

2008

Network for REPRODUCTIVE Options

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

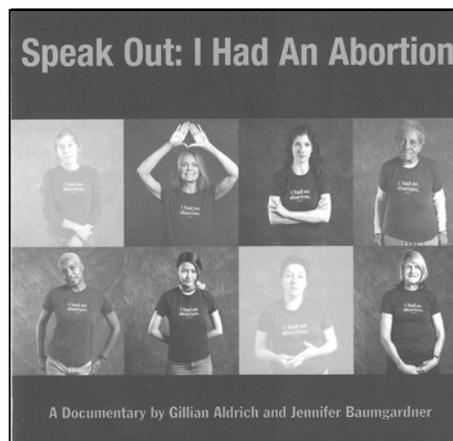
Speak Out: Time to Talk About Abortion

If nearly half of the women in the United States will have an abortion before the age of 45, why is having an abortion such a secret? There's a certain absurdity to the fact that most of the women we know have had an experience with abortion, yet most of the women in our lives never talk about it.

Here we are in the 21st century. Abortion is still considered shameful or at least embarrassing if you need one. Women are afraid to talk about their experiences, their decisions, despite the fact that the vast, vast majority of women are content with their decision to terminate a pregnancy. The anti-abortion forces have really done a fabulous job of creating cultural conditions under which it may be possible to reverse Roe, mostly by making abortion seem like such a shameful experience that everyone keeps silent about it.

Last October, NRO fulfilled a dream that many of us had talked about for years: we created space for women to come together and share their experiences with abortion. In the tradition of the speak-outs of the early abortion rights movement, we wanted to break the silence and end the stigma associated with having an abortion. The silence around the complex decisions that accompany a pregnancy in this country is deafening and it has created a climate in which it is all too easy for a vocal minority to whittle away our reproductive freedom.

In collaboration with the University of



Oregon Students for Choice, we showed the film Speak-Out: I had an abortion, and invited women to share their own stories. In 2005, Jennifer Baumgardner and Gillian Aldrich collaborated on a film project to give voice to the experiences of millions of American women with abortion. As the filmmakers state, "Every major advance in reproductive freedom was preceded by women

telling the truth about their lives... Women telling their stories now—when abortion is legal but still so stigmatized that it's never discussed in polite company—could launch a new arm of the abortion rights struggle, whereby women personalize what has become a vicious and abstract debate."

While the event was moderately attended, it was powerful and deeply moving for the participants. Women of all ages spoke of their abortion experiences, some for the very first time. The experience really highlighted the fact that there is a desperate need for women's stories to be more widely known. The far-right has claimed ownership of the moral high ground on this issue for too long. The shame and the silence must end.

If we want to protect abortion rights (and maybe even expand them to include access), we need to reclaim the dialog on this issue. We need to stop being apologetic about abortion (Hillary Clinton style: legal, safe and rare), and start claiming access to abortion as the fundamental human right that it is. Women choose

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Comprehensive Sex Education in Oregon

It's celebration time! The Oregon State Board of Education recently approved a revised Oregon Administrative Rule on Human Sexuality Instruction in public schools to ensure that young people receive medically accurate and balanced information about human sexuality. Up until now, Oregon schools were allowed to teach from any curriculum with very little oversight or requirements. So what happened? Some schools used great curriculums, and some chose curriculums that were utterly flawed.

The new OAR is designed to address the problems found in many Abstinence-Only-Until-Marriage programs found in schools all over the U.S., including here in Oregon. Federal and state research has found these curriculums to be riddled with misinformation, including the following:

"[Students] need to know that, when used every time, condoms at best only provide a 50% reduction in the transmission rates of syphilis, gonorrhea and Chlamydia. They should be told that condoms do not appear to provide any protection from HPV, (which causes 99% of all cervical cancer)." (WAIT Training, p. 21)

These "facts" are untrue and dangerous. While condoms do not provide 100% protection against STI transmission or pregnancy, they are the best option for reducing risk. Abstinence-Only-Until-

Abstinence-Only-Until-Marriage curriculums are designed to scare young people away from having sex, even if it means lying about the effectiveness of contraceptives or with erroneous links between abortion and breast cancer.

Marriage programs are designed to scare young people away from having sex, even if it means lying about the effectiveness of contraceptives or by making erroneous links between abortion and breast cancer. Oregon has taken a huge step forward to ensure that students make decisions about sexual behavior based

on accurate information about their bodies and their health rather than on lies and fear.

This new OAR is just the first step in bringing comprehensive sexuality education to the young people of Oregon. While the rule provides guidelines for schools, there are, as of yet, no means to enforce their implementation. You can help by getting involved in your local school as a parent or community member and letting them know that you support comprehensive sexuality education in our schools. They need to hear from you because school leaders hear from Abstinence-Only-Until-Marriage supporters all the time. Schools, administrators and legislators need to hear from us that we want the new OAR funded and enforced.

You can learn more about Abstinence-Only-Until-Marriage curriculums at the Sexuality Education and Information Council of the United States (<http://www.siecus.org/media/press/press0170.html>) and by reading the new OAR yourself at http://arcweb.sos.state.or.us/rules/0807_Bulletin/0807_ch581_bulletin.html.

Stories from the Hotline

While legislators argue over the rights of fetuses and under what conditions abortions are actually necessary, we know that the decision to terminate a pregnancy can't be made in courtrooms or legislative chambers. Because our society does not always support women in making decisions for their lives, our hotline continues to provide women who know that they need an abortion with the resources necessary to obtain one.

My first call helped me to understand why the Women in Need Fund is so important. As I did the intake for Josefina (*not her real name*) I learned a lot about her: she was about 30 years old, she had three children and she had come to the U.S. with her husband, whom she had recently left because he was abusive. Furthermore, Josefina had no income of her own; rather she was receiving \$390 a month from a relative, of which \$350 went to rent.

Since she needed all \$430 to pay for her procedure, I worked with her to reach out to a wider network for help. On her behalf I asked another fund,

The CAIR Project, to also contribute to her procedure. She asked Planned Parenthood's fund to contribute as well. A week later, when Josefina went in for her abortion procedure NRO had helped her to access all the funds she needed. The Network for Reproductive Options' WIN fund contributed \$200, the Planned Parenthood fund contributed \$130 and the CAIR fund contributed another \$100. I felt proud to have helped her create the network she needed to pay for her procedure. Josefina called to thank me, but really it is the wide network of NRO donors and supporters who need to hear her "thank you." You helped make this possible.— A Hotline Advocate



I wanted to send you a thank you letter. I recently found out that I was pregnant, and under my circumstances I could not keep a pregnancy. Due to the late discovery of the pregnancy (20.5 weeks) it

2007 Women In Need Statistics

Hotline Totals

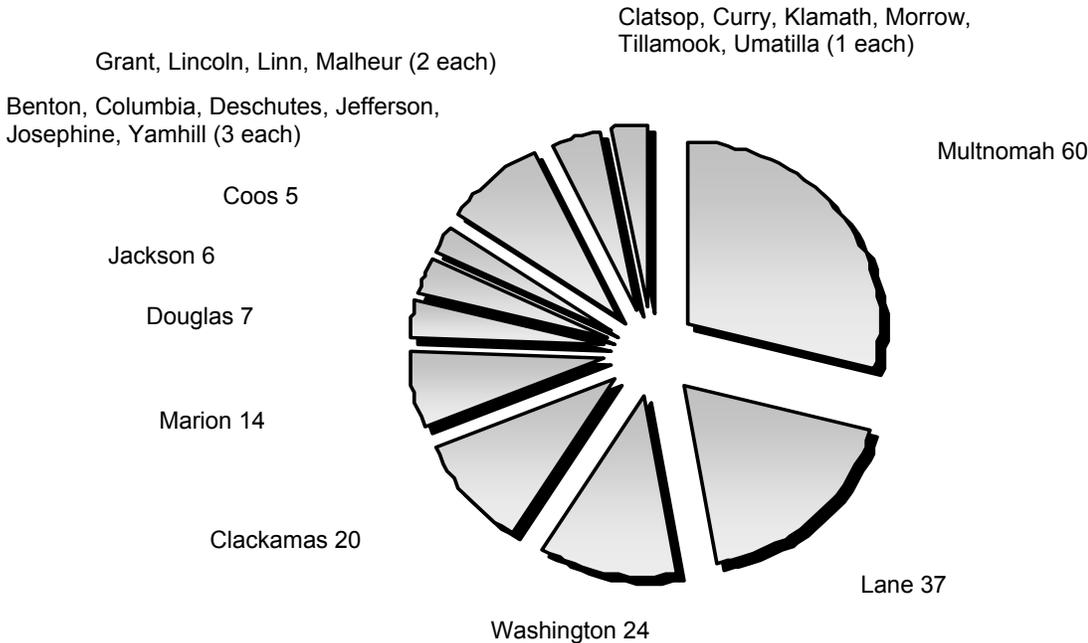
Total Hotline Calls	476
Total Info/Referral Calls	252
Total WIN recipients	224
Average gift per woman	\$217
Total amount given for 2007	\$48,613

Women whose primary language is not English 36
 Spanish speaking 31

Among those reporting Ethnic Identity:

African American	7
Asian American	3
Latina	43
Mixed	8
Other	9
White	102

Pacific Northwest Region: 16



By Age

15-19	42
20-25	78
26-30	41
31-40	46
Over 40	5

wasn't possible to receive an abortion in my state.

However, due to some very caring people at Planned Parenthood and NRO, I was able to find a clinic close enough that I could drive to and have my abortion. Thank you for all your help and funding that was provided for me. I really can't thank you enough.— J, a hotline client

I want to thank you so much for granting me \$100 to help me fund the abortion that I needed. Without your help I don't think I would have been able to go through with my decision. I would have to say it was the most important and best choice I have

ever had to make. This will help me to continue with my goals and to graduate high school next year on time. I really just want you to know how amazing your program is and I hope one day when I have a steady job that I will be able to make donations to help people just like me. Thank you so much! — S, a hotline client

We are always looking for new hotline volunteers and are especially in need of advocates who speak Spanish. If you are interested in learning more about how to become an advocate, please contact our office, 345-5702.

CLINIC ESCORTS NEEDED

Dr. Bours Health Center in Eugene is looking to expand their pool of escorts. On-site training is provided. Please call the NRO office, 345-5702, if you are interested in volunteering as a clinic escort.

If you volunteered in the past but have not been called, we apologize. Our former escort coordinator moved and in the process, the list was lost. Please contact us if you are interested!

The State of Reproductive Justice around the Nation

We celebrated 35 years of legal abortion this year, but sadly the United States remains a long way from reproductive justice. Here are just a few of the challenges from around the country.

THE VITTER AMENDMENT

The Vitter Amendment, passed by the US Senate in February 2008, adds even more restrictive language to the infamous Hyde Amendment. Since 1976 the Hyde Amendment has prohibited federal funding for abortions except in cases of rape, incest, or life endangerment. The Vitter Amendment specifically restricts the use of Indian Health Services funds for almost all abortions, having the potential of affecting millions of Native American women who depend on federal Medicaid as their primary health care coverage.

NRO stands with the National Network of Abortion Funds (NNAF) in opposing the Vitter and Hyde Amendments as laws that discriminate against some of the most vulnerable women in our society. We renew our commitment to protect the right of all women to exercise reproductive choice and are in the process of investigating the most effective means of disseminating information about NRO's funding availability to Native American women in Oregon.

SOUTH DAKOTA

In 2006 voters in South Dakota decisively overturned a measure passed by the state legislature that would have banned virtually all abortions. Two years later abortion opponents in South Dakota have apparently gathered enough signatures to place another restrictive initiative on the ballot in November. This initiative permits pregnancy termination only in cases of incest, rape, or when the health of the woman is threatened.

The 2008 South Dakota bill mandates that women applying for permission to obtain an abortion must first report rape or incest to police, and exempts mental or emotional trauma as legitimate threats to the health of a pregnant woman. The bill also classifies physicians who perform abortions, except those allowed under the proposed law, as class 4 felons. As such, they could face imprisonment for up to ten years and payment of a \$20,000 fine.

The South Dakota example holds important ramifications for reproductive justice throughout the country. If South Dakota residents approve the proposed legislation in November, The Campaign for Healthy Families will in all probability challenge the legality of the law in court. The Campaign's success, and similar efforts in other states aimed against abortion opponents who seek to overturn *Roe v Wade*, will ultimately depend upon how effective we are at electing progressive legislators. In this election year, more than ever before, we must

vote for candidates who will protect choice. The future of reproductive freedom depends on it.

MISSOURI

A federal court of appeals struck down a near total ban on abortion enacted by the Missouri prison system in January 2008. The Eighth Circuit Court of Appeals decided that the ban violates and "completely eliminates" women's right to abortion in the case *Roe v. Crawford*. The court repeatedly argued that a woman's right to abortion outweighs any risks to taking women outside the prison.

However, the ruling was troubling in several respects. First, it allowed that prisons could require women to get an order from a judge to authorize an abortion. This could lead to a delay causing a woman to be too far along to terminate a pregnancy. Second, the court rejected arguments that abortion falls under the protections of the Eighth Amendment which guarantees prisoners' rights to medical care. The court argued that "if a procedure is not medically necessary, then there is no *necessity* for a doctor's attention."

OKLAHOMA

In Oklahoma the legislature recently passed a law that places obstacles in the path of women seeking abortions. It survived Governor Henry's veto and will become law in November. Among its provisions: a woman must submit to an ultrasound immediately before an abortion procedure and is required to listen to a description of the results while it is displayed for her to view. This legislation duplicates tactics used by so called 'pregnancy crisis centers' where abortion opponents attempt to prevent abortions by intimidating women at a time when they may be emotionally vulnerable.

COLORADO

In early May, anti-abortion forces in Colorado announced that they had secured enough signatures to put a "personhood initiative" on the ballot in November's election. The initiative, if it passes, would declare a fertilized egg a "person" entitled to rights including due process of law. The initiative would have serious implications not only for abortion in the state but also for some forms of birth control and in-vitro fertilization.

Pledge a Protestor!

An anonymous donor has pledged dollars for women in need according to the number of protestors who show up each day at the Bours Health Center in Eugene.

*Additional donations are always welcome!
Call the NRO office if you are interested in donating as well.*

Thank You Oregon!

While a woman's right to an abortion and women's access to abortion are under continual attack around the country, we have a lot to be grateful for here in Oregon. According to NARAL Pro-Choice America, Oregon receives an "A" on its reproductive health report card (while the United States overall receives a "D-").

Some of the criteria NARAL used in determining our grade include:

- low-income women's access to abortion (women on the Oregon Health Plan can have their abortions paid for),
- access to Emergency Contraception for sexual assault victims (Oregon law ensures that sexual assault victims receive access to emergency contraception (EC) in hospital emergency rooms),
- insurance coverage for birth control (insurance companies who provide prescription plans are required to include birth control in their plan)
- Oregon includes language in the state code to protect an individual's right to obtain and use contraception

We have even more to be grateful for here at NRO: we have a strong board, with Jennifer skillfully handling the office details, Marti cheerfully and eagerly soliciting your financial help, and several hotline advocates compassionately fielding the urgent calls that request our assistance. We are also lucky to be in a state with several highly competent abortion providers who work with us to ensure that women receive high quality care.

We know that even though Oregon is a great state for women's reproductive rights, without access to resources, many women are still denied the opportunity to exercise those rights. Seventy-eight percent of Oregon counties have no abortion provider; while the Oregon Health Plan covers abortion procedures, new requirements to prove citizenship mean that many women do not have time to go through the application process; and thousands of women are under-insured or have such high deductibles that it doesn't matter if their insurance would cover the procedure or not.

Every week we feel grateful to the late Margaret Lumpkin who bequeathed us nearly \$21,000 in 2006, giving us a good financial cushion from which to work. And while we cherish the \$1,000 checks that occasionally appear, it is the large number of small donations that account for the bulk of our success. It is the unfailing generosity of our donors that enables us to continue to assist the women of Oregon who need financial assistance and who know that now is not the right time for them to become mothers.

Speak Out, from page 1

abortion for many reasons, the most fundamental of which is that they want to be good mothers but don't feel they can be at this time, for whatever reason. Choosing to terminate a pregnancy is a moral decision.

If we want to seek common ground, our goals should be better access to all reproductive health care (including contraception, STI screening and abortion) and reducing unintended pregnancies through better sex education and increased availability of contraception (which will probably have the side effect of reducing the number of abortions performed, since most abortions are performed on women who didn't intend to get pregnant). But even with better education and contraceptive access, no contraception is 100% effective and many women get pregnant using the pill, the patch, condoms, etc. Abortion must always be an accessible option.

Finally, we need to expose the anti-abortion movement for

what it really is: an anti-woman, anti-female sexuality movement. A real pro-life movement would never push to restrict access to abortion and would certainly not push for making abortion illegal. More than 60,000 women die every year in countries where abortion is illegal from unsafe procedures. There's nothing pro-life about that.

We need to tell our stories, break the silence and end the shame around abortion if we want real reproductive freedom in this country.

*A great website for women's stories of abortion is www.imnotsorry.com. If you would like to organize a speak-out in your community, *Speak Out: I had an abortion* was generously donated to the NRO Library by Jennifer Baumgardner and is available. NRO would also be happy to help you organize it! Just call the office.*

BOOKS, BOOKS, BOOKS!

Our library continues to grow, thanks to the generous donations from the Oregon Country Fair Board of Directors, and contributions from community members. As always, we would welcome donations of (current or classically important) films and books in good condition on any of the following subjects:

- Reproductive Justice and freedom, including History of Reproductive Rights
- Women's Health (What the heck? It is a community library, so Men's Health, too, especially related to sexuality, contraception, sexually transmitted diseases, etc)
- Midwifery and Prenatal Care
- Herbal, Chinese, and other Alternative Medicine
- Contraception and Abortion Literature
- Healthy Sexuality
- Lesbian, Gay, Transgender Health Issues
- Feminist Fiction
- Books in Spanish on any of the above topics

Book Review: America's War on Sex



America's War on Sex: The Attack on Law, Lust and Liberty by Marty Klein, is an accessible and compelling read. However, I did have problems with the book's language and tone. The book's opening chapter is addressed to the reader under the title, "You're the Target:

Why a War on Sex?" in which Klein outlines two camps: *erotophiles* and *erotophobes*. *Erotophiles* appreciate and are tolerant of sexuality while *erotophobes* fear and hate sexuality. Klein redefines the term "culture war" by explaining that the *erotophobes* are engaging in a war against sex on every level of society while paradoxically claiming that they and their values are under attack.

The book progresses through the various battlegrounds on which this conflict is being fought: sex education, reproductive rights, broadcast media, the internet, sex shops, pornography and sexual minorities. He provides a mountain of eye-opening data with respect to the well-funded and politically powerful Religious Right in the United States and how it is eroding reproductive, sexual civil rights and influencing domestic and foreign policy.

One of the particularly troubling tactics in the war on sex is the spread of the "right to refuse" laws. These laws are being passed in states and in municipalities to enable health care workers to refuse counseling, diagnosis, treatment and other services if they object to them on a moral basis. He cited a 2005 Mississippi law granting this "right" to payers of health care procedures. Klein's statement that morality is widely interpreted to mean anything related to sex is an accurate one. Another victory for the Right was the passage of the 2006 Broadcast Decency Enforcement Act that dramatically raises penalties for broadcasting "indecent" material. Klein points out that since there isn't a definition for indecency, the legislation will have a chilling effect on free speech in the broadcast media.

The book concludes with a call to end discrimi-

nation based on sexual orientation, urging legislators to consider unbiased scientific data in case decisions regarding sex, stop police departments from sending undercover cops to shut down sex shops, and requesting that zoning boards stop discriminating against venues that host activities for consenting adults. Despite this clear-headed and fair conclusion there are some parts of the book, I feel I must criticize.

One off-putting aspect of America's War on Sex is that it appropriates what can only be described as "War on Terror" language. For example, in the beginning chapter Klein uses the term "jihadist" (jihad, is a Qur'anic word that has no tie to war or terrorism) to describe his opposition. Elsewhere in the book, he mentions Saudi Arabia, Afghanistan, Pakistan, and North Korea as sexually repressive countries. And while there's no question that he is correct in asserting that, I felt he is unconsciously (or not) using the rhetoric of the current administration to sensationalize his topic instead of pointing out that religious and judicial fundamentalism are the real obstacles to civil rights.

Another facet that I found deeply disturbing was the implication that civil rights are a done deal and there's racial equality in the U.S. My jaw dropped open when I read, "As insane as racial segregation was, at least blacks had their own drinking fountains." He went on to say that communities are not simply trying to limit access to sex shops but eliminate them altogether. I thought that somehow African American readers would care less about sex shops after reading such a racist trivialization of the Jim Crow era. As a Lesbian I feel genuine pain over the fact that some Black civil rights leaders decry the GLBT community's use of the term "civil rights" to describe our push for full civic inclusion. And this careless allusion to a murderous time by someone claiming to be an ally of the GLBT cause is part of the problem – it gives the impression that the only people who care about sexual and reproductive rights are white and that we just don't get it about racism. So, while the book is easy to read, it is clearly meant for white people with a certain bias.

Book Review: Abortion Under Attack

One of the joys of any anthology is that it is like a potluck. If one particular offering fails to grab your imagination, soon there will be one that does. Abortion Under Attack, published in 2006 by Seal Press is one of the best opportunities you will ever have to read 23 superb writers' heartfelt words on abortion and reproductive justice.

Quickly it becomes clear that abortion is but one piece of the broader subject of women's rights. A common theme stressed by several authors is the point that a narrow focus on abortion and pro-choice rhetoric may work well for more affluent women, but huge numbers of women, including those of color and poor women, are fighting for basic rights on so many fronts that they are not responsive to any activity that fails to address their broader concerns. Even the Women's March in Washington in 2004 has been regarded as inadequately speaking to the concerns of marginalized women. For them, achieving respect and justice carry more weight than just reproductive choice.

One writer persuasively suggests that abortion issues are embedded in access to birth control, comprehensive sex education, affordable universal healthcare, government-subsidized childcare, education-related grants and loans, raising the minimum wage, adoption laws and attitudes, and the hatred of women and women's bodies found in some Christian traditions. She suggests that these issues are all within our power to address imaginatively and forcefully.

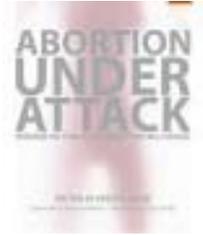
Another recurring theme is the recognition that those who denounce abortion rights have been hugely successful in appealing to raw emotion through visual images and loaded

words. To counteract that requires imagination and creativity on the part of abortion rights supporters. Our language must address issues of compassion and reason just as successfully. If "pro-lifers" stress quantity, we who embrace women's rights can stress pro-life quality.

Points of contradiction may also emerge in any anthology. One challenge is: Do we talk about the fetus and fetal sensations? If we do, how do we still hold firm the belief that legal rights of women take precedence? This book defines the questions with greater clarity, but leaves it to the readers to supply their own answers. As another example, do we talk about the range of post-abortion psychological reactions, acknowledge the difficulties that arise for some women and men, and offer adequate pre- and post-abortion counseling?

You will learn why the "partial-birth" abortion ban does not define a clear medical procedure. And why it is that states with the most abortion restrictions also provide the fewest resources for family planning, prenatal care, welfare benefits and health coverage.

As the book jacket states, you will be challenged, infuriated, saddened, empowered and inspired to begin a new conversation about abortion. The conversations are long overdue. After all, statistics tell us that 43% of women in the United States will choose an abortion at some point in her lifetime.

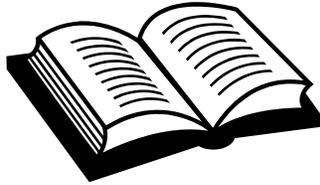


Book Review: This Common Secret

One look at the photo of Susan Wicklund, author of This Common Secret, published in 2007 by Perseus Books, reveals a forthright woman of compassion, determination and courage. Read the first chapter, and through the tears you will realize that this book will be hard to put down.

Sometimes reading like a mystery story, tension builds over whether and how Susan will achieve her goals. Clearly her own abortion at age 22 shaped her determination to provide women first-rate care when they come to her for their abortions. Throughout the book an underlying mood of uncertainty is maintained regarding what moves abortion protestors will make next and how she will respond. A crushing moment comes when her own family situation forces her to close her Montana clinic after only five years in operation.

The reader's interest is then spurred on by wanting to know if she gets back into what has been her life's work. When she does, but in a powerless position, the rigid, unbendable, and unfeeling rules under which she must work become almost unbearable for both her and the reader. Finally, there is resolution when she again finds a clinic in which she is able to practice her compassionate approach to giving women the best care possible. Not only does she never push a woman into having an



abortion, but she will not perform one unless she is convinced that this is truly what each woman who sees her wants.

Susan Wicklund's words capture the essence of wisdom: "Abortion has to be legal and available for all women...women cannot be forced to bear children they are unable to care for physically, financially or emotionally." And as a friend of hers says, "Women have abortions because they want to be good mothers."

She is also very clear that "Never once did these [abortion] decisions seem easy or casual. Every one was the product of tremendous personal struggle. Anyone who claims otherwise is either very ignorant or unkind or both. Anyone who says that women use abortion as a method of birth control or as a simple matter of convenience should spend a day in a clinic where abortions are performed. No honest person would ever make that statement again."

This Common Secret is a book you will not forget; it is one of those books that everyone could benefit by reading. It is highly recommended.

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!

The Network for Reproductive Options gratefully acknowledges that our work providing abortion access to women in Oregon would not be possible without all of you who generously support our programs!

NRO also extends appreciation to the following foundations for grants awarded in 2007- 2008:

The Jarvey-McCord Foundation
The Brenner Foundation
100th Monkey
The Holzman Foundation
The McGeedy Family Foundation
The Campbell-Oxholm Foundation
The Gradison Foundation
The North Star Foundation
The Isis Foundation

**Support reproductive justice
in your lifetime and beyond.**

Designating Network for Reproductive Options as a beneficiary in your will, life insurance policy, retirement plan, or IRA is a great way to provide long-term support for NRO's mission. 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.