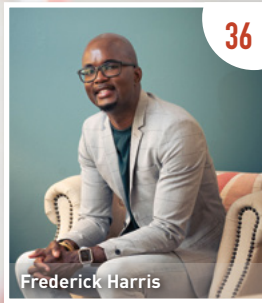
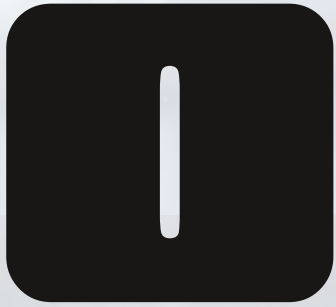
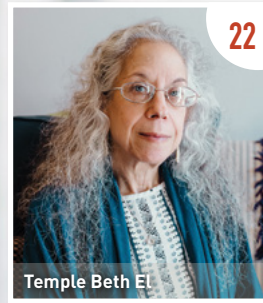


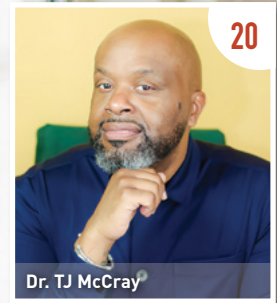
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November/December 2022

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UW HEALTH GENDER SERVICES

UW Health launches integrated transgender health services clinic.

QUEER DOULAS

Full-spectrum care for people through their pregnancy and birth or abortion experience.



Queering Doula Care

Tori Freund, midwife-in-training **J. Dale Gardner**, and **Lexy Ware** seek to provide inclusive, affirming support and full-spectrum care for people through their pregnancy and birth or abortion experience—and beyond.

HEALTH & WELLNESS DOULAS QTBIPOC ABORTION RIGHTS

THE SPARK TO BECOME A DOULA happened when Tori Freund interviewed a midwife for a Women & Gender Studies paper in college. Even after finishing their paper, Tori kept coming back to the midwife for answers to questions and book recommendations. The midwife became pregnant and invited Tori to witness the homebirth.

“It was incredible,” Tori remembered. “I had never attended a birth before. I had only seen what we all see in Hollywood movies, which is really not accurate. When I walked into the house, I heard her working through her contractions and heard her midwife. I felt like I was where I was supposed to be. I was 110% hooked from the second I left that birth. I got trained as a doula in 2019, opened my practice, and have been attending births ever since.”

As a doula, Freund provides continual emotional, physical, and resource support for people through all of their life’s options, from pregnancy and birth, to adoption, pregnancy loss, abortion, gender-affirming reproductive care, and end-of-life care. They have heard a lot of misconceptions about doulas: that doulas are only for homebirths, that doulas are “hippies,” that doulas aren’t advocates for clients, and that doulas are all cisgender women.

“I think it has to do with the fact that what we do isn’t mainstream,” they said. “We get defensive about our profession because it has value. We want to dispel myths, but we also all do our work differently, and we specialize in different things.”

BREAKING THE CIS-TEM

Freund’s approach to being a doula is as inclusive as possible. They ask about their clients’ pronouns, which they describe as the basement of gender-inclusive services, but they also ask about what has and has not made clients comfortable in medical care. That conversation is important to putting clients in a position to be able to make decisions about their bodies based on what they feel is right. As a survivor of sexual assault, Tori is sensitive to the importance of body autonomy, personal power, and comfort in an innately intimate form of care.

Freund also explains that the medical system for reproductive health and birth is deeply binary and gendered. Services are focused on a feminine experience and female bodies, though people who are queer or transgender have been having families since the beginning of time.

“We deserve to be heard, respected, and cared for by a system that

Definitions

FULL-SPECTRUM: when referring to pregnancy, full-spectrum means that a doula or other resource provider can give support on issues from birth control, pregnancy health, birth and post-partum care, to abortion access and care after a miscarriage.

PREGNANCY RELEASE: a general term for ending a pregnancy either through abortion or miscarriage.

PREGNANCY CONTINUATION: continuing a pregnancy and giving birth.

is not set up to see us as our full and authentic selves,” Freund said. “That’s why I ask people how they want me to show up for them. I make sure they are the driving force in the care they are receiving. This is true for everyone. Whether or not you are queer or trans, medical care has decentered us from our own care. Gender-affirming care is important for cisgendered and heterosexual people, too. Not everyone uses the same language for their body. Not everyone wants to be a ‘mama.’ But this is especially important for marginalized communities.”

Freund’s services changed during the COVID crisis. Hospitals limit the number of people in a hospital room during delivery. That’s why they are getting trained as a midwife in order to provide more options. While doulas offer general support, midwives have similar medical training as OB/GYNs, minus surgical training for cesarean procedures.

REPRESENTATION MATTERS

Like Freund, J. Dale Gardner is attending nursing school to offer midwifery services. Gardner is a Black, genderqueer doula who is perceived as a Black woman and whose identity and life experiences come with them in their work and in their classes. They are actively calling attention to class instruction that is outdated, binary, and unnecessarily erases gender diversity.

“I’m just not being quiet any more,” said Gardner. “I’ve brought it to the attention of my instructors and I’m already seeing a difference. Instruction is going from only using the words female or male to describing a person with a penis or a person with a vagina. I’m already seeing a change. It’s small and language-based, it doesn’t change the root of the problem, but I take some solace in the change and celebrate little wins.”

GOING BEYOND PRONOUNS

For Gardner, the issues of discrimination in reproductive health care



go beyond the use of gender-diverse pronouns. Often issues of language are literal communication barriers between the doctors who are immersed in the health care system and patients who may speak English as a second language (or not at all) or who aren’t experts in all of their options for a safe and healthy birth. Gardner questions whether patients are truly able to give informed consent in situations where they are pregnant, in labor, and being pressured into medical interventions like a C-section.

“Maternal and fetal death rates are still bad for people of color,” said Gardner. “It’s astronomical, especially for the Black and Indigenous community. As a doula, I’m working to combat those death rates and poor health outcomes. My clients know their bodies, so I can be that link when there are communication disruptions or when it isn’t said in a way that my client can understand as best as they can during labor and delivery. You can give ‘permission,’ and anybody can say ‘yes’ (to a medical intervention), that doesn’t mean that’s informed consent, especially for those who don’t speak English as a second language.”

POST-DOBBS

Basic rights to body autonomy and the right to abortion shifted

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significantly in 2022. When the decision of the U.S. Supreme Court to overturn the landmark *Roe vs. Wade* decision hit the news, Freund started getting calls. Freund had faced their own ectopic pregnancy in 2020, so the issues of the right to abortion care “to protect the life of the mother” hit immediately home to them.

“After not even twelve hours after *Roe* fell, I got calls from people who were pregnant and scared about the things that could go wrong if they needed help getting an abortion,” said Freund. “People are more scared about the implications of their care, forced birth, and pregnancy that can kill them. It’s hard to conceptualize because the ramifications of that decision could reach into other aspects of care like access to birth control, ‘morning after,’ or emergency contraception, down to the sex ed they receive about their own bodies. It’s hard to fathom because we’ve seen politicians making very large, sweeping decisions about these things for years, and now they have more leeway.”

As a genderqueer, Black person who’s been perceived as a Black woman, Gardner’s take on the SCOTUS decision is different.

“The post-*Roe* news is not surprising to me,” they said. “It’s like how the Black Lives Matter movement has been going on for some time—much longer than the murder of George Floyd—this is nothing new and nothing we haven’t experienced. It’s status quo for a Black person. I can see this perspective of ‘Oh my god, they took away our rights,’ but as someone who has been perceived as a Black woman, it is not surprising to me at all. This country is run by cis, white, old men and I have no interest in trying to change their minds on anything. Not that I’m not going to vote, but where I take my fight is through doula care.”

WHAT IS AN ABORTION DOULA?

When people who are pregnant decide to end their pregnancy, they might want to talk to Lexy Ware.

Ware is a full-spectrum doula and reproductive justice advocate who

serves as the pregnancy options call line coordinator for Pregnancy Options Wisconsin: Education, Resources & Support, Inc., or P.O.W.E.R.S. She works with trained volunteers who take calls from people who want practical support for abortion resources.

“I’m the front line,” she explained. “When people call, I’m the first person they speak to for resources and support. That’s the first part of my job. The second part is coordinating volunteers who take shifts to be available to answer people’s questions.”

About a year and a half ago, Ware trained as a doula. She first reached out to P.O.W.E.R.S. before her doula training because she knew the organization had strong community connections. But it wasn’t until after training as a doula that P.O.W.E.R.S. needed a phone line coordinator and Lexy got more deeply involved with the organization.

“The typical day is me making sure I can be available to answer when someone calls,” she said. “The phone isn’t ringing off the hook every day, so calls vary depending on what people need and when they need it. I just try to show up with the assurance people need when they ask for help with funding for an abortion, or to be connected with other resources they need.”

WHY IS AN ABORTION DOULA NEEDED?

Ware believes she still provides help as a doula, but in a different way than most doulas give support in pregnancy, birth, and postpartum care. As a full-spectrum doula, her services can include talking to people about all of the options they have to release a pregnancy (from self-managed medication abortions, to where to find legal abortion services in a clinic), and she answers questions about non-emergency miscarriage care.

“P.O.W.E.R.S. is a mainly volunteer-run organization of midwives, doulas, doctors, nurses, and activists,” said Ware. “They are people who care about pregnant people and who got together to form this organization in 2018 to provide practical, emotional, and resource support.

P.O.W.E.R.S. is an all-options organization.”

Trained volunteers talk to callers about pregnancy continuation, including birth and adoption, as well as pregnancy release, including miscarriage and abortion.

“We talk to people about all options and all ways pregnancy takes place. That means all options of care. Our motto is that we ‘trust pregnant people.’ Pregnant people have to have full agency and autonomy over their own body, and no one else should have power over their care.”

WHY IS P.O.W.E.R.S. UNIQUE?

When Lexy describes the group’s approach to sharing advice, it’s clear that P.O.W.E.R.S. has a unique approach through being radically inclusive. The organization’s perspectives honor all of the ways people can become pregnant or not be pregnant, as well as all the experiences those who call and those who are trained to help are valued. Their website, pregnancyoptionswi.org, is deeply educational and inclusive as well.

“It is time for people to realize that it’s not just women who have babies, or who are impacted by abortion bans or maternal mortality,” said Lexy. “P.O.W.E.R.S. wants to support everyone. When we say ‘trust pregnant people,’ we mean it. We’ve done our best to include and support all people. When I answer the phone line, I often will ask people about their pronouns, and I’m careful when directing them to abortion funds. There are things you can do to be inclusive that not enough people are doing yet. But changing language is not that hard. P.O.W.E.R.S. realizes it’s not hard.”

At this time, access to abortion for Wisconsinites is more complicated. Minnesota and Illinois clinics offer medication abortion and in-clinic abortion care, but the expense, travel, and wait times are clear barriers for people to access medical guidance, prescriptions, or services that allow them to self-manage abortions or get the care they choose.

“I would say that post-*Dobbs*, the change looks like how much harder it is for people. You can still go to a nearby city, but it’s expensive. I hear a lot about abortion rights, but really it’s more important to talk about abortion access. Is abortion accessible. What *Dobbs* did is begin to make abortion inaccessible. Our discussion needs to be more about access.”

HOW CAN PEOPLE SUPPORT THIS EFFORT?

Ware says the best way to help P.O.W.E.R.S. is to make a tax-deductible donation to their educational mission.

“You can also give to an abortion fund,” she said. “Locally you can give to the Women’s Medical Fund. They also go by WMF, and they help everybody. There is also a National Network of Abortion Funds that supports abortion funds all over the country.”

“The work can be emotional—but I do want to help people—and through P.O.W.E.R.S. we can give real, practical support,” Ware said.

FULL-SPECTRUM CARE SERVICES

Ware, Gardner, and Freund are all doulas who provide full-spectrum care. They can be resourceful for those who plan to give birth, but also for those who are undergoing gender-affirming medical services like hysterectomies or top surgeries. Gardner explains that transgender patients are more deeply scrutinized when they request gender-affirming medical care. For people who might not have supportive family or partners to help with changing bandages or physical tasks, doulas can fill the gap.

“It’s great when you have friends who say ‘call me if you need anything,’ but when you’re recovering from surgery, it can be hard to ask for help,” Gardner said. “Queer-friendly doulas can drop off medical supplies and organize meal trains. If someone wants to help you, you can just say ‘contact my doula,’ and it takes the pressure and fear off of asking for help.” ■

Abortion Rights

In a decision leaked in May and published on June 24, the U.S. Supreme Court made a ruling that overturned decades of abortion rights protections. The case, *Dobbs v. Jackson Women’s Health Organization*, involved a challenge to Mississippi’s ban on abortion and was brought by the Center for Reproductive Rights and its partners on behalf of the last abortion services clinic in the state.

In reversing the landmark 1973 *Roe vs. Wade* decision that recognized the constitutional right to an end a pregnancy before viability (around 24 weeks), SCOTUS not only sided with the state government on its 15-week abortion ban, it also said states can ban abortion at any point in a pregnancy. The decision triggered more lawsuits as well as states, including Wisconsin, to revert back to pre-*Roe* laws.

While SCOTUS judges do not officially represent a political party, the conservative-leaning composition of the court could reverse a generation of civil rights and social justice progress. Three conservative court judges are newly appointed by President Trump including Justices Gorsuch, Kavanaugh, and Coney Barrett. Chief Justice Roberts and Justices Thomas and Alito were appointed by President George W. Bush. Justices Sotomayor and Kagan were appointed by President Obama, and Justice Brown Jackson was appointed by President Biden.

Abortion service information on the P.O.W.E.R.S. website describes the change plainly: *As of June 24, 2022, providing abortion is illegal in Wisconsin because of a law still in place from 1849. This 173-year-old law criminalizes the provider of abortion services but has protections from criminalizing the pregnant person seeking abortion. All clinical abortion services (except to save the life of a pregnant person) are now on hold in Wisconsin.*

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