WELCOME TO REPRO SHABBAT

We’re so thrilled that you’re here to celebrate the critical importance of advocating for reproductive health, rights, and justice, ensuring that all have access to the quality, comprehensive care that they want and need to thrive with dignity.
Reproductive freedom is a Jewish value.

Our tradition not only permits the termination of pregnancy, but even requires it when the life of the pregnant person is at stake. Pikuach nefesh—saving lives—is a key principle in our tradition, as is upholding human dignity—kavod habriyot—and working to make our society more safe and just for all.

And, the fact of the matter is, it's a part of our lives; one in four people who can get pregnant will terminate a pregnancy by the age of 45. In the wise words of reproductive justice activist and We Testify founder Renee Bracey Sherman, “everyone loves someone who has had an abortion, whether they know it or not.”

We know that limiting reproductive health access has disastrous consequences. People who are denied access to reproductive health care—disproportionately those struggling financially; Black, Indigenous, and people of color communities; young people; rural communities; immigrants; people living with disabilities; and LGBTQ individuals—are more likely to live in poverty and to remain in abusive relationships. High rates of unsafe abortions are directly associated with laws restricting access to critical health care.

Our communities should be places where anyone who has, or may ever, terminate a pregnancy feels loved, welcomed, and supported. They should be places where people understand what our tradition teaches about these issues. And they should be places where we understand the importance of fighting for reproductive health, rights, and justice for everyone.

We must not remain idle while barriers to health care place any individual’s health, well-being, autonomy, and economic security at risk.

Repro Shabbat falls on the Shabbat when Jews read Mishpatim, the Torah portion with the verses that form the basis of the Jewish approach to reproductive freedom—the story of an accidental miscarriage that teaches us much about how Judaism does, and doesn’t, regard the personhood of a fetus.

It’s important for our communities to gather on this Shabbat, during this moment in our country—with a new formation of the Supreme Court installed, with over 450 restrictions on abortion access passed since 2011, and at least 18 cases in the lower courts that could make their way to the Supreme Court and pose a real threat to Roe v. Wade. It’s so critical that our communities understand what Judaism has to offer on this important topic, and for us to make clear that we are offer loving spaces for those for whom abortion is neither an abstract nor theoretical topic.
What is this toolkit and who is it for?

This is really a guide for anyone who might be planning a Repro Shabbat event, or a series of them, for their shul, NCJW section, Hillel, JCC, or other community. Whether Repro Shabbat in your community will be one event or moment, or multiple programs across multiple days, we hope that your community will take this important opportunity to learn and speak up.

NCJW Advocates, look for other supplementary materials that will be coming your way soon with information about planning programs and/or partnering with local synagogues.

**THIS TOOLKIT CONTAINS**

- Sermon talking points: Four possible angles for a d’var Torah, with resources
- A guide for holding an interfaith panel or discussion
- A Jewish text study source sheet and guide
- We Testify stories and discussion guide
- A pastoral discussion guide

These resources that could lead to the creation of several different kinds of Repro Shabbat events, taking place at different times over Shabbat or during the week before or after Repro Shabbat itself. The invitation is for you to take these resources and create the program or programs that will work best for your community.

**There are a lot of ways a Repro Shabbat could look. For example:**

- The We Testify story discussion in breakout groups as a set induction before the d’var Torah on repro issues
- A d’var Torah on Shabbat morning, a pastoral conversation with members of the community who have terminated pregnancies on Shabbat afternoon, and an interfaith discussion with a local minister or imam on Sunday
- The interfaith panel Wednesday evening, the pastoral conversation Friday afternoon, A d’var Torah Friday evening, and the We Testify stories and discussion on Shabbat morning, in lieu of a sermon, and the text study Shabbat afternoon.
- The text study and We Testify stories in lieu of a sermon, or in addition to it.
- Combining some or all of the above with bringing in someone from your local reproductive justice organization to talk about what reproductive justice is, or someone engaged in advocacy work to talk about what’s happening on the local and/or state level, and what the congregation can do to get involved. (Note: outside speakers should be compensated appropriately, especially—but not only—if they are BIPOC leaders.)
The resources below can be used as-is, or adapted in any way that works for your community. They certainly can be mixed and matched. You can utilize all, some, or just one or two of them, or you can bring the discussion about reproductive health, rights, and justice to your community in some other way.

NCJW is here to help amplify and support your community's work. If you are planning a Repro Shabbat event—and "event" can include regular programming tailored to the theme of this special weekend, such as, “This will be the subject of the d’var Torah at services that week.” Please let us know at druttenberg@ncjw.org.

Shortly before the week of Repro Shabbat, we will list all Repro Shabbat events online to encourage the Jewish community to attend, and we'd also love to include yours.

We also strongly encourage you to collaborate with your local NCJW section—our advocates are excited about partnering with you and adding capacity on the planning side of your events. To find contact info for the section near you, you can go here, and if you need assistance, please reach out to connect@ncjw.org and we can put you in touch with the section president.

And, if you would like to discuss the process or planning side of your program, feel free to reach out to Rabbi Danya Ruttenberg, NCJW’s Scholar in Residence, at druttenberg@ncjw.org.

This Repro Shabbat Toolkit was made possible in part by a gift from Renata Landres, a lifelong advocate for reproductive health, rights, and justice.
Sermon Talking Points

Here are a few ideas for directions a Repro Shabbat d’var Torah could take, and some supporting points that could be useful. Of course, many of these issues are overlapping and deeply connected, and many of these can be combined in various ways.

The other resources in this packet—particularly the We Testify storytelling resources—can be used in concert with a d’var Torah, and in fact inviting congregants to look at the We Testify stories in breakout rooms before or after the drasha could powerfully deepen their experience and understanding.

A loving reminder: many transgender men, nonbinary, intersex, gender nonconforming people, and others need access to the full range of reproductive health care. One way to be more accurate and inclusive is to use gender-neutral language (i.e. “people,” “pregnant individuals,” or “patients” rather than “women,” or to say “women and all people who can get pregnant”).

1. Abortion is permitted and sometimes required in halakha

This may seem obvious to many Jewish clergy, but it is not clear to all Jews, particularly given how certain religious communities have advocated for restrictions on abortion access in the US

See the Extended Source Sheet for the sources and particular approaches to this. They are:

a. The fetus does not have the status of personhood.

b. Sources requiring capital punishment for causing the death of a pregnant person, but only monetary damages for causing a miscarriage, based in Parshat Mishpatim, the Torah portion of Repro Shabbat.

c. The full status of personhood begins at viable birth.

d. Sources on the life of the pregnant person taking precedence in the event of a difficult birth until the head emerges in birth and a first breath is taken.

e. The fetus’ status during pregnancy.

f. Sources asserting that, for the first 40 days, a fetus is “mere fluid” and regarded as part of the pregnant person’s body from then until birth.

g. Abortion as self-defense.

h. Sources on din rodef, or abortion as pikuach nefesh, and self-defense when the pregnant person’s life is at stake.

i. Additional sources from the 18th c to today.

j. Sources that expand the permissibility of abortion in various ways.
2. Reproductive freedom is a First Amendment issue

Laws granting “fetal personhood” and/or asserting that life begins at conception violate the Establishment Clause by enshrining one religious view into law. This violates pregnant individuals' rights to make their own decisions about their bodies, as well as collectively violating most Jews' right to practice Judaism, which permits, and even sometimes requires terminating pregnancies, if the life of the pregnant person is at stake. Roe v. Wade already established that laws banning and/or limiting access to abortion care also violate the constitutional right to privacy found in the Fourteenth Amendment.

See this op-ed by NCJW CEO Sheila Katz, this piece in USA Today, this op-ed by Rabbi Danya Ruttenberg, and NCJW talking points on Abortion and Religious Liberty (pages 18-19).

As Cynthia Ozick wrote: "What our faith communities would be wise to choose is religious responsibility undertaken autonomously, independently, and on cherished private ground, turning their backs on anyone, however estimable or prudential, who proposes that the church steeple ought to begin to lean on the town hall roof." from this piece, (though this online excerpt strangely does not credit her.)

3. Abortion access is an issue of pikuach nefesh (saving lives), and restricting access goes against Jewish values of safety and justice

Many of the texts in the Extended Source Sheet demonstrate that abortion is an issue of pakuach nefesh—the obligation to preserve life.

Many stories prior to the Supreme Court’s decision in Roe v. Wade (examples can be found here, here and here) help us to understand a future where increasingly limited access to abortion services would lead to more deaths from unsafe abortions.

This can be combined with data and stories about what happens when abortion access is limited:

- The US has the highest rate of maternal mortality and morbidity among industrialized countries, with African-Americans and American Indian/Alaska Natives three times more likely to die of pregnancy-related causes than white Americans. (Source) Forcing people to give birth is not just unjust, it endangers them.

- People who are denied access to reproductive health care are more likely to live in poverty and to remain in abusive relationships.

- Restricting abortion access disproportionately impacts those who are already marginalized in our society: People who are struggling financially; Black, Indigenous, and people of color communities; young people; those in rural communities; immigrants; people living with disabilities; and LGBTQ individuals.

- Abortion is safe, and it’s safer when performed early. In contrast, unsafe abortions are a leading cause of death worldwide; high rates of unsafe abortions are directly associated with laws restricting access to critical health care.
• Over 450 state laws restricting access to reproductive health care have been passed since 2011, ranging from abortion bans to biased counseling mandates to medically unnecessary regulations imposing onerous requirements on providers and patients. Access to abortion is already hanging by a thread for many people across the country, particularly for Black, Indigenous, and people of color communities impacted by systemic racism. More recently, it has been catastrophic also for those whose lawmakers have used the COVID-19 pandemic as an excuse to restrict the right to this basic health care.

• It is now, particularly with the Coney Barrett confirmation, almost certain that a significant case will come before the Supreme Court that could have a catastrophic effect on abortion access in this country. Indeed, there are 17 abortion-related cases just one step away from the Supreme Court. The last two abortion cases heard by the Court were decided by just one vote.

• Even in the absence of a significant Court decision, the legal protections afforded by Roe v. Wade can and have been drastically undermined by lower courts and by state and local lawmakers. This means that while abortion remains available in theory, it is, for some, and could become, for others, completely inaccessible in reality.

• Additional resources for this type of d’var Torah include the We Testify resources below and our Abortion and Jewish Values Toolkit, especially pages 36-45.

4. Abortion is a Jewish issue

One in four people who can become pregnant will have an abortion by age 45. This includes Jews, and very likely members of almost every Jewish community.

Abortion is still highly stigmatized in our culture, and this also impacts people’s experiences in Jewish spaces that, intentionally or unwittingly, perpetuate that stigma. Those who need abortion access should feel supported and cared for as they attend to their own reproductive health care, and should feel comfortable speaking about their experiences if they so choose without stigma.

Pikuach nefesh and, more broadly, building a just society are ultimate Jewish concerns. We must not remain idle while barriers to healthcare place any individual’s health, well-being, autonomy, or economic security at risk. (See pikuach nefesh section, above.)

Our Abortion and Jewish Values Toolkit has much more to offer on this topic, particularly pages 16-30.

For more resources to help with your Repro Shabbat d’var Torah, look to our Resources page. Here you can find factsheets on current legislative issues; webinars on the intersection of abortion rights with immigration, voter suppression, the Supreme Court and other topics; a wealth of personal stories, rituals, liturgy, and essays; and more.
A loving reminder: many transgender men, nonbinary, intersex, gender nonconforming people, and others need access to the full range of reproductive health care. One way to be more accurate and inclusive is to use gender-neutral language (i.e. “people,” “pregnant individuals,” or “patients” rather than “women,” or to say “women and all people who can get pregnant”).

1. **Decide on your primary goal for this conversation.** Is your goal to show that there is support for abortion access and/or reproductive justice across traditions? To introduce your community to another faith community that shares this value with them? To help nuance the dominant discourse around abortion and religion in the public square? Before you think about who you want to invite, think about the kind of conversation you are hoping to have.

2. **Do some thinking about who you want to invite.** Do you have relationships with local clergy in your area with whom this program might be a good match? (Note: a program with clergy whose ideas about abortion access differ strongly from yours might have a more antagonistic tone than might not be pleasant for your congregants—and, more to the point, may unwittingly reinforce ideas that we do not have allies in interfaith spaces around this issue. This can be an opportunity to inspire and plant seeds for more shared interfaith work.) If you’re unsure about their approach, you can ask! It’s always OK to be transparent about seeking a good match for the kind of program you would like to run.

3. **Construct your panel.** In our opinion, a successful program would feature two or three clergy total (including you). This program can be a joint partnership between communities, so that members of your co-panelist(s)’ church, mosque, temple, etc. are invited to join the program as well. If possible, might there be ways to consider principles of diversity, equity and inclusion and centering communities most impacted by systemic injustice when thinking about who to invite?

4. **Find a time that works well for your and your co-panelist(s)’ communities.** Shabbat afternoon? Sunday midday? Is a weekday evening the week before or after Repro Shabbat (February 12-13th) preferable?

5. **Decide on format.** Do you want a moderator asking questions? If so, who should that be? Someone from one of your communities? Someone involved in reproductive health, rights and justice work in your area? Would you prefer to forego a moderator and have a more conversational style in the vein of many podcasts today? Will you leave time for audience Q&A? What virtual platform (Zoom, GoToMeeting, etc.) will you use to host the event?

   a. If you have a moderator, send them a list of suggested questions (we have some below.) Make sure your co-panelist(s) have the questions as well, so that they can be thinking about them ahead of time.

   b. If you decide to go with more of a podcast style, everyone can have the questions and you can decide whether you are deliberately switching off (eg Person A asks Question 1, Person B asks Question 2, etc) or have a more fluid approach wherein panelists can take the initiative and throw a new question into the mix when one of you feels that the conversation can or should move on.
c. If you plan to devote time for audience questions, we recommend leaving about 15 minutes following the panel discussion. Be sure to draft a few extra prompt questions in case the audience is not feeling particularly chatty.

d. If possible, we suggest convening panelists for a prep call to introduce them to one another, review the agenda, ensure that all are comfortable with the technology you are using, and address any questions from the group.

6. Get the word out. Use social media, email listservs, community newsletters/bulletins, etc. to publicize the event and increase registration. Don’t forget to tell us (druttenberg@ncjw.org) so that we can help publicize the event as well!

7. Some questions you could ask:
   Feel free to use some or all of these, and/or to add additional questions that you feel would enrich the conversation.

   a. Why are you, personally, invested in reproductive health, rights, and justice?

   b. What do you learn from your faith tradition about reproductive health, rights, and justice?

   c. Are there places where you struggle with your tradition's approach?

   d. Do you regard protecting reproductive rights, health, and justice as a religious value? If so, why?

   e. How do you feel when you see people arguing that religion compels them to try to limit abortion access?

   f. How do you see abortion access intersect with other issues—immigrant justice, economic justice, racial justice, or other things?

   g. One in four people who can get pregnant will have an abortion by age 45. What does that raise for you as you consider the people in your community, and what do you hope they are taking away from this conversation, seeing you talk about this now?

   h. Our nation's founding principle of religious liberty means that no one can impose a single religious belief on all through law or regulation. How do you think about the separation of church and state as it intersects with reproductive health, rights, and justice?

   i. Can you speak to the role of the interfaith community in the fight for reproductive freedom? Why do you believe it is important that people of faith speak out on these critical issues?

   j. What can our audience do to advocate for abortion access/reproductive rights in [your state] and across the country?
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During Repro Shabbat, you could teach a text study using this annotated source sheet to walk people through some of the core texts on the Jewish approach to reproductive freedom. It is annotated, so it could be used in breakout rooms for hevruta (paired) or small group discussion on a few of the texts before coming back together to discuss as a large group. If you’d like to curate your own sources, this Extended Source Sheet may be a useful starting place.

These sources can be paired with some of the We Testify storytelling resources, below.

These texts are provocative enough on their own, but asking participants to reflect on the following questions as they go through the sources could invite plenty of conversation:

- What claim is this text making? Why?
- What surprises you about this text? What do you find challenging?
- What questions does this raise for you?
- In what ways is this text different from or similar to other religious approaches to abortion that you have seen in the American discourse?

As you close the text study, you may invite people to consider one or more of these questions:

- What is one learning that you are taking with you?
- How would you like to see the Jewish community approach reproductive health, rights, and justice?
- What’s one word you’re feeling right now?
A loving reminder: many transgender men, nonbinary, intersex, gender nonconforming people, and others need access to the full range of reproductive health care. One way to be more accurate and inclusive is to use gender-neutral language (i.e. “people,” “pregnant individuals,” or “patients” rather than “women,” or to say “women and all people who can get pregnant”).

During Repro Shabbat, you may prefer to teach a text study using abortion stories to honor the lived experiences of those who have had abortions, to dismantle the stigma surrounding abortion, and to highlight the real-life impact of abortion bans and restrictions.

These stories can be used as a set induction to a d’var Torah, paired with the Jewish sources in a more traditional text study above, or as a stand-alone program. They are designed to be used either in a large group conversation, in smaller breakout groups, or as a combination. You can use some or all of them, whatever feels like it works for your plans.

The stories in this guide are paired with questions to guide your discussion and come from We Testify, an organization dedicated to the leadership and representation of people who’ve had abortions, increasing the spectrum of abortion storytellers in the public sphere, and shifting the way the media understands the context and complexity of accessing abortion care. We Testify invests in abortion storytellers to elevate their voices and expertise, particularly those of color, those from rural and conservative communities, those who are queer-identified, those with varying abilities and citizenship statuses, and those who needed support when navigating barriers while accessing abortion care. To learn more about We Testify, to find more abortion stories, or to share your story, visit www.wetestify.org.

Note: Those undertaking this text study will necessary engage with stories about abortion and topics such as rape and sexual violence, racism, immigration detention, and other potentially triggering content. Those leading discussions should endeavor to create a space where all can engage empathetically and thoughtfully with difficult content and where those who are or may be triggered feel safe and supported. We strongly suggest that you offer the content warning below as you begin this session.

As you begin, share this content warning:

This session engages with stories about abortion and topics such as rape and sexual violence, racism, immigration detention, and other potentially triggering content. Please take care of yourself and know that you can exit this conversation at any time, whether now or at any other time in this session.
A loving reminder: many transgender men, nonbinary, intersex, gender nonconforming people, and others need access to the full range of reproductive health care. One way to be more accurate and inclusive is to use gender-neutral language (i.e. “people,” “pregnant individuals,” or “patients” rather than “women,” or to say “women and all people who can get pregnant”).

**STORYTELLER** Stephanie Loraine  **LOCATION** Florida

When I was 17, I needed an abortion and was unable to tell my parents. Due to parental involvement laws in the state of Florida I was not able to get an abortion without the notification and presence of my parents. I was forced to seek out a judicial bypass, which is the process of having a judge decide the fate of your abortion...

[After finding out I was pregnant,] I searched the internet for ways to end my own pregnancy. I read I could take 5000mg of vitamin C over 5 days. I considered throwing myself down the stairs. I even considered ending my life knowing a pregnancy would be the end of my future. That is how desperate I was. After days of calling, I finally got through to a hotline worker who connected me with an attorney who agreed to take my case pro-bono. I finally felt some relief. I spent the next 2 weeks working at my waitressing job, saving up my tips for my abortion, attending my college classes, and gathering all the documentation the attorney requested. I had an ultrasound, and I was forced to see it even though I didn’t want to. I had to gather police records from the times my father was charged with child abuse after beating me and leaving me with bruises. I provided my school transcripts reflecting my dual enrollment course load. I even wrote an essay talking about why I desperately needed an abortion. I turned in all those papers to a judge in Duval County Florida who presided over my fate.

Young people face a double-edged sword of stigma with their reproductive health care; if they continue their pregnancies they are unsupported and deemed irresponsible, and if they pursue an abortion we are stigmatized, forced to deal with laws that present barriers denying us our constitutional right to an abortion.

Although I worked and studied since I was 13 years old to support my family, when it came to decisions about my body or my life I was told I was not capable of making my own decisions. My abortion was a means of survival and self-preservation for a future I wanted to live on my own terms.

Read more from Stephanie [here](#), [here](#) and [here](#).

**Discussion Questions**

1. What are some of the reasons that a minor might not feel comfortable or safe approaching their parents about the need for an abortion?

2. How do you imagine Stephanie might have felt during the process of having to ask a judge for permission to obtain an abortion? What challenges do you imagine she might have faced in the process?

3. What do you make of Stephanie’s statement that, though she has worked since she was 13, she was not empowered to make decisions about her own body? How do you think about her understanding of her abortion as an act of self-preservation?
4. Young people face extreme barriers to accessing abortion care, including, in many cases, forced parental involvement; greater challenges with finding transportation to care; waiting periods; limitations on their ability to obtain confidential care using family health insurance; and the inability to pay because of federal and state restrictions on abortion insurance coverage. How can we empower young people as moral decision makers with the rights to full bodily autonomy and avoid paternalism when discussing youth abortion access?

5. Jews hold that the preservation of life, pikuach nefesh, is a central principle, one that overrides many other commandments. How is this principle reflected in Stephanie’s story, particularly in the description of her abortion as a “means of survival and self-preservation”? Does this inform your view of abortion and the myriad reasons why one would need access to this care?

STORYTELLER Dr. Valerie Peterson  LOCATION Dallas, TX

At 16 weeks [pregnant], I had an abortion. My son was diagnosed with a fetal anomaly that was 100% incompatible with life. I lived in Texas where the laws (Texas House Bill 2) at the time prevented me from getting the abortion care that I needed at the time that I wanted it. There was a 3-4 week waiting list as well as a 3-4 day process. The laws had such a profound impact on my mental and emotional health that I ended up traveling to Florida, where I was able to get the abortion done within 48 hours of the diagnosis and was at the clinic for no more than 6 hours.

I share my story so that people can know that there are a myriad of reasons people seek abortion care. I speak to share my truth in hopes that it will inspire others to share, to act, or to rethink their position or understanding of abortion and what abortion care really means. I also speak for those that are afraid to speak out due to the stigma that surrounds abortion, especially those later in pregnancy.

Read more from Valerie here.

Discussion Questions

1. How do you think Dr. Peters felt in the time between receiving the diagnosis and deciding to terminate the pregnancy and the termination itself? In what ways do you think the Texas laws impacted her mental and emotional health?

2. How do you think she felt during various points on her trip to Florida—the trip to the airport, the flight, checking in to the hotel, the trip to get care, the return trip home? How do you imagine her emotional experience would have been different if she had been able to get reasonably-timed care at home?

3. How do you imagine a story like Dr. Peters’ goes if someone doesn’t have the money or other kinds of capacity to fly out of state?
4. Many factors influence the decision to have an abortion after the first trimester, including difficulties in accessing care, delays in arranging travel and funds, changes in life circumstances, and/or serious health challenges for the pregnant person or fetus. Abortion restrictions based on the gestational age of the fetus (commonly six-, eight-, twelve-, or twenty-week bans), make assumptions that we do not see in classical Jewish texts—which permit abortion even into early labor in some circumstances. What are some of the assumptions underlying bans based on gestational age? How do you feel about these assumptions driving legislation that impacts a wide array of people facing a wide array of complex personal situations?

**STORYTELLER** Ashley Chanel  
**LOCATION** Cleveland, OH

I had my abortion on April 15, 2016. It was an unplanned pregnancy with someone I didn’t see myself with for a long-term relationship. At the time, I had began working on a pro-choice coalition project and felt lucky to use my degree in a work environment that was both exciting and supportive. I had accomplished a few significant milestones (obtaining my masters, traveling out of the country, moving into my own place) however, getting an abortion felt like my first adult decision, and my first parenting decision. The unplanned pregnancy gave me the opportunity to really think about the path I wanted my life to take, and the life I want to give my future children. I am grateful for my abortion because it was my moment of clarity.

My faith played a major role in choosing abortion and being able to feel firm in my decision. I want those who don’t identify as Christian—but are subjected to protesters who use Biblical language on their signs and pamphlets—to know that hate, bigotry, judgement, intimidation, and lies are not the traits of authentic Christians. I want people to know that you don’t have to choose between your faith and your decision to have an abortion. For me, having an abortion actually strengthened my spiritual relationship.

Read more from Ashley [here](#).  

**Discussion Questions**

1. How does Ashley describe feeling about her decision to terminate her pregnancy? Does this surprise you, or not at all? Why or why not?

2. What about Ashley’s story feels familiar, like a story you’ve heard before? What about it feels less like the narrative that is commonly shared in the wider culture?

3. Ashley’s faith was a critical aspect of how she considered her reproductive choices. Judaism and Jewish values, too, point us towards support for abortion rights and access. What role do you think people in religious communities have in the work for reproductive rights, health and justice have? Why?
When I became pregnant, I knew the current political situation would devastate the family I would create. The same people who would force me to continue my pregnancy are the same people who would rip my baby from my arms and deport me because of my immigration status. I can’t ignore the irony of lawmakers whose only mission is to control a woman’s body, and refuse to support us in accessing childcare and livable wages for our families.

I chose an abortion because comprehensive sex education wasn’t a thing. I made this choice because I did not want to be a parent. The decisions we make are supported by our very own lived experiences. Trust us. I know that when a mom is separated from her daughter, whether it is a country that separates them or an immigration prison, you might as well rip her heart out. I know this because my mother had to suffer through our separation once. I was detained in an immigration prison for two years, and my mom and my family visited every weekend.

The difficult part for me really was the fear I feel every day. I am afraid that the broken, cruel immigration system in the U.S will tear me away from family, from my child if I had one. I see it every day, everywhere, families ripped apart by ICE, parents displaced in prisons, daughters in jails, sons in deportation proceedings. Fear. I cannot begin to think of planning a family when I know I am facing a racist system that is here to oppress brown and immigrant people.

Read more from Alejandra here, here and here.

Discussion Questions

1. What issues factored into Alejandra’s decision to terminate her pregnancy? In what ways were those connected to larger systems and structures rather than the specific details of her particular situation? What impact have those systems had on her life so far?

2. One complexity around the language of “pro-choice,” is that not everyone has the same kinds of choices. In what ways might Alejandra’s story speak to this claim?

3. Immigrants are forced to navigate a complicated patchwork of care that often requires them to delay, forego, or pay out of pocket for basic health services like abortion. How does Alejandra’s story illuminate the intersection of abortion access and harmful immigration policies and rhetoric? In what other ways might you imagine these two issues intersect?

4. Reproductive justice, which is a Black-led movement that brings racial and economic framework to the work of reproductive freedom. This framework highlights how multiple identities or factors—such as immigration status, race, income, sexual orientation, gender identity, ability, and geography—affect a person’s ability to shape their reproductive life. Does Alejandra’s story illuminate the idea of reproductive justice? If so, how? (Note: For more information on Reproductive Justice, please visit our partners at Sister Song and In Our Own Voice: National Black Women’s Reproductive Justice Agenda.)
I was 21 years old and a junior in college when I had my abortion. After surviving a rape that ended in an unwanted pregnancy, I went to a Planned Parenthood in my hometown to get an abortion. My family was supportive of my decision because of the circumstances surrounding the pregnancy. I’m committed to making sure all people can have a good experience having an abortion, regardless of their reason.

I am excited to lift up the voices of [other] Black trans men who have had abortions and want to give birth...Often when we think of abortion access or even pregnancy and childbirth we call these ‘women’s issues’. This erases the experience of trans and gender nonconforming folks who also have abortions and give birth to children...I wish that folks understood that men have abortions too. That gender is separate from the ability to reproduce children. That every person who has the ability to create children is capable of determining when if ever is the right time to do it.

Read Cazembe’s full story [here].

Discussion Questions

1. What feels familiar about Cazembe’s story? What feels unexpected, or surprising?

2. In what ways does Cazembe’s story challenge your ideas about who might need abortion access?

3. How can we ensure that trans and gender nonconforming people are included in the movement for reproductive freedom and are able to access safe, comprehensive care without stigma or discrimination?
A loving reminder: many transgender men, nonbinary, intersex, gender nonconforming people, and others need access to the full range of reproductive health care. One way to be more accurate and inclusive is to use gender-neutral language (i.e. “people,” “pregnant individuals,” or “patients” rather than “women,” or to say “women and all people who can get pregnant”).

“Abortion is normal. Our stories are ours to tell. This is not a debate.” from Shout Your Abortion

Repro Shabbat is a powerful opportunity for our communities to talk about access to reproductive health and to clarify the Jewish stake in the movement for reproductive rights. This guide serves to support conveners of Repro Shabbat events to consider the personal and pastoral needs of community members in these conversations: one in four people who can get pregnant will terminate a pregnancy by the age of 45, and that likely includes members of your community.

The anti-abortion movement has cornered the market on emotions of any kind after abortion, putting out stories of those who, for example, regret terminating pregnancies. In turn, the movement for reproductive freedom often offers a narrative of unapologetic experiences, which, to be sure, is the experience of many. But this dynamic then silences those who believe abortion should be freely accessible, but also feel any range of emotions, including loss, grief, doubt following their abortion.

Our Jewish community has a powerful opportunity to fight for access, and create space for joy, relief, and challenges, to allow nuance and texture to the stories of people who have had abortions, to make spaces in which true things can be said. As a pastoral presence, you can offer your congregants the gift of holding multiple truths and, particularly in pastoral contexts, following their lead.

Blanket framing for the congregation:
*From the outset, let’s not speak about this material in abstraction.*

**Acknowledge** for your community that many will be personally impacted by abortion—and that every story is different. Without assuming every story is solely tragic or liberatory, know that this is emotional material, as much as it is politically urgent and clear cut.

**Remember** that when you talk about abortion, some people are transported to a series of hard conversations and decisions, some remember one day out of many without much discomfort, some may feel gratitude and freedom, some may feel loss.

**Normalize** for your community (and yourself) that there are beloved community members with undisclosed abortion stories, and resist depersonalizing. The movement for reproductive access does not lose ground by naming the seriousness of the decision.

**Examples of how to publicly name this:**
“We are all impacted by access to reproductive health care in different ways. We come to this Shabbat ready to explore our tradition’s wisdom on reproductive health, our work in the political world to advocate for just access, and knowing that our own stories matter. Your story matters.”
Get clear on the “why” before the “what.”

If your intention is to provide support to congregants who have had abortions, think about, privacy, space (physical or online), and atmosphere.

If you know that your community is divided on this issue and you want to make a sacred space where everyone can feel heard, then think about structure, facilitation, framing.

If you have congregants who would be open to sharing their abortion stories with the whole community, then consider Q&A (or not!), how many people should or would speak, what moderating such a program might look like, whether or not it would be open to the wider public.

You know your community best, and the ways they are best cared for and can be vulnerable together.

Consider creating space for a separate conversation over Repro Shabbat weekend for people who have had abortions (decide if any partners are welcome as well and make that clear up front.)

**If so, you can advertise it clearly. For example:**

*On [date] at [time], we will be holding a special conversation for those who have terminated pregnancies. It will be an open, empathetic space for whatever kinds of stories and feelings might be present. We know that there may be a range of experiences and emotions in this space, and that there is no one “right” way to feel or be. If you have not had this experience, please honor the desire for [community name] to create this particular space for those who have.*

The benefits of being a mostly digital world offer another layer of privacy for those who might not want to disclose their abortion story to the larger community, but would be willing to come to a small group. Consider how to create a confidential space, such as registering directly to the rabbi’s (or whoever is facilitating’s) email address rather than a shul link accessible to anyone, encouraging people to change their Zoom name to only first names, framing at the open and close the importance of speaking personally (“I” statements) and confidentiality. It should also be repeatedly emphasized that nobody needs to share if they do not want, and that they do not need to share anything that they do not want to share.
This kind of conversation does not need to be heavy on content. Holding space and starting with a few basic questions (emphasizing, once again, the importance of confidentiality, “I” statements and that anyone can choose not to share, or to be judicious in what they choose to share):

- How are you feeling about being in this space?
- How has your experience been with, and since pregnancy termination?
- What do you wish our community understood about abortion?
- What do you need now to feel fully seen and cared for?

Resources

- Exhale: phone and text line supporting people after abortion
- Rabbis for Repro curated resource page
- Ritualwell guides and ritual outlines
- Shout Your Abortion: a project using art, word, and media to tell stories of abortion