



WINTER 2007

RAISE YOUR VOICE!

Pro-Choice Public Education Project Newsletter

THE FUTURE OF YOUNG WOMEN'S LEADERSHIP AT PEP

By Nicole Clark

Members of PEP'S Young Women's Leadership Council (YWLC) convened in the Summer of 2007 in New York to work on a number of PEP projects. We had not been together as a group since August 2006, and we were really excited to see each other, take in everyone's energy and share ideas. This was a particularly important Convening for us because it enabled the YWLC to become re-inspired by our mission: to be the voice and raise the voices of diverse young women in the sexual and reproductive health and rights movement.

Surrounded by snacks, music, and laughter, the YWLC got right down to business, editing our Reproductive Justice cards which will be available online for the launch of PEP's newly redesigned website later this year, participating in a training I facilitated on sexuality and spirituality, learning about breast self-



PEP staff and YWLC council members at the Summer 2007 Convening. Pictured: Tiffany Jules, Lauren Mitchell, Nicole Clark, Willo Radgens, Non-dace Garrett, (back row) Lindsay Swisher, Mary Mahoney

exams and how to perform your own vaginal exam from fellow YWLC member Lauren Mitchell, having conversations with PEP staff around PEP's highly anticipated research project in response to the 2004 report *She Speaks: African American and Latino Young Women on Reproductive Health and Rights*,

as well as becoming more informed about PEP's partnership with the LGBT Center in New York and the latest on the federal abortion ban ruling.

The biggest conversation that the YWLC had at the Summer Convening was about the Council itself and in what direc-

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Raise Your Voice
is happy to accept
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tion we as Council members wanted to go. We are very excited about everything that's happening at PEP and we had conversations about how we as Council members can become more involved within the Council as well as within PEP. We met independently of PEP staff to focus on areas that we felt needed to be improved within the Council. The YWLC as well as PEP staff felt that it was time for the Council to take the reins in our own development to ensure that we continue to live by our mission.

The outcome was the creation of the Chair position. Instead of being led by PEP staff, every six months a member of the YWLC will be selected to become the liaison between the YWLC and PEP staff, coordinating everything from conference calls to making sure that we as

Council members continue to build bonds among ourselves. With guidance from the PEP staff, the Chair will: facilitate active input on all programs and initiatives, including Raise Your Voice, the website, and tool development; encourage Council member participation in educational forums, conferences, and other special events; and coordinate YWLC membership recruitment. This position will rotate for every Convening to give all of our members the opportunity to become more active. This is a first for the YWLC, and I have been selected to become the guinea pig...I mean, the first YWLC Chair.

I am excited about this opportunity and I believe that the next 6 months will be full of inspiring ideas and leadership for the YWLC. 

Are you interested in becoming part of PEP's Young Women's Leadership Council? For information about becoming a member, email pep@protectchoice.org.

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THE UNITED STATES SOCIAL FORUM

By Arielle Neal

Working this summer as the Reproductive Rights Activist Service Corps intern at the Pro-Choice Public Education Project (PEP) gave me valuable experience after valuable experience. Most recently, I was able to go to the first ever United States Social Forum, which was my first social justice conference of that size and magnitude. In between dodging the pamphlets constantly being thrown in my face, running between hotels and tents, and trying to stay cool, I served as a fly on the wall of a new movement.

The sheer number of workshops being offered - 900 - combined with the number of participants - 7,500 - was enough to be overwhelming. Browsing through the workshop schedule the first night I came across topics ranging from environmental justice to movement building, disability rights, socialism, anti-racism and class struggles. I marked the workshops I wanted to attend - inevitably those centering on reproductive justice, LGBTQ rights, and feminism. Then I had to go through a somewhat painful elimination process; I justified my choices by picking one having to do with each

topic. This is where my most enlightening and obvious lesson of the conference stemmed from.

A common refrain of social justice activists is "all of our oppressions are interconnected", and so each workshop incorporated many more issues than the one that appeared in the title. My reaction to this focus on interconnectedness varied according to context - sometimes I embraced it, sometimes I rolled my eyes, sometimes I debated the reality of its existence.

At this particular moment in time, I think the fact that the United States Social Forum

in the way we approach the many facets of social justice. I don't have the perspective of many of the attendees at the conference that comes from years of experience working for social justice, but I could tell by measuring their excitement and enthusiasm about what was going on that it represented something monumental.

The best workshop I attended was "Sexuality and Gender: The Body as a Site of Colonization and Liberation," put on by Southerners on New Ground. By the time the facilitators were making their introductions,

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Arielle Neal and Eshanda Fennel at the USSF

ON CLAIMING MY MOVEMENT: DISABILITY AND REPRODUCTIVE JUSTICE

By Mia Mingus



It is not a coincidence that I ended up working in a movement that is fundamentally rooted in the idea that certain bodies are valuable and others are not; in a movement that is so connected with the world of healthcare and medicine - the reproductive justice movement. Reproductive justice and disability are connected on a deeply fundamental level. Disabled people, issues, history, politics and analysis allow us to see parts of reproductive justice that we would otherwise never know. After all, how can you talk about bodies without talking about disability? How can you ignore the fact that disabled women are often forcibly sterilized or given dangerous contraceptives to control their menstrual cycles for the convenience of their caretakers and institutions? How can we learn to fight for not only the right to receive care, but also the right to refuse it? How can we forget that female bodies were historically coded as “disabled” because they were “different” and had “different abilities” than male bodies? Or that ableism is so easily and successfully used as a mechanism of reproductive oppression?

As women of color, people with disabilities, LGBTI and queer people, and survivors of violence and trauma,

the struggle to claim our bodies for ourselves--in all of our bodies’ curious, strange, beautiful and glorious ways--cannot be separated from reproductive justice. As communities whose bodies have been owned, experimented on, institutionalized, hospitalized, medicalized, colonized, imprisoned, enslaved and controlled, we have been told that our bodies are wrong, perverse, shameful, bad, and most importantly: that our bodies are not ours; that they belong to the state, our parents, husbands, partners, doctors, children, families, communities, god(s), etc.

I grew out of a very strong feminist, women of color, activist, close-knit community working to end violence against women and children. Early on, I learned about sexism, racism, economic injustice and homophobia; that there was no hierarchy of oppression; that systems of oppression were connected to each other, intersected and overlapped. Despite such a strong framework, no one ever taught me to think of disability in the same way and connect it to being Asian American, a woman, young or queer. No one ever taught me that being disabled was a powerful way to move through the world or that disabled communities had rich and vibrant cultures of their own.

I was taught to claim my body as a girl, female, and woman, but not as a disabled person. When it came to my disability, my parents looked to doctors, healthcare providers, medical experts and brace makers. I was not the expert on my body; they were. It never occurred to anyone that the ability to claim my body as a girl was dependent on my ability to claim my disabled body as a disabled girl. No one ever realized that my experiences with the medical industrial complex as a disabled child would ultimately discourage me from seeking medical services (reproductive or not) in the future - or that standing in my underwear in front of male doctors as they studied me was any different than standing in my underwear in front of any old men as they studied me.

Growing up disabled, my body profoundly affected how I viewed the world and in turn, how the world viewed me. School became a site where the politics of beauty, disability, race, sexuality and gender collided. I never saw disabled women (let alone disabled women of color) in powerful roles, being desired or desiring, raising families or claiming their disability as a political identity, rather than an individual flaw or tragedy.

Reproductive justice and disability are connected on a deeply fundamental level. Disabled people, issues, history, politics and analysis allow us to see parts of reproductive justice that we would otherwise never know.

REPRODUCTIVE JUSTICE FOR WOMEN WITH DISABILITIES INCLUDES

- Recognition that women with disabilities are sexual people who have a right to receive reproductive health care
- Access to reproductive health care services
- The right to marry and start a family, including the right to bear children
- The right to refuse health care, particularly sterilization and abortion
- Freedom from sexual violence and abuse from caregivers and others

For more information about women with disabilities and reproductive justice, please visit:

http://www.reproductiverights.org/pdf/pub_bp_disabilities.pdf


One of my earliest memories of consciously claiming my body for myself was deciding not to wear my brace any more. For years I wore a brace on my right leg; I had to get them re-made or re-fitted almost every year as I grew out of them. I had some that went from my foot to my knee and some that went all the way up to my hip.

For a long time I did not question my brace. It was just the way things were, like stairs, people staring at me when I walked, or feeling ashamed of my disability. Among many things, my braces were hot (often made of plastic and or fiberglass) in the Virgin Islands Caribbean weather, they itched, pinched my skin, and gave me painful blisters which I would try to prevent by wearing more socks or padding. Like my parents, I had come to believe that I “needed” to wear my brace. But something began to change as I entered middle school. I began to ask questions: why should I have to wear something so painful everyday that is supposed to “help” me? If they can send a man to the moon, then surely they can make a comfortable and useful brace for my leg? In the beginning I had

small acts of resistance: the daily morning fight about putting my brace on or bringing a change of shoes and changing out of it once I was at school--this went on for years. Finally I was “allowed” to not wear my brace some days, and it was not until I was in college that I was able to choose not to wear my brace everyday.

For me, my brace represented the medical establishment’s grubby little hands on my body, forcing me to adhere to a standardized, able bodied norm of how bodies are supposed to be, look, act and move. When I wore it, I could hear horrible brace maker’s voices in my head, “that’s an ugly walk,” “walk down the hallway again and this time, try and make it prettier,” “this brace will make you have a normal walk,” or “don’t worry, you’ll be able to hide the brace under your clothes--boys won’t even know it’s there.” It represented years of someone else deciding what was best for my body and the invasion (physical and mental) of my body at a young age by people who never asked me what I thought about having multiple surgeries done at the same time; how I felt being told that my body was “wrong” and “something to

fix” over and over again. All that time, I never knew that there was a whole movement out there of disabled people demanding justice and human rights.

The ownership and entitlement of the medical industrial complex of my disabled body is, in my mind, no worse than the ownership and entitlement of the system of white supremacy of my body of color; or the system of male supremacy of my female body. In fact, they are so connected and mutually interdependent that they are impossible to separate. Claiming my body has been and continues to be a pivotal process in my own life. Knowing and learning to understand my disabled body as powerful, beautiful, valuable and desirable has been central to my activism in the reproductive justice movement. For me, reproductive justice will always include a radical analysis of disability and ableist supremacy because they are part of each other and they are a part of me. 

HOW TO DO A VAG

By Lauren Mitchell

During a vaginal self-exam, you look at your external and internal reproductive anatomy. For most women, only their gynecologists and their partners have looked closely at their anatomy, but there are lots of good reasons to do a self-exam.

- It's YOUR body, and you have the right to know what it looks like.
- Knowledge is power! By knowing what is normal for you, you can keep an eye on anything that doesn't look normal.

BEFORE YOU BEGIN

It's best to find a time when you're not on your period to do the exam. Your cervix will be more or less visible depending on where you are in your menstrual cycle. Below is a list of supplies you'll need to do the self-exam.



A plastic speculum! You can get them online from Feminist Women's Health Center - www.fwhc.org - they also sell kits that have everything you need to do a self-exam. You can also get a speculum from Amazon.com or your local medical supply store. Unless you've had a baby, you probably want a size small.



A handheld mirror or a small mirror that you can put in front of you.

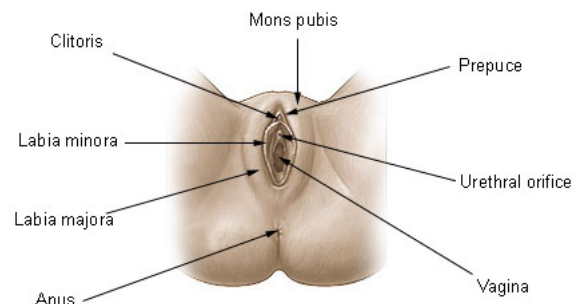


A flashlight




Lubricant - we recommend using a water-based lube such as KY jelly or slippery stuff. There is usually lube for sale at your local drugstore. You can also just use water!

Spend some time looking at your genitals in the mirror. Can you identify these parts of your body? Keep in mind that everyone's body looks different.



INAL SELF EXAM

STEP BY STEP INSTRUCTIONS

- Start off by doing a visual exam of your outer genitalia, so you can get comfortable. In a room with good light, hold a mirror with your non-dominant hand, and with your dominant hand, walk two fingers around to check the inner and outer labias.
- View the three main parts of the vagina. For the introitus (vaginal opening) pull down, for the urethra (where urine comes from) pull the inner labia out to the sides a little bit, for the clitoris move up to the hood (it's a piece of skin right at the top), and pull up.
- Now that you've gotten acquainted with what your vagina looks like, you can start the self-speculum exam. If you're nervous, go slowly and remember that it's YOUR body.
- Pick up the speculum and spread lubrication around the bills so you can feel for any cracks or tears in the plastic.
- Before you start, practice opening and closing the speculum; and make sure you understand how to lock it open, as well as how to unlock and close the bills. Then sit comfortably; leaning back with your legs open, knees up, on a bed or couch with pillows behind you.
- Hold the spec upside-down with the bills such that your thumb and index finger are on top and the rest of your fingers are on the bottom (kind of like a cigarette, but please don't smoke... especially during your self-exam). By "upside-down," we mean that the handle is on top.
- Position yourself in a way where you'll be able to see the introitus (leaning back on a chair, squatting, lying down, etc.) and insert the speculum diagonally at an oblique 45-degree angle to the side, and tilting down.
- Insert until you can insert no further. Make sure both bills are in as far as they can go. Open gently, until you hear one click. Congratulations! You made it! Take a flashlight, and a mirror and take a look at your cervix (don't worry, the spec won't move... much.)
- Your cervix will look like a small donut with a very small opening in the center. The opening is called the os.
- Depending on where you are in your menstrual cycle, you may not be able to see your cervix. If you can't see it, either try switching positions or try again in a few days.
- To remove the spec, pull out 1-3 centimeters. Put your thumb on top of the thumb-rest, and pull up to release. You'll hear another click. Move your fingers to the same position, as they were when you were inserting the spec. Don't close the bills; the vaginal walls will do that for you.
- After you remove the speculum, you can do your own bimanual exam. Insert two fingers and feel your cervix. It'll feel like a tongue. With your other hand, press on your stomach moving from your belly-button down, and take note of when you feel jiggling on the fingers near your cervix. Your ovaries are located abdominally, and you might be able to feel them externally. 



ARE WE NEXT? IMMIGRANT RIGHTS AND ACCESS TO HEALTH CARE

by Rashi Venkataraman

Zahira Domínguez, a fifteen year-old girl, entered Parkland Memorial Hospital last year. Born in Mexico, she immigrated to the United States illegally and was attending a public high school in Dallas. However, she didn't enter Parkland Memorial because of a sprained ankle or headache. She entered because she was in labor (Preston).

This situation occurs at hospitals all over the country, most frequently in states such as California, Texas, Arizona, and New York; and the trend does not show any signs of slowing down. Instead, situations involving illegal immigrants and health care are becoming more and more complex in today's political arena.

In America today, politicians are using the pretext of national security to slowly eliminate our basic rights. For example, they aren't restricting you from making choices about your body, they're just telling you what you can and can't do (i.e., have an abortion). Throughout American history, a major issue of contention has been illegal immigration and what rights undocumented immigrants should have. Since the days of Ellis Island, immigrants entering our country without permission have faced hardships, public harassment, and inequalities of every kind. And all this in a nation that prides itself on being a melting pot of diversity.

The most recent example of problems facing undocumented immigrants is that of health care. For example, look at the case of an undocumented female immigrant becoming pregnant. Previously, Medicaid provided her with pre-natal care (including emergency services for labor and delivery) as well as care for the infant for up to one year. This

was mainly justified by the notion that the infant (an automatic citizen) should always be the top priority, and statistics seemed to support this claim. For example, although the number of births to undocumented immigrants is not known, it was found that Medicaid pays for more than one third of the four million births that take place each year in the United States (Pear). Most would agree that restricting Medicaid funding for pre-natal care and infant health care seems cruel or barbaric.

However, under last year's Deficit Reduction Act, Medicaid documentation regulation was "tightened...because some law makers were concerned that immigrants were fraudulently claiming United States citizenship to get Medicaid" (Pear). Under a new policy, Medicaid still pays for the costs of birth and delivery for children born to undocumented immigrants, but to get post-natal care the parents must provide "documentation demonstrating the infants' citizenship and apply for coverage under the program" (Dunham).

Imagine the position for girls like Zahira Domínguez, who after giving birth to her child may feel trapped in her circumstances. She cannot return to her own country because she needs her immediate family to help her with raising the infant and yet if she applies for Medicaid for her child, she may be faced with deportation.

These situations can be very intimidating for new parents. As a result of this recent legislation, many new parents that are undocumented immigrants may choose not to seek out health care for their new infants. Even if they do choose to seek out care, help could still be a long time



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away. As a spokesperson for the Tennessee Medicaid Program pointed out, “we will not be able to cover any services for the newborn until a Medicaid application is filed. That could be days, weeks or months after the child is born” (Pear).

Representing Georgia’s 9th district, the late Representative Charlie Norwood was one of the chief supporters of the new change. He argued for the reform, stating on his website that the “current system has led Medicaid down the path to bankruptcy, which would render the program unable to provide services to any person in need” (Norwood: Healthcare Issues). I couldn’t agree more with the Congressman’s theory that a financially bankrupt Medicaid program would not be able to help those in need. However, I strongly disagree with his suggestion that the solution to Medicaid deficits is to cut funding for

healthcare for newborn infants, especially considering that these infants are born in the United States, and therefore, are already automatically American citizens. Have other members of Congress thought about these issues? Have they thought about what legislation like this will do to these families if their children contract a disease or illness at their most vulnerable moment in life?

A recent New York Times editorial states that there are approximately twelve million undocumented immigrants living in the United States right now. New mothers and pregnant women no doubt account for some percentage of this large number, “to demonize them all – and to punish their babies – is to take the immigration debate into depths of cruelty and paranoia” (“A Crackdown on Newborns”). If prenatal care and general healthcare for infants in their first year of life

is restricted for children born on American soil, than can the government continue to boast about its maximum efforts to protect its own citizens? The debate about cutting health insurance benefits for a young child seems ripe for a glitzy feature in a news magazine or news channel, but (perhaps because it carries the taint of illegal immigration), media outlets seem to be pushing this story to the side.

This attack on healthcare is a step towards not only restricting immigration, but also in eliminating any possible national healthcare program. And those who are so vehemently against such a program are going to first go after infants born to undocumented immigrants, then go after undocumented immigrants, then immigrants, and who knows from there. Will we be next? 

WORKS CITED

- “A Crackdown on Newborns.” The New York Times. 11 Nov. 2006. Section A, Page 14, Column 1. <http://select.nytimes.com/gst/abstract.html?res=FB0E15F6345B0C728DDDA80994DE404482>
- Dunham, Will. “Medicaid baby care requires citizenship papers.” Yahoo News. 3 November 2006.
- Norwood, Charlie. “Healthcare Issues.” Congressman Charlie Norwood. http://www.house.gov/norwood/issues_immigration.shtml.
- Pear, Robert. “U.S. Tightens Medicaid Rules for Babies of Illegal Immigrants.” The New York Times. 3 Nov. 2006. <http://www.nytimes.com/2006/11/03/washington/03medicaid.html?ex=1168059600&en=f261b3f94d2607ce&ei=5070>
- Preston, Julia. “Texas Hospitals Reflect Debate on Immigration.” The New York Times. 18 July 2006. <http://www.nytimes.com/2006/07/18/us/18immig.html?ex=1168059600&en=9aaed3ef28b5568a&ei=5070>.



ANOTHER SIDE OF THE STORY



by Willo Radgens

As a woman, feminist and reproductive justice activist, I have always taken an interest in the legal right to choose an abortion, but never so much as when the Supreme Court made the decision to uphold the Federal Abortion Ban on April 18, 2007. At the time I was six weeks along in a pregnancy that was planned, chosen, and wanted by my husband and myself. Suddenly, the restrictions on my rights became more real than ever.

Now 30 weeks along in what is thankfully a very healthy pregnancy, I think about the Abortion Ban less as an issue of choice and more as a matter of a woman's health. I think this is a side of the story many fail to think of when they think about abortion, which makes it even more important to talk about.

Most people have an easier time relating to an issue when they think about how it affects them directly, so this is what I did with the Abortion Ban. Unlike other legal decisions that have slowly been whittling away at the rights and protections

guaranteed to women by *Roe v. Wade*, the Abortion Ban is the first Federal legislation that directly challenges *Roe* by not making an exception for abortions performed when a woman's health is in danger.

What that means for me is that if something unfortunate happens to this fetus, my health could be in danger. If for some reason there was a medical situation that forced

me to choose between my health or my fertility and having an abortion, under the Abortion Ban there isn't even a choice to be made by me, my family, or my doctors. The Abortion Ban has stolen that option - the option for me to potentially live.

How would the group (mostly made up of men) who made this decision explain to my husband why his wife is gone? How would they

FAST FACTS ABOUT THE FEDERAL ABORTION BAN

- The ban outlaws abortions as early as 12-15 weeks in pregnancy.
- The law doesn't protect women because it does not contain an exception to protect their health.
- The law is so broad that it prohibits a wide range of abortions performed in the second trimester.
- The abortion ban's supporters want to make ALL abortion illegal.
- The American College of Obstetricians and Gynecologists and many other medical organizations oppose the federal ban.
- In April, the Supreme Court upheld the ban.

FOR MORE INFORMATION, VISIT
FEDERLABORTIONBAN.ORG

THE UNITED STATES SOCIAL FORUM


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participants had packed the room, sitting in chairs, in the aisles, and standing pushed up against the wall. As more and more people attempted to enter the entirely overfilled room, an executive decision was made to hijack the larger room across the hallway. By the time everyone was resettled in the bigger space, that room was packed to capacity as well. First we started by defining neo-liberalism and colonization. From there we examined different systems that colonize our bodies and the institutions used to do so. Within this context, we addressed the oppression of prisoners, people with disabilities, young people, immigrants, transgender people, people of color, women, and queer people.

What followed was a very engaging discussion that was rich with different voices,

experiences, and concerns. I heard the word solidarity mentioned again and again. This time, unlike many other instances throughout the conference, I was not left wondering how all of these unique experiences were related, how one story was pertinent to another. Every single body packed in that room had been occupied, shaped, or controlled by a force outside of itself. It didn't matter if we were talking about patriarchy, white supremacy, racism, capitalism or consumerism; we were all victims of a hierarchy of power that placed value judgments and restrictions on our mobility, access, and desire. We were examining the result of someone saying that one body is more valuable than another.

Just as systems of power make one body more valuable than another, the social justice move-


ment sometimes says that one cause is more important than another. Just as our bodies are fragmented by oppression, so is our movement. Just as we need to regain a more holistic view of our bodies, to rectify the separation between the mind, body and spirit, we must find ways to create a more connected social justice movement. We cannot expect to progress to a more just society as long as everyone believes their own cause is more important than the rest. This brings me back to solidarity. What is solidarity? What is collectivity? I'm not sure that I've figured that out yet, but I think that approaching social justice issues from broader, more inclusive frameworks helps to address the root causes of injustice and understand how justice for one means justice for all of us. 

ANOTHER SIDE OF THE STORY

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explain to my two year-old son that he no longer has a mommy due to their decision to prioritize what my son only knows as the concept of "pregnant?" How would they explain to me how to recover if I lost my fertility?

It seems very easy to make a decision when you will never have to face the consequences. When politicians make decisions, they're talking about me and my life. I am a healthy, loving, responsible woman who, but for the grace of God, has been fortunate enough to have a healthy pregnancy. But should that change, I would want to remain a healthy mother, wife, and woman. I would like for one of those people who made the decision that my life wasn't as important to look my family and me in the face and explain why.

Decisions like this are rarely cut and dry, and yet that's exactly what this one seems to the men who made it. A woman's health, fertility, and life do not become any less valuable the more pregnant she gets. Right now I represent another side of the reproductive justice movement; a side I believe should be taken into consideration. 

About the Pro-Choice Public Education Project

The Pro-Choice Public Education Project (PEP) is dedicated to engaging young women on their terms around the critical issues of reproductive health and rights. Historically, the reproductive rights movement has marginalized young women, women of color, and low-income women, among other groups. PEP works to bridge the gap between organizations and diverse young women by both listening to young women's stories and by working with organizations to help them meet young women where they are.

Donate to PEP!

Thank you for picking up *Raise Your Voice*.

If you like what you have read, we encourage you to become part of the PEP family. Please visit our website at

www.protectchoice.org. You can join our email list, donate online, and learn much more about the work that we do for young women.



You can also send a donation via mail to:
The Pro-Choice Public Education Project

PO Box 3952
New York, NY 10163

or call **1-800-253-CHOICE** for more information.

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