



A GUIDE TO YOUR

REPRODUCTIVE

RESOURCES:

WESLEYAN

AND

BEYOND

A zine from the Wesleyan Doula Project

This zine was developed out of a desire to extend the support and resources of the Wesleyan Doula Project to the Wesleyan community. For five years the WDP has worked in nearby abortion clinics providing physical, emotional and informational support to abortion patients. From this work, we have seen the limits of support available to individuals as they make difficult decisions about their bodies, their families, and their futures. We understand that this is especially true for people of color, low-income people, LGBTQ people, people who are disabled, and non-binary people. This zine hopes to extend the WDP's mission of providing informational support to the Wesleyan community by introducing the concept of reproductive justice and outlining the reproductive resources available on campus and beyond. Reproductive justice is a **conceptual resource** and a lens through which to think about more logistical issues, such as how to get birth control. We recognize that the information in this zine is by no means exhaustive, and that not all the resources we detail will be helpful to everyone, but we hope this zine answers some questions and introduces some new ones.

A note on gender: Not everyone who can get pregnant or has an abortion identifies as or calls themselves a woman, or uses the pronouns "she/her." The WDP uses non-gendered language in this zine in the hopes of being inclusive and respectful.

A note on abortion: While abortion access is an important component of the reproductive justice framework, it is by no means the central or only component. However, we did chose to devote a large portion of this zine to the topic of abortion because it is a focus of the WDP's work and because continued stigma around abortion makes it scary or difficult for many to seek out information.

The information in this zine comes from the following sources:

Part 1: Killing the Black Body by Dorothy Roberts and Reproductive Justice: An Introduction by Loretta Ross and Rickie Solinger

Part 2: Planned Parenthood and NARAL Pro-Choice Connecticut

Part 3: Davison Health Center

Part 4: Members of the Wesleyan Doula Project

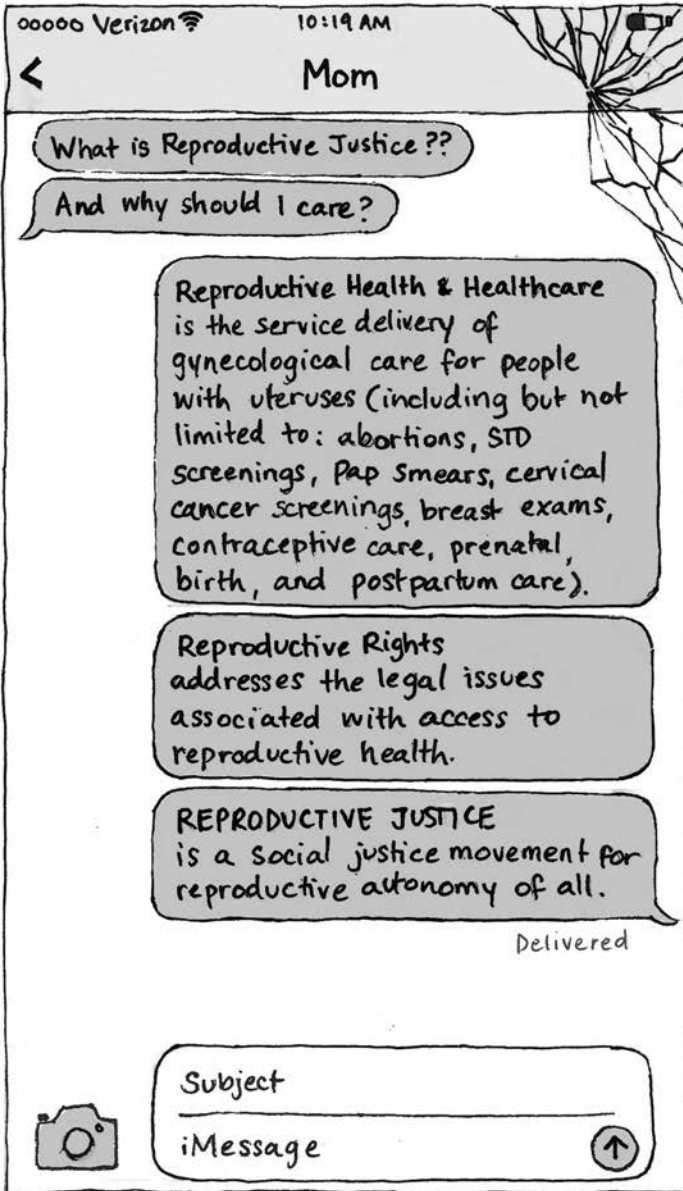


PART I

DEFINING

REPRODUCTIVE

JUSTICE



The term Reproductive Justice was coined in 1994, following the International Conference on Population and Development in Cairo, Egypt, by a group of Black women, including Loretta Ross, later known as the Women of African Descent for Reproductive Justice. Together, they envisioned a movement that extended beyond the language of 'choice,' integrating concepts of reproductive rights, social justice, and human rights.

REPRODUCTIVE JUSTICE

— primer —

RJ THEORY IS A BELIEF IN A SET OF
3 INTERCONNECTED HUMAN RIGHTS:

- THE RIGHT NOT TO HAVE CHILDREN THROUGH THE USE OF SAFE BIRTH CONTROL, ABORTION, OR ABSTINENCE.
- THE RIGHT TO HAVE CHILDREN UNDER THE CONDITIONS WE CHOOSE
- THE RIGHT TO PARENT THE CHILDREN WE HAVE IN SAFE + HEALTHY ENVIRONMENTS.

RJ critiques Reproductive Rights as a social justice platform because:

- It utilizes the pro-life + pro-choice framework, ignoring how systemic inequalities can limit choices.
- It focuses on the legal issues outside of an intersectional analysis, ignoring racism and classism
- It comes from a white feminist-centered Women's Health movement that looked at abortion rights in a vacuum.

Why do we need reproductive justice?

A brief history of reproductive oppression:

Eugenics Movement

Eugenics is the “science” of “improving” a human population by controlled reproduction, increasing a “desirable” population (positive eugenics) and decreasing an “undesirable” population (negative eugenics).

20th Century

Compulsory and forced sterilizations of mentally disabled, incarcerated people, people of color, and low-income people throughout the United States.

1920s

Margaret Sanger, the founder of Planned Parenthood, uses both a feminist analysis as well as a negative eugenics logic to advocate for birth control and run her clinics. She argues that women deserve the right to decide how many children they have AND that low-income black reproduction should be curbed.

1950s

Hospital and birth centers begin decentering the patient experience, which leads to unnecessarily high C-section rates and the delegitimization of midwives, particularly midwives of color in the South.

1970s

Questionable consent for the sterilizations of women after birth. In *Madrigal vs. Quilligan*, the LA County Hospital is sued for the nonconsensual sterilization of Latinx immigrants.

1990s

Medicaid users are given unregulated financial incentives to curb their fertility with methods such as the Norplant implant and Depo-Provera injection, which have questionable side effects.

For more information, check out the resources on the last page



PART 2

ABORTION

COMMON QUESTIONS

ABOUT ABORTION

Q: WHAT IS THE DIFFERENCE BETWEEN MEDICAL AND SURGICAL ABORTIONS?

A ● **Surgical abortions**, also referred to as outpatient or in-clinic procedures, occur at a provider's office, where a health care professional uses suction and other medical equipment to remove the pregnancy tissue from the patient's uterus. The **medical abortion**, or the "abortion pill," uses two different medications: mifepristone and misoprostol. The first pill, mifepristone, is usually taken at the abortion provider's office, and the second pill, misoprostol, is taken 24-48 hours later at home. Mifepristone blocks a body's progesterone hormone and misoprostol causes the uterus to empty. There are pros and cons to each type of abortion, and the decision depends on the patient's personal preference. Some patients prefer to have their abortion in their own homes, while others prefer to have the procedure in a medical provider's office. Both options are highly effective. The surgical abortion works over 99% of the time and the medical abortion works 93-98% of the time depending on how far along the pregnancy is.

Q: ARE ABORTIONS SAFE?

A: Both in-clinic and medical abortions are very safe. In fact, abortion is one of the safest medical procedures. 3 in 10 women in the U.S. will have an abortion in their lifetime. Complications rarely occur, and when they do they are usually easy to treat. On rare occasions, the procedure is repeated to ensure that the entire pregnancy is removed.

Q: WILL HAVING AN ABORTION AFFECT MY ABILITY TO HAVE CHILDREN IN THE FUTURE?

A: Unless serious complications occur and are left untreated, abortions do not affect fertility or cause any problems for future pregnancies. Many people have abortions after they have already had children, and many others go on to have children months or years after their abortion.

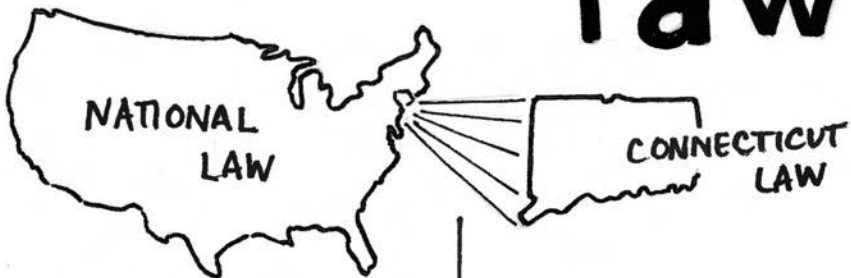
Q: DO ABORTIONS HURT?

A: Like other medical procedures, abortions affect all bodies differently. Many people report feeling cramping similar to period cramps during and for a few days after both medical and surgical abortions. People have different emotional reactions to abortions as well. Many people report feeling relieved after their procedures. Others feel sadness, anger or guilt. There is no "right" or "normal" way to feel before, during or after an abortion.

Q: HOW LONG DO ABORTIONS TAKE?

A: For first trimester abortions, a surgical abortion usually takes less than ten minutes, and a medical abortion takes 24-48 hours after the first pill is taken.

abortion law



- In the 1973 Supreme Court case *Roe v. Wade* the supreme court ruled that abortion is legal, but states can pass their own restrictions. Some restrictions have been struck down in subsequent rulings, but restrictions including waiting periods and parental consent remain in many states.
- Even if *Roe v. Wade* were to be struck down, states would still have their own laws.
- Connecticut's Constitution affirmatively protects a woman's right to choose.
- Currently no parental consent or notification is required. Individuals under 16 are required to receive counseling and specific pregnancy information.
- Connecticut's post-viability restriction states that no abortion may be provided after viability. In keeping with federal law, there is an exception that allows late-term abortion when necessary to preserve the woman's life or health.

**Viability, the point at which a fetus is deemed capable of prolonged life outside of the womb, is usually placed at 23-24 weeks. However, this number is constantly changing due to medical advancements and is up to an individual provider's discretion.*



PART 3

WESLEYAN

RESOURCES

& INFORMATION

PRIVACY

When students enroll with campus insurance they select which address they would like Davidson to use. Davidson will only send information to this address. If students want to check or change their address they can contact the health center.

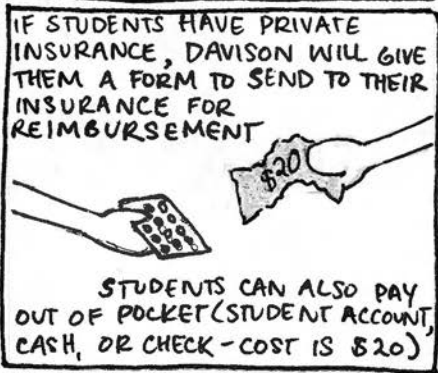
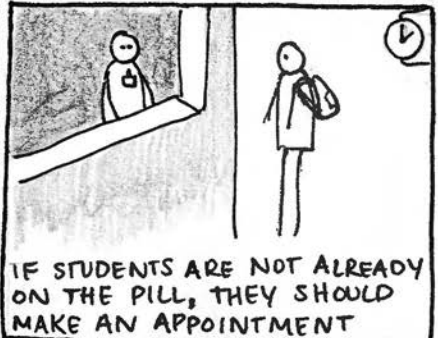
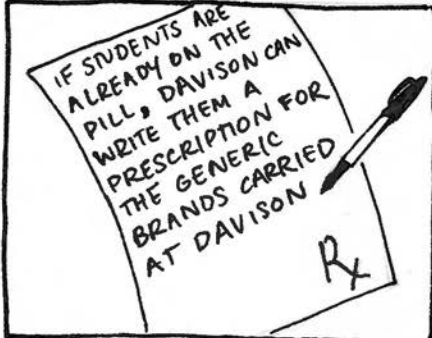
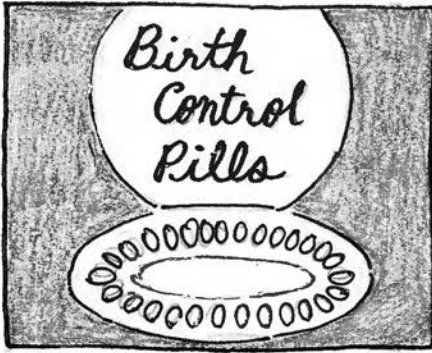
If students are auto-enrolled in insurance, their on-campus address is used.

In-house services get charged to student accounts. If students are concerned about their parents, guardians or spouses finding out about services, they can always pay out of pocket.

Private insurance bills are sent to the holder of the insurance. Students can call their insurance provider to see exactly how they list services.

Students can sign a release to have information released to other doctors, parents, etc. Otherwise, no medical information would be released.

If a student is under 18, Davidson providers will still talk to student before releasing any information to parents or guardians.



I. U. D.

- If a student is interested in getting an IUD they can set up an appointment with a provider at Davidson (they do not need to specify what they want to talk about when making the appointment).
- Davison refers to outside providers for IUD insertion, but will assist with making the appointment, faxing over relevant documents, and arranging transportation.
- The outside providers include Harbor Park OB/GYN (Dr. Beverly Byrd) and Crescent Street OB/GYN (Dr. Julie Flagg). Both are in walking distance of campus.
- Davison does not provide the patch, Nuva Ring, Depo-Provera, or Implanon, but will consult for these methods and write prescriptions to be filled at a pharmacy.

EMERGENCY

CONTRACEPTIVES

ELLA

is the preferred method of emergency contraceptive for people over a certain weight.

ONE-STEP

is over the counter. You don't need an appointment but you will need to speak to a

nurse over the phone. It can be picked up by a friend or partner.

For this method, students must speak to a provider + pick up the prescription themselves

↑ 2 TYPES ↓

S.T.D.

testing + treatment

- Tests for HIV, Gonorrhea, Chlamydia, and Syphilis are sent out to a lab for testing.
- They're covered by Wesleyan Insurance
- Students not covered by Wesleyan Insurance can file for reimbursement with their private insurance or pay out of pocket (\$28.67 for HIV tests, \$33.05 for both Gonorrhea + Chlamydia tests, and \$12.23 for Syphilis tests.) If students choose to pay over their student account, the charge appears as "misc. lab fee"

— ABORTION —

- » Davison can provide consultation before and after an abortion procedure.
- » Wesleyan insurance covers 50% to 80% of abortion costs, depending on whether or not the provider is in-network (you can find in-network providers at www.gallagherstudent.com/wesleyan).
- » Wesleyan can cover additional costs for students with financial need. Planned Parenthood can also provide financial assistance and car rides, etc.
- » Our doulas are available for support before, during and after abortion. We also offer rides and care packages. Email us at doulaproject@wesleyan.edu.

» PROVIDERS «

It is best to call each provider individually to discuss insurance, privacy, anesthetic options and surgical versus medical options.

Planned Parenthood

- » Clinics in Norwich, New Haven, West Hartford, and Stamford
- » Direct number for abortion info/scheduling: (877) 529-3689 (or go to www.ppct.org)
- » Accepts insurance, and has a sliding-scale for payment based on financial need
- » Provides outpatient and medical abortions

Hartford GYN Center

- » 1 Main Street, Suite N1, Hartford, CT (860) 525-1900
- » Offers a \$50 discount for students with ID
- » Will work with patients to make procedures more affordable
- » Provides first and second trimester abortions

Crescent Street OB/GYN

- » 49 Crescent Street, Middletown, CT (860) 344-9993
- » Provides outpatient abortions up to 12 weeks

Harbor Park OB/GYN

- » 90 South Main Street, Middletown, CT (860) 852-0008
- » Provides outpatient and medical abortions

Gynecological AND Sexual Health SERVICES AT DAVISON

1/3

of all visits
at Davison

2

forms available on the
Davison website - one
for bodies with a
vagina, one for bodies
with a penis

Will consult

on any concern large or
small - from menstrual
problems to painful
intercourse

Students do not need to
specify what they
want to discuss when
making their appointment

OTHER

SUPPORT

ON CAMPUS:

- **Reproductive Support Network:** Our doulas are trained to offer confidential support. Email us at doulaproject@wesleyan.edu
- **8 to 8:** Wesleyan's confidential call-line. (860) 685-7789
- **CAPS:** Wesleyan's Counseling and Psychological Services.



PART 4

MORE RESOURCES

FOR SUPPORT

& INFORMATION

RESOURCES FOR SUPPORT & INFORMATION

In Middletown:

Women & Families Center

(860) 344-1474

100 Riverview Center, Middletown, CT 06457

Online:

Rewire, a nonprofit daily online publication reporting on issues of sexual and reproductive health, rights, and justice.

Radical Doula, a blog and resource that focuses on the connections between social justice, birth activism, and doula care.

The Midwife Is In, an advice column about health care, vaginas, pregnancy, sex, and so much more!

DIY Doula: Self-Care for Before, During, & After Your Abortion, a zine by the New York Doula Project available for order at <http://www.diydoula.org/>

Call lines:

All-Options' toll-free talkline provides confidential and judgment-free support to callers at any point before, during or after an experience with pregnancy, parenting, abortion, or adoption. Their number is (888) 493-0092.

Exhale Pro Voice's after-abortion hotline: 1866-4-EXHALE

Connect and Breathe's after-abortion non-judgemental talkline: (866) 647-1764. Open Tuesday, Wednesday, Thursday 6-9 pm and Saturday 10 am-2 pm EST

BOOKS &

Reproductive Justice: An Introduction
by Loretta Ross

Undivided Rights: Women of Color Organize for Reproductive Justice
by Jael Silliman, Marlene Gerber Fried, Loretta Ross, and Elena R. Gutiérrez

Pro: Reclaiming Abortion Rights
by Katha Pollitt

Birth Work as Care Work: Stories from Activist Birth Communities
by Alana Apfel

Contested Lives: The Abortion Debate in an American Community
by Faye D. Ginsburg

"The Color of Choice: White Supremacy and Reproductive Justice"
by Loretta Ross

ARTICLES

Color of Violence: The INCITE! Anthology edited by INCITE! Women of Color Against Violence

Laboring On: Birth in Transition in the United States
by Wendy Simonds, Barbara Katz Rothman, and Bari Meltzer Norman

Conceiving the New World Order: The Global Politics of Reproduction
edited by Faye Ginsburg and Rayna Rapp

"Reproductive Justice Briefing Book":
<http://latinainstitute.org/sites/default/files/USSF-Briefing-Book-Immigrant-Rights.pdf>

MOVIES

Vessel

After Tiller

A Quiet Inquisition

No Más Bebés

ORGANIZATIONS

The Prison Birth Project

Trans Birth

The Reproductive Health Access Project

The Center for Reproductive Rights

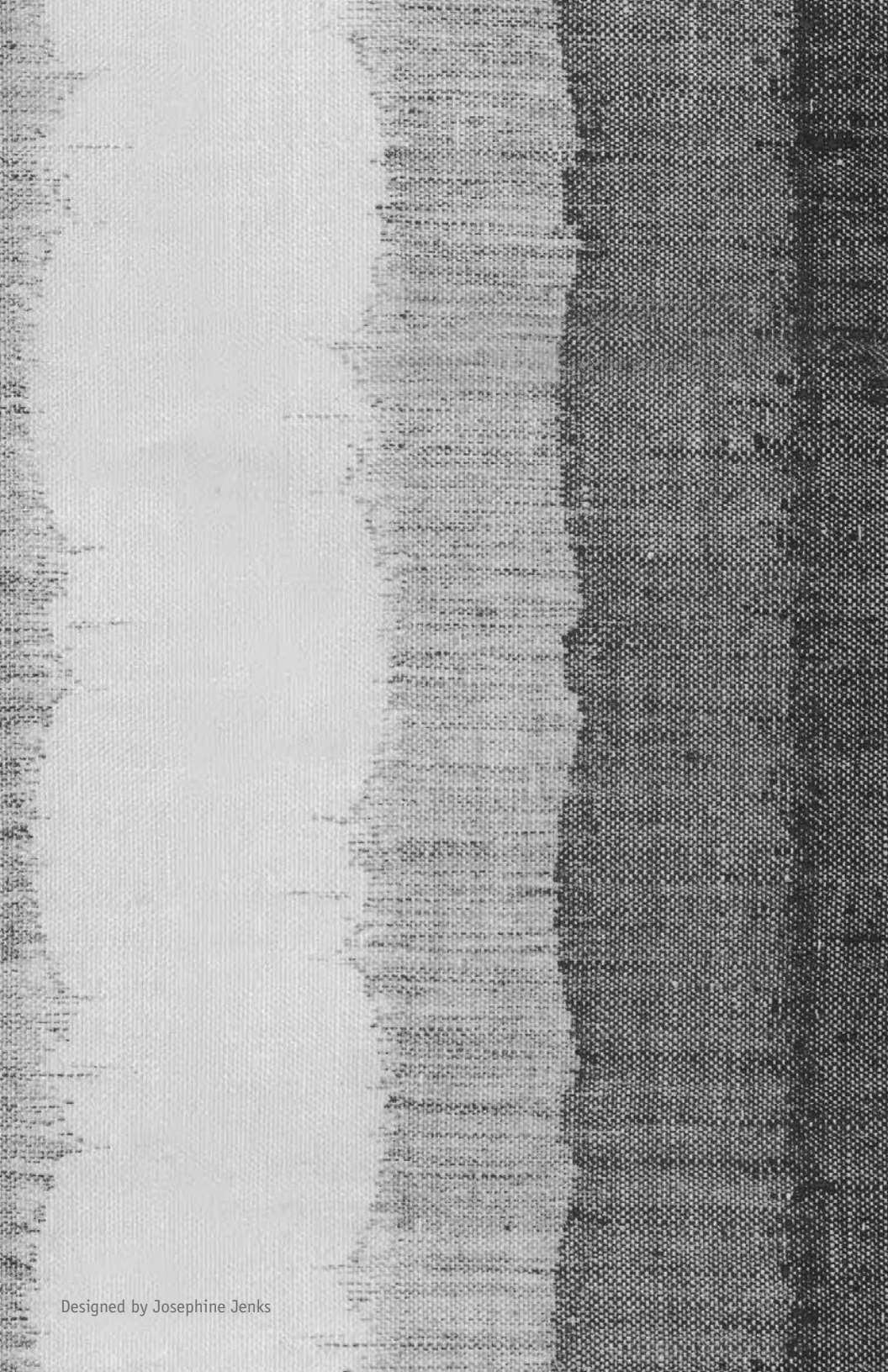
Asian Communities for Reproductive Justice (ACRJ)

National Latina Institute for Reproductive Health

SisterSong

The Doula Project (NYC)

The Wesleyan Doula Project



Designed by Josephine Jenks