A LONG WAY TO GO:

COLLECTIVE STRUGGLES & DREAMS OF REPRODUCTIVE JUSTICE IN CANADA

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LEAF FAEJ
WOMEN'S LEGAL EDUCATION & ACTION FUND
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LEAF is a national charitable organization that works towards ensuring the law guarantees substantive equality for all women, girls, trans, and non-binary people.

This publication was created as part of LEAF's Reproductive Justice Project. This project looks to advance reproductive justice in Canada through law reform advocacy at the provincial and territorial levels.

Notably, LEAF recognizes that Indigenous, Black, and racialized women and trans people have long led the struggle for reproductive justice. This foundational and continuous advocacy by the communities most affected by reproductive injustice make our work possible.

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Most of all, we want to extend our deep appreciation to each person who shared their perspectives, experiences, and ideas about reproductive justice with us. We are honoured to share your reflections through this collection.

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Women and Gender Equality Canada
Femmes et Égalité des genres Canada
Canada

LAND ACKNOWLEDGEMENT

LEAF's office is located in Tkarón:to, which is a Mohawk word that means "the place in the water where trees are standing."

This land is governed by the Dish with One Spoon Wampum Belt Covenant, a nation to nation peace agreement between the Anishinaabe, Haudenosaunee, the Wendat, and other allied nations. All of us who share this territory share the responsibility to take care of the land and the creatures we live alongside. We must also work to ensure that the dish is never empty, and keep the peace.

Acknowledging the history of the land also requires us to reflect on LEAF's position as an organization working for gender justice in the context of a legal system grounded in colonialism and white supremacy. This system formed a part of efforts to erase and eliminate Indigenous persons and their cultures. Colonial laws and policies continue to subject Indigenous persons, in particular Indigenous women, girls, and 2SLGBTQQIA individuals, to disproportionate levels of violence and poverty.

LEAF also acknowledges the resilience and strength of Indigenous persons and communities, who have fought and continue to fight back against these systems of oppression. We must do more to centre the voices of those who face marginalization, acknowledge our complicity in this system, and push back not only against patriarchy, but also colonialism, white supremacy, and racism.

Only by doing so can we truly work towards gender justice, and justice for all.

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PREFACE

In 1994, the Women of African Descent for Reproductive Justice coined the term "reproductive justice". As SisterSong Women of Colour Reproductive Justice Collective explains, however, Indigenous, Black, and racialized women and trans people fought for reproductive justice long before the term formally existed – and they continue to fight for it today.

The contributions in this anthology – what we have called reproductive justice "snapshots" – provide unique perspectives on reproductive justice in Canada.

Contributors to the anthology have drawn on their own lived experiences and the experiences of the communities of which they are a part to share what reproductive justice means to them. They have spoken and written verses. They have painted and made collages. They have met in community and reflected individually. They have answered questions and they have raised questions.

On their own, the snapshots illuminate challenges, barriers, and inequities while showing resilience, hope, and opportunities for change. Together, they reveal a clearer picture of the landscape of reproductive justice across Canada, across communities, and across individuals.

Swan Saviour

by Michelle Stimson

The “swan” came to me in stages of the egg… and the never ending question of how the sudden pull of life from my egg inside me dealt with death I put upon it. There is something curious to me that seeing inside the egg is the concern and the wonder if anything is indeed inside it.

We see this bird ….we would never know how many eggs she laid and how many cracked ….mostly because its none of our fucking business really.

Hint of anger detected!

To find yourself-my-self,

feeling grey – yet, beautiful would come…

Feeling beautiful inside of the grey.

did I get the right information or was this decided cause I'm a poor…

ACCESS VERSUS PRIVILEGE

by Keke

"Reproductive freedom is critical to a whole range of issues. If we can't take charge of this most personal aspect of our lives, we can't take care of anything. It should not be seen as a privilege or as a benefit, but a fundamental human right."

- Faye Wattleton

When I reflect on the words Faye Wattleton said, it makes me contemplate on how I would define reproductive justice within my own words. The advancement of reproductive laws in Canada has been a long fight and the changes have slowly been happening since the 1970's but we still have a long way to go. I think it's important to first distinguish from my point of view the difference between reproductive rights, reproductive justice and reproductive freedom.

To me, reproductive rights focuses solely on the physical realm, a person with a uterus (often from the lens of a woman) is deserving of proper laws and support to ensure informative knowledge is shared about birth contraceptives, safe sex and family planning.

Reproductive justice goes a step deeper; exploring now the social, economical and even racial stand-point of a person looking to access reproductive health services and knowledge understanding.

We only need to look back to 2020 to see that structural racism is still at large within our Western society. Not to mention what it means to be a part of the LGBTQ+ community and how this can create even more barriers on accessing safe and accurate information and support on reproductive health.

Although abortions are legal in Canada, what good are

these services if we do not consult with the very women who are in need of accessing them and not only one group of women, but women from all different walks in life, including trans women and non-binary/queer folks.

For me, reproductive freedom means the ability to access affordable and accessible services around birth contraceptives in a safe and clean environment, proper education on sexual health and true body autonomy; the freedom to make the choice on when and how one wishes to bring a child into the world.

This paper will be focusing on my own lived experiences accessing abortion clinics in Toronto, ON, the accessibility and affordability of both abortions and birth contraceptives. I will be exploring this through the lens of a Black/Bi-racial, queer Canadian-born female.

As a young female, I grew up in a predominantly Christian household. The topic of how the reproductive system worked, birth control and sex in general was something that was never discussed. My mother was a single mother during the early years of my childhood who essentially was a child herself, having given birth to me at the young age of 17.

> ***The extent of my knowledge on safe sex and birth control was placing condoms on a banana one day in grade 9.***

Other then that, our sexual education class was limited to a box that sat on our teacher's desk where we were able to anonymously place our questions into to be answered during class. Our class was co-ed so as you can assume, it was all jokes and gross to even be talking about such topics with both genders in one class room.

Shortly after, I dropped out of high school. I honestly had no idea what reproductive health was. After that, I moved in with my boyfriend at the time. We became sexually active but I still had no knowledge of how women got pregnant.

One day, I noticed I was having some weird pains in my lower abdominal area. Turns out, I was pregnant. It felt like history repeating itself, here I was 17 and pregnant just like my mother. I didn't know what to do, except I knew I wasn't ready to be a mother. I had no support systems in place.

This highlights something for me: If our sexual education is only limited to sharing knowledge in a classroom, how do we ensure young females/non-binary folks who may be homeless or living on the margins and not attending school learn about birth control, safe sex and family planning?

I think it's important to note - my mother dropped out of high school at the age of 16 as well. Nowadays we have access to the internet, should we be offering free online workshops and courses for folks to understand such topics?

Once I knew I was pregnant, I took my first of many trips to a sexual health clinic. I had to fill out a bunch of forms before I could see a doctor. It was a pretty straight-forward process, the space was clean and warm with music playing in the background. I was already several weeks into my first trimester.

My only option was to do a surgical abortion. Again, the process for this was very smooth; I have an Ontario health card so thankfully the procedure was covered. The day of my appointment, everything went really fast, to be honest it all feels like a blur.

I accessed the services at the Cabbagetown Women's Clinic. My boyfriend at the time drove me home. Once the pain medication wore off, I felt depressed for days. This was the first of two abortions I've had in the past ten years. After the procedure it was recommended to attend a follow-up doctor's visit, but it wasn't mandatory so I skipped out on it.

Thinking back, I probably should have gone to learn about different birth controls. The second time I found myself pregnant was with the same partner. I didn't learn anything about how to have safe sex and found myself back in the same situation.

This time, I was living in the west end of Toronto. I don't remember the name of the clinic, except that it was in a tall high-rise building. This clinic wasn't as nice as the first one; which shows how living in the Beaches to then living near Jane, changed my experience.

I underwent another surgical abortion, all I remember is the nurse giving me a stuffed animal to hold onto while the doctor conducted the surgery. It made me wonder, who was the child here?

I also noticed the contrast between the clients at this clinic versus the first one I went to. I noticed it was predominantly women of colour and this clinic had additional charges in terms of accessing their services. They had a lot of signage for those who didn't have OHIP and what the cost would be.

In Canada, we do have a lot of immigrant women so it makes me wonder what someone would do if they couldn't pay the bill. Abortions without OHIP can range from $600 - $1200 in Ontario depending how far along you are in terms of your pregnancy.

This time, after the procedure, I didn't have my boyfriend for support, we were experiencing difficulties in our relationship so I had to take a taxi home. Same thing happened after the first experience; I was depressed for days.

But this time, I decided to attend a follow-up appointment at a sexual health clinic. I was able to meet with someone to learn about different birth control options.

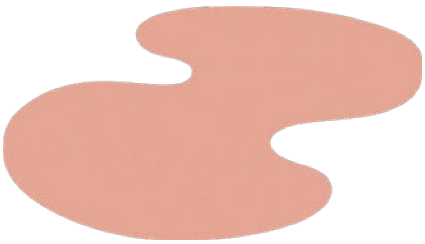
I first tried the pill option for several months until I started noticing physical changes in my weight. The pill cost me about $10 a month. Some sexual health clinics offer the pill free of charge for low-barrier seeking individuals, but the cost can range in price depending on the clinic and if an individual is covered under OHIP.

I later learned about IUDs and switched to using this method. I found the IUD to be very uncomfortable and often experienced internal bleeding when it was inserted. I had it removed after a year of use.A copper IUD is typically good for up to ten years. Women under the age of 24 can receive an IUD free under OHIP, but after that, the cost can range up to several hundred dollars.

Today, I do not use any form of hormonal birth control; I am 27 years old and hope to start a family one day soon. As I got older I took it upon myself to do research and learn about the side effects of birth control.

I often experienced mood swings, depression and rapid weight gain and decided it wasn't the right fit for me. I'm grateful there were many options for me to explore, such as using a patch, injection and the other two options I listed above.

I think it's important that women and non-binary folks listen to their bodies and make choices on their own on how to have safe sex. I know a lot of young women start using birth control to help control acne, but I think it's so important they understand the side effects of taking any form of hormonal birth control.



This leads into my final segment for this paper which is areas of improvement based on my own lived experience. The biggest area of improvement would be the need for mental health support for those post-procedure. There are many reasons why someone would want to get an abortion but it's not the same as removing, say a tumour.

When I was younger, I knew I wasn't ready to be a mother, and I'm so grateful I was able to access the service, but it didn't change the fact that I underwent a very serious procedure. Even to this day, when I reflect on the experience I still feel waves of sadness.

I am a mental health advocate and have the tools on coping mechanisms, and understand that emotions are temporary. But I would love to see the day where we step away from abortions simply being a means to an end. Pregnancy can be a difficult journey even for those who are actively looking to start a family - but sometimes getting pregnant isn't a joyful walk in the park.

Unfortunately women can experience sexual violence and result in an unwanted pregnancy, or it simply isn't the right time, or whatever reason a woman/non-binary folk may want to terminate a pregnancy, this doesn't change how difficult it may be to make the choice.

Even if someone never considered themselves becoming a mother - I still believe there is a lot of grief and stigma a person faces when undergoing an abortion procedure. Not everyone will have supportive friends or family to talk about what happened. So knowing that there is perhaps support groups or mental health services available to women/non-binary folks post-procedure would be an area of improvement based on my own reflections and lived experiences.

In conclusion, I consider myself to be quite privileged in terms of how accessible and affordable birth contraceptives and abortions are for those who are Canadian citizens, under 24 years of age and female-identifying. But gender and identity are not black and white as the past; we now get to see the diversity of all the shades of gray.

A lot of the work ahead is to ensure inclusivity is at the forefront of our decision-making and include advocating for mental health to be considered just as important as physical health pertaining to reproductive justice. Being pro-choice is not just being pro-abortion; it's allowing all women/non-binary folks to make decisions for themselves and have proper support whether they decide to take birth control or not.

Education is such a powerful tool. Women are deserving of having the power to make educated choices to all levels of their lives; socially, economically and politically. Strong women make a strong future.

The Toll We Pay

by Ashley Fraser

I come from Prince Edward Island, originally known as Epekwitk by the Mi'kmaq people, before being colonized and renamed by settlers. Epekwik means "lying in the water".

Perhaps the Mi'kmaq people predicted how accurate that name would come to be, but not just because we are surrounded by a body of water. More likely, they had no idea that the very essence of this island would become tangled in lies.

The thing about islands is that they are literally disconnected, cut off from outsiders, like their own little world. It's easy to project a picture to the outside world when no one is there to actually bear witness to what it really looks like. To know what it's really like, you must be able to look past the projection and to do that, you must be accepted into its culture. Good luck.

Until the Confederation bridge was built, the only way to the mainland was by boat. The bridge has made leaving easier but there is still a toll to leave PEI. The bridge is around $50 to cross, the ferry around $80. I can't leave my province if I can't pay the toll. If I can't pay the toll, I certainly can't afford the $500-$800 abortion fee at a private clinic off island, or to take the time off work, perhaps pay for childcare. Cost was one barrier we had to access but so was transportation and support.

These factors considered, just physically getting to the clinic was impossible for some women and not easy for many. We came together to finance and support many women to access abortion in other provinces. We developed networks with people on the mainland to help transport. We did what we could to provide access but we couldn't keep it up forever, nor should we have had to. Health care is the responsibility of the government.

Our culture on the Island is oddly, still deeply rooted in the church. If you look a little closer, you will find that systemic patriarchy has kept us behind the rest of country; to put it bluntly- women are shown how little our lives matter all the time. We are overlooked, not believed, not to be trusted.

Or worse, we are hated for no other reason than identifying as women. It's subtle... that hate, in a way that makes it hard to explain or understand. How do you fight an enemy when they have the power to camouflage; to fade into the landscape...to the point of near invisibility? The irony is that we are known for our beautiful landscape.

Our tourist industry is known for its slogan - "The Gentle Island." Look a little closer, I implore you.

> ***It has been five years since women or people born with a uterus got access back to abortion services in our province, on our soil. It seems like yesterday.***

Don't get me wrong, abortions have always been happening here. Women have self harmed in attempt to terminate their pregnancies, some doctors secretly gave medication, some women took the medicines that their great grandmothers took to end pregnancy, but we didn't really acknowledge it. Occasionally, if in truly safe spaces, and even then, only in secretive hushed whispers, but only because it was the only way to pass on the knowledge.

We were even burdened, I say burdened because we certainly didn't chose it, with the name "The life sanctuary of Canada" by those who stood against women's reproductive justice.

They call themselves pro-life but I'm not sure there's anything pro-life about forcing an unwanted pregnancy to term. Where is the support for these women when these babies are born? What happens when women are forced to carry pregnancies that they cannot or do not want to. That doesn't sound "pro" anything to me. I call them anti-choice. I am an Islander after all, pro-death is a little harsh.

Abortions were happening in secret and without aftercare. An abortion, a simple medical procedure, could be deadly here. Many Island women have been hurt by the lack of access to safe abortion, some have died. They have been turned away, refused care at emergency rooms or by their own doctors. They have been hurt both physically and mentally. So have many children of unwanted pregnancies forced to carry to term. Our government refused to ruffle feathers, to upset the status quo that had been maintained by the church for decades. They refused to trust women with their own bodies and blocked access to care for decades. Why? Because people who identify as women on PEI don't really matter.

And so we fought, we fought long and hard to get that access here. It took the courage, determination, and solidarity of many to make it happen. We picked up the torch from the women who had paved the way, who hadn't given up, but we're tired. We dismantled that cone of silence, we stopped whispering and we began to roar.

After a long, exhausting battle, and only after threatening legal action against our government we were "granted" access to abortion services on our own soil. It has been five years since we were "given the right" to safe and accessible abortion.

We won. We got abortion here. We were so exhausted but so happy. What we didn't realize was that the government including abortion in our health system was only the beginning of a new fight. The fight to make it accessible and normalized.

To this day, the accessible part remains in question as the government made a lot of promises to build a "Women's Wellness Center" that would include abortion as part of their reproductive services, that were never followed through with.

Let's take a moment to acknowledge how non-inclusive that name is. They had since added on "and Sexual Health Center" but that's still not much better. Why it couldn't just be "Sexual Health Center" is beyond me. Perhaps too much for our "gentle island"? Where does this leave the reproductive rights of the LGBTQIA2S+ community? It certainly isn't clear to me or anyone I have talked to.

The build has yet to happen. I mean there is no physical center. I was at the meetings, with contractors they paid to make up floor plans, asked what should be included in each room. Plans were made and approved down to the smallest details. We were told they were going ahead. To expect 18 months to 2 years for full completion. That was 5 years ago. I don't think they ever started.

Sometimes I feel like I'm crazy, that those meetings never happened, maybe I imagined them but there are others who were in attendance that question their sanity as well, so I know they happened. It seems like it was a ruse. A way to shut us up. Women's health care has never been much of a priority on this island.

There is a number you call now to book an abortion but quite often you have to leave a message as there's no one staffed to answer the phone. That's a tough message for some people to leave on an answering machine and a call back potentially dangerous for women, even deadly.

There are also the wait times for a time sensitive medical procedure. Ridiculous. One of the problems with that is that we only offer a medical abortion up to 10 weeks and a surgical abortion to under 13 weeks. That's not even standard care across the country.

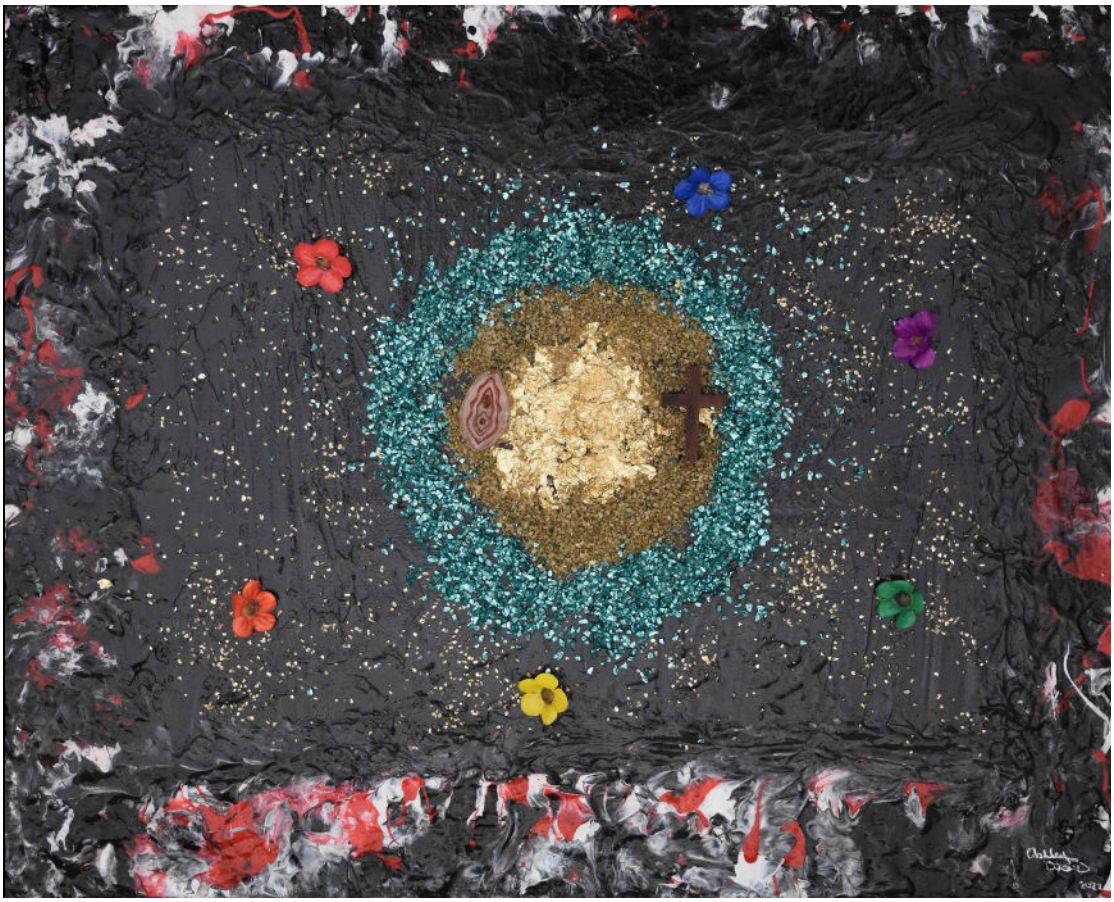
If you are past 12 weeks, 6 days, you still have to go to Moncton (procedure paid for by province) unless you are over 14 weeks but less than 16, then you go to Halifax. These cut offs are confusing and mean that you need to know exactly how far along you are, which requires an ultrasound, which again, you guessed it- wait times

There are and have been barriers beyond what I have described but I don't have the time to give you decades of history and how they impact reproductive justice to this day on our little island. I am thankful we are able to access abortion to the degree that we are but I worry about it. It seems like the services are still kept very quiet, it fits with that culture I spoke about earlier. The misogyny.

Is this so that someday, they will phase it back out again? How safe are our reproductive rights? I pray that the "win" isn't temporary. It's been five years... but it still feels new... fragile. Will I feel this way in 10 years? I'm just too tired to think about that, as I said, it seems like only yesterday.

In Solidarity,

Ashley Fraser



Red: symbolizes the blood of the women that has been spilled by the lack of access to abortion and reproductive services

Black and White: because the right to abortion is not an opinion. It is a legal right in Canada

Grey area/ocean: every woman's experience is different and it doesn't have to be any certain way

Gold specks: represent the vast network of people between here and the mainland that made sure women had access when the Government wouldn't.

Blue area: symbolizes the false ideal of "The life sanctuary of Canada", as it sounds so bright and beautiful

Sand: symbolizes our Island

Vulva & Cross: on separate sides of the Island, they represent the separation of women's healthcare from the influence of the church

Center Gold Foil: a celebration of reproductive Justice, gaining access, and hope for the future that at the heart of our Island we will continue to move forward

Flowers: the colors of the pride flag and represent the fact that LGBTQ+ community has been left floating in the grey area

my cells are my own

by Syd Kurbis

who's the father?
honestly, I wouldn't worry about it.
not only because he's not around
not only because I have no idea
(though I would never admit it),
but because I won't be a mother.
not that it's any of your business
and not that I need another reason
for anyone to hate me,
but the cluster of cells growing inside me
doesn't make me a mother
because I don't want to be one
and I won't be one.
at least not now.
I'm not a monster
I'm not a murderer
and I'm certainly not a mother.
I'm seventeen
and today is the day that
I am making my first choice
the term "bodily autonomy" comes to mind
about what goes in
and, more importantly,
what comes out of my body.
if this cluster of cells means more to you
than my right to decide what to do about it,
then go fuck yourself.

A conversation with a member of the African Nova Scotian community

This conversation has been edited for length, clarity and to ensure anonymity.

Q: I would love if you could start by just telling me a bit about yourself.

A: I am from Nova Scotia, born and raised here. My pronouns are she and her.

I am a member of the ANS community that lives and works in the community. I define ANS as someone who was born and raised in Nova Scotia. Someone who has ancestral links to 1 of the 50 indigenous ANS communities. In my case I was born and raised in Nova Scotia and both of my parents are from 2 of the indigenous ANS communities. Also, I have a son. My partner and I had him at an early age.

Q: Thank you so much for sharing that with me and thank you as well for sharing what ANS means to you.

I would love to initially start by thinking about this broad category of what we are calling reproductive justice needs. Maybe we can start by talking about the reproductive justice needs that you have or had, at a different point in your own life, which you see being met and which you see not being met.

A: When I think back to having my son at an early age. Both his father and I were informed about the repercussions of sex. However, we did not think a teenage pregnancy would happen to us.

We both came from homes where sex was not talked about. We have had many discussions, as adults that we did receive sexual education in our health class in grade seven where we both gained more awareness.

I would not say it was due to bad parenting in my case that I had a child early on. However, I was raised by a single parent for the majority of my childhood. My mother had her children in her early mid-twenties but was still very young and a little naïve too.

My point is when you have children young, and you are still in the process of learning and gaining knowledge about health and sex education it can create challenges. Such as making sure that your children are equipped with the right knowledge, because you are learning through a process by making mistakes. Without proper supports and guidance in your community. Even more so race and stereotypes may prevent you from seeking the

supports and services that you deserve and need. Education was always pushed in my household. It meant go to school, learn as much as you can, graduate, boys come later and "don't go out and get yourself pregnant."

I had a fairly strict environment which was structured. No boys in the house, dishes should be done after supper and do your homework. My mom worked night shifts and made sure food was prepared for myself and my siblings. We had curfews and my mom would call and check in and speak to us individually when she called.

Also, there was a portion of my learning that would come from the community. We lived in a low-income community, where I witnessed a lot of teenage pregnancy, talk of abortion, a lot of different things that I was too young to understand but knew somehow they were things I should have not heard. I did not feel comfortable asking my mother because they were conversations related to sex and that was something my mom did not talk to us about.

My perception of having a child as a teenager or being a single mother – was a bit tainted. There was a lot of hardship in the community. A lot of single mothers struggling to keep food on the table. I witnessed child neglect and abuse in the community.

There was a lot of financial struggle that I witnessed in my community and in my household. Seeing this I knew that I did not want to have a child until I was married. But as time moved forward life happened. I do not have any regrets about having my son. And of course, later in life when my mind and body were fully developed would have been the preferable way.

In the community I heard about individuals going to have an abortion but it was kept a secret. When I was growing up abortions were thought of as a bad thing. People looked down upon girls in the community. They were "slut shamed", women and young girls would often move away or leave the community and not return to the community so they would not be ostracized.

Religion played a role in some households. Getting pregnant before getting married was a sin. If you got pregnant the child was a blessing, but the mother had sinned. An abortion was the devil's work and that was not an option.

In those case it was the reproductive needs of those individuals, or friends that didn't have a say in what was going to happen with their body.

As far as supports and services and accessibility, it was a little more difficult, especially when you have family involved or when you come from a religious family that had strong beliefs. In my case, being pregnant at a young age, it was fear – not fear that I was going to get

hurt, but fear of disappointing my mother, because she worked so hard to keep things together for us. I did not want her to be embarrassed.

One of my siblings attempted to have a very informative sex talk with me, but it was too late, and I didn't even confide in them until a little bit later. By the time my mother was made aware of my pregnancy and abortion was not an option and I didn't know what to do. I was so confused.

At a young age is the initial stages that I feel my reproductive needs, justice, and supports were necessary. However, they were not fully met at home or in a timely manner through the education system. There weren't many supports in my community visible, see.

Going back to supports and services, when I did find I was pregnant, I went to a local clinic in the area. They knew how old I was and some of my circumstances. I'm not saying the onus is on them in any way, but when they did call me to let me know, there was no offer for any supports.

There was no recommendation or suggestion for a social worker to say, "we have a young girl, she may be in need of supports", maybe it would have made it easier for me to go to my mom with someone supporting in having the conversation with my mom.

Even when my mom did find out, it was definitely a different reaction than I thought it would be. It was very understanding and supportive, and very focused on trying to figure out what would be in my best interest.

I found it really hard as far as services went, I didn't know what to do at such a young age. I was very confused, but I was also in denial. I was stressed and my mental health was not in the best place. A lot of things were going on in my household between my parents. My father was not present because he had his own addictions that he was dealing with that prevented him from being present in the home.

Having a child at an early age has prevented me from having additional children because it was such a struggle financially. I always had a sense that my one child deserves more than what I had. I could barely give them that so I thought it would be selfish of me to bring additional children in the world if I could not provide for one. As an adult now and working in the social work field,

I feel like I know what's out there for reproductive supports and services. However, it is not knowing how those services are going to receive me as an ANS female. What level of services am I going to receive? When I have experienced services that were met with negative biases or stereotypical behaviors. Would I receive the care that I need? Would someone understand my concerns as a Black woman? Would a young Black teenaged mom be handled with care who had experienced a situation similar to mine?

I think of earlier on that the choice was not really mine in regard to what I was going to do after giving birth. I didn't feel it was mine because I was a minor, and I had to have parental consent. My mother always consulted me and never forced any decisions on me but there were outside players that tried.

My family doctor, the decision attempted to remove all power from me and my mom at the time. They pushed for adoption, because with adoption this child would have all they would need and more.

> ***Looking back, I see how this was an abuse of power of someone in a position of authority. It was unprofessional and insensitive, to push a woman and her daughter towards adoption and make that the only option to them.***

My mom shut it down and said, that it was my decision. There was no follow up by the doctor. Where was the respect to uphold my dignity and care? I had no pre-natal care or guidance by a medical doctor and as a result I was rushed to the hospital and my son was born prematurely. Both of our lives were at risk. As an adult, I would be able to advocate on behalf of myself. But there are still systematic and systemic barriers at play which are engrained in the health care system.

As a minority, I feel like those are concerns that I would definitely presently have. There were concerns that existed for me as a teenager, and still would ring true today. There is definitely a broad range of supports available now, but who they are given to is often dependent on what you look like and who you are connected to.

Another aspect that we need to be cognizant about today is the trauma, and the mental state of a teenager during a pregnancy. When this goes unchecked without proper health care supports, a young mom can be coerced into making a decision that can cost her and her unborn child their lives. Also, regretful decisions can be made if a young mom does not feel a part of it which can leave her in a bad mental state for the rest of her life.

Q: Thank you so much for sharing that. I think a lot of this has come through in what you've shared so far, but one of the things we are looking to identify are what the barriers are when it comes to achieving reproductive justice, and what needs to change. I would be curious to know what you think those barriers are, and we can take a broad look to what they are – it could be laws, it could be policies, attitudes, levels of awareness.

A: There is a broad spectrum of things that factor in, even thinking about some of the things I've just mentioned. When we're looking at our systems, there is a lot of stigma, especially when we are looking at medical, justice systems.

For the ANS population the social determinants of health are the barriers that come into play in achieving

reproductive justice. Education is a big one. Education to me is learning from an early age. I'm not sure if they go a little younger as far as reproductive health and talking about the beginning stages of how babies are made. In our education system, I think we could learn younger because we do know that there are studies that children are engaging in sex as young as 12, 10, 9 years old sometimes.

We know that, for girls in the ANS communities, they are at risk for being preyed upon. In some cases, they develop physically at an earlier age than other girls. This makes them more at predisposed to being lured in by older men putting them at risk to such things like sexual violence and sexual exploitation.

Also, I think there is a role for our educational system to play in informing our children at a younger age, about their anatomy, consent, sexual violence, sexual exploitation and what the repercussions of those things are if you are sexually active.

This is all necessary for prevention. Providing the educational tools around birth control, due to the fact that ANS girls experience a menstrual cycle at an early age, as early as 9-11 years old sometimes. Even more work around normalizing experiencing a period is something that needs to be ongoing. Education around things like this at an early age, I believe is something our Canadian society should rethink.

Education impacts everything. Learning how to manage finances and build generational wealth early on should be encouraged in our public educational system. This can prevent financial hardship and foster the mind set of upwards mobility.

For me, personally, that was a factor in my life. There were a lot of different barriers I faced in going to school, looking for jobs, stigma, and stereotypes. A lot of those things sometimes hold you back in ways that prevent you from moving forward in life.

It's harder for you to push yourself up the ladder when you encounter racism, or you're turned away from things because that one person may feel that you're not able to do these things because I am Black.

Those factors stifle progression and personal growth. However, I believe that learning how to generate wealth in the form of saving and building equity would have made a difference in my life. Instead of just thinking I was unlucky in not being born into wealth.

Representation is another barrier that is important. In our current services now, we don't see a lot of Black nurses, doctors or government officials reflected in our institutions. There is an increase in education and social work fields. Not only is it an important part of how it reflects our country, but it shows Black people matter in our society.

Also, it provides options in services, it brings that added lived experiences, the understanding in culture and what it means to be a Black person in society and acknowledges that value in having Black service providers. I am not to say that a white doctor or anybody else couldn't provide that support, but it's the weight and value that it carries in shaping young Black minds and giving options to people who prefer someone who looks like them to service them.

Across the health care field, there is not a lot of representation; however, I do see support for change. We have to be more intentional in making those things happen instead of continuing to have these conversations that can be hard for a lot of people.

There are a number of ANS community members that are tired of having conversations. We're tired of talking about a lot of the issues that are race based and there is still no progress. It's time for some action and something tangible needs to be done.

One example would be in education. Having designated seats across health care disciplines for ANS. We've are a

distinct group of people in Halifax, Nova Scotia. A lot of ANS people are getting left behind. In hiring and acceptance into the programs.

If there is an ANS person that is able and willing and wants to do the work and enroll in those disciplines, there should be no question that they should have that opportunity. They should be able to be in that program because the province and Canada knows that there is a lack of representation. Also, this shows that ANS people do matter to this province.

Representation is lacking across the board in government, health care and justice. This impacts reproductive justice in more ways than one. When you're not reflected in the services you often don't feel like they are for you, but when you do engage there is a barrier of relatability. Your feelings are often dismissed and intersections of one identity are not considered.

There's a big push right now for anti-Black racism. Some organizations are implementing training. But is this really a solution when it is not mandated? People go to these classes just to check off a box.

They return back to work and continue to throw out microaggressions and stereotypes and perpetuate racist attitudes. A lot of organizations say, "oh we have training for Anti-Black Racism", but my thought is if you're not making it mandatory how do you expect people to change if they do not have to go? This is a continued issue in the workplace and in services and it has caused negative long-term effects for those in the Black community.

I'm not too familiar with bills in government. I am familiar with the bill for employment equity and inclusion that we have currently. Again, I see flaws in it because there is no mention of ANS as a distinct group in Nova Scotia.

We're such a small group of people. It does mention Indigenous, which is rightfully so, but I think because we are a small group, I think things like that should be outlined in our policies for care and for health.

Maybe we need to readjust or revisit that bill when we're talking about the equity and inclusion hiring bill, to be more inclusive and more intentional of ANS.

Q: I want to acknowledge the more than reasonable exhaustion and frustration with having to tell the same stories over and over again. I appreciate you sharing this information with me, with that in mind in particular.

Switching topics a bit, I'd really be interested to know if

there is anything you see, and this can be in your personal life or in your work, where there are things that actually help you or members of your community have your reproductive justice needs met. Is there anything you see that makes a positive difference than you think could be expanded, done elsewhere, or supported more?

A: I definitely see an increase in services more or less coming from the community themselves, initiating more services for the community. The Association of Black Social Workers (ABSW) does a lot of support, family support. They will try to help, if they can, financially with those people in the community who need supports.

COVID has played havoc on the ANS community. As far as traveling for the elderly, even getting those supports to people who are lower income and need food, groceries, help with their heating bills. Those are things that have made a difference.

Even people who have small children at home, who need milk, school supplies, things like that, ABSW has been working hard to help out with things like that. Laptops, tablets for children who needed them when the first wave hit. Laptops for home school when the second wave hit. Things like that really helped.

It goes back to that education piece. Children need to have that education there for them so they can learn about a lot of these things that impact them, and that will in the future, so it's important to have those supports and services available to them.

I see the Nova Scotia Brotherhood, which was devised through a Black social worker who has the opportunity to work with a lot of men. It means a lot, because it means working with men to have that perspective of what a healthy relationship looks like, supports for contraceptives, how they are used, where you can get them. They offer them for free.

I know you can go to the pharmacy and get the morning after pill, which is helpful, because it's an option. But I also see the cost of that. It's very expensive. It might be beneficial to a younger person who could have access to it, but they can't because they can't afford it.

There's a lot of people in the community that work, like the East Preston Family and Daycare Centre, offering those supports for daycare, for supporting families that need that support for their children throughout the day so that they can go to work and provide food and pay the bills. They do a lot of things with the community.

There are a lot of different projects where Black women can come in those spaces and they can engage in conversations amongst each other about violence, around human trafficking. It's also a space where they can do paint workshops, plant workshops.

A lot of these things are like branches, so it's important to find ways to have those conversations so we can see what improvement and supports we can have. ABSW is trying to develop a list of non-Black psychologists because that's a need in the community now, having access to someone who can do counseling, clinical counseling as a social worker or psychologist.

ABSW has a clinical social worker that works out of their office right now. That's another important thing, to have those services readily available for our youth. Right now we are just starting to find who is out there, but then again there's not a lot out there. And it's hard to bog one person or two people down with the whole community, because it's a lot of work. Hopefully that will improve in some ways.

The YWCA offers some supports and is working on making their policies and programs more inclusive for the ANS and Black community. Sometimes we see things, but we don't think they are for us because they are not inclusive of us or they don't speak to us, or we might have gone to that service and lo and behold it doesn't address our needs or our needs are dismissed.

I know through the YWCA they have a collaborative response group that addresses supports for women going through the system that have been victims and survivors of human trafficking. They have specifically had a few

people on board that come from minority communities to be there for anybody that comes in that needs those supports and help with any supports and services that they need. The Department of Justice is doing a similar thing, but the criminal justice system still requires a lot of reform when it comes to race and equality. Restorative justice is something that should be taken more seriously.

Again, more Black service providers are required, are an essential part of that response group. They help support people that are navigating the justice system which can be very difficult.

More spaces are needed for Black men as well because they are not always the perpetrator. Sometimes they are the victims as well. Creating such spaces allows Black men to engage with each other and be vulnerable around their peers. There are huge stigmas and stereotypes around ANS men being predators and being the absentee father.

The Nova Scotia Brotherhood held barbershop talks with Black men over the last year where young Black men were engaged as well. Many of the sessions were provided for healing and education on health. Such initiatives are developed by community and the Black organizations. Unfortunately, there is limited funding in some cases.

Right now, the ANS community is bringing change and through the support of organizations, and push for government systems change and action. So, we need to be very strategic about what we do as a community to get that support that we need, to help heal the community in ways that it needs to be healed as well.

Q: Thank you. It's incredible to hear about the work that you are doing and the work that's being done in your community more broadly. And I think it's a really powerful reminder of how sometimes governments, funders need to support and respond, but otherwise get out of the way. Because folks know what they need and can take actions to make that happen.

A: Yes, I definitely agree with that 100%.

Q: I wanted to just leave some space at the end of our conversation to ask if there's anything I haven't asked about that you'd like to add in relation to reproductive justice or anything really.

A: I think there is a really good opportunity and a big need to do more with youth. So, they can feel more confident about when they need the services and where they can go, and how they can get those services in a way that won't look down on them.

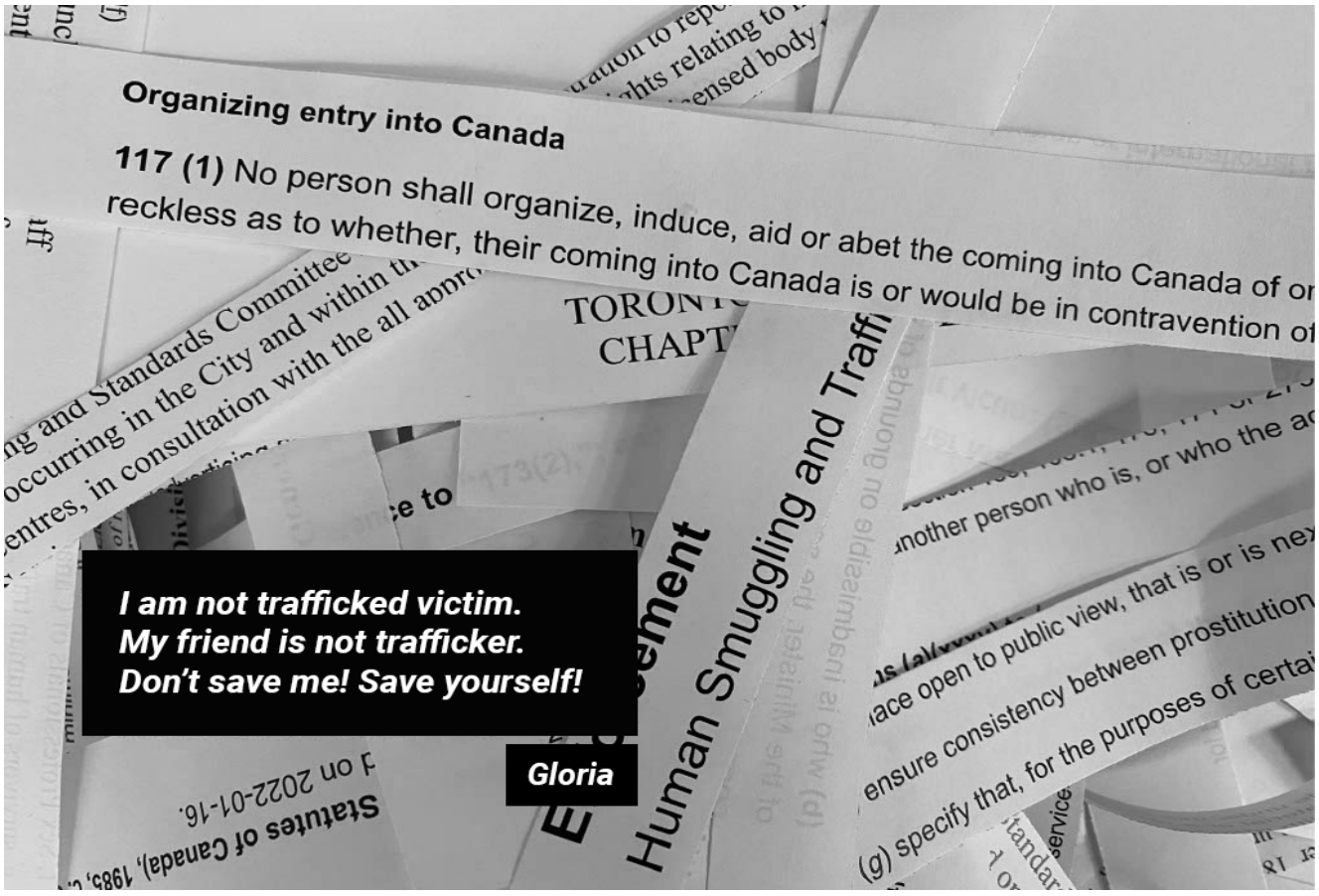
My mom always used to say, when I had my son, "you won't be the first and you won't be the last". Teenage pregnancy is not a new thing, it is still happening. A lot of teens are unaware of all of the services and supports they can get, especially when I think of the Black and Indigenous community. Services are not always accessible to them. So, there's a huge struggle and conflict.

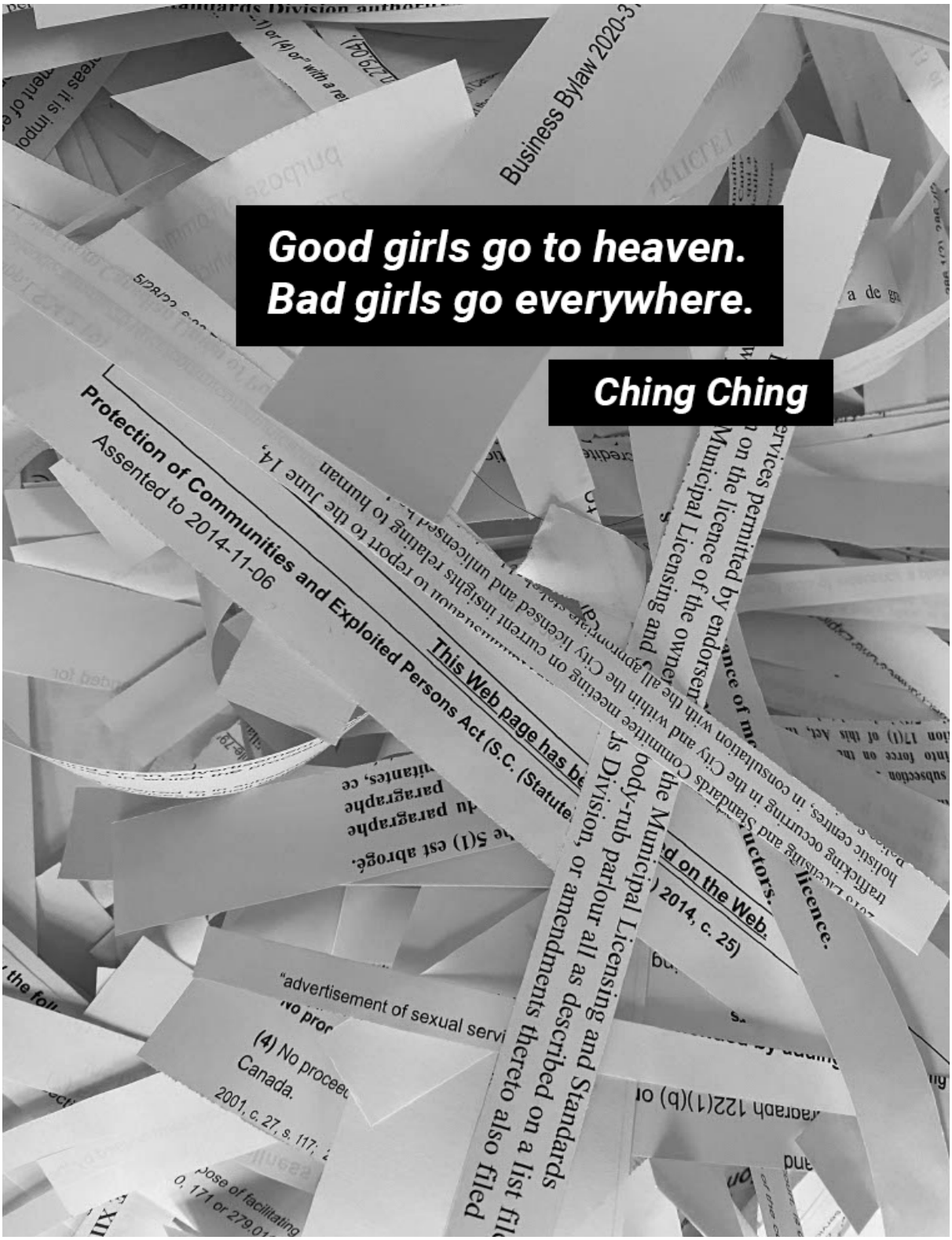
> ***There's definitely room to educate and support the youth. These are the people who are going to be coming up, and they will have a better way of passing that on to their children in the end, where they feel more confident and sounder about what they are doing in their lives as well.***

The Web of Law: We Fight. We Escape.

by Gloria, Mei, Annie, and Ching Ching

This art work is dedicated to all of the Asian migrant sex workers who have been harmed by the laws.




Good girls go to heaven.
Bad girls go everywhere.
Ching Ching
Business Bylaw 2020-3
Protection of Communities and Exploited Persons Act (S.C. (Statute
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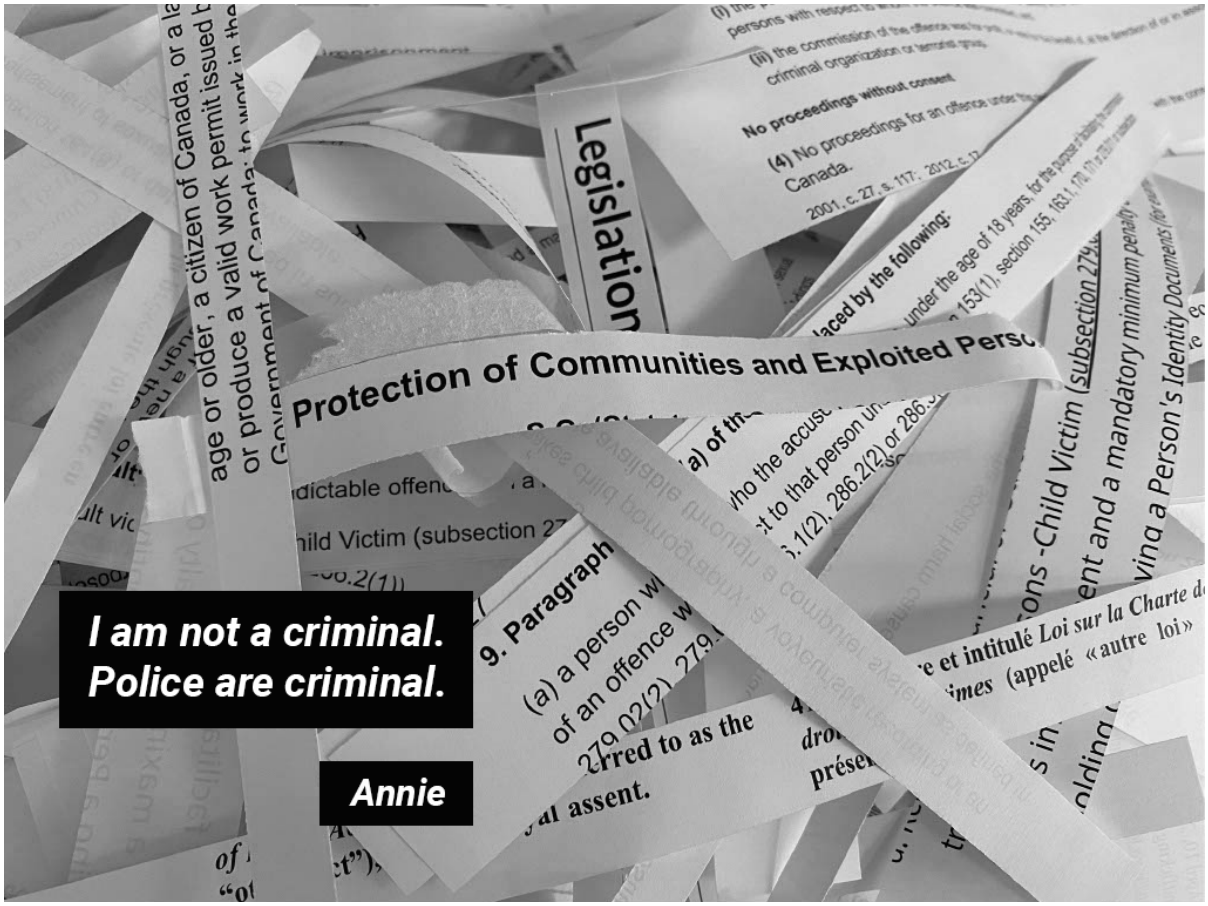
I am not a criminal.
Police are criminal.
Annie
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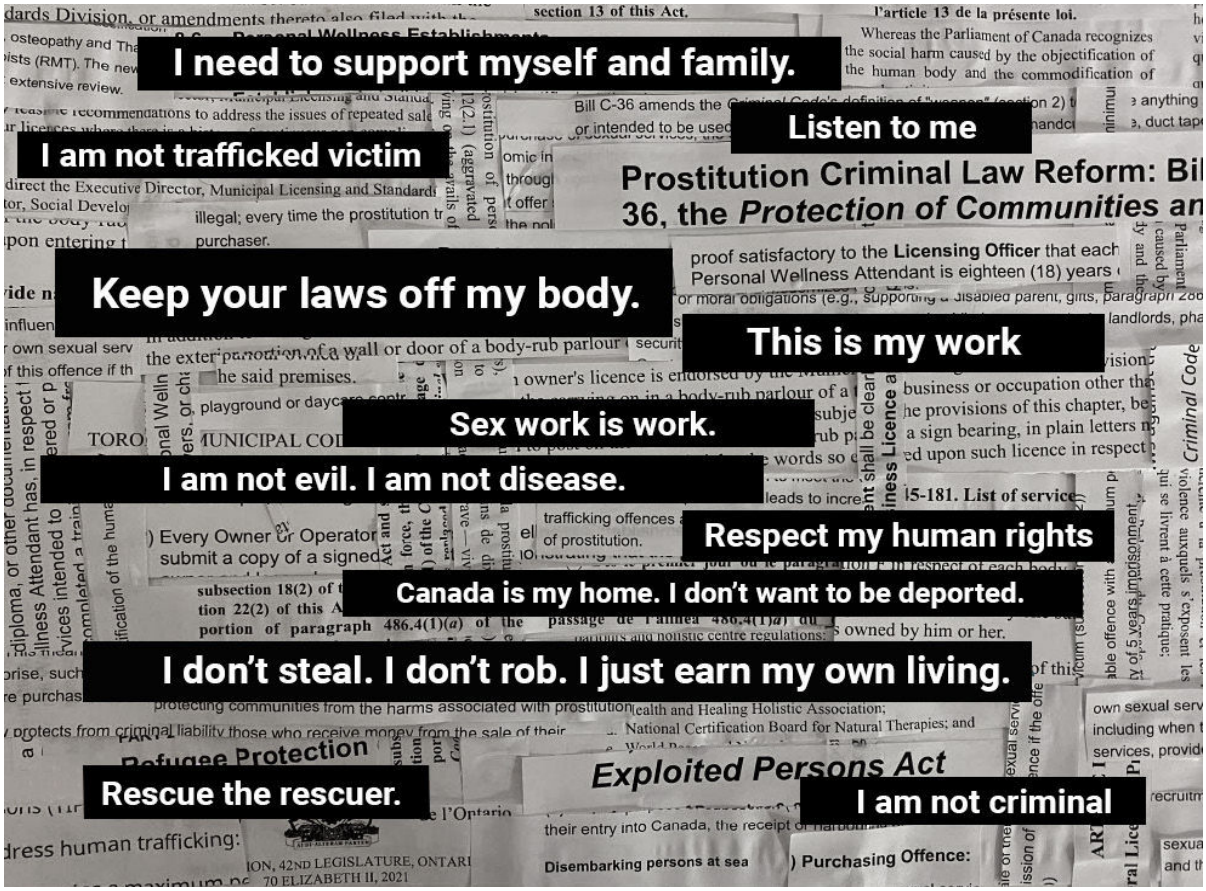
I need to support myself and family.
Listen to me
I am not trafficked victim
Keep your laws off my body.
This is my work
Sex work is work.
I am not evil. I am not disease.
Respect my human rights
Canada is my home. I don't want to be deported.
I don't steal. I don't rob. I just earn my own living.
Rescue the rescuer.
I am not criminal
Prostitution Criminal Law Reform: Bill
36, the Protection of Communities an
Exploited Persons Act
Refugee Protection

TORONTO MUNICIPAL CODE
CHAPTER 545, LICENSING
xcept by or with the consent of the Attorney General of
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I use my hand to earn a living.
This is our work.
We should not be punished.
Mei

Snapshot: Nova Scotia

by Clare Heggie

RESEARCH

I was first exposed to the concept of reproductive justice while doing research on the experiences of women in rural Nova Scotia accessing services after experiencing sexual violence. Reproductive justice gave me a framework to understand participant's experiences in the context of choice and autonomy. The women I interviewed faced many barriers to accessing the kind of health services they wanted and needed. Some barriers were related to living rurally.

Women simply had nothing to access. Services tend to be concentrated in Halifax, where I live, though half of Nova Scotia is considered rural. There are three designated sexual assault centres in Nova Scotia; the largest centre in Halifax has been at capacity for counselling - not accepting any new clients - for three years. Accessing healthcare more broadly is also challenging. The entire province is facing a family doctor shortage, but rural areas are particularly hard hit, with frequently closed emergency departments exacerbating a stressed health care system.

Other barriers to accessing services were related to broad societal attitudes - women faced stigma related to the specifics of their experience of violence, their age, and their sexual orientation. In many cases the experience of accessing services was described as re-traumatizing, particularly when law enforcement was involved. In contrast, women felt incredibly supported by community-based services like women's centers and transition houses. This is reflected across Nova Scotia – many (under-funded) community organizations are filling in the gaps. Study participants also displayed incredible generosity and solidarity in their efforts to support other survivors of sexual violence in their own communities. This too is reflected in movements and work across Nova Scotia.

Illustration by Julia Hutt

SUPPORT

My understanding of reproductive justice has also been shaped by families I've had the privilege of supporting as a volunteer doula. I've seen the stigma teen parents face while navigating the healthcare system. Some families may have had a different hope for their birth - a homebirth supported by a midwife, maybe - that is inaccessible to them due to a chronic lack of investment in reproductive services (there are only three communities in Nova Scotia that have midwifery care). Perinatal care is negatively impacted by fear of child protection involvement.

Clients opt to not ask questions or raise concerns about their care for fear of being "flagged". The anti-Indigenous and racist practice of birth alerts was only ended in Nova Scotia in November 2021, making Nova Scotia one of the last provinces with birth alerts. I have also been privileged to witness many moments of joy while supporting families. I think celebrating these moments this is an important part of reproductive justice.

ADVOCACY AND ABOLITION

I am a part of Wellness Within, a volunteer-run organization that works towards reproductive justice and prison abolition. We do this through education, advocacy, research and direct service and support to women and transgender/nonbinary individuals who have experienced criminalization and are pregnant or have young children. This work has shown me that incarceration and criminalization are incompatible with any concept of reproductive justice. We recently conducted research on the experiences of mothers provincially incarcerated in Nova Scotia.

Participants' stories highlight the many ways incarceration impacted their ability to parent: the trauma of separation, inadequate and inaccessible means of staying connected while incarcerated, and a lack of post-release supports. The right to parent with dignity is a critical part of reproductive justice. As of the most recently available census data, Nova Scotia has the highest prevalence of low-income households in Canada. Rates of child poverty and food insecurity are similarly high. The entire province is experiencing a housing crisis. Neglect is a common reason for child protection involvement; what is neglect if you are unable to access the material necessities to parent?

Illustration by Julia Hutt

RECOMMENDATIONS

Reproductive justice cannot exist in Nova Scotia (or anywhere) without first addressing the structural problems that drive inequities in health and access- income, housing, and food. Reproductive healthcare must be invested in and made fully accessible to all – including people living rurally, who must be involved in decision making about the care in their community. Finally, we must consider alternatives to incarceration and punitive child welfare systems, investing instead in communities and families.

Deliverance of Midwives

by Mabelle Silva

Depicts the stability and community support that midwives as reproductive justice warriors provide to mothers in their communities. Furthermore, it is a plea to end the shortages of midwives found throughout Canada and ensure that every community, both urban and rural, have access to the premium care that only midwives can provide.

Housing in the Northwest Territories

by Janine Harvey

My name is Janine Harvey. I live in a community called Ulukhaktok located in the Northwest Territories. I sit on many steering committees through Canada, The Right to Housing, Campaign 2000 and Pan Canadian Voice for Women's Housing. I am also the Deputy Mayor in my community.

I grew up in Ulukhaktok. In 1999, I moved to Yellowknife Northwest Territories and just recently moved back to Ulukhaktok in 2019. Before I moved to Ulukhaktok, I worked for several non-profit organizations including YWCA, and The Center for Northern Families. Most recently I worked in the Housing First Program.

The Housing First Program in Yellowknife has shown me that there is hope to ending homelessness in the Northwest Territories. We were able to house many people who were experiencing homeless for several years. With the supports in place, they were able to maintain their homes, get proper medical care, and get support with legal services and food security. We did advocacy for our clients, and worked closely with Income Support and private renters.

This gave a lot of our clients hope for the future, a safe place to call home. I believe supports are very important for people who are experiencing homelessness. This was a successful program and I hope to see it running throughout the Northwest Territories with funding from the Government.

One of the hardest things to hear are the ones who share their stories of sleeping outside in -30 or more because they get kicked out of the shelters or the shelter is at their capacity.

I have created a snapshot of some of the barriers to living in the Northwest Territories in regards to poor living conditions, overcrowding and homelessness. You also will hear some of my solutions to ending homelessness in the snapshot and some stories of people's experiences living in the Northwest Territories.

In my community we have no road access. We live in one of the coldest climates. In the winter it can go to -50 with winds gusting up to 100 km. We currently have people living in cabins/shacks in my community and throughout the NWT.

There are no sustainable sources of wood in my community, so people rely on naphtha gas to heat their cabins. We use Coleman camp stoves to heat our cabins and cook. With no running water, showers and laundry become challenging with no Shelter or Laundry and Ablutions facilities available.

We only have one rental provider which is the NWT Housing Corporation. Some of the barriers to living in the Northwest Territories with no other rental options: if we do get evicted from the NWT Housing Corporation, we have no other options but to live in a cabin or with family if they own their own home which is very rare here.

We have a shortage in materials for renovations so people live in very poor conditions. Some homes have no doors, no kitchen cupboards, broken floor tiles and mould around the sinks/floors. If you are on the waiting list to get a unit, you can wait up to five years. This leads to overcrowding and with overcrowding we look at such things as addictions in the home, violence in the home and poor hygiene. Adult children living with their parents or grandparents. Two families living in a three bedroom.

Some of the solutions would be:

1. Having an NWT Housing Advocate in each community.
2. Having access to materials for construction work.
3. Supportive housing to give support for people with disabilities, Elders and people with mental health challenges.
4. Policy change meaning your policy should be client centred.
5. More construction work needs to be done, and not just a band-aid-fix.
6. No evictions, meaning working with clients to do payment plans or garnishing wages should be looked in to versus evicting people.
7. Working with income support.
8. More Homeownership programs for our people.
9. The NWT Housing Corporation needs to make their documents understandable and readable for the tenants by making a plain language version of their policies.
10. Alternative rental options and safe housing.
11. Our Territorial Government needs to be looking at other housing options and working with our people.
12. Tenants Need equal rights (no favoritism to housing board members' families).

There's a lot of work that needs to be done with housing in the Northwest Territories. A lot of people do not want to talk about housing in the NWT in fear of being penalized and that is because majority of our people live in units that are owned by NWT Housing Corp.

A lot of the stories I hear are of people not feeling safe in housing due to their neighbours drinking and causing disturbance, with no support from housing in dealing with the issue.

I had lots of people talk about renovations not getting done. Like broken windows, run down kitchens and bathrooms. Having no doors to bedrooms in the home. The high cost of rent, paying rent for a home that is not adequate. No safe home for people with disabilities. No housing, no shelters or alternative housing.

All people I talked with chose to stay anonymous.

When it's all said and done

by Keke Chambers

When I was growing up, I had a Matryoshka doll.

A Russian nesting doll.

It was a symbol of fertility.

One doll after another,

smaller and smaller,

all nesting into one.

The ability to bring forth a daughter, or son.

Story-tales spun around my head,

of a distant happily ever after.

Picture perfect, like those christmas cards you get each year.

But reality told a different tale.

One of hardship and struggle.

Wondering how to make sure there was food on the table,

before allowing another human into the world.

Stories containing knowledge,

passed down generation after generation,

but what happens when the book gets destroyed?

Floating unaware through life.

A singular doll, all alone.

Until you feel yourself expanding.

Another doll begins to nestle within.

Too late to think of plan B.

Setting fire to my insides.

Scraping out the burnt wood.

The rain settles in, to wash it all away.

Alternate realities dance before me.

Seeking out the book of knowledge,

to once again,

imagine,

happily ever after.

The inner lining still carries the scars of earlier days.

Telling another story in different ways.

Opening up.

A feeling of acceptance.

A new story taking root.

A new generation is blooming.

Letting go of the loss of yesterday.

Realizing happily ever after,

was never really as far away,

Building it up day after day.

The power was always mine.

A conversation with members of the trans community in Montreal

Participants were asked to reflect on the barriers to achieving reproductive justice for the trans community in Montreal. This conversation has been edited for length, clarity, and to ensure the anonymity of participants.

P1: A lot of the problems come from having a lack of knowledge. For example, a person I know, didn't know that he could freeze his eggs before having a hysterectomy.

Money is also an issue. It is very expensive to freeze eggs. For example, it can cost $4,000 to $5,000, and is not covered by Régie de l'assurance maladie du Québec (RAMQ). It costs additional money to keep them frozen.

There is a lack of competent people in the medical community. Taking that jump to transition is super tough, and then you have people who won't give you service because you are trans, or who make you feel uncomfortable and dead name you.

In addition, for people looking to freeze their genetic material, there is dysphoria from getting off hormones. It is very dysphoric for people who have fought to get on hormones, to then have to go off.

P2: I want to underline the point about money. For most cis people, reproduction itself is not expensive. The possibility of having a child does not entail annual payments, but for all trans people it does.

At the same time, trans people disproportionately experience poverty. The idea of freezing sperm or eggs and paying thousands of dollars to do so is out of the cards for most people. Effectively having children is only possible for most trans people if they are upper middle class or rich. This is a class issue in the trans community.

For HIV+ trans people, a number of additional issues become pertinent. Many sperm banks do not allow HIV+ people to use their services. This is another way in which it's quite different for HIV+ people who don't have to use those services – it's not the same regulatory difficulty for them.

The information available if you are HIV+ and trans and

want to start a family is extremely limited. The only way you can find out your options is to expend an enormous amount of effort to find out, by just continuing to ask individual clinics what they can do. Many such people are eventually just turned away.

That information doesn't come through the medical system at all. Doctors are routinely not giving information to trans people generally, and HIV+ trans people especially, about their options.

Numerous people in the trans community don't know that when they start hormones that their chances of preserving fertility diminish. It's often not part of the consultation when they start hormone replacement therapy (HRT).

Regarding the costs of freezing genetic material, not only does provincial health care not cover it, neither do most private insurance providers.

P1: We are lucky to be in Montreal, with two clinics where we can go. For people outside metropolitan areas like Montreal, Toronto, or Vancouver, there are likely no qualified medical professionals.

Most people won't be talking about it because there is a lack of community. As a result, people have to travel hours away from their home, which is costly and time-consuming, and involves multiple procedures.

If you finally can freeze genetic material, you will have to pay for in vitro fertilization (IVF) or find someone willing to carry the child. Contracts can be drawn up, but functionally they can be meaningless.

If person carries the child but then doesn't want to give it up, there are a lot of legal grey areas. You can invest $20,000 or $30,000 and years of your life, and may not get the kid.

Cis people don't have to, most times, get scrutinized by government, pay for lawyers, go through tests, to possibly be put on a wait list to possibly have a kid.

It's crazy that you can have two cis people drunkenly have a one-night stand and then have a kid, but you can have a trans couple that's been together for years be unable to get a kid.

> ***Unlike for many cis people, the very process of becoming eligible to have a child, whether biologically or through adoption, presents enormous financial, bureaucratic, and legal barriers which are prohibitive for almost all trans people.***

Very few, and only very privileged people, can surmount these barriers. You need time, money, the logistical savoir-faire...

P1: It's also emotional. All of this takes years.

There are also significant limits on the possibility of being a single parent. Not everyone finds or needs a partner, but they still may want a family. But if you are looking into adoption, it won't happen because you're not seen as having the appropriate support system. It shouldn't matter if the community around them isn't genetically related, it is still a support system.

P3: My personal experience is parallel to a lot of points that have been brought up so far. In 2015, during my medical transition, the information I was given by the GP who prescribed hormones was mostly in relation to the effects physically that were going to happen, as far as secondary sex characteristics were concerned. I was not told crucial information pertaining to loss of fertility.

If it had it been shared, in the event you do get off hormones, where is the support that one needs when getting off hormones to regain fertility? That's in the event it's possible, because it's not guaranteed.

I found out, a few weeks before going on hormones, that the provincial government changed the regulations to make people have to pay to freeze their genetic material. The amount jumped up to somewhere between $300-500 a year.

Trans-ness in the medical sphere is treated often as a bit of a money grab. A lot of people think about how much money they can make off trans people from them wanting to be more passable (such as through injections, surgeries, laser treatments to push on them) without thinking of broader issues that touch on one's holistic well-being and future.

I thought that, with testosterone blockers, I would be infertile anyway, so I went in to get an orchiectomy, which is in essence castration. I had to wait a long time to access that, although it is covered.

I went and got it, and I want to drive home point on intersectional issues as it pertains to anti-Blackness. I experienced a lot of pain after surgery, and kept asking for medication to address the pain but they wouldn't give me anything.

I finally got the nurses to bring the doctor over, who asked me if I did drugs. I said that I had in the past, and the doctor kept saying that I needed to quit, because the pain medication wouldn't work because I was a drug addict.

There are alarming issues when it comes to prejudice that is pervasive against trans people and Black people in the medical system.

P1: I would also tack on the fact that if you're a pregnant transman/trans masculine person, you are subject to public harassment and ridicule. Getting pregnant as a trans guy is not only psychologically torturous, but something people do as it is more simple economically, you will also be subject to public harassment and ridicule the whole time. It also outs you as a trans person.

P2: Regarding justice for HIV+ trans people, currently in Canada the regulatory system is such that individual banks or medical professionals are able to make a call as to whether they think the sample provided to them by a person would pose a risk to the recipient or an eventual child.

That essentially empowers medical professionals or people working at sperm banks to decide for themselves whether HIV+ people's samples are okay for them to preserve.

Many of those people are not up to date on science of HIV, stigmatize people with HIV, and make policy not to deal with HIV+ people. All of that needs to end. The decision about preserving one's fertility needs to be up to people who wish to preserve it, and not be gate kept by people at the banks.

There exist a number of confusing policies about sperm washing. A lot of banks require that, even if a person is undetectable, which poses a number of additional financial burdens because this process is quite expensive. We should be removing prohibitive regulations and empowering individuals to make those decisions and inform them of latest medical advice. This would make it possible for more trans people living with HIV to have their own families.

As many of us have mentioned, it is an injustice that our fertility treatments are not covered by provincial healthcare plans. It is an equity issue, and ultimately discrimination against trans people.

It implicitly suggests it is their decision not to be fertile, and their decision not to have families. A really clear way of fixing that would be to make that covered under provincial health care.

P3: I don't know what WPATH (the World Professional Association for Transgender Health) states on their standards of care document, which a lot of GPs use prior to putting people on hormones, but I feel that there should be a way to reinforce the importance of disseminating information relating to fertility and hopefully eventually to access free fertility clinic services for trans people when you go in and ask for hormones.

There should be subsidized services to accompany trans women, men, and non-binary people who undergo HRT but have to halt the process at a point when they decide to undergo fertility procedures. There should be emotional support and accompaniment.

P1: Reform on adoption laws should be an idea as well. If you are a caring, competent, person with financial resources to raise a child, if you are single, partnered, in a thruple, it should be easier to adopt a child.

There are many children who should be able to have good families. There is a need for reform to the Quebec College of Physicians, so that this is included as a baseline to select people to become doctors, nurses, social workers, psychologists, to be able to have trainings on trans people.

There should be a section on trans people, so they are well-informed and make trans people not uncomfortable every time they go to get a procedure. You can't be a practicing medical professional if you can't work with trans people.

P3: Cis gay and lesbian people also have a number of prejudices against them when it comes to adoption.

P4: From my own experience freezing genetic material, I went to the clinic before taking hormones. I remember getting the sense that the people in this fertility clinic were not aware that trans people might seek out freezing genetic material.

I got asked why I wanted to freeze my sperm. My response was gender transition, and people didn't know what I meant by that.

I also got the sense that it was conceived for hetero people. They kept asking me where my wife was and why a wife wasn't listed in my forms. They made me talk to the doctor who told me I would not be able to get pregnant myself, and that if me and my husband wanted to have a baby we would have to borrow someone else's uterus.

> ***The personnel do not expect anyone who isn't a hetero cis person to be using their services.***

P1: It is especially shitty for non-binary people, some of whom want hysterectomies. Reproductive justice includes any type of bottom surgery. Yet you have doctors who will say "Oh you're too young because you are under 35 because what if you change your mind and want kids", but they don't have a system to make you able to have kids.

If you don't have a partner, it's a problem. If you do, they want them to be included in the conversation. It's like you have to have someone else decide for us, like for children. It's very patronizing.

P2: Formal employment is one major way in which anyone who is trying to have a child makes it financially possible. A lot of formal employment organizations give paid family leave. Because there is such profound employment discrimination against members of the trans community and far fewer trans people are involved in formal employment than other sectors of society, that becomes especially impossible.

Even with paid family leave at some organizations, it is only for the mother, and who counts as a mother? Does an organization give that privilege to trans people who may or may not have had their gender officially changed?

For the majority of trans people seeking to start a family, they would not get any of those benefits because they are given on a private basis by employers.

P1: Getting job is hard. Keeping a job is hard. Employers aren't understanding regarding multiple medical absences. If you want to get a promotion, it's hard because of transphobia.

If you haven't changed your legal name, your pay cheque will have your dead name and it outs you. When it comes to people who are migrants, they need a certain status so making it easier to get is important.

We can't forget the Two-Spirit community. There are often not enough services for sexual health and employment for Indigenous people.

I'm also not forgetting that we need programs for people who are intersex, and making sure that, when we have conversations, that we use the term intersex. Those two communities are often forgotten within our own communities.

dads are overrated

by Syd Kurbis

who's the father?

it depends what you mean by that.

if you're asking who's going to

take them fishing,

teach them the best way

to throw a ball

("it's all in the wrist, champ!"),

or be their role model

on how to treat women,

that would be me.

if you're asking who's the one

who mixed their DNA with mine

to create new life,

then go fuck yourself,

because I don't ask you what goes in your body.

What's What

by Michelle Stimson

I don't know the meaning of life.

Some comfort

is taken

that

neither

do you.

Listen – in the wind –

the unborn

Breathe.

the “pyramid” reflects how it may look to release all to the universe.

The entity that I aborted comes with the deepest understanding that if one is to be born -one will find the way, I was so confused at the doctors office that the discovery of the pregnancy was met with a STD and concluded the visit with a medical abortion in one day. The decision was made ...by whom?

This is my universe.

UNTITLED

by Charlotte Hunter

Aniin. Tansi. Wachay. [Hello.]

Kijekijikokwe n'diizhnikaas.
[My name is Great Sky Woman.]

Wiisakoteikwe n'daao.
[I am Métisse.]

Kenogaming n'doonjibaa.
[I am from Kenogami.]

My name is Charlotte Hunter. I am Métis, from Kenogami, Ontario. I was born and I live in the traditional territory of my ancestors, known as Abitibi Inland [Historic Métis Community]. I identify as a two-spirit transfeminine person. I'm 43. I have a degree in Biological Chemistry, and I worked as a researcher and college professor for several years. I then went to the University of Toronto Faculty of Law and pursued a JD focusing primarily on Aboriginal law in Canada and Indigenous laws of Indigenous peoples. I then went on to practice law for approximately six years in Northern Ontario, working for both Indigenous nonprofits and band councils, and for quite a few Indigenous-oriented or Indigenous-owned non-profit corporations.

Then later in my career the majority of my work consisted of, out of necessity, representing low-income families, and in particular, low-income parents, in family court and in child welfare court. I would say that, during that time, approximately half of the parents I represented were Indigenous.

I had to put that career on hold for several years to come to terms with my identity, with my lineage and the curious prevalence of two-spirit people in my ancestry and my family.

I moved back home. I have returned to working with Indigenous nonprofits and I'm currently a Facilitator for Keepers of the Circle, which is a provincially-mandated organization which services primarily Indigenous women and gender-diverse people and their families in multiple different sectors.

I was asked by LEAF to provide a bit of an autobiographical piece about my experience with reproductive justice and so I'll be speaking without a script; off-the-cuff. I thought that this format would be the closest to what we refer to in our language as debwewin, or the truth that comes from speaking from the heart rather than from a rehearsed mind.

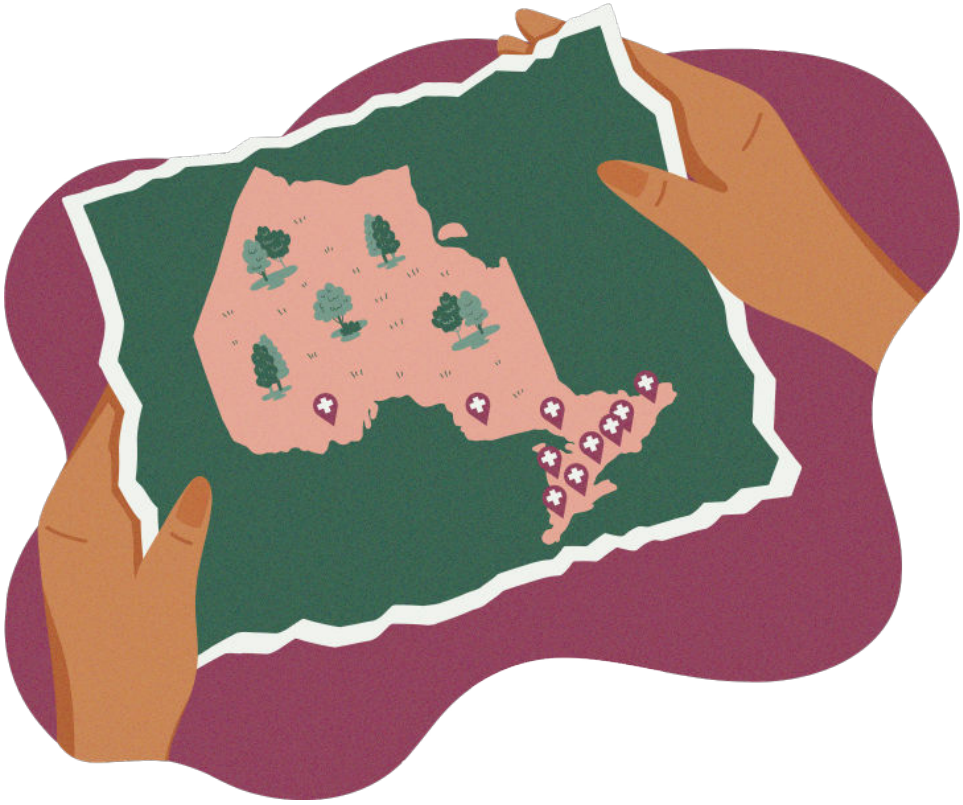
I've decided to comment and reflect on four aspects of reproductive justice and my experiences with them. Much like the way that we approach most aspects of life in four domains, four quadrants of the Medicine Wheel – the mental, emotional, spiritual, and physical aspects of our relationship with all things.

I'll begin with the topic of access to reproductive health care in Northern Ontario. We're located here approximately 600 kilometres north of Toronto, between Timmins and Temiskaming. But I think it's fair to say that a lot of my comments would be similar across the vast expanse of Ontario that most Canadians aren't that familiar with. We have very low population density. We have, in most places, little to no public transit. Our social welfare systems are based on the same templates as Southern Ontario, which doesn't always translate as well for a lower income, less dense, under-serviced population.

I can think back, in my own experience, pre-transition, so when I was still male-presenting but very much coming to terms with the fact that I was transgender and also the fact that I was approaching middle age.

I had an absolutely wonderful, breathtaking, accomplished partner. She was a single mother, divorced. And I've never had children. Although we didn't discuss the topic in serious terms at length, I think it's fair to say we were both very aware of our situation, insofar as, if we wanted to start a family, we were approaching the age where the window on the opportunity to have biological children was closing.

The nearest fertility clinic for either of us was in Sudbury. For a variety of social reasons, neither of us were well equipped to travel to Sudbury to spend anytime meeting



with anyone at the fertility clinic to investigate our options for pregnancy, if that's what we had decided to do.

Although we discussed that option, it basically presented itself as an impossible dream – despite the fact that we're both educated, both experienced with the healthcare system, the legal system, the social welfare system, our family and community dynamics.

The reason I give access to reproductive health care one quarter of the weight of this autobiography is because of the weight that that missed opportunity has on me to this day, despite the fact that that relationship ended.

When I first started to really wrestle with the fact that I could no longer live my life presenting as male, I encountered somewhat of the same barriers and challenges a second time.

At the time I had no financial resources. I had tried to pursue a third university degree and with the outbreak of the pandemic, with the fact that I was still grappling with my own identity, and the transition of classes and learning experiences to be exclusively online rather than in person, the possibility of me successfully completing graduate school just became untenable. And I moved. I gave up my housing for financial and social and health reasons.

I moved back home to have the conversation with my mother that I've always been a two-spirit person and that I couldn't live my life under the perpetual guise of being a man any longer. And to in fact try to relate to her that my life depended on coming out and pursuing my true identity, which is my public identity as well. Which overall has worked out to my benefit, and I would say, to everyone's benefit in countless immeasurable ways that I never could have imagined.

But I would say that, at that point in my life, I was very under-resourced. I had no permanent housing of my own. I really had no plans for my future at that point, professionally, financially, socially, other than the miraculous and exciting prospect of becoming who I already was.

And the first step towards the prospect of a healthy life for myself at that point was obtaining access to hormone replacement therapy (HRT). This was the first step for me in my social and physical transition, and I would say

mental transition to a large extent, into public womanhood.

HRT therapy involves medically removing the circulating testosterone in the body of a transfeminine person like me, and replacing that with estrogen and to a certain extent, progesterone. One of the inescapable consequences of that for trans women, transfeminine people, is that it typically results in temporary – if not permanent – sterility.

As far as I can recall, this to me was the only side effect of HRT therapy that gave me any pause at all, from a very Indigenous, and I would say spiritual and biological drive to pursue the avenue of parenting and motherhood in life.

Having moved back home, I had to find a new family doctor. That was complicated by the fact that I was pursuing hormone replacement therapy as a transgender person. Most doctors here aren't interested or willing to help guide a transgender individual through that process.

Although the state of law and policy in Ontario and Canada is that Primary Health Practitioners are the primary point of contact and service for transgender health and transgender individuals, we aren't there in practice. Especially not in the North or in other rural communities.

When beginning that process, I was lucky enough to find a family doctor here, period. But he was a recent graduate, and he presented me very bluntly with the fact that he had no experience with transgender health or transgender patients, and that he would be willing to work with me in his own journey and learning about those practices.

To put it bluntly, that was, I felt, putting me at a risk of not surviving much longer. I needed access to trans medicine immediately. And I had to pursue that, because of the pandemic, I suppose. Because of our rural location. Because of, as far as I could tell at the time, a complete absence of interest or knowledge in our local family health team regarding transgender health, particularly health for transgender women.

I really felt like I had exhausted all my avenues at a private personal level. And, for the record, my mother worked in the healthcare industry for 43 years continuously prior to retirement . And I had, as a lawyer, extensive experience and interaction with the mental health system, if there is one in Ontario, the social welfare system, etc.

I was fortunate enough to have access to the Métis Nation of Ontario's Healing and Wellness Branch's services. I'm a citizen of the Métis Nation [of Ontario], as is my mother. I was assigned an absolutely fantastic Mental Health Navigator who assisted me in finding qualified, professional, culturally-relevant, trauma-informed, queer-informed, two-spirit-informed counseling services.

[And] access to a registered psychotherapist; access to a Métis psychiatrist via telemedicine; and eventually access to probably the leading online clinic for trans healthcare in the province, Connect-Clinic.com, where I was able to access a really fantastic, supportive, informed, cisgender but female family doctor with experience in trans health care.

I'm now approaching one year into hormone replacement therapy very thankfully, and in a very satisfied way. I would say that the only aspect embarking on this life-saving journey, that I feel I was spiritually destined to undertake, that I'm most saddened by in retrospect is having not retained whatever biological reproductive samples I could have, would have, should have done at the time.

Even today, as someone with a lot of knowledge in biology and chemistry, I don't really know what my options would have been other than talking to my family doctor, being referred through my HRT provider in Toronto to my family doctor who may or may not have provided me with some information on what my options would have been and then provided me with a referral to the fertility clinic in Sudbury, which would have been 400 kilometres away. Plus, I had severe financial and emotional and spiritual restrictions and barriers at the time.

> ***I may or may not have that option at this point. I would say that regressing my medical transition in any way or shape or form, so to speak at this point, is simply unthinkable.***

I would say that those two moments represent perhaps the only specter or sources of pain that I have at this point that I feel are unjust, that I would comfortably label not only as inequities but as unjust forces that go beyond missed opportunities; that go to the perpetuation of the fact that I will likely never have biological children.

I hope I've inspired someone to think about the possibilities and reasons that made not being a mother today a consequence for me – that would not have likely been a consequence if I was the product of a family that didn't have a history and a legacy and a proud perpetuation of two-spirit people. Or if I had not been born in an Indigenous family. Or a Northern community. Or a first generation, middle income, Indigenous family.

And so I would say that, in pursuit of reproductive justice for the great diversity of types of Indigenous people who live in Ontario and in Canada – because there are many ways to be Indigenous, as a wise professor once told me – I would say that the lack of provision and access to family planning services both Traditional and Western in nature, health care services both traditional and Western in nature, financial support, family support, cultural support, transportation, informed decision making, access to culturally competent Primary Health teams, all result in significant injustices today in our communities.

The second quadrant of my story would be the effects that barriers to reproductive justice have on lower income women in Ontario in particular, and in Northern Ontario more specifically. Probably primarily because that's my experience, and also because I would say Indigenous women are one of the most overrepresented segments of low-income Northern Ontarians.

I think that the primary issue that I've seen has been the seemingly inescapable involvement that Indigenous women and gender diverse people have with the family court system, the child welfare system in particular, and the criminal justice system.

My experience as a lawyer representing parents in family court and child protection court was that once these people are involved with the social welfare system, it seems inescapable that we will set at least one if not both feet into the quagmire that is the social welfare system and by extension, the justice system.

I feel like for my clients, young women, in particular Indigenous women, the beginning of their involvement with the justice system is the end of their independence and liberty as a family entity.

The lingering, protracted intergenerational effects of poverty, lack of access to appropriate education, almost complete lack of access to culturally relevant and appropriate social services, housing, health care – these stories have been told time and time again. I don't believe that Canadian society has come to terms with them yet.

There's also the barriers to transitioning out of those services that makes them quagmires for young Indigenous families.

Young Indigenous people are likely to have children. They're likely to have them early. They're often likely to have them unexpectedly. They're very likely to have them at times in their life when they are not equipped with the resources that I think Western society would call requirements for having a family, as if that was legitimate.

But even if they were from our own perspective, the type of environment we would like to raise our children in, that simply is not a possibility for the average rural or even urban Indigenous person unless they are of are particularly fortunate history as far as Western standards go.

For me, it started with the shocking reality of birth notices in the child protection system, with child protection

workers, who, much to my shock, are typically not social workers, and are typically young, non-Indigenous people without a history of the same challenges faced by Indigenous families and parents.

For the typical family law client who came into my office with a legal aid certificate, both parents would come into my office even though they would be in the process of separating.

Typically, it would not be their prerogative to get involved with the legal system. It would be their Ontario Works worker, ODSP worker, child welfare worker, some sort of Western social institution worker.

Not from their community, not of their experience. Plunging them into the social welfare and, by extension, the justice system through the hoops they had to jump through in order to maintain their housing, social assistance, access to addiction services.

Oftentimes, the trigger that led them to my office would be a social assistance worker insisting that, because of the separation, the one parent pursue an application for a child support order against the other parent. Even if they were still on good terms. Even if neither of them had any income really to fight over.

But this would often be their one foot into the quicksand of family court. And often that would escalate into pressure to enter whatever remedial measures the Western, social welfare complex deemed necessary, whether it was anger management classes, addiction services, parenting courses, or parenting qualifications and certificates.

The other alternative would be that the trigger which led them to my office would have been some sort of involvement with the criminal justice system, a domestic dispute, allegations or incidences of domestic violence, alleged or actual violence against a child, and probably more often than not simply allegations by the Western social welfare or child welfare systems that the parent's capacity to parent was substandard and that this would somehow be a threat to the child's wellbeing and wellness.

The solution, of course, the only solution at that point would be involvement with these proceedings in Family Court or Child Protection Court or, in the even more unfortunate cases, concurrent proceedings in Criminal Court.

All of this prior to any shred of determination by the court or independent investigators that any of these allegations amounted to anything more than that.

I really very quickly learned to mourn for these parents because, whether they knew it or not, they were embarking on years and perhaps a decade of continued, seemingly inescapable involvement with the legal system and no way out of it.

Because the child welfare system and the family court system are by statute directed to consider basically nothing other than the Western interpretation of nothing but "the best interest of the child".

They are blind to the fact that the best interests of the child, in almost every instance, would have been whatever was necessary to ensure the sustained and sustainable, holistic wellbeing of the parents, the family unit, their connection to community and their connection to Creation. It seemed to me that this was the last consideration of the court.

The third quadrant of the Medicine Wheel that I feel I can address is regarding transgender people in general, including non-binary people, gender fluid people, gender non-conforming people, especially in our Northern communities.

Reproductive justice is really, I think, hampered in large part because of the lack of knowledge about trans-related medicine and also fertility treatments in general, other than the typical heteronormative couple who may be having trouble conceiving, or perhaps a lesbian couple who may require some sort of IVF. Beyond that, I feel like the medical community really is lacking in that knowledge.

The important thing to remember is that the primary route for medical care for both transfeminine and transmasculine people is hormone replacement therapy.

When transmasculine people begin taking testosterone routinely or transfeminine people begin taking estrogen routinely, it effectively limits or completely eliminates their ability to reproduce. It results in induced sterility which may become permanent after some time.

I believe in larger urban centres where trans-related care clinics are more common or teams of doctors who focus on trans-related care, it is a major issue for patients to be educated on their reproductive preservation options.

I realize that transgender people have in theory the option to adopt. Once again, I think that my probably not too far-fetched concern is that there would be just simply so much transphobia and aversion to that idea within the civil service and practices in place here. I don't think I could go through trying to even go down that road.

I don't know what options there would be for trans parents in Northeastern Ontario to foster children.

That's an interesting question, and a very interesting alternative given the prevalence of Indigenous children taken away from their families against their will and the community's will to be placed in state-sanctioned foster placements.

If there was an option to foster a child in need through customary care, even when I picture that idea, so much pain does kind of melt away. That sounds comfortable and doable.

The last point I wanted to touch on regarding the issue of barriers for transgender people in the legal system would be the family law infrastructure and child protection infrastructure that a transgender parent would have to manage if they were to come out as transgender mid-relationship and mid-parenting.

To the best of my knowledge, the family law system is not kind to parents who are separating when one parent is transgender, especially if the revelation that the parent is transgender is the impetus for a separation or a custody battle.

And then finally, moving into the fourth quadrant of the Medicine Wheel, which is generally seen as the Western doorway, the sunset of a particular mosaic of issues, the calming down and moving away from this experience, for me.

I'd like to talk about the barriers to reproductive justice for Indigenous families in general.

For a multitude of reasons, Indigenous families in this area, at the very least, tend to have more children. I think that can become a cultural barrier for a two-spirit person who is unable to have children because of their gender identity, their transition if they so choose. That could be quite exclusionary to them, being unable to have natural children amidst a community where that's so common.

I think that those Indigenous parents who do have children, that is part of our culture. And yet, with the imposition of the colonial state, having children truly in practice becomes a trigger for a series of nearly insurmountable barriers for young Indigenous people who are low

income, and involved with social programming with some sort of dependence on the state – through the Indian Act, through child welfare agencies, through social welfare agencies, through healthcare agencies, through employment agencies, through their own leadership, through Chief and Council.

Having a child creates dependence on these systems. And these systems are generally in large part designed to keep these families in poverty, and with limited education and limited opportunities for lifelong wellbeing without having to abandon who they are and where they come from.

As soon as an Indigenous family has their first child, suddenly all of those the assumptions, the presumptions, and the philosophical endpoints of those programs are limiting.

And with the addition of every new child, those social programs and legal programs add further limitations to that family. Every child becomes a barrier to employment.

Every extra child becomes a barrier to a fulfulling liberal education. Every new child becomes an anchor to poverty. Every additional child becomes a risk for involvement with the family legal system, the child welfare system, the healthcare system.

These limitations that are designed around the assumption that we as a people will forever remain dependent on the state and in a state of poverty and in a state of inability to manage our own affairs in our way.

I feel like Canada and the provinces are prepared to say "here is your route, your opportunity to self-sufficiency and self-governance," but with no transition plan by the actor who imposed that system.

Basically, "you are now free to self-govern," at a time when you are completely dependent on the social welfare state. Not through your own doing, or your own choice.

I see that the route out of poverty and dependence for young Indigenous people, just as a matter of reality, could only happen in the absence of having children. For many of us, I think it's safe to say, it would be incompatible

to imagine a life of pursuing our own well-being in our way, which requires the four aspects of the Medicine Wheel.

Which requires following the path of the Medicine Wheel, the holistic embodiment of the mental, emotional, spiritual, physical aspects of our own culture, our individual cultures, our paths that were given to us by the Creator.

To follow that path or to follow the path of being educated in a Western system – which, in many communities, requires leaving home early, requires not having children, especially while young, especially while single, especially while following Indigenous practices and Indigenous traditions that may be very much incompatible with the Western legal system.

It's just mutually exclusive with attaining a Western education, Western employment, and then, someday, maybe, perhaps, when the stars align and life is approaching the "American Dream" that somehow, that family would at that point be in a position of what we consider holistic wellbeing, to be in a good place to start a family then, when the standards of Western culture are in place to have a healthy, happy family that's sustainable in a Western understanding.

It's just so foreign to the idea of where that family would be under our natural law, under our traditional law, under our navigation of life according to instinct and culture rather than the written word, universal standards, and colonial interpretations of family wellbeing.

Every child, even if that child is removed from the parents' care, every additional child brings with it, or the system brings with every additional child, [brings] barriers to housing. Or housing which in itself imposes barriers, if that housing reduces one's access to broadband Internet, transportation, education,or modern healthcare standards.

Because of the Western colonial system, every Indigenous child brings to those Indigenous parents barriers to receiving a comprehensive education.

No matter what we seem to do, every additional child brings with it financial problems which limit a parent's access to healthy food and nutrition, mobility in an already low access to transportation environment.

I think it's fair to say that, at least in my experience, having children is the beginning of the end of one road toward a living wage, a sustainable income, family wellness, independence from the social welfare system, independence from reserve life, and enough decision-making ability to entitle any of our young community members an opportunity to experience liberation from having our most important life decisions made by external actors.

In my experience, for those who are born in more remote communities, especially on reserve under Indian Act rule, it's a tragedy either way. Whether they simply can't fathom the option of sustainable housing, sustainable income, at a decent job of their choosing, in a sector that they are interested in and talented in, with the supports of their choosing in a sustainable, healthy long term way.

I don't know whether that's the greater tragedy, or the fact that pursuing that path according to Western standards might often lead to loss of culture, mental illness, physical illness, isolation, alienation, discontent.

The tragedy of finding oneself with the purported American Dream, as an Indigenous person like myself, and at that point realizing that it's unlivable given the centrality of children to our way of life and community organization.

I don't know what could be a greater tragedy for Indigenous people, other than the barriers to so many different aspects of health and wellbeing that are associated with reproductive choices that we have to make.

Or that we want to make. Or that we're not permitted to make. Or that we can't access. Or don't access, because it's simply a hill that we can't climb at the time. It's a battle that I haven't been able to fight for thus far and that for so many others I'm sure.

I hope to inspire change because we deserve better. Transgender people deserve better. Northern and rural people deserve better. Indigenous people deserve better.

All My Relations. Nindiinawemaganidag. Ma parenté. Mes amis. Les esprits.

Thank you very much.

Niwii miigwetchwiyaa.

Marci ben.

double the moms double the fun

by Syd Kurbis

who's the father?

first of all,

imagine that being

your first question, einstein.

I have a better idea:

would you like to hear about

all the work I've done

to better myself

to be the best mom in the world?

would you like to know that

I don't know who the father is?

that all that I know of him

is a vial of sperm

that my wife and I had

every barrier in the way

of getting?

"adopting might be easier."

"don't you wish you could just mix your DNA?"

"how... did you get pregnant?"

"it would have been easier if one of you

just found an attractive man for one night, eh?"

there is no father

and thank god for that.

there are two mothers

who know that there is nothing comparable

to motherly love.

if you think a man is required

for quality parenting,

then go fuck yourself.

the best I can do

is the best I can do,

and that's enough.

Fish food... for thought

by Michelle Stimson

This one time –

the advice to flush –

was a second of regret

forever wondering what became of you!

Shortly after painting this glow in the dark fish, I

became obsessed with naming you.

I painted this at a place of peace and reflection and healing - for me some rage needed escape.

The location was Helens fish camp by Lake Labarge, south of Whitehorse.

When I took the medication as the procedure to abort - I was not prepared for the time I stared into the toilet where the “birth” fell. Where my future thoughts would absorb me about death and murder and drowning...for many years.

The release of the fish food thoughts ...and the whole cycle of life and loss and beginnings - and guilt.

I got to free my fish -and let the fear float.

Generation to Generation

A conversation between Keke and Khiaja
This conversation has been edited for length and clarity

Keke: How would you describe reproductive justice, in your own words?

Khiaja: The first thing that came to mind was sex education. I remember that, in my health school health class, there were maybe two years with an updated sex ed curriculum before they reverted back. We were the only ones with a comprehensive, updated curriculum. We learned about different contraception methods, we had to practice consent.

Now I realize how important it was, but in the moment we had a script with a list of things you could say if you were in a situation you didn't want to be in. We learned about dental dams, sex ed for everyone.

It was very comprehensive, and I know they don't have that anymore. Going back to that is really important. In thinking about reproductive justice, I jumped right to period poverty, and making sure everyone has equal access to menstrual products. I also was thinking about that brief moment, about a month ago, where I didn't have any insurance and it was impossible for me to find birth control. It didn't help that it happened during the holidays, so everything was closed, and I was out of town.

But it should not be this hard, just to get a prescription. I had one pharmacist who was like "I'm not supposed to do this for you, but I will, but it's going to cost you $45 on top of the prescription". I look at my receipts, and thank god I have insurance, because it cost me around $10 for two boxes instead of $40. I don't know what I would do without that.

I had to buy Plan B without insurance, and I remember how hard that was and how stressful it was. Because where am I supposed to find it? I don't want to pay a million dollars. It ended up costing me $50.

Keke: This leads into my next question, which is what has your experience been like accessing birth control? And my third question, which is have you experienced any barriers and can you explain those?

Khiaja: I can say how easy it was originally, with my insurance. My university pays for me to have this app, which can fill and refill prescriptions. Within the day, or within the hour, I can have a doctor's appointment and talk to the doctor on my phone. Within the day, I can get birth control.

They fax it over to my nearest pharmacy, and I just go. Because I have insurance, I just scanned something and was good to go. I fill my prescription online, using the pharmacy's website, go in, pay my $10, and go. I have no idea where I would have started if I didn't have this virtual app that brought the doctor to me, and did everything in two hours.

Keke: What is one thing you wish you knew before taking contraceptives?

Khiaja: In the ninth grade, I remember this was part of our curriculum, but I missed the day. They covered all of the different forms of birth control, like IUDs, the needle. It's not that the information wasn't given to me, it was and I wasn't there to receive it. But I wish I knew.

The other day I was off, my friend asked why. I said I was on "the depression pills", and until my hormones balanced I would be off. And he asked me why I used them, because he knows other people who use different things. I feel like there are lots of options, but I just don't know what they are. And there are a lot of side effects that they don't really tell you about.

It feels like we have the choice, as people looking for contraceptives, to pick the best of the worst options. Like, I don't really want any of these things. I don't know how women got forced to carry the burden, but it doesn't make any sense to me.

My favourite part is where they don't study male birth control as much because of the side effects, and it's like – well, it's not like we don't have any side effects either.

Keke: I remember opening up the birth control leaflet, and it was the size of a map with all of the side effects listed.

Khiaja: I don't have a map, but it's this thick book.

Keke: What are your thoughts on childbirth? Do you plan to have children? If you do, what kind of support would you need?

Khiaja: For me specifically and the era I'm growing up in, I don't think I will be birthing a child from this body of mine and bringing a new child into this world. I really would love to foster kids, and potentially adopt a kid. I think there are so many lives right now that can be changed.

I find it kind of selfish at this point, for myself – I don't judge anyone else – to bring lives into this world when there is already suffering. For support - with a foster kid, a lot of support is needed. More so than having a baby and raising it, that's a different kind of struggle.

I think there's value in community. I think there's value in not forcing people to work crazy hours to support a family and barely get by. If there was a basic income for everyone, or a basic income for mothers...

Keke: Is there anything you feel needs to change in terms of accessing contraceptives?

Khiaja: I'm not too sure, because I've had it kind of easy, in the sense that I pay for insurance. I imagine if I were out on my own, it wouldn't be as easy for me.

When I didn't have it, I was trying to navigate all of these different sexual health clinics, calling all of these places. When I did the same thing for the emergency contraceptive, I googled it, I found one place who bounced me to another place because I wasn't in their area.

I found with COVID, it was especially hard. When I found a place in my area, they had actually discontinued the program because of COVID.

That was incredibly annoying, because I had spent all morning being bounced around only to be told no.

Once I realized no one would help me for free, I just had to go and spend $50 at the pharmacy. If I didn't have the $50, I would be pregnant right now.

I also went a couple of times to get tested. I had to go to the hospital, find the specific wing which was only open from 9:30am to 11am, take a bus to the hospital which takes about an hour, and then I had to go wait to get a hospital card. When I showed up, the doctor who processed Ontario health cards wasn't there.

It's an entire day long process for me. It takes hours to see the doctor, for a five-minute process. I'm like, do I want to go, give a whole day of my time, when I don't think there's anything wrong? Obviously it's the right thing to do, but it shouldn't be that mindset.

Keke: Is there anything positive you'd like to end on, in terms of accessing sexual health care?

Khiaja: I think that this is one field, especially with the stigma in society, having the care directly in your home and having the prescription sent immediately – the ease and confidentiality of it all is really great. We can lean on technology because we have it.

Also, my health class. I remember my generation protested when the curriculum was taken out. I think there would be a lot of value in bringing that back.

People need this information. They are either going to suffer not having this information by making mistakes or doing things they wouldn't have done had they had the whole picture, or they are going to look for the information themselves and it could be incorrect or not the whole scope. It could have been easily found, if there was a trusted source.

Ravin' for my Raven

by Michelle Stimson

This picture created itself.
The "death" and when
it happens is anytime
I get somewhat angry
every time
and then I just start
waiting for my
time
again

When someone told me that unborn babies live in another dimension - this feeling of rage for not realizing this possibility created an absolute need to name the baby I had aborted. With love and pride and to tell my living children they have a sibling. Sound crazy. I don't give a fuck- it is so healing. This took years off my heart.

The strokes in this piece hold my release of loss and judgement and shame and the colors balance the joy I have to introduce you to - Baby Rain Stimson. Sister Twigg and Brothers Soleil and Ocean love you.

CONTRIBUTOR BIOS

ANONYMOUS CONTRIBUTORS

One contributor is a member of the African Nova Scotian community. She was born and raised in Nova Scotia, where she lives with her partner and their son. She works in the social work field.

Six contributors are members of the trans community in Montréal, who shared insights about the reproductive justice issues they see in their own lives and the lives of their communities.

ASHLEY FRASER

Ashley Fraser is 35 years old, from Summerside, PEI. She has been involved in the reproductive justice movement on the island for over a decade. Although she has taken a step back in the last couple of years, she was a member, representative, or board member for the Abortion Rights Network of PEI, Abortion Access Now and the Abortion Coalition of Canada. She has been involved in research, rallies, media requests, protests, education, the creation of an abortion “zine” etc. She also had the amazing opportunity to present this work at the (second) international abortion conference in Ireland.

CHARLOTTE HUNTER

Charlotte Hunter, Kijekijikokwe, is a two-spirit woman from the Abitibi Inland Historic Métis Community. An accomplished academic and lawyer, she works primarily with and for Indigenous non-profits like Keepers of the Circle in all aspects of rebuilding equitable community for Indigenous women and gender-diverse people. Charlotte currently serves on the leadership team of Trans Peer Network and as a research advisor for Women's National Housing & Homelessness Network. She previously served as Chair of the North Bay Métis Council and as co-Editor-in-Chief of the Indigenous Law Journal. Charlotte lives in beautiful Northeastern Ontario and has no plans of moving.

CLARE HEGGIE

Clare Heggie is a health researcher living in Kjipuktuk/ Halifax. She graduated with an MA in Health Promotion in 2020; her MA research explored the experiences of rural survivors of sexualized violence. She currently works as a research coordinator at IWK Health. She is also the research coordinator for Wellness Within, an organization that supports women, transgender and nonbinary individuals who have experienced criminalization and are pregnant or have young children. In this role she has been involved in a range of research projects focusing on maternal incarceration, sexual and reproductive health of criminalized individuals, and doula practice. She has been volunteering as a doula for three years.

GLORIA, MEI, ANNIE, CHING CHING AND ELENE

Gloria, Mei, Annie, and Ching Ching represent a small reunion of the Asian and migrant sex workers who are charged, arrested, incarcerated, and deported. They dedicate their art work to all of the Asian migrant sex workers who have been harmed by the laws.

Elene Lam provided support for this art. She is the founder and Executive Director of Butterfly (Asian and Migrant Sex Workers Support Network) and the Migrant Sex Workers Project. She has been involved in both the gender and sex work movements, as well as migrant and labour activism for almost 20 years.

JANINE HARVEY

Janine Harvey is 40 years old. She was adopted to a very wonderful Inuit family and grew up in Ulukhaktok NWT. She moved to Yellowknife for school and lived there for 21 years. She just recently moved back to Ulukhaktok. She has five children of her own and four stepchildren. She is married to her husband Thomas Harvey, and a grandmother of eight grandchildren. Janine started working at a very young age to help her family.

She worked for the YWCA (Support Worker) and the Woman Society (Housing First) during her time in Yellowknife. She received a Scholarship from the Canadian Alliance to End Homelessness for her work with Housing First. She sits on the boards of the Pan-Canadian Voice for Women's Housing and the NWT Victim Assistance Fund, and is a Hamlet Councillor in her community. Janine is fluent in her language. She enjoys sewing traditional clothing, hunting, camping, fishing, and teaching her country to others. She is a mother, wife, daughter, supporter for Inuit culture, advocate, and survivor. She now dedicates her time to helping other Indigenous people fleeing family violence.

KEKE

Keke, formally known as Keonna Chambers, is a community builder, multidisciplinary artist (poet/dancer) and entrepreneur in Toronto, ON. She grew up in the Jane/Finch area and began her journey of self-discovery at a very young age. She has worked with multiple non-profits in toronto to share her story and inspire others.

She is a mental health advocate, a proud member of the LGBTQ+ community and healer with her own holistic wellness brand called Shadane. She has worked with the City of Toronto and was most recently awarded the black youth leadership award by United Way. Keke has managed to vibrantly shine in her community through dance, poetry, story-telling and her own strength she constantly displays on what healing can look like despite escaping from generational-poverty and the youth shelter-system. Keke reminds us that life is simple, not easy; it's the dance of flowing through life that reminds us we are truly made of magic.

KHIAJA

Khiaja grew up in Toronto, Ontario before moving to rural Ontario. Living in the country inspired her to learn French and its culture; she lived abroad in Quimper, France during her final year in high school. Since then, she has relocated to Montreal, Quebec and is currently studying International Studies and Modern Languages at University of Ottawa. She is an aspiring editorial director. She is also an advocate on woman's reproductive health and took part in a non-profit campaign to end period stigma and supply female hygiene products to those in need.

MABELLE SILVA

Mabelle Silva, from Winnipeg, Manitoba, is a supporter of the Midwives Association of Manitoba. Employed at the Women's Health Clinic Birth Centre as a medical assistant, she witnesses the detriment created by a lack of funding for the high demand of midwives. Harm is caused to both the communities of women in need of midwifery care and the midwives who are overworked and undervalued. Mabelle is also a certified doula and has volunteered with Villa Rosa, a prenatal and postnatal residence and school.

MICHELLE STIMSON

Michelle Stimson was born in the sixties into a catholic world-in the praises, of right and wrong -quite vanilla. Her family was considered upper middle class, and that seems to matter to some. Being only 17 when she started living on her own was a safety measure, from a secret. She was part of a punk scene, a feminist, and left the west coast to go to the North at 23. Working on the land as a firefighter, tapped a strength that she describes as identity changing. She currently facilitates a support group for alternative lifestyle choices, Sugar and Mace, and is a member of Queer Yukon. Most important to her for you to know is that she is a mother that knows that the conversation with her doctor about her body is not ever up for public opinion or debate.

SYD KURBIS

Syd Kurbis (she/her) is a queer, pro-choice artist from Winnipeg who works as an assistant to midwives and as a medical assistant for other reproductive healthcare services for Women's Health Clinic. She has heard many stories from clients from both programs about how they feel about their pregnancies which inspires her writing and activism. She loves to write and play music, read outside in the sunshine, and travel anywhere.

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