

Voice for Choice

Newsletter of the Kentucky Religious Coalition for Reproductive Choice

KRCRC Makes Plans for the State Fair This Year!

This year's Kentucky State Fair will take place from Thursday, August 14 to Sunday, August 24, 2008. Please help us see that our booth is a success again this year! It takes over 80 volunteers to fully staff our booth and we always appreciate those who are willing to give a few hours of their time to cover a shift. You are our arms and our voice!

What's in it for me? You will receive a free ticket to the state fair so you can enjoy all of the entertainment the fair has to offer while feeling the rewards of helping us with our important outreach across the state!

A brief orientation will be provided to acquaint you with our work and you will make new friends with those who also share your views.

Top 3 Reasons Why
KRCRC's State Fair
Presence is so
Important:

People find out
we exist!

We support reproductive
freedom across the state
including women from
rural areas who sometimes
need our support in tough
decisions they will make.

To
show that
religious
people actually care
about choice!



Be a part of it!

August 14-24, 2008

If you have previously volunteered at the State Fair, please consider helping out again this year and tell all of your friends what a great time you had. We will soon be putting together a schedule of shifts that range from 3-4 hours.

If interested, please contact:

Melanie Phillips: MelaniePhillips@insightbb.com

or

Anne Maron: amaron320@insightbb.com

We appreciate your support in the very important fight for reproductive freedom!

Melanie Phillips
Vice Chair, KRCRC Board

Don't forget to get involved at these upcoming events!

Board of Directors Meeting

August 13, 3:00 pm - 5:00 pm St. Matthews Episcopal Church

Kentucky State Fair

August 14-28



Anne Maron
KRCRC Chair

Perspectives from the chair:

If you have ever doubted why fighting to keep abortion legal (and funded) is worth the struggle, let me tell you about a recent call to KRCRC's toll-free number.

Jane (not her real name) was hanging out with a tough, drinking and drugging crowd when she was raped. Initially, she decided to have the baby and then put it up for adoption. Subsequently, Jane entered a treatment program, is becoming sober, and now feels mentally, emotionally and physically unable to have this baby (She is disabled and is already a single mother of one.) Jane has decided that ending this pregnancy would be her best decision, but she has no money to make this happen.

You can judge this young woman if you wish, but how would you deal with the reality she is facing? Hers is a desperate situation. Have you ever been there?

Please contribute to the A-Fund to enable indigent women to have a choice about their reproductive lives.

A Fund, Inc.
P.O. Box 611
Prospect, KY.

With new jobs placing great demands on Kathy Schroerlucke and Emily Burroughs, both have had to give up working on the newsletter. The newsletter content is now being coordinated by the Chair and Vice Chair. If anyone want to work on this please contact us.

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Voice for Choice is a publication of the Kentucky Religious Coalition for Reproductive Choice.

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Almost every call we receive is from a woman or a couple who not only want an abortion but who also need a little financial aid to make it happen. For single women, a \$600 or \$1000 fee for an abortion is often way beyond their means. The A-Fund helps with partial payments for their procedures. Your donation makes a huge difference to the woman or the family facing the prospect of bringing a child into the world whom they will have to support for the next 18 years or more.

We never urge people to have abortions as some believe, but we support the choice an individual makes. By helping to provide financial aid to support that choice, we put our money where our mouth is.

The A-Fund will sponsor a Clinic Escort Breakfast followed by a training for those who wish to work as intake volunteers for the A-Fund on August 23, 2008 at the Fourth Avenue United Methodist Church. If you plan to attend the training, please RSVP to Kate Cunningham at kate.cunningham@juno.com.



VOICE FOR CHOICE has a new look thanks to our new volunteer, Jessica Suhr.

Jessica is a graphic artist who is currently working on her BFA in Communication Arts and Design at UofL. She also works as a graphic designer at Lockett & Farley, the oldest architecture firm in Kentucky. She completed her Bachelor of Architecture in 2006 at the University of Kentucky and after graduating she studied in their historic preservation program for a year. During her years at UK she served as a magazine editor and graphic designer for various groups such as the UK Students for Choice.

And the truth is,
 despite Roe v. Wade,
 “choice”, like so many
 other choices is a right
 of privilege.

Reproductive Rights: The Abortion Conversation That We Should Be Having

by Lucinda Marshall

Far too often, I have the nagging feeling that we're having the wrong discussion. About what? Pretty much darned near everything but none more so than the endless pro-life vs. pro-choice debate.

During a recent community conversation in Louisville, KY, Loretta Ross, the National Coordinator of SisterSong Women of Color Reproductive Health Collective, offered what I think is a far more productive framework for discussing the abortion issue. Ross posits that abortion is only part of the issue of reproductive health and rights, which she points out include not only the right not to have a child but also the right to have a child.

On their website, SisterSong defines reproductive justice as an intersectional theory that integrates reproductive health and social justice emerging from the “experiences of women of color whose communities experience reproductive oppression. It is based on the understanding that the impact on women of color of race, class and gender are not additive but integrative, producing this paradigm of intersectionality.” The site also points out that,

“The intersectional theory of Reproductive Justice is described as the complete physical, mental, spiritual, political, social, environmental and economic well-being of women and girls, based on the full achievement and protection of women’s human rights. It offers a new perspective on reproductive issue advocacy, pointing out that as Indigenous women and women of color it is important to fight equally for (1) the right to have a child; (2) the right not to have a child; and (3) the right to parent the children we have, as well as to control our birthing options, such as midwifery. We also fight for the necessary enabling conditions to realize these rights.”

Obviously that language goes far beyond the run-of-the-mill pro/anti abortion rhetoric. By using this framework, we can start to see abortion not as an isolated issue of choice, but part of a far more complex set of issues. And the truth is, despite Roe v. Wade, “choice”, like so many other choices is a right of privilege. If you are poor, or live far from a clinic, there is not much of a choice.

Ross also stressed that abortion needs to be seen as a human rights issue and points to the 1948 Universal Declaration of Human Rights, which declares the right of every person to live free of slavery. And being forced to bear children is most certainly a form of slavery as Ross is quick to point out.

The flip side of the abortion rights issue, the right to have children is every bit as important a matter within the framework of Reproductive Justice. Although it is an issue in this country, it is even more so in less developed nations that have high maternal mortality rates.

Every year, more than half a million women die of complications of pregnancy and childbirth as a result of economic, cultural and political injustice. More than 99% of those deaths are preventable. Jane Roberts, co-founder of 34 Million Friends of UNFPA, points out that, “Lack of family planning commodities and of health care workers to educate about and furnish family planning to eager consumers is the root cause of the 40 million abortions which take place every year, half of which are risky, illegal, unsafe. If the world really cared for its women, this would not be happening. About 70,000 women die during the abortion or the immediate aftermath, millions more suffer temporary or permanent disability. Then they are “compassionately” offered PAC (post-abortion care) by our government and others.”

Yet as a recent U.N. report points out, the “sharp decline in international funding for reproductive health is threatening global efforts to reduce poverty, improve health and empower women worldwide.” According to Thoraya Ahmed Obaid, executive director of the U.N. Population (UNFPA), “The result is increasing numbers of unwanted pregnancies, rising rates of unsafe abortion, and increased risks to the lives of women and children.” Obaid also noted that, “research indicates that ensuring access to family planning alone would reduce maternal deaths by 20 to 35 percent and child deaths by 20 percent.”

As Ross points out, it isn't that choice is not an issue, but rather that it is one of many connected reproductive justice issues that need to be addressed. And that is the conversation we should be having. ●

Lucinda Marshall is a feminist artist, writer and activist. She is the Founder of the Feminist Peace Network, www.feministpeacenetwerk.org. She also blogs at WIMN Online and writes a monthly column for the *Louisville Eccentric Observer*, where an earlier version of this essay was originally published.

The Feminist Peace Network blog regularly addresses this topic, www.feministpeacenetwerk.org.

This article is being reprinted with the author's permission. A similar version of this article appeared in an April issue of the *LEO*. It is a summary of the teachings of Loretta Ross, a founder of SisterSong, who visited here in March.

I learn that the most experienced volunteers keep watch at the end of the block and at the parking lot across the street. They form a human shield around the women coming to the clinic and guide them through the gauntlet of protestors who obstruct their passage.

by Barbara Bennett



KRCRC supports escorts by providing orange vests, by sponsoring breakfasts for escorts, and by escorting ourselves.

We are in the process of creating a video of what happens at the clinic every Saturday morning, specifically to document the aggressive and inappropriate (threatening) behavior that a few of the protestors display. Our hope is to one day convince legislators in this state to mandate a buffer zone around the entrance to the clinic to protect the safety and dignity of patients as they enter. Both KRCRC and the Kentucky Fn. For Women will co-sponsor this effort. Rachel Seed, a local photographer, has already begun filming.

My First Day as a Clinic Escort

May 19, 2008

“We’re here for the women, not as a counter demonstration,” are the first instructions my husband and I receive when we arrive for our first stint as escorts at the EWA Women’s Surgical Center in Louisville. We have come from Owensboro, answering a call for volunteer escorts the Saturday before Mothers Day. At 6:15 a.m., volunteers in orange vests line the south edge of the clinic’s private property line, making a human fence in front of the clinic. My husband and I are tucked into this line and cautioned to stand close together because the protestors will try to wedge between us.

I see twelve men and three women, some with rosaries and placards, clustered around a young priest standing on the sidewalk near the clinic entrance. A teen age boy, short, thin, bespectacled, paces the sidewalk, wearing a sandwich board painted with a warning that Jesus does not countenance abortion. Two men bring a cardboard box filled with Styrofoam crosses. I recognize the sister of one of my friends; she is reciting prayers with the men clustered around the priest. She has adopted four Filipino orphans. We don’t make eye contact or speak.

Clients begin to arrive at 7 a.m. Two tall male escorts hustle a woman behind the human fence I help create.

As the sidewalk fills with protestors and escorts, I lose count of both. Someone tells me that most Saturdays 10 to 15 people show up to coax or intimidate the clinic’s clients as they make their way to the door. By 7:30 a.m. this Saturday, the protestors’ numbers will swell to 265, the escorts’ to 80. I estimate about ten clients come this day.

The clinic has no private parking lot, so the women and their partners or friends must cross Market Street or walk up the sidewalk to reach the entrance. I learn that the most

experienced volunteers keep watch at the end of the block and at the parking lot across the street. They form a human shield around the women coming to the clinic and guide them through the gauntlet of protestors who obstruct their passage.

“It’s not too late,” protestors call out. “You don’t have to murder your baby. You will burn in hell, and the devil won’t even throw you a piece of ice.” “Ave Maria,” others sing between the chants led by the young priest and another older priest who has arrived.

My husband and I are moved to the sidewalk in front the clinic. We are told to grasp the hands of escort groups when they cross the street and to link hands with the escorts behind us, which will create a passageway to the entrance.

Eternal damnation awaits us, an African American grandmother of 10 and great-grandmother of 11 warns me. “You’re as guilty as the mothers.”

A car slows to a stop in front of the clinic. Protestors surround the five foot woman who hops out. Our group folds her into our parallel red-rover lines.

An Anglo man in his fifties looms over the young African-American woman near me. “Do you see who’s going in?” he demands. “Your people. Have you seen the doctors and staff inside? They’re white, and they’re killing your race.”

“I know why I’m here,” she replies. She began volunteering after taking a friend to the clinic, she tells me.

The gray-haired, elfin sized woman beside me says she was subjected to incest. Now she is a licensed clinical social worker helping other women.

We stamp our feet, agree it is chilly, and discuss where to meet for a hearty breakfast. I ask for the time. At 8:30 a.m., all the clients will be in. I am cold and hungry, but not empty or friendless. ●

Schools and health care providers should encourage abstinence as an important option for teenagers. Abstinence-only as a basis for health policy and programs should be abandoned.

Journal of Adolescent Health, 2006

The Issue in Washington State Pharmacy Refusal Case

Washington, DC - Washington State regulations that require pharmacies to dispense birth control, emergency contraception and all other medications in accordance with physician prescriptions uphold the right to religious freedom of both pharmacists and patients, the Religious Coalition for Reproductive Choice has told a federal appeals court.

The case involves a suit filed by Ralph's Thriftway and others to reverse regulations requiring all pharmacies to maintain plans and procedures that enable patients to obtain health care and medication in accordance with the patients' needs and individual beliefs even when a pharmacy employee has divergent views.

The Religious Coalition for Reproductive Choice - the national coalition of religious and religiously affiliated organizations from 15 denominations - filed its friend-of-the-court brief March 11, 2008, in the groundlings Stormans, Inc. v. Selecky case in conjunction with Protestant, Catholic, Jewish, interfaith and secular organizations and individual religious leaders. The case is believed to be the first to challenge the contention that pharmacists have a right to refuse to fill prescriptions based on personal religious views. The Seattle firm of Perkins Coie LLP submitted the brief on behalf of RCRC and the endorsing organizations and individuals.

The Washington State Board of Pharmacy adopted the regulations after several pharmacists in Washington and other states refused to fill prescriptions for birth control pills, emergency contraception and other medications. In its brief, RCRC notes that the state's pharmacy regulations accommodate pharmacists' personal religious beliefs to the greatest extent possible while still protecting patients' individual beliefs and timely access to health care. A pharmacist can, for example, pass a prescription along to a colleague at the same store.

Pointing out the diversity of religious views about health care, RCRC notes that the pharmacists who object to filling certain prescriptions demand protection of their religious convictions but do not seek "the same protection for the convictions of other members of the population, most notably patients."

The brief also states:

"The tremendous disparity in beliefs regarding health care also supports government regulation that accommodates all religious and personal views and practices to the greatest extent possible while preventing harm to others."

Organizations endorsing the brief are:

Americans for Religious Liberty
 Catholics for Choice
 Disciples for Choice
 Disciples Justice Action Network
 Episcopal Women's Caucus
 Faith Trust Institute
 Hadassah, the Women's Zionist Organization of America
 Justice and Witness Ministries, United Church of Christ
 Methodist Federation for Social Action
 Multifaith Works
 National Council of Jewish Women
 National Council of Jewish Women - Seattle Section
 Religious Coalition for Equality
 Religious Coalition for Reproductive Choice
 Religious Institute on Sexuality Morality, Justice and Healing
 The Planned Parenthood Federation of America
 Clergy Advisory Board
 Unitarian Universalist Women's Federation
 Washington Coalition of Rabbis
 Women of Reform Judaism

The Religious Coalition for Reproductive Choice and the social principles of the United Methodist Church

by Charles W. Brockwell, Jr.

I had questions about the United Methodist Church's teaching on abortion (social principles ii.J; 2004 book of discipline, par.161), In comparison with the advocacy and lobbying positions of the religious coalition for reproductive choice (RCRC). This comparison was researched by consulting on each item with Ms. Marjorie Signer, the director of communications for RCRC and a ten year veteran of that staff.

Matters such as sex education and HIV/AIDS prevention are also aspects of responsible, informed reproductive choice. RCRC works in these fields too, but this paper deals only with RCRC and our social principles on abortion.

As an interfaith coalition RCRC cannot be expected merely to reflect a given denomination's official views. Thus it is well for any RCRC partner body to know whether or not its teaching, while not coalition identical, is "coalition compatible."

On justice issues faith communities must have the broadest possible intrachristian and interfaith coalition. For the United Methodist Church, justice coalitions are not merely compatible, they are in our DNA as a part of the body of Christ. Christ can have only one body, thus to be Wesleyan is to be ecumenical.

Following are the quotations from our social principles that Ms. Signer and I discussed one by one. I provide my summary interpretation of her extended responses.

1) "Our belief in the sanctity of unborn human life makes us reluctant to approve abortion."

RCRC affirms this.

2) "We are equally bound to respect the sacredness of the life and well-being of the

mother, for whom devastating damage may result from an unacceptable pregnancy."

RCRC affirms this.

3) "In continuity with past Christian teaching, we recognize tragic conflicts of life with life that may justify abortion, and in such cases we support the legal option of abortion under proper medical procedures."

RCRC affirms this.

4) "We cannot affirm abortion as an acceptable means of birth control, and we unconditionally reject it as a means of gender selection."

RCRC affirms this.

5) "We oppose the use of late-term abortion known as dilation and extraction (partial-birth abortion) and call for the end of this practice except when the physical life of the mother is in danger and no other medical procedure is available, or in the case of severe fetal anomalies incompatible with life."

RCRC takes no position on late-term abortion and takes no position on medical issues. RCRC did oppose the 2003 federal partial-birth abortion ban, upheld by the Supreme Court in 2007, on the grounds that it did not sufficiently take into account the health of the mother.

6) "We particularly encourage the church, the government, and social service agencies to support and facilitate the option of adoption."

RCRC affirms this, and includes it in their training of clergy counselors on matters of reproductive choice.

7) "A decision concerning abortion should be made only after thoughtful and prayerful consideration by the parties involved, with medical, pastoral, and other appropriate counsel."

RCRC affirms this. RCRC offers clergy training to assist women trying to make this decision.

Furthermore,

1) UMC participating agencies do not pay dues or contribute financially to RCRC and

2) in 2006 our Judicial Council upheld our Minnesota Conference's decision to join the Minnesota RCRC as an action compatible with our discipline.

All of this helps me to conclude that, on balance, our church should continue to work with the other faith communities in RCRC to keep abortion in the USA legal and safe and to make it increasingly rare. 🗨️

Rev. Dr. Brockwell is a retired United Methodist Minister who teaches at the University of Louisville and Presbyterian Theological Seminary.

Northern Kentucky University events



Pro-choice volunteers Kate Cunningham and Ampelio Isetti participated in the NKU Students for Choice fair on April 10, at the Highland Heights campus. The event had been long planned and at the last minute, the travelling "Genocide Awareness" project showed up with their grisly billboard photos of bloody fetuses (upper left photo). NKU Students for Choice, undaunted, put up yard signs as students approached the GA display on campus, warning of the upcoming lies and propaganda.



In addition to the spirited and creative Students for Choice (nkustudentsforchoice@gmail.com), NKU boasts two other pro-choice groups – EFRF, Educators for Reproductive Freedom (www.efrf.org) and SAFE, Staff Administrators and Faculty for Equity. Kate and Ampelio enjoyed distributing Emergency Contraception info and other pro-choice handouts at the jointly sponsored KRCRC and ACLU RFP table display. ●

KRCRC Supports Local Medical Student

by Sydney Miller Cashman.

In part due to the support of KRCRC, I was fortunate enough to attend the Medical Students for Choice 15th annual conference in St. Paul, Minnesota. Having already attended last year's annual conference as well as the summer leadership training program, I am starting to consider myself a regular at these educational meetings; luckily, they're always changing and presenting new and relevant information so it hasn't gotten stale at all. The programs offered are numerous; we started Saturday at breakfast with a group of past Reproductive Health Externs (myself included) talking about the highlights of that program as well as ways to improve. After a keynote speech by R. Alta Charo, PhD., an engaging woman who spoke fluently and passionately about

Another session discussed the effects of religiously-affiliated hospital expansion; in areas where hospital mergers or closings lead to most or all healthcare provided by religious (often Catholic) facilities, hospitals which previously provided services such as abortions, tubal ligation (female sterilization), postpartum IUD placement or other contraception, vasectomy, and emergency contraception cease doing so. Stories were told of women who received suboptimal health care in certain of these hospitals; a woman at 14 weeks of pregnancy began to show signs that she would soon miscarry- to reduce trauma to the woman and perhaps more urgently prevent sepsis and bloodstream infections, common treatment for this would be uterine evacuation, or D&C. However, although the fetus clearly had no heartbeat on ultrasound examination and the woman was clearly not going to be able to continue the pregnancy, a nurse threatened a resident OB/GYN physician that if he did anything to quicken the process (such as D&C) of this spontaneous abortion she would physically stop him and then report him to the hospital CEO. Her reasoning was that she did not trust his ultrasound skills and no one could be sure that there wasn't really a heartbeat and the fetus might actually survive or be able to be "salvaged". (As you likely know, fourteen weeks is far too young for viability- not to mention that the woman was already in the process of miscarrying it.)

A few males even reported that since they had previously been with women who did not ever become pregnant (presumably because the women were using birth control the men were unaware of), they assumed that they were simply incapable of fathering children and thus needed no contraception.

"Legal and Ethical Challenges to the Practice of Reproductive Health", we split ourselves up into groups to attend any of five concurrent sessions. These hour and fifteen minute lectures, broken up by brief breaks, allowed us to hear about a variety of topics throughout the Saturday and Sunday morning.

From clinical lectures on the newest forms of medical contraception, advanced track lectures addressing residency, fellowship, finding or starting practice, and other issues future providers face while training, and a variety of legal and political workshops, there was always something fascinating going on. Although it was always hard to choose, I first found myself in a discussion addressing the financial, medical, and social barriers that are often constructed which keep women from having free access to contraceptive and abortion services. We discussed at length the Hyde Amendment, a 1976 travesty that forbids federal funding for abortion except in the cases of rape, incest and danger to the life of the woman. (These exceptions are rarely used, and the Hyde Amendment has effectively reduced federal funding for pregnancy termination to almost nothing.) We learned about the National Network of Abortion Funds, which helps underprivileged women pay for, via grants or low-income loans, abortions they couldn't otherwise obtain. This organization, NNAF, is currently sponsoring a "Hyde- 30 Years is Enough!" campaign in an effort to repeal the amendment. The petition is available online at <http://hyde30years.nnaf.org>; it'd be great to see KRCRC members on the list!

Other topics included research about men's attitudes towards contraception and pregnancy; a family planning fellow in the Bronx discussed her qualitative study designed to find out how to better involve men in making reproductive healthcare decisions and create shared responsibility. Surprisingly, a frequent theme in her interviews seemed to be that males in sexual relationships often were unaware if their partner was using any contraception at all and had never discussed the subject with them. They seemed to assume that it was the woman's business and they took no part in making sure that unintended pregnancy didn't occur. A few males even reported that since they had previously been with women who did not ever become pregnant (presumably because the women were using birth control the men were unaware of), they assumed that they were simply incapable of fathering children and thus needed no contraception.

In contrast to last year, I attended fewer clinically oriented sessions and more of the discussions of social and legal issues surrounding abortion. I became inspired, outraged, frustrated, enlightened, and frankly a bit overwhelmed all at once; the conference makes you realize what massive problems are facing the pro-choice community but also helps prepare you to go out and make a change for the better, which I hope to do in my small corner of the world at the University of Louisville. ●

Sydney Miller Cashman is a fourth year medical student at the University of Louisville School of Medicine. She is the chair of the University of Louisville School of Medicine branch of Medical Students For Choice. If you have questions or comments about the article or MSFC in general please contact Sydney at sydney.cashman@louisville.edu.

Local, long-time activist and former head of the ACLU/KY, Suzy Post,

reminded us of a population we rarely discuss:

female prisoners.

by Suzy Post

Here is a tiny bit of Louisville history concerning issues affecting women prisoners.

In the mid 1970's the Louisville Jefferson County Human Relations Commission, now the Metro Human Relations Commission put me on staff to develop programs for women. During that period I conducted both a Title IX Monitoring Project, and a survey of women offenders at the Jefferson County Jail with the help of a Kent School Social Work student. What we found was profoundly troubling in terms of the way women in the jail were treated. When asked about the lack of programs for women, as opposed to men, the jailer, Howard Kassulke said (on tape) 'all these women will need to know when they get out of here is how to wash dishes and make the bed.'

After that we applied for, and received, a National Crime Commission grant to create a Female Offender Resource Center which had an office in the former YWCA, now the Henry Clay Hotel. Our grant ran out after two years, and there was absolutely no other interest in supporting women as they got out of jails and prisons at that time.

That study of the jail also resulted in a grant from the KY Humanities Council for a one day conference on Female Offenders which we held at the University of Louisville. The percentage of women in Pee Wee Valley at that time was relatively small compared to today, and almost every one of the women I spoke to were in prison because they helped a male partner with a crime. They also nearly unanimously had children on the outside, and no wife to take care of them. Their anxiety level was horrific.

Women offenders need help. A lot of it. Many end up in the homeless shelters for long periods. It would be wonderful if a coalition of local women's groups began to examine their status today. ●

Support the KRCRC and get involved. It's easy:

Newsletter Mailing Preparation

10-20 volunteers are needed 4 times a year to prepare mailing for 5,000 newsletters. We have this down to a science. It's lots of fun and we have great conversation while putting on labels. Please join us.

Clinic Escorts

12 volunteers are needed to escort women arriving to the EMW Women's Surgical Clinic in Louisville. Escorts serve as a buffer between anti-choice protestors who verbally and physically harass women who seek services from the clinic. Volunteers are needed 7:00 am - 8:30 am every Saturday (except when the clinic is closed.)

Lobby KY Legislators

KRCRC cooperates with the ACLU Reproductive Freedom Project in lobbying 3 days per week during the annual session of the general assembly. Some volunteers participate as little as one day a year while others are able to give one day each week during the session. Whether you can give one day a year or more, we need your participation.

Public Outreach

Volunteers are needed to staff information booths at events that take place throughout the state, e.g. county fairs, universities, festivals, gatherings, etc.

Newsletter Contributors

We need people to submit articles, news, and resources (local, regional and national) for inclusion in the newsletter.

Outreach Organizers

You can begin organizing a faith-based group supporting reproductive choice in your community. KRCRC can provide you with resources and access to others who have succeeded in organizing locally.

Contact your state and federal legislators

Tell them you are a person of faith and that you think it's important to safeguard reproductive health and freedom. Encourage them to support measures that build healthy families and preserve individual freedom, and to vote against measures that hurt women's health and seek to impose a single religious view upon others. They need to hear from you! If you do not know who your representatives are, go to <http://www.vote-smart.org>.

Roe v. Wade Town Hall Meeting and Dinner Held in January



Top to bottom:
The Inner VOICES of Kentuckiana captivated the audience with their music, inspiring hope and courage among us all.

Keynote speaker, Rev. Dr. Johanna van Wijk Bos helped the audience make the connections between religion, faith and reproductive politics.

KRCRC Board member, Emily Burroughs (right), gives the 2008 David Gunn Award to Amanda Kreps-Long (left), for her outstanding leadership and contribution in reproductive freedom. Amanda served as Director of the Kentucky ACLU Reproductive Freedom Project for many years before leaving Kentucky and led our legislative lobbying efforts to keep all reproductive choices legal in Kentucky.



One hundred and fifty people attended our 2008 annual Roe v. Wade Dinner held at Thomas Jefferson Unitarian Church on January 26th. Our keynote speaker was the Rev. Johanna van Wijk Bos, an author and professor of Bible and Old Testament at the Louisville Presbyterian Theological Seminary. The status of women in this country is at constant risk because the public policies that make abortion safe and legal are constantly being undermined, Bos said. Reproductive choice is essential for women's full personhood. KRCRC couldn't agree more, and we welcomed and enjoyed her spirited defense of choice.

During the dinner we also enjoyed the singing of the Inner Voices of Kentuckiana, part of VOICES of Kentuckiana, a voluntary, not-for-profit community chorus. The membership of VOICES is fully inclusive of lesbian, gay, bisexual, transgendered and heterosexual friends. Inner VOICES is a smaller ensemble that performs throughout the region. "Let Us Love In Peace," "Bridge Over Troubled Water" and "Love Will Guide Us" were beautifully sung and heartfelt. We can safely say that they moved and delighted everyone in the room. Go to www.voicesky.org for more information.

Rev. Elwood Sturtevant of Thomas Jefferson offered the blessing and Rev. George Edwards, a retired professor of the Louisville Presbyterian Seminary gave the benediction.

Rev. Sturtevant also served as a member of our Town Hall Meeting panel. Other panelists included Rev. Jean Hawxhurst of Fourth Avenue United Methodist Church, and Rev. Lucinda Laird of St. Matthews Episcopal Church. Anne Maron served as moderator. Panelists discussed how their theology supports a woman's right to choose. This meeting was attended by about 35 people.

KRCRC was very pleased to give the Gunn Award to Amanda Kreps-Long in honor of her years as head of the Reproductive Freedom Project of the ACLU. Amanda organized many of us to lobby in Frankfort in support of pro-choice legislation and created public education forums and opportunities for collaboration by various pro-choice organizations and individuals. Amanda and her family now live in Indiana, and she is sorely missed by so many of us who enjoyed her company and appreciated her leadership.

KRCRC also recognized the ACLU with the Service Award in honor of the Reproductive Freedom Project. 🗣️

Thank you, KRCRC Supporters!

Donations

Donations received November, 2007 – February, 2008 are listed here (includes annual appeal & Roe v. Wade donations). Donations received after February will be included in the next issue.

To be included on the KRCRC supporters list, donors must place a check mark on the donation form that authorizes us to publish your name. If there is no checkmark, names are not published.

Advocate (\$249-500)

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The logo of the Religious Coalition for Reproductive Rights combines the symbols of two great religions, Judaism and Christianity. The Christian cross is made up of many branches, representing the many sects of Christianity. Its lower branch is part of a menorah, symbol of the Hebrew scriptures, in which the Jewish and Christian faith share common roots. Resting on the base of three vertical bars which is an ancient symbol of an active intellect, the cross and menorah are intertwined to demonstrate the unity of purpose of the Religious Coalition for Reproductive Rights.

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