

2/14: SESSION 5: RIGHT OF CONSCIENCE

[\(link to original UUA curriculum for reference\)](#)

Learning Goals:

- Build awareness of intersections of reproductive oppression and other oppressions.
- Understand how dimensions of oppression inform current political dialogue on reproductive justice issues.
- Explore tools and tips for having constructive conversations about abortion.

Handouts:

- Seven readings for activity “Intersections of Reproductive Oppression”
- Three ACLU handouts for messaging on abortion

Chalice Lighting:

- Song Chico Gospel by Mamuse
 - [Link to listen to the song](#)
 - [Link to read the lyrics](#)

Check-In:

- In the chat, list an aspect of reproductive justice that is the most challenging for you, or about which you know the least.
 - today's topic
 - Struggling with pronouns
 - Reproductive care for trans people.
 - Inclusive terminology
 - Challenges faced by trans folks.
 - Challenging: the right to choose to abort a child when it is determined they have a disability
 - Trans issues
 - Reproductive care relating to race
 - I am new to the group, found out a little late, but have reviewed your previous readings.
 - Why men on the right are so determined to control my body and not take responsibility for their own sexuality
 - Legal issues regarding immigration and the intersection with reproductive justice for undocumented people
 - inclusive terminology - feels like labeling
 - Issues with access to follow through on choices

- disability as reason to abort
- I didn't know a lot about the different gender terms that are now being used
- keeping calm when discussing abortion and reproductive rights with conservative/racist people
- Infertility treatment issues
- Abortion of "female" fetus common in other culture.
- Feel language around trans is the most confusing
- Why there are no more cisgen men in this class or activists efforts
- Allies not speaking up

INTERSECTIONS OF REPRODUCTIVE OPPRESSION

Readings sent to participants before the session:

- Readings from Session #4: Margaret Sanger/Eugenics and Down Syndrome article
- Barbara Waxman Obituary - advocate for reproductive rights for people with disabilities
<https://drive.google.com/file/d/1m8LM-Sl6aen-VhvU3aYXuuPsdwvelkx3/view?usp=sharing>
- We Need To Talk About Disability as RJ Issue
<https://drive.google.com/file/d/1CGD-jDbqc5V4SLsaPg37NDqpJ76pMuG9/view?usp=sharing>
- Trans Centered Reproductive Justice Factsheet
https://drive.google.com/file/d/1ciPRq4dMlxN55bWbmZ7_u7BaYU5gCzVM/view?usp=sharing
- After stillbirth, no paid leave
 - <https://drive.google.com/file/d/1Zwz7CA8W9NsiNee2bSUxW77dKzDLqXeg/view?usp=sharing>
- Adoption Used to Be Hush-Hush. This Book Amplifies the Human Toll
https://drive.google.com/file/d/1znA8oao9l8nqm2A6JOezkMspr8PWX_Fh/view?usp=sharing
- Eugenics and immigration
https://drive.google.com/file/d/1xG0F1Ni9qGolaGk-iLVHyJHGpsX5Y_YG/view?usp=sharing
- Dimensions of Reproductive Demographics and Oppression in the US
<https://drive.google.com/file/d/1h2LUehbepDLH1FNIWteKQyTcNwgEVZrz/view?usp=sharing>

Spend 2-3 minutes reminding participants of the content of the handouts. Acknowledge that there were many readings, and not enough time to discuss all of them.

Break into small groups to discuss questions for 20 minutes.

Suggest that breakout group moderators come ready with an example of intersection of oppression, e.g.:

- Example: women in general have a more difficult time accessing health care vs men, but Black women have less access vs all women [and are more likely to be subjected to coerced sterilization/maternal mortality]
- Example: Black trans man whom police treat in one way when perceived as a Black woman, but in a very different way when perceived as a Black man--he experiences racism in both instances, but the racism he experiences is modulated by his perceived gender
- Example: marriage equality post-Obergefell not available to disabled people who rely on Medicaid for survival if marriage puts them over the income threshold for Medicaid eligibility

Questions:

- Did you find you were surprised by any of this information?
- Were you harboring assumptions about who gets abortions, or why?
- A lot of the time “conscience” questions are simple: should abortion be legal, or not? These readings introduce intersections of reproductive justice and other oppressions. As people committed to social justice, how can our views on reproductive justice inform our work against other forms of oppression, and vice versa?

Return to large group and debrief: share a key theme or take-away from small groups.

- Listen to experts--experts being the people most affected by those issues.
 - However, must avoid putting people on the spot to be experts by virtue of being a part of those communities--takes a lot of labor, including emotional labor
 - White donors tend to want to donate to white-led orgs that “help” Black communities, rather than Black-led orgs that serve Black communities.
 - Trans Justice Funding Project (<https://www.transjusticefundingproject.org/>) funds trans-led orgs that serve trans communities, specifically disbursing funds to orgs that do not have formal nonprofit status.
- Language can be so loaded--“pro-choice” vs “pro-abortion”
 - Like so much other political/values based language can be loaded or have connotations--“feminist,” etc

TALKING ABOUT ABORTION with BLAIR WALLACE of ACLU TX

About Blair Wallace (she/her): <https://www.aclutx.org/en/biographies/blair-wallace>

Blair Wallace (she/her) is a Policy & Advocacy Strategist for the ACLU of Texas. In this role, Blair engages Texans in advocacy around reproductive rights at the local and state level. She

most recently co-founded the [Texas Abortion Access Network](#) (TAAN), alongside ten other Texas abortion organizations.

When Blair is not thinking about how to unify Texans behind reproductive rights, she can be found hiking in the woods, swimming in the ocean, collecting rocks, or planting plants (typically with a five year old on her shoulders).

Contact info:

- bwallace@aclutx.org
- abortionaccess@aclutx.org (general email for Texas Abortion Access Network)

Handouts:

- TRAP (Targeted Regulation of Abortion Providers) laws
<https://drive.google.com/file/d/1M97zPLWbTkoyUVPBAW5OfBgXvtpDNiq6/view?usp=sharing>
- Messaging on Abortion: “Say This, Instead of This (and Why)”
https://drive.google.com/file/d/1J8MC4b9M_3_WuCda0i01XFM-xVK95IZ1/view?usp=sharing
- Talking About Abortion
<https://drive.google.com/file/d/16a9QLVFshzzMeaLYS6SKKGv342nS1Jxp/view?usp=sharing>

WHAT DOES ACLU OF TX DO?

- Civil rights org historically focusing on impact litigation (not just individual cases, but court cases that will change policy regarding issues that affect large numbers of people)
- 5 different issue areas:
 - Reproductive rights
 - Immigration
 - Smart justice
 - Voting rights
 - LGBTQ Work
- Blair focuses exclusively on reproductive rights as a professional organizer, focusing on local town/city ordinances that ban abortion on the local level.

WHAT DOES TEXAS ABORTION ACCESS NETWORK DO?

- Bridge the disconnect b/t nonprofit orgs and the trainings and resources they have, vs grassroots folks really starving for resources
- Experts are the people who do the work and are most impacted by it (vs. ACLU is a traditionally white led org)

WHY USE SPECIFIC LANGUAGE WHEN TALKING ABOUT ABORTION?

- Most of America and most of TX agree that abortion should be legal and is health care--but the bills and laws proposed don't make it seem that way.
- People often hold conflicting feelings about abortion and struggle to resolve this conflict
 - This allows political change in an anti-abortion direction: support for legality of abortion remains strong, but it is easy to persuade the public to support restrictions such as waiting periods, burdensome rules for abortion clinics, parental consent laws, insurance coverage bans, etc
 - Conflicting feelings can be resolved when discussion is focused on what the experience of obtaining an abortion should be like *after* deciding to get an abortion, not focused on the decision to get an abortion itself.
 - Most Americans want the experience of obtaining an abortion to be positive: non-judgmental, informed by medically accurate information, supportive, affordable, without pressure, without added burdens.
 - Position the conversation in a way that helps the other person resolve their conflicting views in favor of abortion access.
- Shifting language can help remove stigma from abortion
- 1 in 4 cisgender women will have an abortion in their lifetimes
- Messaging helps us move from "judgment" to "empathy"
- Lead with values
 - The most effective communications do not engage in a battle of facts, but articulate positive values that resonate deeply with the audience
 - People's feelings about abortion are complicated, and the actual and proposed restrictions on abortions are complicated--values are simple
 - No matter what you're talking about, if can connect with someone on a value that you know they hold, and lead them there--that's the most important thing that you can do (versus spouting facts, which that person likely won't remember)
 - "People will never forget how you treat them/how you relate to them"

EXAMPLES OF VALUES RELATING TO ABORTION LANGUAGE:

- Autonomy/personal choice/personal decision-making
 - "It's not my place to decide for you; it's not your place to decide for me"
 - Once a decision to obtain an abortion is made, we should be promoting a person's health and wellbeing, not imposing our own beliefs

- People deserve freedom from political interference
- People need to make their own important life decisions
- However you or I feel about abortion, it's not our place to decide for someone else whether or when they should become a parent.
- Decisions about whether to end a pregnancy, choose adoption, or raise a child are best made by the person who is pregnant
- We should not judge someone who feels they are not ready to become a parent. It's not our place.
- Fair treatment
 - When someone is deciding to become a parent, it is vital that a person be able to consider all their options, regardless of where they live, their access to money, their insurance status, etc--and in Texas, people don't have equal access!
 - No matter how we feel about abortion, we shouldn't be denying people insurance coverage (of abortion or in general) based on where they live
 - We shouldn't treat people differently because they are low income, young, live in a conservative area, etc.
- Recognizing unique circumstances
 - There are a myriad of reasons why people may choose abortion--it's not always an easy choice
 - We don't know everyone's individual personal, medical, or financial circumstances
 - We are not in that person's shoes
 - Every person's situation is different, and we should respect that this decision is individual
- Health and wellbeing
 - Laws should support and safeguard health
 - Everyone should be able to get safe healthcare from licensed health care providers
 - Providing insurance coverage for abortion care means that people can see licensed health care providers for abortion care
 - Shutting down abortion clinics makes it impossible for people to see licensed health care providers for abortion care
 - Instead of limiting health care options, we need solutions that improve health and enable everyone to make the best reproductive health care decisions for themselves, based on their individual circumstances
 - Laws should be about protecting Texans' health, period
- Empathy and love
 - Everyone loves somebody who has had an abortion.
 - "Once I started talking openly about my abortion, I became the unofficial 'abortion auntie' of my family who people would come to when they were trying to navigate the complicated system of abortion access in Texas."
- Abortion has affected our lives in positive ways!
- "I'm not comfortable deciding for someone else whether they should have an abortion or not."

BUT SOMETIMES FACTS CAN HELP...

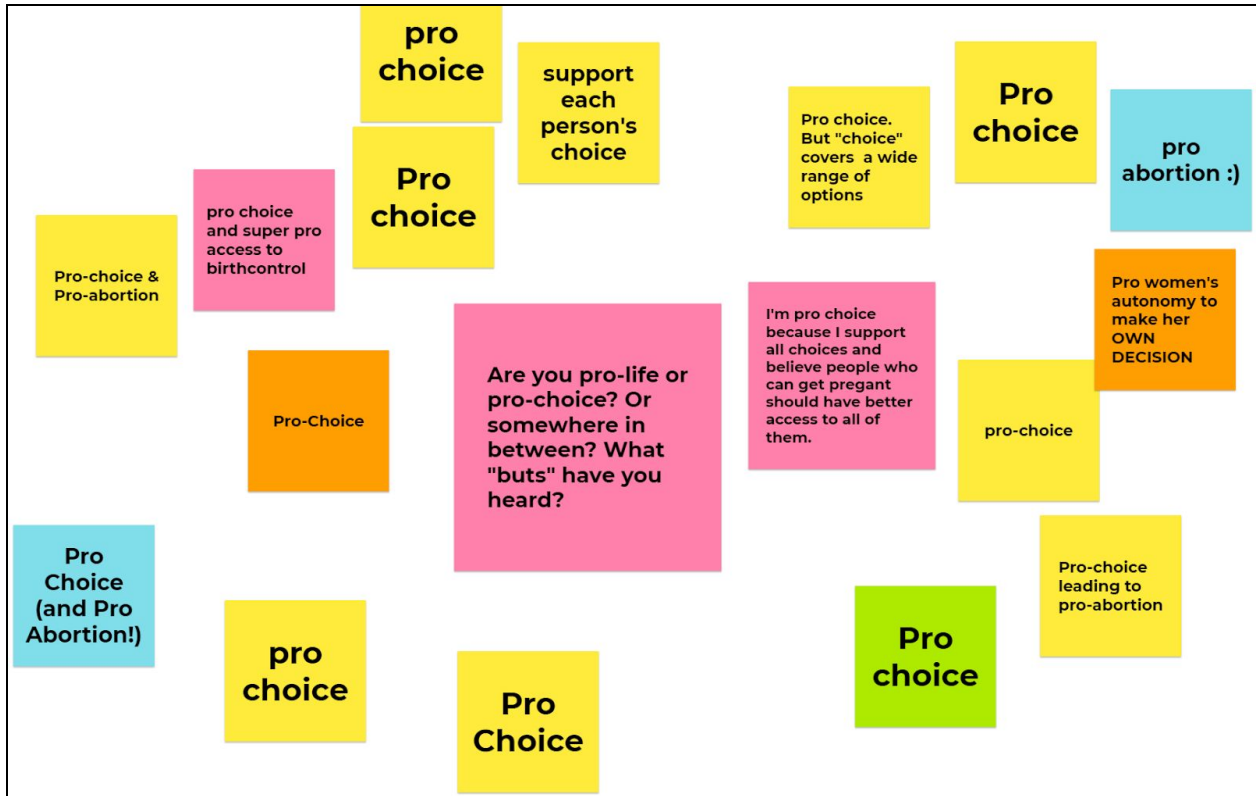
- Denying insurance coverage for abortion can push people who are already living paycheck-to-paycheck into poverty. People who seek an abortion and are turned down are more likely to fall into poverty than people who are able to get an abortion.
- 58% of abortion patients say they would have had their abortion earlier if they could have. Almost 60% of patients who experienced a delay in obtaining an abortion say that the delay was due to the time it took to make arrangements and raise the money to pay for the abortion.
- When political interference restricts access to abortion, the harm falls hardest on low-income people, people of color, and young people.
- When political interference restricts Medicaid coverage of abortion, approx 1 in 4 Medicaid beneficiaries seeking an abortion are then forced to carry an unwanted pregnancy to term.
- At least half of cisgender women in the US will experience an unintended pregnancy by age 45. In 2008, 1 in 10 cisgender women had an abortion by age 20, 1 in 4 by age 30, and 3 in 10 by age 45.

OTHER TIPS FOR CONVERSATIONS ABOUT ABORTION

- When people hold conflicting feelings about abortion, we don't necessarily want to change their views so much as we need them to hear about the consequences of imposing their views on others. Help them resolve their conflicts in a way that respects others' decisions and others' health.
- Acknowledge deeply held beliefs or conflicting views.
- Name their conflict in a way you can agree with, then model how to resolve it: "You and I--and most people--can have strong feelings about pregnancy ... most of us do have strong feelings ... but however we feel..."
 - This helps audiences feel okay about their feelings and shows them a way to own their feelings without judgment, and to not feel like the only option is for them to force their beliefs on others.
- Model empathy for the audience and for the person seeking an abortion. Talk about your own feelings and beliefs authentically. If your beliefs have evolved on this issue, say so.
 - Try saying "I" and "we" and "us," not "them."
 - Try using phrases like "it's not for me to judge."
 - This helps the audience tap into their own empathy and humanize people who have abortions, decreasing barriers and getting out of a judgmental stance.
- Dispel assumptions and stereotypes by bringing someone they know to mind. Remind people that we don't know others' circumstances. Use language that implicitly assumes that people who seek abortions are competent, trustworthy and reliable.

- “It’s not for me to judge a person’s decision. I don’t know that person’s circumstances.”
- Provide context for whatever restriction is up for consideration, rather than fighting restrictions one-by-one without context. This allows people to draw their own conclusions about the fact that the high volume of restrictions proposed is central to the anti-abortion movement’s strategy to eliminate abortion access altogether.
 - “Their real agenda is to ban abortion outright. Since they can’t do that, they are using this restrictive law to put abortion out of reach.”
 - “Hundreds of laws have been passed in the last decade to try to prevent pregnant people from getting abortions, even if that means lying to a pregnant person, delaying a pregnant person, doing tests the pregnant person doesn’t need, making abortion cost more than it should, letting people harass a pregnant person, and closing nearby clinics.”
 - “These laws are about closing clinics, pressuring and shaming people who have decided to have an abortion, and putting abortion out of reach for as many people as possible.”
 - Framing individual restrictions as part of a bigger picture can help put each restriction in context and lessen the emotional resonance of the anti-abortion movement’s messages.





Say this...	Instead of...	Because...
Abortion	Euphemisms like "women's healthcare," "reproductive choice" etc	"Healthcare" encompasses a wide range of medical care. Using euphemisms for the word "abortion" gives the opposition control over the narrative.
Anti-abortion, abortion opponents	Euphemisms like "pro-life"	Name the opposition clearly. They aren't "for life," they are against abortion access.
Texan/s, person/people, they/them	Woman/women, she/her	Gender inclusivity--people who aren't women get abortions too.
A person's/A Texan's decision to have an abortion; personal decision; important life decision	A person's/A Texan's choice to have an abortion	A decision is definite and final, while "choice" frames that the person "still has non-abortion options" and

		plays into a conservative narrative--encouraging the idea of “changing your mind” and deciding against having an abortion.
Politicians shouldn't deny a person's health coverage just because the person has Medicaid coverage	Your taxpayer dollars don't fund abortion	When Medicaid covers the costs of all pregnancy care, including abortion, it means people can make the decision (to have an abortion or carry pregnancy to term) themselves
Every pregnancy is different. People seek later pregnancy care for different reasons: abortion restrictions make accessing care early on difficult; a wanted pregnancy is no longer viable; or a person decided they couldn't be pregnant. They are all valid reasons.	Late-term abortions are rare and people only make the heart-wrenching decision to have a late-term abortion when a pregnancy is no longer viable.	Framing later abortion care as something that only people with wanted pregnancies experience = disregards 1) those who can't access care early on in pregnancy because of the changing landscape of abortion restrictions; as well as 2) those who simply no longer want to be pregnant. We should trust people and support their decisions.
Legal abortion should be available and affordable.	Abortion should be safe, legal and rare.	Making abortion rare restricts access and makes it dangerous. Implying that abortion “should” be rare implies that there is something wrong or shameful about abortion.
Abortion is a safe and common medical procedure that everyone should have access to.	Nobody likes abortion.	1 in 4 Americans who can become pregnant will have an abortion in their lifetime. We should normalize a common, safe medical procedure, and not make assumptions about how people feel about abortion.
We should ensure access to a full range of pregnancy-related care, from contraception to abortion to	If we want to reduce abortions, we should fund contraception.	Access to birth control is not an alternative for access to abortion. Advocating “reducing abortions”

post-partum care.		perpetuates the stigma around abortion.
Specify that SOME policymakers or SOME special interest groups want to impose their anti-abortion values on others.	Demonizing all policymakers, all special-interest groups or government in general.	We want the government to be involved in guaranteeing access to a full range of reproductive healthcare, including abortion care.
We need to trust young people. Young people deserve the right to consent to their own reproductive and sexual healthcare needs.	Kids are not mature enough, and therefore should have parental consent before getting birth control or an abortion.	Perpetuates the belief that young people lack the understanding or maturity to make important decisions for themselves. This belief contributes to difficulty in overturning Texas' parental involvement laws for contraception and abortion.
Discuss the decision-making process: "thinking through the decision to have an abortion," "talking the decision over with loved ones," "she has/they have made the decision"	Listing details or reasons why a person might decide to have an abortion (e.g. rape, incest, fetal anomalies, etc)	Emphasize that the person's decision is their own to make.
We shouldn't treat people differently just because... (they are low income, they are enrolled in Medicaid, they live in a certain zip code, they live in a certain state, etc)	Using terms like "fair," "unfair," "fairness" or "discriminatory"	Naming the reasons for different treatment more clearly emphasizes the unfairness and arbitrariness of anti-abortion laws.

ANSWERING TOUGH QUESTIONS/COMMENTS

- "Abortion is immoral/against my beliefs/not what God wants."
 - Each of us has strong feelings about abortion. Even if we disagree, it's not my place to make a decision for someone else. It is better that each person can make their own decision.
- "Too many women use abortion as birth control."
 - In my own experience, I know people weigh their decisions carefully, think the decision through with their family and loved ones, and/or base their decision on their religious or spiritual beliefs. We don't know every person's circumstances. We aren't in that person's shoes. I don't want to make such an important decision for anyone else--that's not my place.
- "Abortion hurts women."

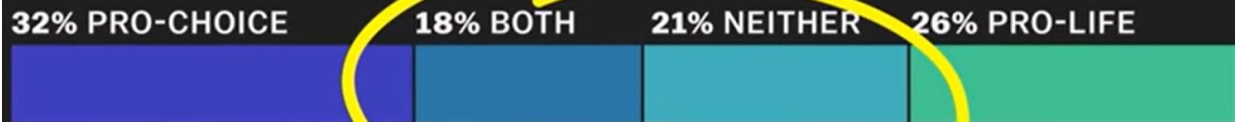
- Most important decisions in life trigger complex and sometimes conflicting emotions, and abortion is not exception. Some kind of reaction to serious life decisions is normal. Strong feelings are certainly not a reason to take away someone else's ability to make important life decisions based on their own unique circumstances. Claims that abortion leads to some kind of disorder are misleading and simply not true.
- “TRAP laws protect women’s health”
 - Since 2010, anti-abortion state legislators have quietly passed over 300 anti-abortion laws. In states across the country, new laws have closed clinics, and pressured and shamed people who have decided to have an abortion. Abortion has been quickly put out of reach for many. Specifying the type of curtain or width of a hallway has nothing to do with health. These laws create higher costs, longer delays, or extra steps for people seeking abortion care. Shutting down abortion care providers makes it difficult--and sometimes impossible--for people who are seeking abortion care to get the safe, legal, high-quality care they need.
- “Taxpayers shouldn’t have to foot the bill for abortion.”
 - However we feel about abortion, politicians shouldn’t be able to deny health coverage for it just because someone is enrolled in Medicaid.
- “Abortion is genocide.”
 - This statement implies that Black women are being duped by abortion providers. The reality is that many communities of color experience worse health outcomes as a result of lower access to health insurance, cost, and having fewer health care providers in their communities. We are fortunate to have a provider in this community to offer safe, legal abortion care. The real issue is the historic and ongoing disparities in access to quality health care and health education in Black communities. These harm our community today and deny the next generation a better future. Improving access to health care is a better way to strengthen the community than trying to restrict abortion.

Video about poll language and Americans’ conflicting feelings about abortion:

https://www.youtube.com/watch?v=ssSIUVPjDns&ab_channel=Vox

- Most polls only ask respondents, “are you pro-life or pro-choice?” But American’s views are more complex

Our poll of 1,067 nationally representative Americans:



Source: Vox/PerryUndem Poll

Note: Doesn't add up to 100 because some refused

Most Americans hold their view on abortion strongly

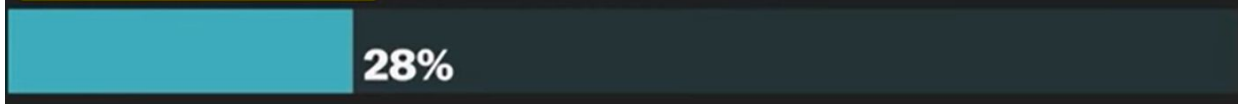
76% Feel strongly about view



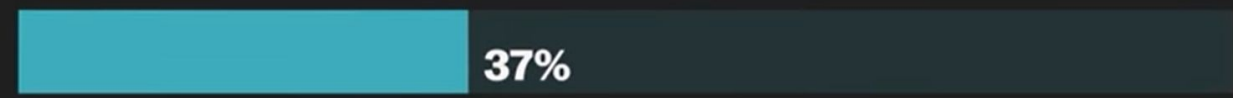
But even a simple change in wording causes significant shifts

Percentage who said this was their current feeling on abortion

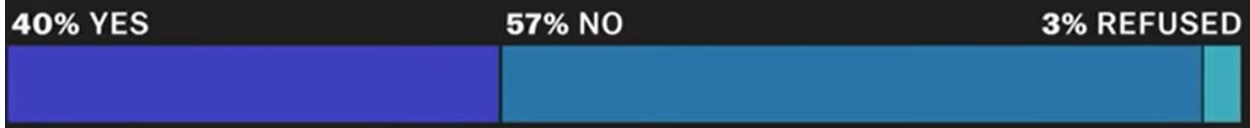
“Abortion should be legal in almost all cases”



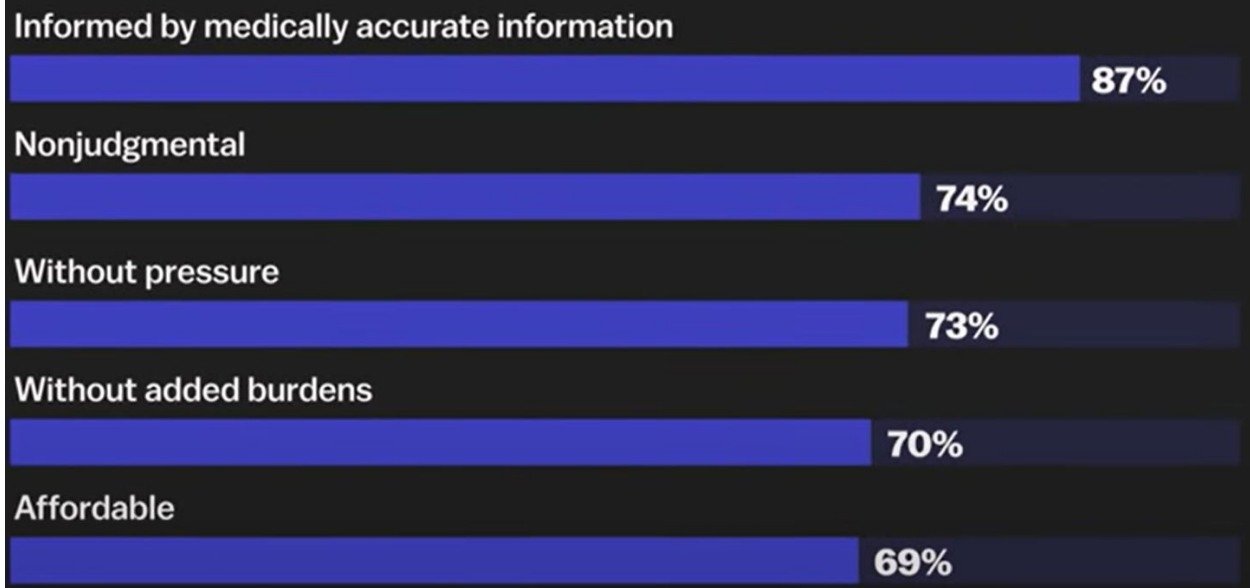
“Women should have a legal right to safe and accessible abortion in almost all cases”



Have you ever talked with someone about the experience of having an abortion or the decision to have one?



Most Americans agree on what they want a woman's abortion experience to be like



QUESTIONS AND DISCUSSION

- TN is trying to pass a bill (SB0494 in the TN Senate and HB1079 in TN House of Representatives) giving fathers/inseminating partners the right to veto abortion services for their pregnant partners. How to talk about "father's rights" in this context?
 - Article about this:
<https://people.com/politics/tennessee-lawmakers-introduce-bill-that-would-allow-fathers-to-veto-abortions/> More about the bills from the article:
 - The proposed law, SB0494 in the state Senate and HB1079 in the state House of Representatives, would let a man "petition a court with jurisdiction over domestic relations matters to request an injunction to prohibit a woman who is pregnant with the person's unborn child from obtaining an abortion."

- The bill also would legalize the court to "issue the injunction" at a hearing where both parties are present, as long as the petitioner is the biological father of the child — although no DNA test is required — and "there is a reasonable probability that the respondent will seek an abortion prior to giving birth to the unborn child" and "the petitioner has executed a voluntary acknowledgement of paternity, pursuant to § 68-3-305(f) [the law regulating birth certificates], that is not subject to being rescinded," the latter of which is only required if the parties are not married.
 - "An injunction issued" under this bill would "prohibit the respondent from seeking or obtaining an abortion."
 - The proposed legislation does not mention exceptions in cases of rape or incest.
 - Abortion is not just the choice to not have/give birth to a child, but also the choice to not carry a pregnancy. The person carrying the pregnancy is the person who should have that choice.
 - Carrying a pregnancy and giving birth can affect a person for the rest of their life (health consequences or even death in addition to child-rearing).
 - Carrying a pregnancy and giving birth is riskier to health than having an abortion. Maternal mortality is still a real risk, especially for populations more affected (e.g. Black women in TX have a very high rate of maternal mortality vs white women in TX).
 - Mixed feelings about "double standard" of legal expectation of child support other financial support from fathers/inseminating parents vs legal expectation of fathers/inseminating parents having control over pregnant people's abortion access.
- What main takeaway about language can we bring from this?
 - Destigmatizing abortion is the main purpose. Language changes are in service of that destigmatization.
- Want to reject framing of "pro-life" since it is really "forced-birth"
- The statement that abortion has affected our lives in positive ways seems really obvious, but I've never actually heard anyone say anything like that before.
- "Texans" is a really natural way to use gender-neutral language: "pregnant Texans," "Texans who need abortions," etc.
- Are there laws that control what decisions cisgender men can make about their bodies similar to anti-abortion laws aimed at cisgender women?
 - Insurance pays for erectile dysfunction drugs but not always for contraceptive drugs or abortion services.
 - Less pushback from providers against vasectomies vs tubal ligations or hysterectomies.
 - Law is not the only hurdle to abortion service access.
- Questions about Blair's sweater
 - It is from AVOW (<https://prochoicetexas.org>, formerly NARAL Pro-Choice Texas). Link to the web store: <https://store.prochoicetexas.org/>

- AVOW disaffiliated from the national NARAL network because they were more restricted than supported by national NARAL considering Texas's different political landscape and the way financial/logistical support flowed.
- Reactions to video
 - Frustration with the man in the video who said "if it can be proved that the woman was in control of the situation, she should not be able to get an abortion"--what does that even mean? What does that imply? What and how would be "proved" and in what setting (courtroom, state agency)?
 - "What if the fetus would be the next president/cure cancer/etc?"
 - Seems contradictory to sentiment of "all life is precious and therefore abortion is wrong" (is all life precious or are some lives more precious/significant than others?)
 - Perhaps meaningful that the speaker was a Black woman considering the context of only very recently having a Black US president.
 - "A president like Trump?"
 - Fetus is more likely to be a serial killer than a president, statistically.
 - In this case the shared value may be "hope"--hope for a good future for children, hope for increased equity for a marginalized community.
- Recognizing biases within ourselves
 - Feel pro-abortion, but find myself judgmental of people who terminate pregnancy because of the sex of the fetus.
- "What if God wanted the soul to enter the world"--if God in this situation has the power to make sure a soul enters the world, wouldn't God make that happen regardless of an individual person's decision to have an abortion?
- Framing conversations about abortion as inherently difficult is stigmatizing of abortion.

Closing Reading:

"Each Day" by Kristen Harper, from [*Voices From The Margins*](#)

Each day provides us with an opportunity to love again,
 To hurt again, to embrace joy,
 To experience unease,
 To discover the tragic.
 Each day provides us with an opportunity to live.

This day is no different, this hour no more unique than the last,
 Except... Maybe today, maybe now
 Among friends and fellow journeyers,
 Maybe for the first time, maybe silently,
 We can share ourselves.