

PRESENTS

Beyond Roe:

Intersection of Abortion Access, Economic Justice, and Religious Liberty

Toolkit



City of West Hollywood
California 1984



National Council of Jewish Women LOS ANGELES



Planned Parenthood Advocacy Project Los Angeles County

HEARTFELT GRATITUDE

On behalf of **NCJW|LA**, we would like to thank you for your valuable partnership and dedicated effort in the creation of this Beyond Roe toolkit. Your commitment to this cause has been important in shaping a comprehensive resource and fostering meaningful discussions.

Our gratitude extends to every member of our partner organizations and the dedicated committee who volunteered their time, expertise, and passion to bring this initiative to fruition. The collective commitment to advancing our shared goals has truly made a lasting impact.

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WELCOME

The overturn of *Roe v. Wade* in June 2022 exacerbated existing inequalities in abortion access across race, income, and geographic location, jeopardizing the well-being of millions who now found themselves without legal access to abortion care. It also raised alarms about possible violations of the First Amendment of the U.S. Constitution, which protects Americans' right to religious freedom, ensuring that individuals can practice their beliefs without government interference. This same Constitution also upholds the principle of individual rights and personal autonomy, including the right to make decisions about one's life without government intervention.

Let us be clear: Abortion restrictions perpetuate societal injustices that deprive a wide spectrum of communities of their reproductive rights, including Black, Indigenous, Latina/xs, Asian Americans, Pacific Islanders, people with disabilities, LGBTQ+ people, and those residing in rural or medically underserved regions. Among those hit hardest by these restrictions are marginalized groups already grappling with significant economic disparities.



A Toolkit to Support Reproductive Freedom

This toolkit aims to initiate important discussions on the current state of abortion access in the United States. It seeks to renew our collective dedication to advancing policies that safeguard the reproductive choices of all Americans. This content was created to eradicate the stigma surrounding abortion, raise awareness about financial obstacles to access, and link reproductive freedom with religious liberty. Additionally, it features a collection of resources and recommended actions that participants can use to protect abortion rights. The toolkit has four primary objectives:

GOALS

01 PROMOTING ECONOMIC SECURITY

Supporting abortion access is essential for promoting economic justice. When Americans have access to reproductive autonomy, they can plan their families and futures in a way that aligns with their economic circumstances. For many, having the ability to time and space pregnancies can lead to greater financial stability throughout their lifetimes.

02 RESPECTING RELIGIOUS FREEDOM AND DIVERSITY

Abortion access protects religious freedom and liberty by ensuring that policies do not favor the beliefs of one religious group over others. In a pluralistic society, people hold diverse religious and moral convictions, and these beliefs can differ widely regarding abortion. Upholding access to safe and legal abortion respects the autonomy of individuals to make choices in accordance with their own conscience and beliefs.

03 PRESERVING REPRODUCTIVE AUTONOMY

Reproductive autonomy recognizes that the decision to have an abortion is deeply personal and complex, influenced by factors including health, economic circumstances, and personal beliefs. Protecting this autonomy empowers individuals to make choices about their bodies and reproductive futures without undue government interference, fostering a society that values personal freedom and self-determination.

04 REDUCING INEQUALITY AND EMPOWERING MARGINALIZED COMMUNITIES

Access to abortion is particularly crucial for marginalized communities, including low-income individuals and communities of color. Restrictive abortion laws disproportionately harm these communities, exacerbating existing economic disparities. By advocating for abortion access, we can work to reduce the systemic inequalities that affect vulnerable populations. It acknowledges that individuals from all backgrounds deserve the same opportunities to make decisions about their health and families, contributing to a more just and equitable society.

ABORTION ACCESS & ECONOMIC JUSTICE

The Supreme Court's *Dobbs v. Jackson Women's Health Organization* decision on June 24, 2022, has jeopardized our constitutional right to abortion by undercutting almost five decades of legal precedent. It's important to push back against the efforts of anti-abortion lawmakers and judges to infringe on our reproductive freedom.

As of December 2023, 22 states and counting now ban abortion or restrict the procedure earlier in pregnancy than the standard set by *Roe v. Wade*.

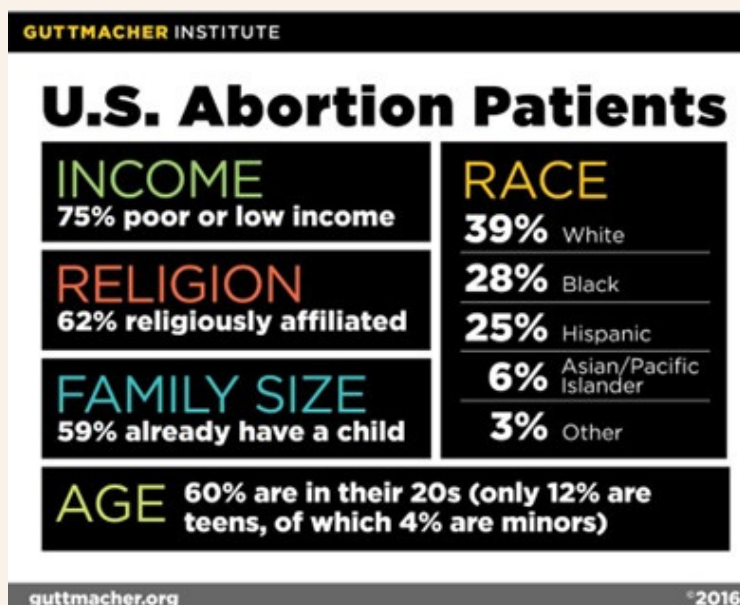
By overturning *Roe v. Wade*, the Supreme Court gave states the power to restrict abortion or prohibit it altogether. Nearly fifty percent of the states have adopted strict legislation aimed at banning abortion.

We must continue to challenge anti-choice legislators who are weighing in on reproductive freedoms, including birth control, in-vitro fertilization, criminalization of out-of-state abortion resources, and self-managed abortion.



In the face of a swiftly evolving legal, financial, and political landscape, individuals in need of abortions encounter growing challenges. While *Roe v. Wade* laid a foundation, its limitations were evident, with pre-*Dobbs* restrictions already leaving abortion care beyond the reach of **at least 4,000 people annually**. **The post-*Dobbs* era has exacerbated the situation, making access to clinic-based abortion care notably more arduous.**

These mounting restrictions disproportionately affect low-income individuals, creating a stark economic barrier to essential reproductive healthcare. This stark reality perpetuates cycles of poverty, highlighting the pressing need to address abortion access as an integral component of broader economic justice initiatives.



ABORTION ACCESS & ECONOMIC JUSTICE

In a landscape where abortion restrictions are tightening, economically disadvantaged individuals often find themselves navigating a complex web of obstacles. The intersectionality of economic challenges and restricted abortion access creates a scenario where those already facing financial hardship are disproportionately affected, deepening the impact of economic injustice.

Research from *The Turnaway Study*, the largest study to examine women's experiences with abortion and unwanted pregnancy in the U.S., found that women denied abortions were **almost four times more likely to live below the federal poverty line, and, even years later, often struggled to pay for basic needs and had higher rates of debt, bankruptcies, and evictions.**

Women who were denied abortions also had a higher likelihood of staying with abusive partners or raising children alone.

Economic barriers to restricting abortion disproportionately affect poor and low-income individuals living in poverty. The financial constraints faced by these individuals make accessing abortion services even more challenging. The costs associated with travel, accommodation, and medical procedures can become insurmountable hurdles for those already struggling economically.

Barriers to abortion care are higher in states with poor healthcare outcomes, low minimum wages, and high poverty rates.

Post the overturn of Roe, the average distance the American population travels to an abortion clinic has seen a drastic increase. **In early 2022 (pre-Dobbs decision), less than 1% of the U.S. population lived more than 200 miles from a provider, with the average distance being 25 miles. However, as of April 2023, 14% of the population is now over 200 miles from the nearest abortion facility, and the average American is 86 miles from a provider (NPR, 2023).**

This geographical shift significantly affects economically struggling individuals who may already experience limited access to transportation, face challenges in managing work schedules and time away, and encounter obstacles in securing safe childcare.

These statistics underscore the tangible impact of abortion restrictions on marginalized communities, reinforcing the link between limited abortion access and the perpetuation of economic injustice.

ABORTION ACCESS & RELIGIOUS LIBERTY

As abortion access is increasingly limited, there is a growing need to destigmatize abortion, address financial barriers, and protect reproductive choices for all Americans. This necessitates considering the interplay between economic justice and religious freedom in the ongoing debate. Abortion access intersects with both economic justice and religious freedom, as restrictions can disproportionately affect low-income individuals as well as personalize practitioners of faiths that are permissive of abortion. Federal abortion policies should represent and respect economic and religious diversity in this country to ensure a pluralistic society.

According to the Pew Research Center, while most Americans support abortion rights and oppose overturning Roe, views on abortion are closely tied to religion.

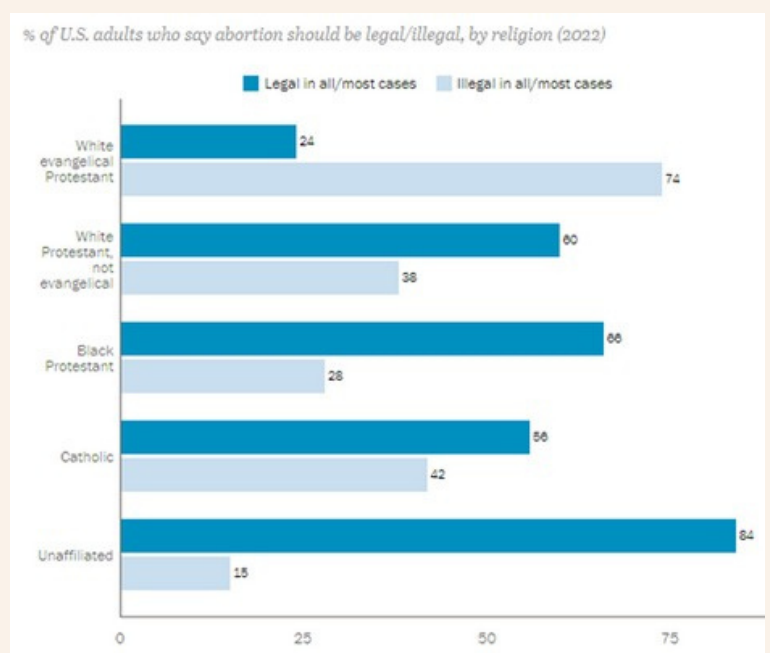
74% of White Evangelical Protestants think abortion should be illegal in all or most cases.

But 66% of Black Protestants, 60% of White Protestants who are not Evangelical, and 48% of Catholics support safe and legal abortion.

Meanwhile, the majorities of all non-Christian religious groups in America support legal abortion in all or most cases. Support for safe and legal abortion among religious groups include 70% of Jews; 69% of Buddhists; 51% of Muslims; and 62% of Hindus.

Lastly, 84% of religiously unaffiliated Americans say abortion should be legal in all or most cases.

Source: PRRI, 2019



JUDAISM & ABORTION

Judaism is a diverse religion with multiple denominations that have different views regarding various social and ethical issues, including abortion. While Judaism is generally permissive of abortion, particularly when pregnancy threatens the health and well-being of the pregnant person, some movements of Judaism may have stricter interpretations of Jewish texts on when abortion is permitted. In contrast, others support a much broader and progressive interpretation of Jewish law when it comes to abortion and abortion access.



Art featuring the biblical midwives Shifrah and Puah, who saved Israelite babies from Pharaoh. Miriam, the prophet, a symbolic midwife at the birth of the Israelite People through the Red Sea, and texts that inform Judaism's approach to abortion access.

Artwork by Emily K

Jewish Perspective on Abortion

In Judaism, life is deemed to start at birth. During pregnancy, the fetus is considered a part of the mother's body and not a separate entity. The Mishna, which is the oral Torah, affirms that "prior to forty days of gestation, the fetus is mayim b'alma (mere water)" (Mishna Yevamot 69b), laying the groundwork for Jewish beliefs about the fetus.

When the life of the pregnant person is in danger, abortion is not only permissible but also mandatory in Judaism. Below are two Jewish values that can be interpreted to support abortion and access to it:

1. Pikuach Nefesh

(Saving a Life)

Pikuach nefesh is a fundamental principle in Jewish ethics that prioritizes the preservation of human life above almost all other commandments. In cases where a pregnancy poses a serious threat to the life or health of the pregnant person, Jewish law generally permits abortion to save the life of the mother. This value underscores the importance of protecting the existing life when the mother's life is in danger, potentially justifying abortion as a life-saving measure.

2. Exodus 21:22-24

Establishes the life of the pregnant person as paramount. The Torah distinguishes between the value of the life of the pregnant person and the life of the fetus. In Exodus, Jews are taught that if someone causes a pregnant woman to miscarry by pushing her, the person is responsible for paying a fine, while if the push causes the woman herself to die, "the penalty shall be life for life" (Exodus 21:22-24). The differing punishments distinguish between taking the life of the fetus versus that of the mother, giving more value to the life of the mother.

Balancing Values in Jewish Ethics:

Judaism promotes a reflective and equitable approach to moral dilemmas, including those around abortion. In these situations, Jewish ethics prioritize the assessment of various values, such as the physical and mental health of the individual carrying the pregnancy.

EXPANDING ABORTION ACCESS



Less than 10 months after the US Supreme Court overturned *Roe v. Wade*, abortion rights are back before the U.S. Supreme Court. After a federal judge in Texas's unprecedented decision to attempt to revoke the FDA approval of Mifepristone, the Biden administration appealed to the Fifth Circuit Court. **Gutmacher joined more than 100 reproductive health, rights, and justice partners in signing on to an amicus brief**—which cites our recent research—urging the Fifth Circuit to block the Texas decision. Instead, the Fifth Circuit upheld parts of the decision and reinstated outdated restrictions that have no basis in scientific evidence.



- A court case making its way up to the Supreme Court right now is attempting to undo the 20-plus-year U.S. Food and Drug Administration (FDA) approval of Mifepristone, one of the two medications used in medication abortion.
- Since 2000, the FDA has authorized a cocktail of Mifepristone and Misoprostol for up to the first ten weeks of pregnancy to end pregnancies safely. Patients pursuing medication abortion
- first take Mifepristone to block the hormone progesterone to end the pregnancy. After taking Mifepristone, patients wait
- 24 to 48 hours before taking Misoprostol, which causes the uterus to expel the pregnancy tissue (Gordon, NPR, 2023). With the possibility of a complete ban
- on Mifepristone in this country, organizations like Planned Parenthood are preparing for Misoprostol-only abortions, which are as safe as the two-drug cocktail but come with increased side effects.

COMBATTING FALSE NARRATIVES

Abortion rights

Saying the word "abortion" or "abortion rights" helps to destigmatize the term and moves away from outdated "safe, legal, and rare" messaging, implying that abortion is always unfortunate. The "choice" framework that has long dominated abortion messaging is beginning to fall out of favor for several important reasons. A patient whose life or health is threatened by their pregnancy, who cannot afford an abortion, or who cannot access abortion care due to medically unnecessary restrictions does not truly have a "choice." Further, without access to abortion free from these limitations, the legal right to "choose" means nothing.

Anti-abortion

In the wake of *Roe v. Wade*, the anti-abortion movement appropriated and coalesced around the term "life," essentially sanctifying the "life" of the fetus and casting those who supported abortion rights as "pro-death." The term "pro-life" is a false characterization of those who oppose reproductive freedom — they rarely support health care for all, endorse measures to prevent gun violence, or protest against the death penalty. It is more accurate to say that this group is "pro-forced birth" and to use the term "anti-abortion" when describing their views. "Life" or "personhood": Six states require that providers tell the patient that personhood begins at conception during pre-abortion counseling. As Jews believe that "life" or "personhood" does not begin until birth, laws establishing these counseling requirements are contrary to our values and the Constitution's Establishment Clause. Further, laws granting "fetal personhood" rights — classifying fertilized eggs, zygotes, embryos, and fetuses as people with full legal recognition and protection — criminalize pregnant people. Even lawmakers who have written "personhood" bills admit that they are unaware of the full legal consequences; this could include prosecution on murder or conspiracy charges for self-managed abortions, miscarriages, legal abortions obtained in another state, or even helping someone to arrange travel to another state to get an abortion.

Abortion "reversal"

Five states include in their counseling materials information about abortion "reversal," an unproven and unethical procedure that supposedly halts the effects of medication abortion after the patient has ingested the abortion medication.

Fetal Pain

Thirteen states include information on the ability of a fetus to feel pain in their counseling materials. According to ACOG and reports published in *JAMA*, the best available science has established that the fetus is not capable of feeling pain until the third trimester, which begins at about 27 weeks of pregnancy. It is not until around 30 weeks of pregnancy that there is any evidence of brain activity.

Fake clinics

Sometimes known as "crisis pregnancy centers," facilities that actively counsel against abortion are more appropriately referred to as fake abortion clinics. While fake clinics mislead people into thinking they are full-service reproductive health providers, they are often not licensed to provide medical care or refer patients elsewhere for such care. Instead, these facilities fail to inform patients about the full range of pregnancy options and typically use false information to discourage them from obtaining an abortion.

HOSTING YOUR CONVERSATIONS

For our conversation to be as rich as possible, we need everyone to feel safe sharing and listening. Therefore, what is said in this conversation stays in this conversation and may not be repeated outside of it. We aim to create a space to understand others and understand ourselves, not give advice or argue ideas of objective truth.

With that in mind, we will agree to speak in the first person about our personal truth in this conversation and we agree to the following guidelines:

- We will assume good faith in one another.
- We will open ourselves to listen and learn from one another.
- We will not rush to fill the silence.
- Be respectful of other points of view.
- Do you know if anyone has others to add?
- Can we all agree to these guidelines?
- Anyone has other guidelines to add?

INTERACTIVE TIP

Create a slide and share the guidelines above using a screen share. Add your guest's suggestions in real-time during your conversation.

THE BASICS

1. If you are in a group, choose someone (or yourself) to read the first selected story aloud.
2. Next, look at the questions. Go through them one by one or ask the questions to which you feel most drawn.
3. Let the conversation flow! Allow the conversation to unfold.
4. Do not feel rushed to get through all the stories and the questions.
5. Once you and your guests are ready, move on to the next story and repeat this process as time allows.

CONVERSATION STARTER #1



Art by Ayeola Omolara Kaplan

Objective: Encourage participants to reflect on the event themes of abortion access, economic justice, and religious liberty by using the image.

Notice the five Hebrew phrases included in this piece: kavod habriot (dignity), briyut (health), tzedek (justice), pikuach nefesh (saving lives), and tzaar (avoiding suffering).

1. Why did Kaplan include these Hebrew phrases in her work? How might they connect to the values featured in the corners of the piece: diversity-centered reproductive education, safe and healthy communities, resources and healthcare, and affordable and accessible abortions?
2. What do you notice about the people in the center of the painting?
3. How do you react to the five Jewish values in this artwork? Which one resonates the most?

CONVERSATION STARTER #2

Objective: Encourage participants to reflect on the event themes of abortion access, economic justice, and religious liberty by imagining positive changes they would wish for.

Magic Wand Icebreaker: "Wishing for Change"

Instructions

Introduction (2 minutes)

Welcome participants and introduce the "Wishing for Change" activity.

- Explain that they have a virtual magic wand and can make three wishes related to abortion access, economic justice, or religious liberty.

Individual Reflection (3 minutes)

Ask participants to take a moment to think about the changes they would like to see in these areas.

Each participant privately writes down their three wishes.

Sharing Wishes (5 minutes)

Invite participants to take turns sharing one of their wishes with the group.

Encourage brief explanations for each wish to provide context.

Discussion (5 minutes)

Facilitate a brief discussion after each participant shares their wishes.

- Encourage participants to identify common themes or differences in their wishes.

Wrap-up (2 minutes)

Conclude by expressing gratitude for everyone's contributions and emphasizing the collective power of envisioning positive change.

- Encourage participants to carry these wishes into the discussions and activities of the event.

This icebreaker leverages the concept of a magic wand to spark imaginative thinking and discussion about the participants' aspirations for positive change in the context of access to abortion, economic justice, and religious liberty.

Story #1

From We Testify

Storyteller: Alauni from Texas

My first thought was, oh shoot, not again, but I kind of already knew I was pregnant. I had taken a Plan B, but I just felt like it wasn't going to work due to the timing. I knew immediately that I wanted an abortion. I am a single mom and already have young children, and I don't want any more. I just bought a car that barely holds us all. I just moved into a new home. I have the resources to afford most of what we need, but I wouldn't if I had another kid. It would change my life drastically. I found out around Christmas as well. Money is always tight at that time, especially if you have kids. I didn't even have to crunch any numbers — I just knew I was going to have to self-manage at home. When you're living off one income, it's really hard — especially when you need assistance but may not qualify for one of the limited government assistance options. The average right now for one kid in daycare is about \$200 a week. If you have multiple kids, that's hundreds and hundreds of dollars. My rent is \$1,300. If I'm paying that much in daycare and \$1,300 in rent plus expenses, I would be forced to work 24 hours a day, seven days a week, and never be around my kids. That's not sustainable. Overall, I'm still barely making it. Because I was living in Texas after the fall of Roe, raising young children that pre-vented traveling out of state, self-managing my abortion was my only option. I did what I had to in order to sustain the family I already have.

DISCUSSION QUESTIONS

1. What about Alauni's story feels familiar, like your own abortion story or a story you've heard before?
2. What might look different if Alauni lived in a state where abortion was legal and accessible?
3. What are some of the ways that restrictions and bans on abortion care affect communities of color?
4. What is the link between abortion access and racism?
5. What are moments of clarity that you've had around your own reproductive privilege and choices?

Story #2

From We Testify

Storyteller: Larada Lee-Wallace
from Ohio

It was March 2020, at the height of the pandemic, when I found out I was pregnant. Emotionally, I was ready for it to be done. I was 19, fresh out of a relationship, and a college student. There was all this buildup around being pregnant and getting an abortion, and I was just ready to not be pregnant because I had responsibilities. I was trying to make sure I didn't fail out of any of my college classes and also grappling with the new reality that we were living in a global pandemic and in an era where we should stay home. I was also broke. Logistical issues due to the abortion restrictions and very few clinics in Ohio caused me to have to wait many weeks to get an appointment for an abortion. Even though I was a Medicaid recipient in Ohio, I did not qualify for coverage. I only had \$100 to put towards my abortion, but I was lucky to be connected to a local abortion fund, Women Have Options, that provided me with the rest of the money that I needed.

DISCUSSION QUESTIONS

1. What are some financial barriers young people from marginalized communities face when accessing abortion care?
2. After the overturn of Roe in 2022, Ohio's legislature adopted one of the strictest abortion bans in the country, which criminalized all abortions performed six weeks into pregnancy and before most people knew they were pregnant. In October of 2022, a judge put a hold on this bill, restoring Ohioans' pre-Dobbs right to access abortion up to 22 weeks of pregnancy. Then, in November 2023, Ohio voters enshrined the right to abortion in their state's constitution. The landscape of abortion access in Ohio continues to change rapidly.
3. With this recent history in mind, how might Larada's story be different in the abortion landscape of present-day Ohio?
4. What are some ways that a state or the federal government can help people who are seeking abortion care?

Story #3

From We Testify

Storyteller: Sharon from Texas

I am an undocumented immigrant from Honduras. When I first came to the U.S., I was attending college in Florida. It was then when I found out I was pregnant, and I knew I wanted to have an abortion. However, I could not afford an abortion in Florida, and I was set to return home to Honduras for the summer, where abortion is illegal. A few months later, I transferred to a school in Texas, where abortion was legal but restricted at the time. This was around the time of the passage of HB2 in the state, which enacted many new restrictions on abortion and caused most of the clinics to shut down. I didn't know what to do, but I knew I needed to get another pregnancy test. I ended up at a crisis pregnancy center. There, they talked to me about religion and shamed me about my decision to have an abortion. I cried and felt so desperate. Ultimately, I found out I was 20 weeks pregnant, and that meant that legally I could not have an abortion in Texas. I found out that I would have to go to New Mexico and pay over \$12,000. After a lot of searching, I contacted some abortion funds that helped me raise the necessary funds. No one should have to go through what I went through to get an abortion.

DISCUSSION QUESTIONS

1. What are some ways that immigrants are directly impacted by restrictions on abortion?
2. How do crisis pregnancy centers perpetuate abortion shame and stigma?
3. How do stories like Sharon's change the prevailing narrative around who has later abortions?
4. What does it say that Sharon was pushed so far into her pregnancy before she could access the abortion care she needed?

Trigger Warning: Self-Harm

Story #4 From *We Testify* Storyteller: Brittany from Chicago

At 22, I found out I was pregnant again and knew I wanted an abortion. This was right after the birth of my third daughter. My life was a shit show. Things were hard financially, and I was depressed. I was also working part-time and knew I wanted to go back to school to finish my degree. I knew I couldn't afford another child at that time. I called around some clinics, but they were expensive. I was enrolled in Illinois Medicaid, which didn't cover abortion. By the time I could save up enough money from a few paychecks, and borrowed money from my sister and grandma, I was going to be further along in my pregnancy. As a result, the cost would eventually go up. The need to raise money forced me to share my pregnancy with my family, who thankfully were supportive. I was also able to get funding from the Chicago Abortion Fund, who covered a third of the cost of the abortion, which was significant to me because it made paying for my abortion easy and accessible. I felt immediate relief. I was finally going to be able to access the care I needed without having to self-harm. I was willing to go so far as to throw myself down a flight of stairs or ask my daughter who was 5 1/2 years old at the time to "play with me" by jumping on my stomach. I was that desperate. Not only did the Chicago Abortion Fund cover a large portion of my abortion, but they also called to check in with me after the procedure to make sure I was alright.

DISCUSSION QUESTIONS

1. The majority of people who have abortions are already parents. What factors may cause people who have children to get an abortion?
2. Parents already know if they can increase their familial structures or not. Why is it important that we center parents in our work to increase access to abortion?
3. What are the structural issues that impact parents who might seek abortion care?
4. What are the structural factors that enable or impede your own access to healthcare?



Story #5

From We Testify

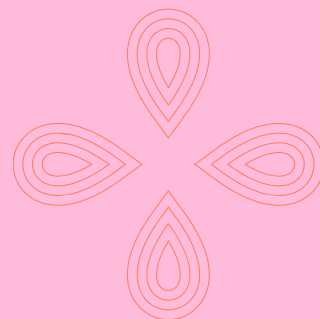
Storyteller: Kay Winston from Ohio

I had Medicaid during my first and second abortions. I also had private insurance through my job, but the deductible on abortion was so high I had no option other than to pay for it out of pocket. It was extremely unfortunate and felt unfair. Abortion is not acknowledged as part of healthcare, and that the same Black folks who need abortion care are also the ones on Medicaid. I didn't know why I could use my Medicaid to have a baby but not for an abortion. It keeps us unable to access the services we need. Society judges us for having children while being on food stamps, but then government assistance doesn't allow you to have the abortions you need to decide if you want another child. It's hypocritical.

I have Medicaid for both of my children, and it's like night and day when it comes to Medicaid supporting doctors appointments, prescriptions, surgeries, having the baby and everything when it comes to health care. It covers so much that sometimes when I go into the pharmacy and get a prescription for my kids, Medicaid covers more than my private insurance through my job so I use it more. It's wild how Medicaid supports any other health-care procedure, but treats abortion so differently.

DISCUSSION QUESTIONS

1. What do you think abortion stigma looks like for people who have had multiple abortions?
2. What causes abortion to be viewed as something outside of healthcare?
3. Why do you think Medicaid covers childbirth but not abortion?
4. What role did institutional racism play in Kay's ability to access abortion?



Story #6

From We Testify

Storyteller: CoWanda Rusk

(originally published in blavity.com)

I felt God with me in the room when I had my abortion. My Christian faith had given me strength to seek the care I needed and free myself from a violent relationship three years ago. My faith also empowered me to free myself from the shackles of our white supremacist society, which is hellbent on denying Black women like me agency and power. I am who I am today because of the decision I made to choose faith and choose to have an abortion.

Many people who share my faith also share my experience seeking abortion care — the majority of people who have abortions identify as religious. They also sometimes need financial and emotional support to get the care they need, and that's where abortion funds like the Lilith Fund in Texas come in.

As a Texan and a person of faith, I was thrilled to see the Lilith Fund's billboards that read "Abortion is a blessing" in East Texas, not too far from my home in Dallas. But when two were recently vandalized, the attack — like the anti-abortion extremism and lies that Texas abortion funds have faced in local Texas towns that have tried to pass in the last 18 months — was deeply personal to me, as someone whose life has been transformed for the better by seeking abortion care.

DISCUSSION QUESTIONS

1. How did CoWanda's faith shape her story of getting an abortion?
2. What do you imagine religious freedom to be as it relates to abortion?
3. In what ways can you view abortion as a blessing?
4. What is the link between religion and abortion stigma?

Story #7

From We Testify Storyteller: Anise Simon (originally published in kveller.com)

The first time Anise Simon talked about her abortion with someone was at a mikveh in Los Angeles. The attendant asked her what she was hoping to get out of her ritual bath experience, and her story came bubbling out. "I unloaded that I'd been in an abusive relationship and I was struggling with it, but I'd been in a place where I'd come to find joy in searching for answers," she told me. She remembers the mikveh attendant recounting stories of strong women in Jewish history, including stories of dysfunctional families in religious mythology.

This uniquely Jewish experience was transformative for Simon, and not just because it was a centuries-old healing ritual. As a Jew of Color, Simon recounted struggling with being seen and accepted as part of the Jewish community. "As a Jew of Color in America, it already feels like there aren't a lot of stories told about you," she says. Yet she's far from alone. About 1 in 5 American Jews identify as a person of color. This statistic, from a 2005 survey, almost certainly underestimates this population today. And despite the existence of robust data on who seeks abortions in America, we do not know how many Jews of Color are accessing abortion, and what their experiences are.

Simon, a North Carolina native, works tirelessly to make sure others don't suffer the isolation and stigma she felt after her abortion— she uplifts diverse stories about abortion to make sure those who have had this experience don't feel alone. For Simon, that means talking about how she approaches abortion access activism through a Jewish lens— "It's hard not to think about the fact that I have ancestors who didn't survive the Holocaust," she says. "It's hard to hear about [that legislation] and not get goosebumps. You can't take off your Jewish glasses in that situation."

DISCUSSION QUESTIONS

1. How does Simon describe her experiences as a Jew of Color accessing abortion in America?
2. How might sharing personal abortion experiences within the Jewish community shift the narrative of abortion?
3. How did systemic racism shape Anise's story?

Wrapping Up



- What of these stories stuck out or surprised you?
- What common themes or threads did you notice across the different stories? What are they and what is significant about them?
- Before Roe established the constitutional right to abortion, word-of-mouth and informal networks of information and financial support were critical. What networks and sources of information and funding support are most critical in our post-Roe reality? What are the limits or challenges of word of mouth or informal networks?
- What impact does hearing these personal stories have on the way you think about economic justice?
- What would it look like to live in a world with free and accessible abortions for all?
- Could funding abortions be seen as tzedakah (justice) in your communities?



RESOURCES



ABORTION ACCESS SELF-MANAGED ABORTION RESOURCES

(844) 868-2812

The Repro Legal Helpline is run by If/When/How: Lawyering for Reproductive Justice, a non-profit organization made up of advocates, organizers, and lawyers helping to build a future where everyone is free to make their own decisions about their bodies and reproductive lives. The Helpline is a free and confidential resource to get legal information or advice about the abortion laws in your state and to get referrals to local resources.

<https://www.reprolegalhelpline.org/>



M+A HOTLINE

(833) 246-2632

The Miscarriage and Abortion (M+A) Hotline provides medical advice over text or phone from volunteer doctors for people who are experiencing a miscarriage or self-managing an abortion.

<https://www.mahotline.org>



SELF-MANAGED ABORTION SAFE AND SUPPORTED (SASS)

SASS is the U.S. project of Women Help Women, a global nonprofit organization that supports the rights of people around the world to have information about and access to safe abortion with pills.

<https://abortionpillinfo.org>



ABORTION ON OUR OWN TERMS

A website with a list of resources and materials for people who want to learn more about self-managed abortion.

<https://abortiononourownterms.org>



GLAAD MEDIA GUIDE

Explore GLAAD's "[Media Guide: Abortion As An LGBTQ Issue](#)" to better understand the how to accurately and respectfully discuss the impact of abortion bans on members of the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) community and to better understand the deep connection between abortion bans and antitransgender healthcare bans.

<https://glaad.org/lgbtqabortionfacts/>

RESOURCES

ORGANIZATIONS FIGHTING FOR REPRODUCTIVE JUSTICE

WOMEN'S REPRODUCTIVE RIGHTS ASSISTANCE PROJECT (WRRAP)

WRRAP is the nation's largest, independent, nonprofit abortion fund that provides urgently-needed financial assistance nationwide to individuals seeking abortion services or emergency contraception. <https://wrrap.org>

NATIONAL NETWORK OF ABORTION FUNDS

Builds power with members to remove financial and logistical barriers to abortion access by centering people who have abortions and organizing at the intersections of racial, economic, and reproductive justice. Get connected to your local abortion fund. <https://abortionfunds.org>

IN OUR OWN VOICE: NATIONAL BLACK WOMEN'S REPRODUCTIVE JUSTICE AGENDA

Is a national-state partnership focused on uplifting the voices of Black women leaders at the national and regional levels in their fight to secure Reproductive Justice for all women, girls, and gender-expansive individuals. Their eight strategic partners are Black Women for Wellness, Black Women's Health Imperative, New Voices for Reproductive Justice, SisterLove, Inc., SisterReach, SPARK Reproductive Justice NOW, The Afiya Center, and Women With A Vision. <https://blackrj.org>

WE TESTIFY

We Testify is an organization dedicated to the leadership and representation of people who have abortions, increasing the spectrum of abortion storytellers in the public sphere and shifting the way the media understands the context and complexity of accessing abortion care. <https://www.wetestify.org/donate>

SHOUT YOUR ABORTION (SYA)

is normalizing abortion and elevating safe paths to access, regardless of legality. SYA makes resources, campaigns, and media intended to arm existing activists, create new ones, and foster collective participation in abortion access all over the country. <https://shoutyourabortion.com>

KEEP OUR CLINICS

A campaign by the Abortion Care Network to fundraise to keep independent abortion clinics, which provide the majority of abortion care, open in the face of government restrictions on abortion access. <https://keepourclinics.org/donate/>