

THE  FEMINISTS FOR LIFE
OF AMERICA

AMERICAN FEMINIST



The Missing Peace

Now, more than ever, our divided country needs our pro-woman, pro-life feminist messages. Envision billboards in towns and cities, near highways and roads, beckoning the call to "Question Abortion" and tell everyone that "Women Deserve Better® than Abortion."

The messenger matters, not only the message. Thanks to supporters like you, we have an impressive record of accomplishments to back it up.

How many billboards and transport signs—how many hearts and minds we can reach—will be up to people like you.

And now with our year-end match, your efforts can make an even bigger impact as we:

- inform, equip, and inspire future leaders in high school and college;
- help those at highest risk of abortion through our helpsite;
- work with legislators and activate our supporters;
- and reach people daily on Feminists for Life, Women Deserve Better, and Girls Deserve Better® via social media and websites.

**ABORTION IS A REFLECTION
THAT WE HAVE NOT
MET THE NEEDS
OF WOMEN.**

Women Deserve Better®

 FEMINISTS FOR LIFE
OF AMERICA

THREE WAYS TO HAVE YOUR GIFT MATCHED, DOUBLED, OR MORE!

Your single tax-deductible donation made by December 31st will qualify for our year-end match led by the FFL Board and Friends (including former Board members).

- Make a new or increased monthly gift, and your first gift will be double-matched!
- If your employer matches donations, please include a corporate matching form to double your gift yet again!
- Gifts of stock are also appreciated.

The matching gift campaign ends December 31, 2023, so please go online right now to www.feministsforlife.org/support, or use the enclosed envelope. On behalf of those we serve—future leaders and women at high risk of abortion—we thank you!

ENVISION THIS



THE AMERICAN FEMINIST®

A publication of Feminists for Life of America

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Established in 1972, Feminists for Life of America is a nonsectarian, nonpartisan, grassroots organization that seeks real solutions to the challenges women face. Our efforts are shaped by the core feminist values of justice, nondiscrimination, and nonviolence. Feminists for Life of America continues the tradition of early American feminists such as Susan B. Anthony, who opposed abortion.

Feminists for Life of America recognizes that abortion is a reflection that our society has failed to meet the needs of women. We are dedicated to systematically eliminating the root causes that drive women to abortion—primarily lack of practical resources and support—through holistic, woman-centered solutions. Women deserve better than abortion.

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THE MISSING PEACE

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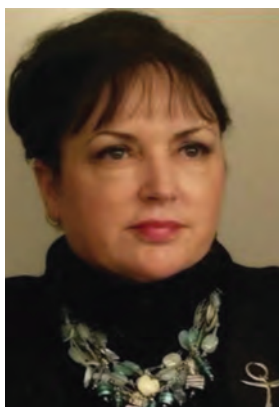
Serrin M. Foster

WHEN A MAN STEALS TO SATISFY HUNGER, WE MAY SAFELY CONCLUDE THAT THERE IS SOMETHING WRONG IN SOCIETY—SO WHEN A WOMAN DESTROYS THE LIFE OF HER UNBORN CHILD, IT IS AN EVIDENCE THAT EITHER BY EDUCATION OR CIRCUMSTANCES SHE HAS BEEN GREATLY WRONGED.

—Mattie Brinkerhoff,
The Revolution, September 2, 1869



HASTEN THE DAY



Since the *Dobbs* decision overturned *Roe v. Wade*, sending abortion back to the states, we have seen many victories. The lives of women and children have been saved and women have been spared from the violence of abortion.

But sadly, an energized opposition reminiscent of the 1970s has arisen. There are well-funded forces determined to devalue life and dehumanize the unborn as if they were parasites—as if they weren't just like us when we were first created.

Many, including doctors, lawyers, and legislators, have fed, spread, or shared misinformation. Lies cost lives.

Between the angry voices tearing apart families, friends, and the country, there is a missing peace. It is up to us to once again meet people where they are. We stop, listen, and acknowledge truly painful situations especially miscarriages, maternal mortality, and rape, while recognizing that they should not be used to justify the unjustifiable. There are pro-life feminist responses.

These lies aren't new. So rather than return to circular conversations, “What about the woman?” and “What about the baby?,” as Feminists for Life we answer: Women deserve better than abortion and every child deserves their chance to live and be loved.

While some fire bomb pregnancy resource centers and vandalize houses of worship, and others seek to silence us, we will do all we can to help the country focus on woman-centered solutions that will systematically eliminate the root causes of abortion. We will work towards healing those in pain and a country torn asunder.

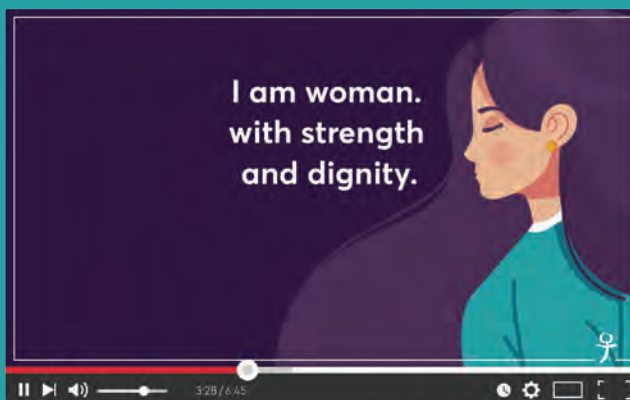
Especially since *Dobbs*, we are mindful that as Feminists for Life, we are advocates of peace that will remain guided by our principles of nonviolence, nondiscrimination, and justice for all. Resources and support, provided with love, can conquer death and hate.

Because women deserve better,

A handwritten signature in black ink that reads "Serrin".

Serrin M. Foster
President

NEWEST VIDEO REVEALED!



FFL's latest video rejects the assumptions by abortion providers who act as if women are weak!

Please watch it on our YouTube or Rumble channel, then like and share it!



GIVING BIRTH IN AMERICA

BY JOYCE MCCAULEY-BENNER
DIRECTOR OF PUBLIC EDUCATION AND EDITOR

America is the only industrialized country where maternal mortality is on the rise. Each increase in maternal mortality represents a mother's experience. Every Mother Counts, a non-profit organization addressing safer pregnancies and childbirth, produced *Giving Birth in America*, a documentary series following mothers across America as they faced the myriad of challenges to giving birth.

The issues are varied and complex; they include—but are not limited to—geographical, racial, socio-economic, medical, and insurance reasons. Understanding the stories of individual women provides a small glimpse into understanding the rising maternal mortality in the U.S. and gives insight into how we can change the course of this alarming trend.

These stories illustrate the urgency of the cause; increased litigation against doctors and hospitals as well as depersonalized insurance policies don't help and have created deserts of care in the U.S., especially in rural areas, on tribal lands, and in poor urban centers.

“

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Reports showing the closures of 200 rural hospitals in the past decade, with more at risk, only exacerbate the issue. The stories of these women show that addressing the root causes of their challenges—rather than promoting abortion—should be the priority in policy-making at the federal, state, and local levels.

Meet some of the mothers and providers highlighted in the *Giving Birth in America* series who are tackling these issues head on.

Giving Birth in America

Giving Birth in America: Montana

Emerald faces a rural OB desert

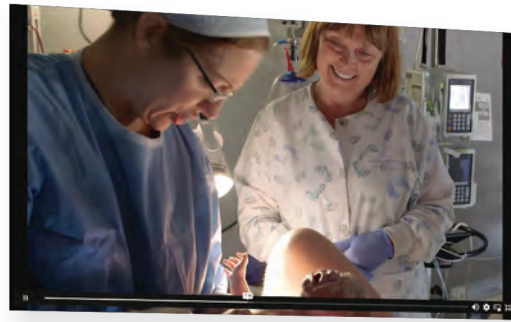
Picture a long winding road in the dead of winter. You see only snow for miles, no trees or buildings or really, anything. Here in rural Montana we meet Emerald, a 37-year-old mother. She is reflecting on her toddler's birth story. When it came time for Emerald to have her son, the doctor saw that the umbilical cord was in the way. Determining that Emerald would need an emergency C-section, the doctor called for the operating room to be prepped immediately.

“There were only two anesthesiologists in the community, and one was occupied and the other one couldn't have gotten there fast enough to save the baby.” A car accident had occurred earlier, so a surgical prep team with the right supplies happened to already be there. Had they not been there already because of the car accident, Emerald's baby may not have made it. “That's scary. That's a very scary feeling as a momma.”

Emerald goes on to reflect that all her friends who live near her must schedule inductions or C-sections. Having necessary specialists and equipment on hand for emergencies is a luxury.

Recovery from C-sections can be much harder on mothers, especially without adequate postpartum support. Returning to natural deliveries after a C-section is also difficult, because many malpractice insurance companies will not cover doctors for this type of procedure due to a perceived increased risk. So mothers in rural areas are often stuck with little choice.

Dr. Genevieve Reid of Livingston Health Care further explains, “When women are deciding where to have their babies, they're often facing drives of two hours or more to the nearest institution that offers the birthing services that they desire.”



*Giving
Birth in
America:
Montana
Stills*



The power of Emerald's story highlights some of the needs rural mothers face. In response to limited access and poorer maternal health outcomes in rural communities, the Health Resources and Services Administration (HRSA) started the **RMOMS program (Rural Maternity and Obstetrics Management Strategies)**. The program awards funds to grantees that address unmet needs for their target populations.

How do these funds actually help rural mothers? Here are just some of the projects that have been implemented:

- The collaborative Rural OB Access and Maternal Services (ROAMS) is working to expand access to care in five mountainous, sparsely-populated counties spanning 10,000 square miles in the northeastern part of New Mexico. More than half of the residents of this region are Hispanic and a third live below 150 percent of the federal poverty level. Before this work began, three of the five counties were maternity care deserts.
- Some grantees opened satellite OB clinics in rural areas. The clinics are housed in community health centers and staffed by medical assistants and/or nurse practitioners who perform in-person prenatal or postpartum checkups. Then, patients meet via video conference with OB providers in the nearest labor-and-delivery hospital.

From Exploring Rural OB deserts to Considering Racial Disparity in Maternal Mortality

Giving Birth in America: New York

As Chanel L. Portia-Albert, founder of Ancient Song Doula Services in Brooklyn, NY, explained in *Giving Birth In America: New York*, African American women are four to five times more likely than white women to die in childbirth or postpartum within the first year after giving birth. “Where is the humanity in that?” she asked. She knew there was a need in the community, and she was determined to address it.

Chanel had a job in corporate America with private insurance. She was working in Manhattan, and she and her husband knew they would be covered for pregnancy and childbirth. They were grateful for this. But it made her stop and think. What about those who don’t have private insurance? What about those who never come out of Brooklyn?

Chanel wanted to do something to make a difference. She told her husband, “I think I want to leave my job and become a doula.” Imagine his surprise—and confusion.



Giving Birth in America: New York Stills



Doulas offer emotional and physical support and are able to assist women to advocate for themselves during pregnancy, childbirth, and postpartum.

Chanel began by working out of her living room. She invited moms to come to her house and told them, “Let’s work this out together.”

Then one day, she put a call out on a listserv. **“Are there any doulas of color that want to work in low income communities and lower infant mortality?” And about 20 women showed up to her house, ready to work.**

The doulas met with women who shared their stories of long waits for OBs—appointments scheduled for 11am that did not take place until 4pm—as well as other challenges.

“**African American women are four to five times more likely than white women to die in childbirth or postpartum within the first year after giving birth. “Where is the humanity in that?”**

“Moms need to feel like someone has their back.” Chanel recounted stories from mothers who didn’t want to go back to certain doctors or hospitals. “A lot of moms have expressed, ‘but I don’t feel that’ or ‘I don’t want to go back there because every time they keep asking me, do I want to be sterilized? We want to feel like we are respected.’”

Rochelle, a doula working for Chanel, remarked, “Being with [my patient] Lisette made me realize, okay, if I wasn’t there, how would it go?” Chanel had taught Rochelle to document all visits and interactions with her patient’s doctors. The doulas have witnessed first-hand the power of patient advocacy.

Giving Birth in America

Most insurance plans do not cover the cost of doula services. Clients who can self-pay help to cover the costs of those who cannot.

The power of Chanel's **Ancient Song Doula Services** may seem small but it is mighty.

Every Mother Counts is also partnering with similar organizations working in their own communities.

The *Giving Birth in America* short film series can be the starting point to better understanding where women's experiences and policies intersect. Learn more, spread the word, advocate for change; and don't lose hope—for all the diverse problems, there are creative solutions everywhere. ☐

CONTINUE THE JOURNEY

"**Giving Birth in America: Florida**" tells the story of Naomi who is 6½ months pregnant and struggling to find health insurance and compassionate prenatal care. Another mom, Rachel, is hoping for a VBAC (vaginal birth after C-section) for her third delivery, but experiences complications with a missed diagnosis and high interventions.

"**Giving Birth in America: Louisiana**" follows two pregnant women in the aftermath of the 2016 Baton Rouge floods. In addition to being displaced by the storms, Brianna and Teneshia share their personal challenges and decisions surrounding their pregnancies and births following the floods.

"**Giving Birth in America: California**" follows the story of pregnancy and immigration in a state where pregnant women are eligible for Medicaid regardless of immigration status.

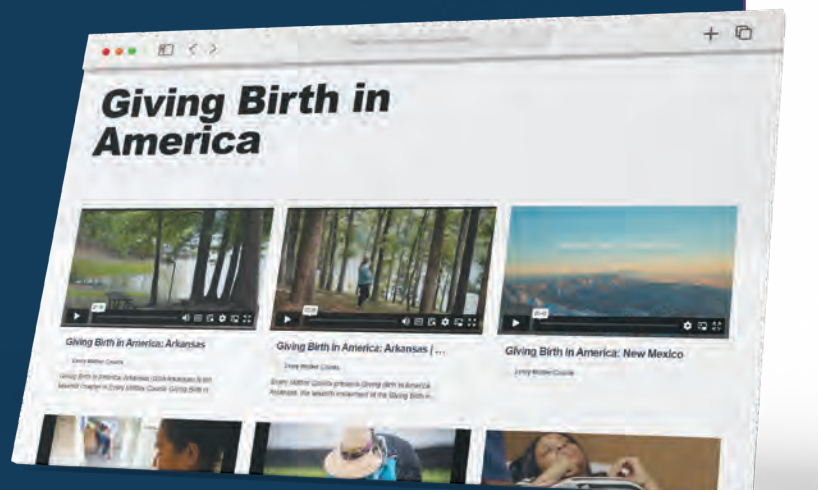
The film centers around an OB-GYN at a Federally Qualified Health Center (FQHC) in the "Strawberry Capital" of the U.S., Watsonville, CA, as she provides high-risk prenatal care to an immigrant farm worker from Mexico who is pregnant with her third child.

"**Giving Birth in America: New Mexico**" focuses on Native American women who are about three times as likely to die from pregnancy and birth complications as white women.

This episode follows the story of Emily, a Native American pregnant mother who works with a midwife to meet her needs.

"**Giving Birth in America: Arkansas**" The film paints a vivid picture of the reality of the postpartum period, when more than half of maternal deaths take place.

To better advocate the unmet needs of those we serve, we invite you to hear directly from these women and their caretakers. Watching these videos for yourself at: <https://vimeo.com/showcase/4503023>



WHEN THE CHILD IS GOING TO DIE

BY SERRIN M. FOSTER

PRESIDENT



We have all heard the stories. She *wants* her baby, and so does he. The nursery is all prepared, all in pink or blue. The baby's name is chosen. Months into her pregnancy, they are given a diagnosis that their little one will not live.

We are heartbroken for them. Full stop.

Mothers will do everything possible to save the child. But some women decide that they want the nightmare to end *now*, even though we know that the grieving won't end there.

Early abortion laws do not cover termination for a prenatal diagnosis that the child won't live more than a few hours. And in states that allow second and third trimester abortions, abortion clinic providers—who frequently sell the babies' bodies to research labs—therefore sometimes don't let parents hold or even see the baby and allow for burial.

What is the appropriate response as a pro-life feminist?

“
We are heartbroken for them.

Full stop.

”
—————

Years ago I met the most remarkable woman. Jeannie French, who is the executive director of the National Women's Coalition for Life, experienced receiving a similar tragic diagnosis. Her response remains the most powerful testimony to address this situation, which is why I proposed to U.S. Senate Judiciary staffers that she testify in opposition to the Partial Birth Abortion Ban in 1996. This is where she shared her story.

Jeannie and her husband were thrilled to learn that they were carrying twins, a girl and a boy. But midway through her pregnancy the doctor gave them the tragic news. Physicians recommended aborting her twin daughter after she was diagnosed with an occipital encephalocele, a form of spina bifida

(Encephalocele is a neural tube defect characterized

When the Child is Going to Die

by sac-like protrusions of the brain and the membranes that cover it through openings in the skull. The occipital region consists of the back and lower part of the skull.)

Twins are high risk, and doctors said that aborting the baby girl would mean more room and a better chance for her twin brother whose health might be compromised if his sister naturally passed away in the womb. As a woman in the healthcare industry in Chicago, the pressure on Jeannie to abort was enormous.

However, Jeannie was determined to do everything possible to save their daughter, whom they named Mary Bernadette. Jeannie began strict bedrest and made the decision to deliver the babies by c-section to increase the likelihood of a better outcome for baby girl Mary. Along the way, Jeannie learned that if she and her husband found they were unable to take care of Mary, there were thousands of other couples awaiting special needs babies through adoption.

Mary lived just a few hours after birth. Her father

“
**Our “daughter, living less than a day,
saved the lives of two other children.
Which of us, even after decades of
living, can make the same claim?”
Jeannie asked.**

had a chance to hold her. But that’s not the end of Mary’s story.

Jeannie testified, **“Three days after Mary died, on the day of her interment at the cemetery, Paul and I were notified that Mary’s heart valves were a match for two Chicago infants in critical condition.** We have learned that even anencephalic and meningomyelocele children like our Mary can give life, sight, or strength to others. Her ability to save the lives of two other children proved to others that her life had value—

far beyond what any of us could ever have imagined.

“Mary’s life lasted a total of 37 weeks, 3 days, and 6 hours. In effect, like a small percentage of children conceived in our country every year, Mary was born dying. What can partial birth abortion possibly do for children like Mary? This procedure is intended to hasten a dying baby’s death.

We do not need to help a dying child die. Not one moment of grief is circumvented by this procedure.”

Our “daughter, living less than a day, saved the lives of two other children. Which of us, even after decades of living, can make the same claim?” Jeannie asked.

Years after Jeannie’s testimony, I met her son Will who attended my lecture at Carnegie Mellon University in Pittsburgh. He was just fine. Actually, better than fine. He towered over his mother. You see, once again, doctors don’t always know what will happen.

And every time I tell the story, and you pass it on, Mary’s story lives on. □



Doors away from the number one abortion provider is a boutique thrift store located in downtown Pittsburgh that Jeannie founded called, “Little Lamb Resale.” While they sell thrift clothing, maternity and darling infant to 2T wear, every mother-to-be is given a free maternity outfit. Emergency diaper packs and wipes are given to needy parents. Some have received strollers and others baby car seats. Moms in need are also referred to local organizations that provide support for parents, and we have sent



Little Lamb RESALE

our Women Deserve Better helpsite brochures to complement their efforts.

Children have an area where they can sit and read while their mom shops for herself and adorable baby apparel for a new sibling, and big sis or big brother can even choose a book to take home. Attracted by the fetal models displayed in the shop window, expectant moms have asked to take photos with the life size fetal models that match their baby's gestation, and little girls have come asking to "hold the babies."

Sidewalk counselors are welcome to set up in front of the store. When the shop opened, the neighborhood children got to meet a special guest, Clover, a real little lamb, and they distributed "Sheep Cookies" to the neighboring shop keepers. "The answer to a crisis pregnancy is to eliminate the crisis." Jeanne writes, "It is the perfect post *Dobbs* response! And I would LOVE to partner with FFL to help set these up around the country!" To find out more, check them out online. ☐



Get Your Daily Feminist Fix!

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Lies Cost Lives

You have heard the lie that there is no such thing as a late-term abortion—or that there are very few.

More human beings were killed in the womb in 2020 than the loss of life when the Titanic sank or the 9/11 attack. Don't they count, too?

We wonder how the abortion practitioner feels, even *if* they feel, when they pull out the poor baby in pieces or burned.

The reasons some cite for late-term abortion are threats to withhold child support—or threats against the MOTHER's life by abusive "father's" of the baby. Many are in poverty and/or trying to raise other dependents on their own.

As Feminists for Life we say women deserve better!! You don't have to make a "Sophie's Choice" between the child in your living room or the child living in your womb.


There is societal support from pregnancy resource centers, the government, and others who care. You are not alone. And we don't buy into the lie that there is no such thing as late term abortions or they are only done in a few extreme cases.

We are no lemmings. We are FEMINISTS—and we can handle the truth.



A MISCARRIAGE OF JUSTICE

BY JOYCE MCCAULEY-BENNER
DIRECTOR OF PUBLIC EDUCATION
AND EDITOR



Not treating women
suffering a miscarriage
is a miscarriage of justice.

Women Deserve Better®

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OF AMERICA

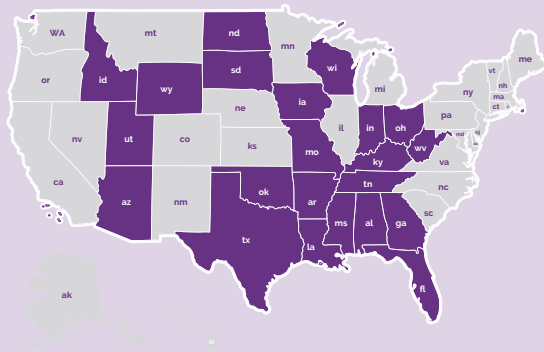
A Miscarriage of Justice

News stories of women not being able to get miscarriage management, treatment for ectopic pregnancies, and other life-saving interventions are creating false alarms and instilling fear in a post-*Dobbs* world. But are they warranted? Dr. Ingrid Skop, M.D., FACOG shared the following story to illustrate the concern:

“Her story is tragic, guaranteed to touch the heart of any compassionate American. As described in her lawsuit against the state of Texas, Amanda Zurawski of Austin finally became pregnant with a much-desired daughter, Willow, after a long struggle with infertility. Heartbreakingly, at 17 weeks 6 days gestation she was diagnosed with early cervical dilation (incompetent cervix) and then her water broke (preivable premature rupture of membranes, or PPRM). Her doctors told her there was nothing they could do. It was far too early

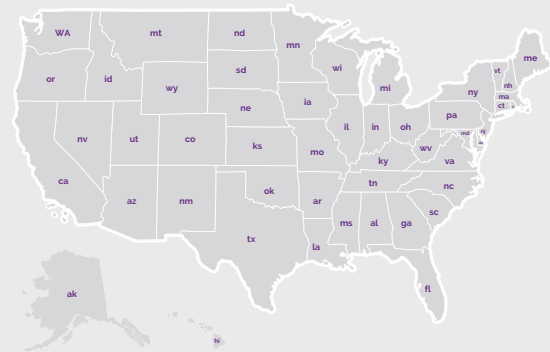
for her daughter to survive birth and Willow would inevitably die. The doctors told Amanda she was at high risk of developing a serious infection that could threaten her life and she should be delivered, but then they said they were unable to deliver her child to protect her from this risk because of a new state abortion law. Amanda was sent home from the hospital and indeed did develop an overwhelming infection that spread from her uterus to her bloodstream, requiring a three-day intensive care unit stay.

“As Amanda battled for her life, Willow was delivered and passed away, but the intervention did not come soon enough. Amanda developed complications of scar tissue in her reproductive organs, requiring surgery, and has been told she may be unable to have the baby she and her husband so desperately desire.



States with Strong Pro-Life Laws Currently on the Books

- | | | |
|-------------|------------------|-------------------|
| 1. Alabama | 9. Kentucky | 17. Tennessee |
| 2. Arizona | 10. Louisiana | 18. Texas |
| 3. Arkansas | 11. Mississippi | 19. Utah |
| 4. Florida | 12. Missouri | 20. West Virginia |
| 5. Georgia | 13. North Dakota | 21. Wisconsin |
| 6. Idaho | 14. Ohio | 22. Wyoming |
| 7. Indiana | 15. Oklahoma | |
| 8. Iowa | 16. South Dakota | |



States with Laws Preventing Medical Treatment to Save Life of Pregnant Woman

None.

Source: Charlotte Lozier Institute



CHARLOTTE
LOZIER
INSTITUTE

“Despite similar exceptions for life of the mother in abortion legislation prior to 2022, most of the reports of physician inaction have arisen since the U.S. Supreme Court’s *Dobbs* decision. **Why now?”**

“

Stop allowing women to be injured through lack of action and intentional spread of misinformation, and then using their tragic stories to turn the public against laws protecting both mothers and their unborn babies from intentional destruction.

”

The answer, from Dr. Skop’s ***Abortion Policy Allows Physicians to Intervene to Protect a Mother’s Life*** was this: “Following the reversal of *Roe v. Wade*, media sources immediately began reporting confusion among doctors in their care for pregnant women. **This media misinformation and the attendant lack of clarification by professional organizations for their members has been a self-fulfilling prophecy, as there was very little confusion among doctors prior to this media blitz.** Rather than reading the law, many physicians read newspapers instead and have erroneously concluded that state pro-life laws prioritized fetal life over the life of the woman.

Government agencies and medical organizations that have historically cleared up confusion when laws were misunderstood have remained eerily silent.”

**HAVE QUESTIONS?
WE HAVE ANSWERS!**



One side of the hotly contested abortion debate yells, ‘What about the woman?’ Instead of yelling back, ‘What about the baby?’ Feminists for Life says, ‘Women deserve better.’” says FFL President Serrin Foster. This and many more frequently asked questions are answered with a uniquely pro-life feminist voice in our *Pro-Woman Answers to Pro-Choice questions* edition. Includes Serrin’s “*Birthmothers Deserve Better*” and also an **international Q&A. (Also included in your Welcome Kit!)**

Dr. Skop went on to challenge her colleagues. “Stop allowing women to be injured through lack of action and intentional spread of misinformation, and then using their tragic stories to turn the public against laws protecting both mothers and their unborn babies from intentional destruction.”

CLEARING UP THE CONFUSION

Dr. Skop collaborated with Mary E. Harned, J.D, to create an exhaustive document to give the guidance that is so desperately needed.

“
Dr. Skop collaborated with Mary E. Harned, J.D, to create an exhaustive document to give the guidance that is so desperately needed.

They wrote and published on the Charlotte Lozier Institute website, ***Pro-Life Laws Protect Mom and Baby: Pregnant Women’s Lives are Protected in All States***, “To assist healthcare providers and dispel the myths being spread by those more concerned with promoting abortion than women’s health, this document discusses miscarriage management, treatment for ectopic pregnancy, and medical conditions that could qualify as life-threatening, permitting abortion under pro-life laws. Specifically, we cite guidance from the American College of Obstetricians and Gynecologists (ACOG), a prominent professional organization that has provided comprehensive guidance for management of obstetric and gynecologic conditions. Further, the exact text of the laws, definitions, and exceptions are included below to further demonstrate that the laws in question do not inhibit appropriate and standard medical care.” The extensive article is the answer to the claim that women’s lives cannot be saved in a post-*Dobbs* era.

Notably, time is spent on clearing up confusion over terminology—a critical venture in order to advocate effectively. “Because the terminology can be confusing, it is important to be aware that:

- a “spontaneous abortion” describes a “miscarriage,” a pregnancy where the fetus dies naturally.
- an “induced abortion” is sometimes shortened to the layman’s term “abortion,” indicating that the pregnancy was intentionally ended in order to cause the death of the fetus (such as after a dilation and evacuation “dismemberment” abortion).
- “termination of pregnancy” and “medically indicated separation” indicate that the mother will be separated from her fetus but does not indicate the method used. This can be done by labor induction or c-section, potentially resulting in a live baby if he has reached an appropriate gestational age.

“While the law allows induced abortion if needed in order to protect the mother’s life, compassionate care and respect for fetal life would dictate that the fetus should be delivered intact and alive if possible.”

We refuse to choose between women and children. Dr. Skop and her colleagues have proven that when you refuse to choose, both can be treated with dignity, even in the worst of circumstances. □

Editor’s Note: To view the full articles of “Abortion Policy Allows Physicians to Intervene to Protect a Mother’s Life”, and “Pro-Life Laws Protect Mom and Baby: Pregnant Women’s Lives are Protected in All States” please visit <https://lozierinstitute.org/>



STATEWIDE ALTERNATIVES TO ABORTION

BY LONDON GUTEKUNST

In a noble effort to maximize the nonviolent options and resources available to pregnant women, many states have taken the initiative to provide Alternatives to Abortion (A2A) programs. An A2A program includes pregnancy testing and counseling, material assistance, medical referrals, and sometimes even housing and education assistance. These programs work to assist mothers, as well as their born and unborn children, with the practical resources they need.

This comprehensive strategy was first successfully introduced in 1993 by pro-life Democrat Pennsylvania Governor Bob Casey. He placed pregnancy and parenting support services in the state budget. In 1997, the pregnancy support center Real Alternatives (then called Morning Star Pregnancy Services) was selected to administer the grant and would continue to administer the program for the next 30 years.

Today, Real Alternatives continues to offer medical and adoption referrals, pregnancy test kits, and parenting education to women experiencing an unexpected pregnancy as well as providing after-birth care—food, temporary shelter, and adoption information.

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Statewide Alternatives to Abortion

Early on, FFL President Serrin Foster, who was also working with Governor Casey on adoption for so-called unadoptable children in foster care, provided consultation on the best ways to provide practical, nonviolent support for women and children. (See update about Pennsylvania on sidebar.)

Texas's statewide A2A program funding substantially increased in 2018. The program focuses on providing support and resources to pregnant women and their families, adoptive parents, and women who have experienced miscarriage. The services include material support, counseling, mentoring, and housing. Much of the funding for the program is allocated to different pregnancy resource centers across the state. Amy O'Donnell, Director of Communications for Texas Alliance for Life, noted in 2022, "Those centers see 150,000 women a year. So that compares well, to the roughly 55,000 abortions that we've seen take place in Texas per year. They are well able to meet the needs through the centers."

Leading the A2A effort in Mississippi is Attorney General Lynn Fitch, who brought the Dobbs case before the Supreme Court. AG Fitch created Mississippi's Empowerment Project, an initiative that she hopes will provide women with the opportunities to succeed and grow. The Empowerment Project achieves this through its five pillars:

- Making Quality Child Care More Affordable and Accessible
- Promoting Workplace Flexibility Policies
- Streamlining and Improving Foster Care and Adoption Systems
- Enhancing Child Support Enforcement
- Supporting Pregnant Women and New Mothers



In early October this year, The Empowerment Project unveiled "MAMA," a website that makes it easy for mothers to quickly find and access the countless public and private resources available to them and their families, including health care services, infant essentials, parenting classes, financial assistance, food, shelter, legal aid, jobs, education, and childcare. MAMA also lists our helpsite, WomenDeserveBetter.com, in the directory and links to several of the articles. AG Fitch hopes other states will follow suit.

Nebraska, Oklahoma, Ohio, Kansas, and many other states have followed the notable examples of Texas and Mississippi in taking action to support women and their born and unborn children. If you live in these states, support the work! Thank your representatives for funding and implementing these programs.

If your state does not have any alternative programs, ask for them!

At Feminists for Life, we offer resources and support for women in need at our Women Deserve Better help site. Share this resource. With your effort and support, we can continue to build a pro-woman, pro-life nation. ☐

What happened to Real Alternatives in Pennsylvania?

Pennsylvania Governor Josh Shapiro will not renew the state's contract with Real Alternatives at the end of 2023, ending state funding of the 27 pregnancy resource centers Real Alternatives administers across the state. These centers supported mothers for three decades by providing comprehensive resources, starting with free pregnancy testing and an array of support services. Their goal had been to support nonviolent alternatives to abortion and assist women and their children in living healthy and stable lives.

Ending state support of Real Alternatives is a step back for women who desire nonviolent choices. **Going forward, citizens of Pennsylvania must do everything in their power to make it known that pregnancy and parenting support services administered by the Real Alternatives program are desired and necessary to assist women and their children.**

Kevin Bagatta, chief administrator of Real Alternatives, said in a statement, "Real Alternatives [of Pennsylvania]

is shocked that Governor Shapiro's administration has decided to not renew its contract with us as the administrator of the award-winning Pennsylvania Pregnancy and Parenting Support Services Program. ...We believe the governor has been terribly misinformed about the need for the program's success." Bagatta said all Real Alternatives centers must be open about the fact that they do not provide abortions. He reports that the centers do not mislead any of the reported 350,000 clients who were served through 1.9 million office visits. He adds that the organization has never received a single complaint from any client. In response to criticism that Real Alternatives does not provide medical care, he clarified that the legislation creating the abortion alternative program did not add medical care as part of the services provided. Rather than providing medical care directly, Real Alternatives provided referrals to licensed medical providers and facilities.

FFL President Serrin Foster responded, "Defunding support for nonviolent choices and the resources that support women in the most need is the definition of being anti-choice."

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Life brings challenges.
We bring empowerment.
We'll never underestimate women.

WomenDeserveBetter.com



WHAT ABOUT RAPE?

BY JOYCE MCCAULEY-BENNER
DIRECTOR OF PUBLIC EDUCATION AND EDITOR



In every discussion or debate surrounding abortion, the quintessential question of “What about rape?” is raised.

Abortion, for some, is only reserved for these toughest of cases.

But should it be?

Can we equally support victims, advocate for justice for them, while also defending the innocent life that has been created in the harshest of circumstances?

As Feminists for Life, we answer YES. We refuse to choose between the woman we have always championed for and the innocent life dependent on her.

As a survivor of rape who found myself pregnant afterward, I appreciate the desire to not want to put the additional stress of an unplanned pregnancy on me.

I appreciate the thought that the pregnancy may bring with it triggers and memories of the horror of the crime.

And I understand the fear that perhaps this pregnancy will forever tie me to my perpetrator.

And if healing was that simple, that easy to deconstruct, maybe the solution would be, too. But there is not one way to heal, nor is there only one outcome to pregnancy after rape.

For many survivors, the child conceived becomes the one good thing to come of the horrific crime; still others state the abortion procedure was intensely triggering and only added another layer of trauma from which to heal.

For me, the realization that there was as much of me in this child as there was the potential rapist-father was powerful. Have we as feminists not moved on from the archaic belief that only paternity matters in a person? Surely the crimes of rapists do not define their children, for what about the strength of their mothers?

We do not rank our dignity, our equality, or our right to exist on the circumstances of our conception.

Part of my healing was knowing and being told that I was strong enough, creative enough, and

resourceful enough to persevere through the pregnancy. Some will choose to parent. Some will choose to place for adoption, or another form of kinship care. The non-violent choices are important; they give agency back to the victim, as well as time to process the myriad of emotions that come and go. No one feeling lasts forever; an abortion will.

We can all agree that a world where rape, abuse, and assault continue to plague us must end. We must not let the complication of an unplanned pregnancy be the deterrent to joining together to end the real injustice—the sexual violence.

Abortion does not prevent rape. Abortion does not heal you from rape. Abortion misdirects where the blame goes—the conceived child is surely not the enemy; in some cases, the resulting pregnancy could be the evidence needed to bring the rapist to justice.

Young Survivors of Pregnancy after Rape

Often times, the evidence of pregnancy in a young girl proves incest/sexual abuse/child rape. These cases often fuel our passion for justice even more, wanting to prevent the young girl from any more hardship than she has already endured.



Two children are now victims. Caring for the rape survivor is already a monumental task, and the child growing within her complicates the issue. All people are equal; all children deserve our help.

Social workers, counselors, medical providers, and sex trafficking advocates know that even young girls—of all body shapes and sizes, can get pregnant—and do. Not every case ends in abortion either.

“

Childhood sexual abuse is one of the biggest risk factors for future sexual exploitation. Any intervention that is done early can save lives. Abortion masks the real problems and distorts the solutions.

”

Rarely discussed in the mass media are the stories of young girls who carried to term. As a sex trafficking victims’ advocate, I met Amy* (not her real name) when she was 14. She was recruited at the age of 11 into a sex trafficking ring and became pregnant shortly after. Amazingly, she was rescued while still pregnant, and wraparound case management services were given to her and her family. By the time I met her, and her 3-year-old son, she was back in school and moving on with her life. Her parents took custody of the child, and they all lived together in a multi-generational family. The support she and her family were given made a seemingly impossible situation possible.

When Abortion Covers Up Child Sex Abuse

The survivor who trained me in the field of sex trafficking victims’ advocacy explained her earliest abuse. Her sexual abuse started very young and by age 9, she was pregnant. She had started puberty early and her mother capitalized on her

What About Rape?

older-than-her-years look when she took her to the abortion clinic. A family member was the rapist, and they didn't want this known. The mother reported to the clinic she was 14 and a "boyfriend" got her pregnant. No questions asked, abortion performed. She would be back in 2 years, at age 11, for her second abortion—the same family member responsible for the second pregnancy. No evidence, no investigation, the crime continued; a vicious cycle many victims experience.

Childhood sexual abuse is one of the biggest risk factors for future sexual exploitation. Any intervention that is done early can save lives.

Abortion masks the real problems and distorts the solutions.

For centuries women have endured injustices, inequality, and violence. Feminists have responded with creative resources, amazing strength, and passionate calls for justice. We have accomplished much, but our work is not done. Feminists for Life challenges that we can help *both* woman and child. ☐

Joyce also presents "Slaves Among Us: Sex Trafficking in the US". For more information or to book our speakers, contact info@feministsforlife.org





GIRLS DESERVE BETTER

BY BELLA MARTINO

This summer, high school interns Kenna, London, and I worked with staff, Serrin and Joyce, to develop our Girls Deserve Better® Instagram page. We had deep, important conversations about the most pressing issues to teens.

The goal of Girls Deserve Better is to Protect and Empower, Inspire and Inform teen girls.

Please check it out at  [girlsdeservebetter](https://www.instagram.com/girlsdeservebetter)

Along with the Instagram page, we developed a survey to gather information from teens about what is important to them.

Topics on our survey include anxiety and depression, sex, pregnancy and abortion, bullying, predators, support for pregnant teens, how to say no, and dealing with abuse. We also ask questions on the survey about the messages and design of our Instagram.

In our first launch of the survey with friends and family members, teens were most interested in sex, pregnancy, and abortion topics, as well as how to say “no” to someone who is pressuring them sexually without hurting their feelings. Coping with mental health issues also ranked

high in teens' concerns, and is consistent with research documenting surging rates of depression and suicidality among teenage girls, a result of harmful social media and isolation during the pandemic.

More recently, I had the opportunity to introduce Girls Deserve Better to a group of teens at a local youth group meeting. We had a “Girls Night Out” and enjoyed cupcakes and conversation. We went through the Girls Deserve Better Instagram page and discussed the images. This opened the door to thoughtful, important questions and dialogue. I was able to take the girls’ feedback to Serrin and Joyce, who will use it to enhance our content.

You are invited to invite the teen in your life to participate.

We are eager to gather many more responses on our survey so we can better serve teens through our Girls Deserve Better content. We invite you to share this survey with the teens in your life. We value their opinions and experiences and plan to use the results to create amazing content and resources for them. Together, we can support teenage girls to flourish into strong, independent, and thoughtful young women.

Please invite the teen in your life to take our survey.
<http://bit.ly/GirlsDeserveBetterSurvey>



Bella Martino is the daughter of former FFL Board Member Kathy Martino. In addition to Bella's work on the Girls Deserve Better Survey, Bella also staffed the FFL booth at the 8th annual Pro-Life Women's Conference this year in St. Louis, MO.

London Gutekunst wrote "State-wide Alternatives to Abortion" (see page 18), in addition to contributing to our Women Deserve Better helpsite. She worked with staff to compile and analyze our initial Girls Deserve Better Survey results.



Kenna Scott, shown here portraying the British suffragette Mrs. Banks in the play "Mary Poppins", and now a sophomore in high school, is our youngest intern ever, but her understanding of pro-life feminism is beyond her years. Kenna helped develop the Girls Deserve Better messages on our Instagram page. Her mother, Krista Cornish-Scott, is a past copy editor of our magazine.

Students are wondering how they can make a difference in such a divided—and often hostile—world. Many pro-life student groups are left wondering if it is even worth hosting events that may turn violent at worst, and argumentative at best; they wonder, are passing out materials that may be vandalized or taken down worth the effort? Can they still make a difference?

Yes! And Feminists for Life is **here to help**.

- We offer **FREE KITS** that include stickers, brochures, and handouts that reflect our pro-woman, pro-life feminist heritage.
- We share **VIDEOS** perfect for assemblies, sharing online, or at pro-life club meetings.
- We encourage groups to host our **POWERFUL SPEAKERS** known for building bridges.
- We equip students to take the ultimate challenge in creating change on campus by hosting our Pregnancy and Parenting Resource ForumsSM with an **FFL MODERATOR**.
- We teach **PRO-WOMAN ANSWERS TO PRO-CHOICE QUESTIONS**®.

If you are a pro-woman, pro-life **student leader, faculty club advisor, or club coordinator**, PLAN NOW. Contact us at info@feministsforlife.org to order your kits—perfect for orientation and club tabling to get your school year started on the peaceful path to life.

If you are out of school, please invest in our work. Your tax-deductible gift can help us get more kits out to students in need! Please consider a gift of \$100 for campus kits and our staff support for the student leaders, but all gifts are much needed and much appreciated!

Pro-woman, pro-life high school students leaders and advisers are invited to order our FREE Girls Deserve Better® Kit!





PREGNANT STUDENTS DESERVE GW'S SUPPORT

DOES THE FREEDOM TO “CHOOSE” AT GW INCLUDE GIVING BIRTH?

BY MEGAN CLANCY

“My body, my choice” is the rallying cry of abortion advocates who argue that greater abortion access is necessary to uphold the right to privacy, autonomy, and the freedom to make appropriate health decisions. But does that freedom extend to the choice of giving birth or just abortion?

This issue is particularly relevant on college campuses. Pregnant students have a myriad of options at their disposal—terminating their pregnancy is only one of them. But it seems to be a foregone conclusion at GW that the student will choose to do so. This should not be the case. Students deserve to have all their options acknowledged and provided for. Otherwise, they just have the illusion of choice.

GW’s (George Washington University) policies and its broader campus culture support the assumption that students will inevitably choose abortion. As an institution, GW provides the bare minimum for pregnant and parenting students: accommodations through the Title IX Office and D.C.-mandated lactation rooms. A student can receive a pregnancy

test from the Student Health Center, and from there the only next step is a referral for “pregnancy care or termination.”

“

Just look around campus and you will see dozens of posters proclaiming, “We love abortion providers and patients.”

”

This lack of forthright support for pregnant and parenting students is coupled with the widespread provision of contraceptives. The SHC advertises an encyclopedic list of contraceptives available to students, and the Student Association now subsidizes several 24/7 Plan B vending machines on campus.

Collectively, these policies and provisions stigmatize pregnancy in a way that communicates that students should avoid it at all costs.

Our campus culture exacerbates this by celebrating abortion under the guise of “choice.” The Plan B vending machines were secured in part through appeals to the student body. Students have written articles outlining the need for greater abortion access and providing resources to secure that access. Student leaders from a wide range of GW clubs and organizations mobilized to protest the Supreme Court’s decision to overturn *Roe v. Wade*, and many petitioned GW to remove Supreme Court Justice Clarence Thomas from the faculty because of his opinion in the case. Just look around campus and you will see dozens of posters proclaiming, “We love abortion providers and patients.”

But this celebration of abortion and cry for ever-increased access to it are not matched by appeals for GW to provide for students who may want to consider options besides abortion. Policies and rhetoric that are pro-abortion and anti-pregnancy combine to discourage students from becoming parents and communicate to newly pregnant students that abortion is their only real option. They also exclude prospective students who are already parents, whether a younger undergraduate student or someone coming back to school after starting a family.

GW’s shortcomings are further illuminated in comparison to other universities, like Georgetown University, which is publicly committed to “creating an accessible and inclusive environment for pregnant and parenting students.”

In addition to the baseline Title IX accommodations, Georgetown provides practical help for students who are or think they may be pregnant.

Notably, Georgetown has a staff member whose specific role is to support these students and connect them with resources,

Do you really know the policies of your kid's college?

So you scrape and save to send your daughter or son to college. Maybe you will delay retirement or skip vacations to do the best you can for them. And you've raised them to support pregnant women and their children, born and unborn. Or maybe you are going to put yourself into debt. And after graduation, they expect you to donate.

But is the college you pay for doing all they can to espouse abortion?

Search their website. Ask the recruiter or admissions staff. Ask if they refer to abortion clinics. Check to see if they distribute chemical abortion pills.

Do they have resources for student parents, (housing, childcare, telecommuting), and part time attendance, and leave policies for parents?

Bottom line, you need to know if they are hostile to the pro-woman, pro-life point of view while happily taking your money—or will they focus on the knowledge students need to succeed and perhaps one day welcoming children of their own.

Pro-woman, pro-life campus leaders are invited to order your FREE Kit NOW!



Pregnant Students Deserve GW's Support

including a childcare center on campus. Georgetown's commitment to helping student parents complete their education filters through to their student body—a student group on campus works to provide free babysitting services and baby care supplies.

These vital measures create a culture of support for current and potential student parents and make securing their degree while parenting a tangible reality. They also allow students with an unplanned pregnancy to freely consider options besides abortion, including parenting, adoption, guardianship, or kinship care. Whether that student decides to personally parent the child or defer to another parenting option, each student needs real support both during and after pregnancy.

If GW does not publicly acknowledge and substantially provide for those many options, then the decisions to have or raise a child are not truly viable. These students deserve a University that has made a place for them and is ready to support them during the entirety of their time at GW. A culture of support, comprehensive policies, and practical resources would truly give students the freedom to choose—not a false dichotomy of choosing between their education and their child.

Inadequate support for student parents is also a barrier to GW's goals of equity and accessibility. Without help from their University, student parents must try to balance classes, work, and childcare on their own, often causing them to drop out. This trend disproportionately affects students of color, who are significantly more likely to be unable to complete their degrees due to parenting obligations and have higher rates of student debt. Failing to provide for current and potential student parents means GW's mission of equity goes unfulfilled.



Any student who receives a positive pregnancy test deserves to know that GW is ready to provide support no matter what decision they make. In the absence of comprehensive policies and the unequivocal communication of love and support to pregnant students, abortion remains the only choice that is viable.

Our campus's commitment to freedom of choice must extend to every choice, not just the termination of pregnancy. If not, there really is no choice at all. □

Editor's Note: This article was first published in the Sept. 18, 2023, edition of The GW Hatchet.



As an FFL intern, Megan Clancy also contributed to our Women Deserve Better helpsite and challenged her GW campus to consider the "choice" to give birth, as a viable option for students, reprinted here with permission.



Peace Begins in the Womb: Reflections from a Pro-Life Feminist is a collection of published letters to the editor and articles by Marilyn Kopp, past president of the Ohio chapter of Feminists for Life of America and also includes articles about Feminists for Life.

In this book, Marilyn demonstrates how one can be a feminist and pro-life at the same time and how the principles of each go together. Pro-life feminism proposes that it is misogynistic to suggest that women are oppressed by their own life-giving capacity. We will never be truly free until we acknowledge that the beauty, power, and strength of pregnancy is something that deserves to be accommodated and supported, not disparaged and denigrated.

Abortion conflicts with authentic feminist principles of justice, nonviolence, and nondiscrimination. A truly just society would address the challenges that unplanned pregnancies present with life-affirming solutions, not with the lethal violence of abortion. In this book, Marilyn also explores the pro-life roots of the American feminist movement.

You are welcome to use the letters and the ideas in them as models to compose your own.

Donors who give \$125 or more in a single gift, increase their monthly giving by \$10 or more, or who start a monthly gift of \$25 or more, can receive a free autographed copy. See your end of the year appeal for details or contact info@feministsforlife.org.

We Remember Damian Jon Geminder

1989-2023

by Serrin M. Foster
President

Donna Geminder was hoping for a second baby girl. Her first, Jessica, was such an easy baby. But when Damian arrived, she loved him with her whole heart.

That's how we all felt when we first met Damian. He was a joy to be around.

Damian was brilliant. It was incredible how much he knew about so many things. I would tell people that if you ever got in the TV reality show, "Cash Cab" and had a mobile shout out, call Damian. In the "Sheer Joy" issue of *The American Feminist*, his parents shared their charming story of his love of maps. As a child, he had not only his neighborhood map memorized, but the entire world atlas. As an adult, he knew the districts of every hotly contested election in the country. Yet he never boasted or belittled anyone. His kindness was only matched by his sense of humor. He kept the staff in stitches.



His mother told me that he would send beautiful, sentimental Mother's Day cards. But her favorite was typical of his dry humor. It read, "You've been like a mother to me."

For his entire professional career, he served the needs of women and children. First introduced to Feminists for

Life by his big sister, Jess, who shared her copies of *The American Feminist* and generously suggested donations to FFL in lieu of her wedding presents, Damian would intern at FFL right after receiving his undergraduate degree. We met in

person at our annual Capitol Hill Intern Briefing. After diligently working on a variety of projects, he went back to earn his master's in journalism, all the while volunteering for us as a content and copy editor for the magazine, and as our Twitter coordinator.

When he graduated, I told him I wanted him on staff. I asked if he could meet me at Yale for the job interview where I was scheduled to argue the motion, "Be it resolved that pro-life is pro-woman," before seven societies in a formal parliamentarian-style setting. As I delivered "The Feminist Case *Against* Abortion" and one team after another would argue back and forth, he tweeted the entire event. (And yes, the pro-life side won the argument—a historic university debate first—because we are also pro-woman.) We also won a team member to FFL who truly enjoyed working with student leaders.

We picked his first day for him to start at FFL on Susan B. Anthony's birthday, February 15, 2016. Little did I know that Damian was raised in a home first owned by a New York suffragist, now the rectory where his father is the pastor. Damian was delighted when the home received a historic marker during the centennial anniversary of women's suffrage.

He became my right hand—and was promoted to become our director of public education and editor. Both night owls, we would be on the phone throughout the day and night fighting evil and death with peaceful, woman-centered resources. Meanwhile, his father would forward the parish phones to their home, and Damian shocked one man when calling at 3 AM to check on the Mass schedule, Damian answered, "St. Mary's. May I help you?"

During the national March for Life in Washington, DC, Damian would pass out hundreds of placards declaring “Women Deserve Better than Abortion” and “Peace Begins in the Womb.” People would say, “See you next year!” He’d tell them he hoped not, preferring to see the end of *Roe*, that abortion would be ended.

Of course, after the US Supreme Court reversed *Roe* and sent abortion back to the states, we faced a federal government working hard to push abortion rather than woman-centered solutions, and college administrators pushing chemical poison pills rather than resources for student-parents. Damian once again helped get our message out to the masses at the March and at Students for Life’s national conference by providing our “Pro-Woman Answers to Pro-Choice QuestionsSM”, pro-life feminist history, pro-woman messages, and pro-woman solutions.



Damian with his friend, a seminarian, at the 2023 March for Life, the first after the Dobbs decision

After his father called to tell me that Damian had suffered a massive heart attack on March 1st, the first day of Women's History Month—our days while he was hospitalized became repetitive. Cry. Pray. Work. Repeat.

I learned so much more about Damian during the seven and a half weeks while he was in the hospital, and more following his heart-shattering death when his parents said their final goodbye to their only beloved son.

I had no idea he was a baby whisperer. Like my mother, (also named Donna), children who were fussy or crying would find peace in his arms.

His father, who joyfully announced, “I have a son!” at his birth thirty-three years earlier, told me that during his entire life, they never had a cross word. Never.

For a while, Damian worked part-time for the local pregnancy care centers, (Long Island Coalition for Life), while also working for FFL, but I had no idea how much work he performed for his church with the website, social media, choir, events, studies, and so much more.

After his heart attack, tens of thousands prayed for Damian and his family during his hospitalization. His wake and funeral mass celebrated by his father as his final gift to Damian were attended by hundreds, with lines of people waiting outside the church. The police would stop traffic all the way to his private burial.

People from all walks of life—from his gym coach to restaurant owners—wrote Damian’s family with stories of his many kindnesses.

FFL Board member Susan Shoppa wrote, “Damian was outside the Supreme Court when *Dobbs* was argued. He saw it overturn *Roe*, and he marched in the historic first ever post-*Roe* March for Life!... Damian did not need to do or say any more. His life and work are complete and show us what we are to continue doing for women, children, and men.”

When we first learned of Damian’s heart attack, the staff had a refrain, “Do it for Damian!” As editor of 300 articles on the Women Deserve Better helpsite, he would have smiled but nicely corrected us, “No. Do it for women and children.” □





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