a park, somewhere pleasant and comfortable)
- Serve simple refreshments, snacks, drinks, desserts
- Tell everyone about the great work that NRO does (or invite one of our Coordinators to do it!)
- Ask everyone to make a contribution

Members of the Board of Coordinators would be happy to help you plan a party and even happier to attend! We also have some short films on reproductive justice in our library that we could show, or we could even present one of our

workshops or slideshows, depending on your interests and what feels appropriate. Contact our office to receive our "House Party How To" or to talk with someone about how you can help us continue to serve the women in Oregon ■

Statement on Ending Oppression

As an organization committed to educating and empowering women to understand and control their reproduction, we at NRO wish to acknowledge our duty and responsibility to work toward ending the oppressions in our society that limit a woman's right and access to reproductive freedom. We believe that a woman's right to control her body is fundamental to realizing her equality and her potential as a human being. We also recognize that all forms of oppression have an impact on a woman's ability to express herself sexually, make reproductive choices

and enjoy reproductive health throughout her life. We are, therefore, committed to understanding the ways in which oppression limits the reproductive options of members of our community and to creating an organizational culture that acknowledges the impact of oppression on ourselves and our communities, appreciates and respects the experiences and cultures of others and develops a climate of equality, empowerment, and justice ■

Thoughts On Planned Giving

Support reproductive justice in your lifetime and beyond by designating Network for Reproductive Options as a beneficiary in your will, life insurance policy, retirement plan, or IRA. Planned giving is an important decision for any person. Contact an attorney or financial advisor

for guidance since many of these options offer some tax deductions or other tax advantages. If you have NRO as the beneficiary in any capacity, please let us know if there is any specific designation for the funds: general support, Women In Need Fund or education ■

Network for Reproductive Options

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Empowering communities with
abortion access, grassroots health
education and reproductive options

Thank you for supporting reproductive justice!

Thank you for your support!

Special thanks from Network for Reproductive Options to all of our generous donors. Our work to provide women with access to reproductive options wouldn't be possible without you!

NRO would also like to acknowledge the support of the following foundations for 2006:

The Jarvey-McCord Foundation

The Ralph L. Smith Foundation

The McGeady Family Foundation

The North Star Foundation

The PGE Foundation

The Isis Foundation

The Holzman Foundation

The Charla Richards Kreitzberg Foundation

The Anna Lalor Burdick Program of The Lalor Foundation

The Calypso Fund and The Evergreen Hill Education Fund of the Oregon Community Foundation

The Oregon Country Fair Board

We have enclosed an envelope within the newsletter to make the donation process easier.