

2010

Network for REPRODUCTIVE Options

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

Overcoming Obstacles to Abortion Access: Oregon Women Tell Their Stories

*Original Master's Degree Research Findings, by Bayla Ostrach
Oregon State University, NRO Hotline Advocate since 2002*

As Network for Reproductive Options volunteers and donors know, half of all pregnancies in the United States are unplanned, and half of those end in abortion (Guttmacher 2008).

Approaching abortion access from a socioeconomic and social perspective, and acknowledging this frequent occurrence of unplanned pregnancies in the United States, the issue of access to abortion care is clearly a crucial one for many women of reproductive age (Guttmacher 2008, Ellison 2003, Dudgeon and Inhorn 2004). This mixed-methods quantitative and qualitative investigation of Oregon women's perceptions of any obstacles encountered in the process of seeking abortion care in western Oregon examined what obstacles or barriers, if any, women face as they seek abortion care.

Women were asked how they negotiated any obstacles they encountered, and their perceptions of the role that perceived social support played in helping them overcome obstacles in order to successfully obtain abortion services. Finally, this research explored ways that information about how relationships between obstacles and social support might be utilized by clinic staff and reproductive rights advocates as they work to improve access to care and reduce disparities for vulnerable populations. The study was informed by time intensive, one-on-one participant-observation fieldwork at a clinic that serves women across a broad range of gestations, making it one of few clinics in the state that offers services beyond the first

It was really difficult. I wanted him [her husband] to go with me... I told him he had to be supportive of me, and he wasn't. He was horrible.

- May (pseudonym), 26 years old, 3 kids, in an abusive relationship, waited three months for her OHP confirmation

trimester. Noting that the majority of women in the sample live below the poverty line, this study also speaks to the experiences of women who have the fewest resources for overcoming obstacles to care (Guttmacher 2008, Henshaw 1995). The study included anonymous survey data from 238

women, confidential in-depth interviews with eleven women, and interviews with clinic staff and other advocates.

Obstacles to Access

Oregon women seeking abortion care encounter obstacles related to applying for coverage under the Oregon Health Plan (OHP, a Medicaid program) and other financial and logistical challenges. Women described delays and difficulties involved in applying for and receiving state healthcare coverage of their abortion appointments in a timely manner, the need to make travel and/or childcare arrangements, and the importance of finding someone who would be supportive. In fact, many women discussed how a perceived lack of social support, particularly in the forms of emotional and logistical support, functioned as a primary obstacle.

Social Support

Women discussed the importance of perceived social support in helping them overcome obstacles to care in order to obtain abortion services, and the negative impacts of not receiving adequate social support during this process. Women reported that receiving adequate

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The Broken Promise of Health Care Reform

The passage of health care reform this year was an historic victory. It is a small, small step towards recognizing health care as a human right in United States. Unfortunately, this small victory came at a terrible price—to be paid by those who can least afford it. Low-income women will continue to face financial obstacles to abortion.

It's been 37 years since the Supreme Court ruled that a woman had a constitutional right to obtain an abortion, and not a day has gone by without someone, somewhere attempting to whittle away women's access to that right. While the legality of abortion seems safe enough for the moment, the reality of accessing abortion is not promising. In 1973, the promise of *Roe v. Wade* was it would give women freedom to decide for themselves when and whether to bear children. That promise has not been realized for many women.

In 1977, the Hyde Amendment began prohibiting the use of federal funds to pay for abortion services. This grossly unjust piece of legislation tells low-income women, women in the military, women who work for the federal government, that they only have the right to obtain an abortion if they can pay for it themselves. The Hyde Amendment is the foundation upon which further restrictions on abortion have been built. The new health care reform singles out women and women's reproductive health care as a privilege reserved for the few who can afford it, rather than a right afforded to all women.

It was a mistake for the reproductive rights movement to not fight tooth and nail to get rid of the Hyde Amendment. It is an unjust piece of legisla-

tion that allows the morality of a vocal minority to interfere with the personal health decisions of every low-income woman in this country. Every single day women sell their belongings and forgo paying bills in order to scrape together enough money to pay for a first trimester abortion. In the 34 states in which abortion is not covered by state Medicaid, women who are receiving food stamps, housing assistance, and other public assistance are forced to come up with \$300-400 for a medical procedure that would be covered if the federal government hadn't decided to foist the morality of a few people onto the general population. We impose hardship on our most vulnerable citizens for a questionable moral stance that has no place in government policy.

We need a grassroots movement that demands reproductive justice without compromise. We have to stop fighting for what we think we can get, and start demanding what we know is just: the right of all women to access safe abortion services. We have to exert pressure on Obama, on the congress, on state legislatures and let them know that we will not tolerate the sacrifice of our lives or our rights for the sake of political expedience. We need to stop being apologetic about abortion, stop being squeamish about it and name it for what it is: sometimes a woman needs to choose between her life, the lives of her children and family and the unborn developing life within her body. Sometimes a woman needs to make that choice, and when she does, she deserves access to the highest quality abortion care available. And if she doesn't have the money to afford it, she deserves access anyway. Reproductive rights are for everybody, not just the wealthy.

-JW

The Beginning of Consciousness

This article is adapted from a letter to the editor that appeared in the May 2010 issue of Friends Journal, a Quaker publication. Quakers believe that all human beings contain within themselves some spark of the divine and that it is each person's responsibility to relate to "that of God" in their fellow human beings.

Hardcore anti-choice activists claim that the tiniest result of conception should be considered a baby—but this opinion differs radically from traditional beliefs. For instance under English common law, abortion was accepted as legal until "quickening," the kicking of the fetus that typically doesn't start until late in the fourth month of pregnancy. All that changed toward the end of the nineteenth century, campaigned against primarily by physicians, virtually all male, cracking down on competition from

female midwives. As the women's movement grew, demand for choice about motherhood grew with it, culminating in *Roe v. Wade*.

Research published last year by the American Institute of Physics provides tantalizing hints about the spiritual development of the fetus. It tells us that not until around its *seventh* month does the fetus start showing signs of REM sleep—that is, the rapid eye movement associated with dreaming. Then it starts dreaming intensively until birth and thereafter. Earlier studies have shown that half an infant's sleep time is spent in what from its rapid eye movements appears to be dreaming.

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Notes from a Hotline Volunteer



Stories from the hotline. Where to begin. The first week I was taking calls was overwhelming. So many women, so much need, I didn't think I would be able to do it. What help could I possibly be? I worried about the generation gap. Roe v. Wade was decided after I had my children; what would I have in common with these women? It didn't take long for me to realize just how important the hotline is. I have talked with teenagers frightened of their parents finding out, women who had lost their jobs and could barely feed the children they have, women who were homeless, had medical reasons, undocumented women whose husbands had been picked up by INS. I realized it doesn't matter what my age is, what matters is volunteering to take the phone calls and do what I can to assist each caller.

her feet after escaping an abusive relationship and losing her job, the woman whose partner was prepared to sell his carpentry tools (his means of livelihood) to scrape together the funding they needed. The gratitude from women who won't have to forgo groceries for their kids, or hock their kitchen appliances, and from the women who can see a light at the end of this dark tunnel is indescribable. I think of these women and realize what a privilege it is to be a part of something that is so important and so needed. I cannot imagine not being a phone advocate. The only regret I have is not having enough money to give to everyone. I know what it is like to not have a choice to be faced with an unplanned pregnancy and no options. I feel honored to be a volunteer with NRO and would encourage others to volunteer also.

-JS

The relief in a woman's voice when I tell her that we can assist her with part of the expense of her abortion tugs at my heart. Sometimes it's not just the lack of funding that creates such distress. I think of the woman who recently lost her father, the mother of two who was couch-surfing while she got back on

Become a hotline volunteer!
 Contact the office
 for more information.
 ¿Habla Español?
 ¡Le necesitamos!

2009 Women In Need Statistics

Hotline Totals

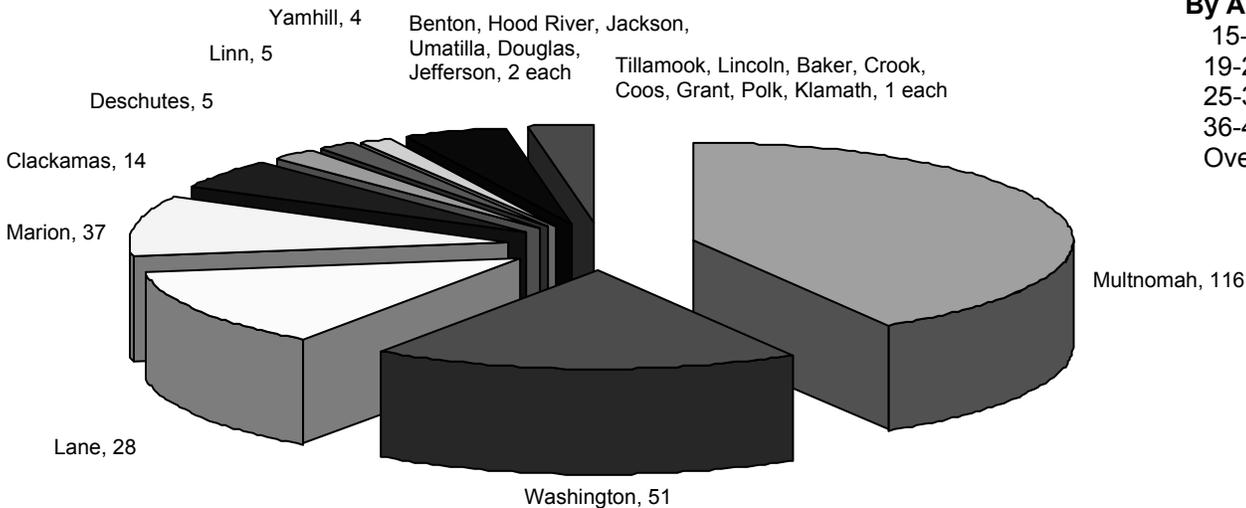
Total Hotline Calls	709
Total Info/Referral Calls	402
Total WIN recipients	307
Average gift per woman	\$181
Total amount given for 2008	\$55,770

Women whose primary language is not English	67
Spanish speaking	57

Among those reporting Ethnic Identity:

African American	9
Asian American	8
Latina	66
Native American	4
Mixed	4
Other	8
White	95

Pacific Northwest Region: 18



By Age

15-18	3
19-24	131
25-35	9
36-45	31
Over 45	1

The State of Reproductive Justice

Judge Sotomayor Joins the Supreme Court

Last August, Sonia Sotomayor was appointed to the Supreme Court, replacing pro-choice justice David Souter. The court's first Hispanic justice, a Catholic and a liberal, Sotomayor had no clear track record with respect to choice. Nonetheless abortion-rights supporters backed her. Nancy Keenan, head of NARAL Pro-Choice America, hailed her appointment as "a sign of progress for Americans who want a Supreme Court that values individual freedom and privacy."

Elena Kagan Nominated for Supreme Court

Nominated in May to replace pro-choice Justice John Paul Stevens, Elena Kagan who as of this writing is the nation's Solicitor General, its top attorney, has no clear record with respect to abortion rights. Like Sotomayor, however, she is a liberal and is believed to be pro-choice. If appointed she will raise to three the number of women serving on the Supreme Court.

More Abortion Patients Are Poor

The percentage of women seeking abortions who were poor increased by almost 60% during the administration of the second Pres. Bush. In 2000, the proportion of abortion patients living below the poverty line was 27%; by 2008 it had risen to 42%. Rising poverty rates plus the Great Recession were probably responsible according to a report issued by the Guttmacher Institute. The survey on which this report was based also asked patients about their health insurance status and how they paid for abortion services. Among those with private insurance, nearly two-thirds paid out of pocket while only one-third tapped their insurance. This probably reflects their concern for privacy and their unwillingness to let employers know they had terminated a pregnancy.

"Personhood" Movements Threaten Abortion Rights

"Personhood" movements in several states are mounting campaigns to have state laws declare that immediately upon conception, the embryo is a person. Missouri, Nevada and Colorado are among those where this battle is being waged. The ACLU of Nevada and others recently argued that a personhood initiative slated for inclusion on the November ballot hid its real intent--to ban abortion and restrict common forms of birth control. Meanwhile in April, Nebraska overwhelmingly passed a virtual ban on



all abortions beyond 20 weeks, this on the theory that a fetus that old can feel pain.

Austin, TX Demands Candor from "Crisis Pregnancy Centers"

The Austin City Council recently passed a measure that requires faith-based centers that don't provide information about abortion or comprehensive birth control to post signs stating so. Some of these centers mislead women by telling them that abortion will increase the risk of breast cancer, impair their future fertility and/or cause mental health problems. To discourage them from seeking abortions they may also require them to have an ultrasound. Many such centers receive state or federal funding. Reps. Henry Waxman (D-CA) and Carolyn Maloney (D-NY) have been working to crack down on such unethical practices.

Utah Defines Some Miscarriages As Illegal Abortions

In February, Utah passed a law expanding the definition of illegal abortion to include miscarriages. Although it recognizes that a legal abortion may be "carried out by a physician or through a substance used under the direction of a physician," it authorizes prosecution for criminal homicide of women who without a physician seek to have or obtain an abortion or through a "knowing or reckless act" have miscarriages.

Oklahoma Legislature Passes Anti-Abortion Bills

In April, Oklahoma legislators overrode the governor's vetoes of two measures, one of which requires women to undergo an ultrasound and listen to a detailed description of the fetus before getting an abortion. No exceptions are made for victims of rape or incest. The Florida legislature recently passed a similar bill. A second Oklahoma measure prevents women who have had a disabled baby from suing a doctor who withheld information about birth defects while the child was in the womb.

Women Prisoners Shackled during Childbirth

At state prisons around the country, women are routinely shackled during childbirth. Federal prisons and seven states ban this practice. The seven states where shackling is illegal are Texas, Illinois, California, Vermont, New Mexico, New York and Washington. The latter two states just banned shackling this year.

Putting the FUN back in Fundraising



We were skeptical at first. Bowling to raise money for abortion access? Can that really work? It sounded a little absurd and far-fetched, but fun, definitely fun. It didn't take much for the National Network of Abortion Funds to convince us. NRO would participate in the first National Bowl-a-Thon for Abortion Access. So we sent out the call:

***NRO is looking for a few good captains:** We are excited to invite you to join us in what promises to be the fun-est, most successful fundraiser in the history of reproductive justice!*

In 2009, NRO gave more than \$55,000 to low-income women in Oregon to help them pay for abortion procedures. This year is proving to be just as challenging in meeting women's needs for access to the reproductive health care they need.

You can help us meet that need, and we promise you'll have a great time doing it! Sign your team up and help us Strike Down Barriers to Abortion Access!



Fifty bowlers committed to raising \$100 each sounded very doable. Unlike some funds in other cities, we didn't have any problems securing a bowling alley. Southtowne Lanes in Eugene and Hollywood Bowl in Portland were both very accommodating and even excited to have us. Teams started forming. Local businesses were generous in donating prizes: The Sweet Life, Voodoo Doughnuts, In Other Words Books, It's My Pleasure, Ninkasi Brewery, Alma Chocolates, People's Co-op, Bitch Magazine, Cupcake Jones, La Montage Bistro, and the Rose City Rollers contributed excellent incentives to our bowlers. And those beautiful bowlers started raising money. We watched the thermometers on the website creep up (omigod, this is actually working!)

Soon, we had \$2,000, before we knew it, \$5,000, by the time the bowling started in Portland on April 28, we'd hit \$9,000! And then, exceeding all our expectations, when the bowling was finished and the dust settled we'd raised \$15,000!!!



We thought we were being ambitious setting a fundraising goal of \$10,000 for our first-time ever on this event. After all, we'd hosted successful house parties, wine-tastings, even benefit concerts, but none of those ever came anywhere close to even making \$5,000, never mind \$10,000. But we broke it down: we only need 20 teams to raise \$500 each. We could do that. That'd be ten teams each in Portland and Eugene. Surely we could find enough people to form ten teams. That's only fifty people in each city.



And we had a FANTABULOUS time doing it! Much thanks to our volunteers and interns: Brandy, Julia, Megan and Vanessa. We couldn't have done it without you! And hats off to all our bowlers who are absolute rock stars and truly champions for women's reproductive freedom! (and they are really fun to bowl with)

Hope to see you all next year!!

The Means of Reproduction



If you're looking for books on reproductive rights on a global scale that are well-written, easily readable, and thoroughly researched, [The Means of Reproduction](#) (Penguin Press, 2009) is one you won't want to miss. The author, Michelle Goldberg is an investigative journalist and has taught at the New York University graduate school of journalism. Consequently the book contains a level of detail that beckons to the serious student of reproductive rights, in this case spanning five decades and four continents.

Globalization, becoming ever more prevalent, challenges traditional social arrangements and therefore spurs backlash from those people and cultures embedded in those traditions. Women's rights are the single most obvious sign of modernity and therefore an obvious target for fundamentalists, for whom subjugation of women is the historical norm. Yet, that subjugation is only making things worse by creating demographic, economic and public health problems. Goldberg documents how international powers have worked to influence the rights of the world's women and she clearly believes that the status of women will always have a profound effect on the world we live in.

For example, the United States has worked to bring safe abortion to poor countries and has also endeavored with equal zeal to take it away, depending on who is in charge. Nicaragua is a case in point, and one entire chapter is devoted to the ebb and flow of abortion politics in that country over the last 30 years, much of it due to the inconsistent attitudes of the United States resulting from our political power shifts.

Goldberg suggests that a global consensus has begun to emerge, recognizing that overpopulation hinders economic development, yet any coercion to decrease birth rates results in outcries from both feminists and religious groups. Those wanting population stabilization and those advocating women's rights now have aims that are deeply intertwined. If overpopulation is a problem, its root cause, Goldberg asserts, is that in most cultures little value is placed on women's lives outside of their reproductive role. One step towards gender equality occurs when it is recognized that is far better for a woman to have two children, both of whom survive, instead of bearing considerably more than two, of whom several die due to poverty and malnutrition.

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The 1994 UN International Conference on Population and Development in Cairo, as well as the International Women's Conference in Beijing the following year form the subject of another chapter. Both the Vatican and conservative religious groups became deeply involved in both conferences and that interplay of clashing values is recounted in painful detail.

"Rights versus Rites" introduces a subject that rarely takes center stage in this country – female genital cutting. Believed to have begun hundreds of years ago on the western coast of the Red Sea there is ample evidence to suggest that it originated via the slave trade. Goldberg gives space to those defending the practice, including African women who see it as a time-honored rite of passage into womanhood, yet she also finds the idea as appalling as most of us in the US would.

Another subject not particularly familiar to people in the US is that of sex selection of fetuses wherein female fetuses are routinely aborted. This is particularly an issue in India and to a lesser degree in China and several smaller Asian nations. Although reasons for wanting only boys are complex, the most significant cultural change that could work to equalize sex ratios, especially in India, is the modification or elimination of the dowry, in which parents of female children are subservient to their in-laws and are expected to make significant ongoing financial contributions to the groom's family. A chronic over-abundance of males does not portend a peaceful, happy society.

Social conservatives would have us believe that women's liberation is unnatural and will lead to social chaos. Goldberg clearly articulates that in fact the opposite is true. It is by granting women their human rights and reproductive freedom that we build safe and stable societies. In closing, Goldberg states, "In a perfect world the prospect of Malthusian doom would not be required to make international institutions take women's needs seriously. Still, it is heartening to see so many areas where the interests of feminists, environmentalists, economists and development bureaucrats overlap. They coincide because there is no force for good on the planet as powerful as the liberation of women."

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emotional and logistical support helped them overcome other obstacles. Specific forms of social support mentioned by women in interviews included emotional and logistical support from partners, friends, and family members, as well as logistical support from institutional representatives such as Medicaid case managers, clinic staff, and other advocates.

Recommendations

The importance of social support in helping women overcome barriers to care must be acknowledged by abortion providers and women's health advocates. As adequate social support appears to help women overcome obstacles, clinics and case managers should make more concerted efforts to ask women seeking abortion care whether they have enough support, and refer them to nonjudgmental, pro-choice talk-lines (such as *Backline 2009* or *Exhale 2010*), when appropriate. Providers and other advocates could also do more to help women navigate the Oregon Health Plan application process, and refer women to other funding and transportation resources. As reported by clinic staff, and as seen in the clinic, the Network for Reproductive Options is already doing a wonderful job of meeting women's needs: advocacy for navigating the OHP application process, offering direct funding, providing a supportive, non-judgmental audience for women calling the hotline. NRO deserves further support for these efforts.

Further, since many women in Oregon encounter problems applying for Oregon Health Plan, the Department of Human Services should better facilitate the application process for low-income pregnant women, and train case managers to provide better advocacy on behalf of women seeking reproductive healthcare. Advocates and providers in Oregon have suggested ways that low-income women seeking care could be assisted to navigate the Oregon Health Plan application process more effectively, including expansion of an existing state-funded program (MothersCare 2010) that works well in one southern coastal county. Encouraging DHS to better advocate for and assist women seeking prenatal care and OHP coverage may require legislative efforts, as well as community organizing.

Specific resources for patients, providers, and advocates, as well as proposals for improved advocacy resulting from this study are available upon request. Please contact <belladonna2311f@gmail.com>.

The hardest thing was the health insurance [Medicaid]. I thought that they would deal with it quickly, because it's kind of a fast-moving thing -- you can't really wait that long !

- Madeleine (pseudonym), 20 years old, waited nearly three weeks for Medicaid approval, which delayed her into the second trimester of her pregnancy

Qualitative Sample – Barriers & Perceived Social Support			
IDI #	Pseudonym	Enough Support ?	Biggest "barrier" ?
1	Madeleine	Yes	OHP
2	Gypsy	No	Decision, Support
3	Alice	Yes	Transportation
4	Annie	No	Driver, no meds.
5	Paztine	No	Childcare, Driver
6	May	No	OHP, Support
7	Lynn	No	Childcare, Support
8	Jada	Yes	Decision
9	Evangeline	Yes	Money
10	Virginia	Yes (this time)	OHP (other times)
11	TeeJay	Yes	Money, Decision

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MothersCare

2010 *Information about the Oregon MothersCare program provided by DHS staff in electronic correspondence and phone conversations, April and May 2010.*

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William C. Gough, a respected parapsychologist—co-founder of the Foundation for Mind-Being Research—reports that when people are in deep meditation, the brain's limbic system, where dreaming is centered, has been found by researchers to be highly active; it lights up their measuring devices. For this reason it has been called the "transmitter to God." According to Gough, it's been suggested that "REM sleep has a role early in life in establishing the ... connections of neurons that make instinctive behavior possible" and goes on to theorize that during such REM sleep, the limbic system may obtain "input from the Absolute [that is] the source of our instincts, powers our emotions, and serves as the genesis of our physical and spiritual evolution."

If so, people of faith may venture the guess that it is *not until the fetus' seventh month after conception* that some divine spark or soul is transmitted to it via the limbic system. It seems more than likely that *only during a continuing process that starts shortly before birth and continues thereafter, the fetus receives "that of God" and becomes truly human.* -SH

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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 reproductive options 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 2009- 2010:

The Jarvey-McCord Foundation
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The Campbell-Oxholm Foundation
The Gradison Foundation
The North Star Foundation
The Isis Foundation
Eugene and Layton Borkan Family Foundation
Spirit Mountain Community Fund

**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.