

1971
2021



maine family planning

ANNUAL REPORT 2021

“Never doubt that a small group of
thoughtful, committed citizens can change the world.
Indeed, it is the only thing that ever has.”

MARGARET MEAD

Dear Friend,

Let us paint you a picture. The year was 1971. Protests over the war in Vietnam were ongoing, and social tensions gripped the country as women, queer, and Black and Brown folks continued the fight for civil rights and equality. Riots heightened national tensions. And in our home state of Maine, a small group of thoughtful, committed citizens was forming an organization that would be tasked with advancing sexual and reproductive rights for Mainers.

It’s hard not to draw comparisons between the era of Maine Family Planning’s founding and the years that we are living through today. In 2020 we saw renewed anguish erupt over systemic racism amid a raging global pandemic, and people have once again taken to the streets demanding equity, accountability, and justice.

Within our work of sexual and reproductive health and rights, we are called upon to confront the atrocities of our sector’s founding and development — including eugenics, unethical medical experimentation, and paternalistic systems of health care that have discounted and disempowered patients. While together we have celebrated important victories for reproductive rights at the state and national level, access to comprehensive care is still uneven and still prioritizes white, cisgender women.

As Maine Family Planning begins its 50th year of protecting and advancing sexual and reproductive health and rights, we have a road map for the work ahead. We know that it is past time for all of those who have been historically harmed — including Black, Indigenous, Asian and Pacific Islander, Latinx people and LGBTQIA2S+* people — to be prioritized. We know that decades of budget cuts and anti-abortion politics have left public funding streams for this work vulnerable and unpredictable, so we need active advocacy arms. And above all we know that people need access to this essential care.

We are honored to share this annual impact report with you, and we look forward to another 50 years of doing the work — with your help. Thank you for your commitment and support.

Sincerely,



KATHRYN VEZINA, RN, ESQ.
Board President



GEORGE A. HILL
President & CEO

*Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Two-Spirit, and other sex and gender identities

MAINE'S FAMILY PLANNING NETWORK | FY2021 DATA

July 1, 2020 — June 30, 2021

27,063

TOTAL UNDUPLICATED
PATIENTS

38,832

TOTAL VISITS TO MAINE'S
FAMILY PLANNING NETWORK

1,508

Pap Tests

14,104

STD Tests

2,005

HIV Tests

2,027

IUD/Implant
Insertions

2,758

Pregnancy
Tests

25%

OF PATIENTS WERE
IN HOUSEHOLDS
**MAKING LESS THAN
100% OF THE FEDERAL
POVERTY LEVEL**

100% Federal Poverty Level in 2021 is \$12,880 pre-tax
income for an individual; \$26,500 for a household of four.

75%

OF PATIENTS WERE
IN HOUSEHOLDS
**MAKING LESS THAN
250% OF THE FEDERAL
POVERTY LEVEL**

250% FPL is \$32,200 pre-tax income for an individual;
\$66,250 for a household of four.

Maine's Family Planning Network represents MFP's 18 directly-operated clinics as well as clinical data from 38 partner sites that receive pass-through funding from MFP as the state's family planning and prevention grantee, including federally qualified health centers and school-based health centers.

Mission Statement

To ensure that all Maine people
have access to high-quality,
affordable reproductive health
care, comprehensive sexual
health education, and the right to
control their reproductive lives.





EVELYN KIELTYKA, MSN, MS, FNP-BC
SENIOR VICE PRESIDENT OF PROGRAM
SERVICES, *Maine Family Planning (MFP)*



COLLABORATION AT ITS BEST: *Partnering with FQHCs*

Senior Vice President of Program Services Evelyn Kieltyka has been with Maine Family Planning almost 30 years, and in that time she has overseen countless initiatives that have improved sexual and reproductive health care outcomes for Mainers. One of those initiatives that is paying off big for Mainers right now is MFP’s enhanced collaboration with federally qualified health centers (FQHCs).

An FQHC is a community-based organization that provides comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. This makes FQHCs an ideal ally in our collective work towards health equity.

Through partnerships with Greater Portland Health, HealthReach Community Health Centers, and Penobscot Community Health Care, Maine Family Planning has been able to increase the capacity for these safety net providers to include comprehensive, up-to-date sexual and reproductive health care and family planning to patients in their clinics.

MFP asked some of our partners for reflections on how this collaboration has benefited their practice, and we are honored to include their responses here.

CATE GAYNOR, FNP, *Greater Portland Health*

“To be honest I am forever grateful for seeing GPH as a place to support with this work. Including family planning and sexual and reproductive health care in primary care, I really think that model is invaluable.

I cannot tell you what a gift it has been for us to really unlock and improve this model through the dedication of funds for improving our EHR [electronic health records], the dedication of funds for giving providers access to additional trainings, and for supporting a family planning champion role within our organization.

I also cannot speak enough to the financial stream from MFP providing access to same-day contraceptive needs. When we did not have that, our hands were tied all the time. Over and over and over again asking someone to wait for a LARC [long-acting reversible contraception], asking someone to go pick up a prescription rather than giving it to them there in the moment. In community health, our mission is to help every single person in need, regardless of insurance, regardless of being able to pay for health care, regardless of transportation barriers, so to have that opportunity to have on-site contraception and on-site treatment for STIs is just invaluable.”



“It has been such a pleasure working with Evelyn and the team at Maine Family Planning over the years. Thanks to grant funding and technical assistance from MFP, we have been able to better integrate family planning into patient encounters at HealthReach. This means more holistic care for our patients, and we are grateful to have MFP as our statewide family planning leader.”

JOHANNA DAVIS, FNP, *HealthReach Community Health Centers*



KATIE STEVENS, NURSE PRACTITIONER RESIDENCY COORDINATOR,
Penobscot Community Health Care

“Upon starting at PCHC Dr. Negin (Noah Negin, MD, Chief Medical Officer at PCHC) came to me and said, ‘I know this person Evelyn and she’s a great resource; I think you should reach out to Maine Family Planning and see what collaboration we can do with them.’ Since we were in the beginning stages of creating our residency program we agreed that this would be an ideal opportunity to collaborate with a local resource.

Evelyn and I began having conversations about how to incorporate MFP into the residency program. Women’s health was a very high priority for PCHC and for our residents. We agreed to develop a formal contract and have the residents actually go to MFP and do some shadowing and see patients. Each resident received at least 8 weeks of training / shadowing with their MFP mentor. One resident had a week-long immersion in Lewiston and she absolutely loved it, she was able to see so many things that informed her learning and her practice.

MFP has been amazing to work with. Between Melissa (Gray, MFP Regional Manager) and the providers communicating and collaborating — we’re all vested in making sure that our residents get the full experience.

Maine Family Planning are the pros. Reproductive health is one small piece of what a primary care provider does, but it’s MFP’s specialty. MFP has been able to provide resources to our residents long after their rotations have been completed, providing guidance on difficult cases to help better their knowledge. Our residents see one small piece, but MFP’s providers see the whole big picture because that’s what they do. When it comes to Primary Care physicians, providers, practitioners — there’s a lot of information that they have to know. Being able to use MFP as a resource is amazing and we could not be more thankful for this collaboration to help guide our residents through their transition from education to practice.”



Dr. Kohar Der Simonian

Current MFP Medical Director

“There are definitely two moments that have stuck with me since I started this work.

The first was when I was in college, and I had gone to Armenia for an internship program. I knew at that point I was interested in applying to medical school and becoming a doctor. My internship was at an STD clinic — that’s what they called it in the post-Soviet Union, it was really a family planning clinic — and a 14-year-old came in from a rural village and she had burned herself with acid because she had just been married off and someone had told her that if she soaked a lemon in acid and then inserted that into her vagina she would not get pregnant. And so, she did not get pregnant but she also caused second and third degree burns all over herself. Obviously I was very saddened by the situation because I had never seen anything like that but also was really impressed that she had the wherewithal — at 14, in a country where she was married at 14 — to understand that she did not want to have a child and that she would go to such great lengths to figure something out on her own. So that really struck me and I became more interested in women’s health at that time.

“Access to good sexual and reproductive health care can change someone’s life in either direction, depending on whether they do or don’t have access to it. My dream would be that sexual and reproductive health stops becoming a political pawn and we can just focus on the actual health care aspect of the field.”

The second was during my residency. I went to UCSF and we had the honor of doing 8 weeks of abortion training that was part of our regular curriculum, it was not an opt-in, you could opt out if you really were opposed to it but it was just a standard part of our residency curriculum which is unique for a lot of training programs.

I was doing an abortion on a young woman, probably in her early 20s; she had a 10-month-old with her and a friend with her, and she cried the whole time, and I remember feeling really conflicted. I left the room and I came back in and she grabbed my hand and looked me right in the eyes and she just said, ‘Thank you so much.’ And she meant it. I was a second-year resident and people don’t often thank you in residency. The simple act of just doing something kindly to her, I guess I was nonjudgmental and kind. I left that encounter and felt really moved by that experience.”



Dr. Russell DeJong Jr.

Former MFP Medical Director

The late Dr. Russell DeJong Jr. was many things — a loving partner, father, brother, son, and friend; an environmentalist, a doctor — and a feminist. “He thought women were really strong people,” said his widow, Janetha Benson. “I think every choice he made was to support that strength.”

Janetha and Russ (as he was known to friends, family, and colleagues) met in New York during the height of protests against the war in Vietnam and found their counterpart in one another. They traveled the world together, lived on both coasts of the United States, and shared deep values that drove them to action in their communities.

According to Janetha, Russ was profoundly impacted by his experiences as a medical student in the 1960s, when he witnessed firsthand the devastating results of women trying to end their pregnancies, women who didn’t have access to safe, legal, dignified abortion care. After witnessing death, infertility, and disfigurement from unsafe abortions, access to non-judgmental, compassionate abortion care became a cornerstone of Dr. DeJong’s obstetrics and gynecology practice.

Times change, but the struggle for abortion access continues. Russ DeJong’s legacy will live on forever at Maine Family Planning, but how can the rest of us live up to this legendary status? “There’s so much injustice,” said Benson. “Just pick a few issues and do it well.”

As a nurse and childbirth educator, Janetha worked alongside Russ through the years, and in many ways their approach to care is a model for what we now consider to be a gold standard of patient-driven care. “You start where the person is, identify the problems together, make a decision together, and don’t just say, ‘This is what we do,’” said Benson. “Every patient Russ performed surgery on he gave his home phone number to, and they never abused it.”

Despite the adoration of his patients, professional life was not exactly rosy all the time, as Russ was outspoken in his support for reproductive empowerment and choice. Anti-abortion extremists targeted Dr. DeJong, and in the 1990s, the threats became increasingly loud and scary.

“I remember the threats and I was scared, but Russ wasn’t. He said, ‘They can shoot me, they can kill me, but they’re not going to stop abortion.’ He went and got his bulletproof vest which made me feel better. I don’t know if he felt better but he wore it every abortion clinic day in Augusta.” Benson chuckles to add, “The place where he got it is a cannabis store now!”



Dr. Parker F. Harris

Former MFP Medical Director

Dr. Parker Harris was born and raised in Aroostook County and was drafted into the Vietnam War after medical school, where he served as a doctor in the Army. After he was discharged, he went on to do his residency in obstetrics at Wesson Women's Hospital in Springfield, Massachusetts.

"When he was there it was prior to Roe v. Wade, and he would have patients come in who had had botched abortions and sometimes would die, have complications, not be able to have children, and that is what really drove him to offer all the options," said Linda Harris. "He was super committed to choice. Probably his favorite thing to do in his practice was delivery, and that's what he really missed when he wasn't working, but he was committed to choice and having abortion be a safe option."

Linda, who grew up in Maine and Massachusetts, was a nurse, sexuality educator, and an early adopter of childbirth education. "Parker came to Bangor in 1974 and he was very progressive and supportive of childbirth education," said Linda. "We got to know the obstetricians and the pediatricians pretty well so that's how I met him."

"I wish the anti-choice people would put their efforts into babies that are born and need care and food and love and housing," said Linda Harris. "But it doesn't quite work that way."

It wasn't until years later, after their first marriages had both ended and their children were grown, that Parker and Linda saw each other with new eyes and became more than friendly colleagues. When the couple married and moved in together in Bangor, anti-abortion activists targeted their home.

"They stood in front of our house and they had an amplifier and were spouting their anti-choice sentiments, carrying signs, 'Babies Killed Here,'" said Linda. Once when Parker was on call, he went to drive to the office only to discover that the lug nuts had been loosened on his car, causing his tire to fall off when he pulled out of the driveway. Threatening phone calls were routine.

But Parker never wavered from his commitment to providing safe abortion care, and trained countless providers throughout his career. He was passionate about protecting access to care, especially for rural Mainers living far from Maine's busy towns. Parker passed away from cancer in 2002, and Maine Family Planning was able to honor him by naming the Harris Institute for Reproductive Health after him before he died. Though it was only a month before his death, he danced the night away in a conga line. "There he was, dancing," recalled Linda. "Making the most of his time."

Abortion access in the United States is under attack on an unprecedented scale. In the first half of 2021 alone, U.S. states had enacted more than 80 restrictions on abortion, and as of the writing of this report that number has increased to more than 100.

Here in Maine, GOP legislators introduced a record number of anti-abortion bills this legislative session. The bills attacked access from multiple angles. Some sought to erode access to abortion for low-income individuals by eliminating public insurance coverage options that we fought hard to enact just two years ago. Other bills sought to require providers to give their patients information about 'abortion pill reversal,' an unproven, potentially dangerous practice, or require ultrasound viewings and waiting periods that create undue barriers to accessing care. Yet another bill would have required burial or cremation of fetal remains — including those from miscarriage.

MFP urges all of our supporters to increase your legislative advocacy — contact your representatives and let them know you support abortion rights, and monitor legislative actions as best as you can. This work also asks us to destigmatize abortion in our homes and communities, which means talking openly about our views on abortion and challenging our own internal narratives and biases.

Our legislative protections for abortion access are only as strong as the next legislative session; they can be swept away as we are seeing in other states. Don't let that happen. Join us and deepen your resolve to protect this essential reproductive health care.

"Medically unjustified, inflammatory proposals to restrict abortion access and shame patients are out of step with Maine values. As our state and nation grapple with racism, climate change, and the ongoing public health and economic fallout of COVID-19, it's unconscionable that anti-abortion politicians would attempt to interfere with personal medical decisions and curtail access to essential, common, and life-saving health care."

GEORGE A. HILL, *MFP President & CEO*

ANTI-ABORTION BILLS DEFEATED IN THE FIRST SESSION OF THE 130TH LEGISLATURE

LD 748, "An Act To Prohibit Taxpayer Funding for Elective Abortions"

LD 915, "An Act To Conform State Law to the Federal Hyde Amendment"

LD 1229, "An Act To Require Certain Medical Providers To Administer Ultrasounds and Provide Information to Pregnant Patients"

LD 825, "An Act To Ensure Equality in Women's Health Care Access in Maine by Requiring Facilities Providing Abortions To Inform Patients of Options and Alternatives"

LD 851, "An Act To Ensure Women Are Informed of Abortion Pill Reversal"

LD 1225, "An Act To Provide Dignity for Fetal Remains"

OPEN DOOR: Gender-Affirming Health Care

MFP currently has over 380 transgender patients receiving hormonal therapy through the Open Door Gender-Affirming Care program.

In FY21 (July 1, 2020 to June 30, 2021) there were 773 visits with 379 patients.

In its first year, 2014, Open Door had just 18 visits. The program has grown to meet the need for this type of care, particularly for rural Mainers.

Sara Hayes, FNP, has been with MFP for decades, and providing gender-affirming care has been a highlight of this latter stage of her career. “Being able to help people feel comfortable in their own bodies, to become their true selves, is such an honor and a joy.” Sara’s commitment to continual learning, innovation, and patient-driven care are some of the reasons she was selected as the recipient of the 2021 State Award for Excellence from the American Association of Nurse Practitioners, an award given annually to an individual NP in each state who has demonstrated excellence in NP clinical practice.

All Maine Family Planning medical staff have a base level of training in inclusive and affirming care. Open Door providers have additional training, including more than 30 supervised visits with patients receiving program services, including both intakes and follow-up appointments. These visits are supervised by an experienced provider and are meant to provide guidance and mentorship.

Open Door is currently offered by telehealth and at 8 clinics across the state: Augusta, Belfast, Fort Kent, Lewiston, Norway, Presque Isle, Thomaston and Waterville.

“Being able to help people feel comfortable in their own bodies, to become their true selves, is such an honor and a joy.”



SARA HAYES, FNP, stands in front of our Lewiston clinic. Photo by Molly Haley.

FAMILY SUPPORT SERVICES

MAINE FAMILIES HANCOCK COUNTY



Family visitors partner with parents and parents-to-be to access the information and resources that can support the physical and emotional health of their baby and entire family. The Maine Families program is offered to all new parents and caregivers of infants and toddlers, regardless of income. Maine Families adheres to Parents as Teachers, an internationally recognized child development model that assists parents in recognizing that, as a parent, they are their child’s first and most important teacher.

JULY 1, 2020—JUNE 30, 2021: 94 Families Served



“One of our core beliefs at Maine Families is that prevention and early intervention really work. By building on their strengths and addressing their needs early on, families become empowered with knowledge, skills, and confidence to raise children who are healthy, safe, and ready to succeed.”

CONNIE WALLACE, Program Director, Maine Families Hancock County

WIC IN WASHINGTON AND HANCOCK COUNTIES



The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is operated by Maine Family Planning in Washington and Hancock Counties.

1,967 individuals participated in the program between July 1, 2020 and June 30, 2021 and over 7,500 meetings

“WIC launched The Extra Mile program this year, which provides \$50 fuel cards for families who experience travel related barriers. We also got a large diaper grant from United Way of Eastern Maine, so were able to provide a pack of diapers to any program participants who needed them. We expanded our Breastfeeding Peer Counselor program (BFPC) to have one BFPC per county and hired a designated Calais Nutrition Counselor to increase access to WIC in Washington County.”

TAWNEY JACOBS, WIC Program Director, Washington & Hancock Counties

Maine Family Planning's Prevention Program promotes youth sexual and reproductive health by strengthening school and community-based sex education. We provide technical assistance, innovative resources, and professional development opportunities to leaders working with K-12 youth to improve sexual and reproductive health outcomes.

In 2020-2021 we continued to make adaptations to our educational programming and technical assistance during the pandemic. We provided support and technical assistance to educators throughout the state through one-on-one meetings over phone or video conferencing.

The 2020 edition of the *Best Practices in STI/HIV and Pregnancy Prevention* curriculum was printed and distributed to over 50 educators around the state. In addition, three supplemental lessons on Sexual and Reproductive Anatomy, Human Sexual Response and Intimacy, and Sexual Orientation and Gender Identity were added. We adapted the curriculum for virtual learning by creating a Google Virtual Classroom as a companion resource.

In collaboration with the Office of Child and Family Services and OUT Maine, we continued our educational programming for adults who work with youth in foster care, this year through a webinar series on Supporting LGBTQ+ Youth in Care, a topic identified by caseworkers, foster families and others working with this youth population. A total of 123 attendees joined the webinars, and many attended several sessions.

IMPACT AT A GLANCE:

45
SCHOOLS

152
PROFESSIONALS

20
COMMUNITY
EDUCATION
SESSIONS

MFP'S PREVENTION TEAM

- + Participated in 4 community coalitions, providing education to other providers about Maine Family Planning's clinical services and educational programming.
- + Attended 2 Regional Learning Exchanges through Youth Leadership Advisory Team to share challenges and solutions in serving target populations and providing information about services offered by MFP clinics.
- + Provided 14 educational programs to youth, ranging from topics such as Queer sex ed, healthy relationships and Sexual health services.

In lieu of in-person curriculum trainings, we offered seven, 75-minute webinars on the following topics:

- + Introducing the 2020 Best Practices in STI/HIV and Pregnancy Prevention;
- + Creating a Safe Learning Environment;
- + Supporting LGBTQ youth (in collaboration with OUT Maine and Equality Maine);
- + Accessing Sexual Health Services;
- + Human Sexual Response and Intimacy;
- + New Ways to Talk about Body Parts and;
- + Puberty Education.

A total of 166 attendees participated in the live sessions or viewed recordings of the webinars (*many educators attended multiple webinar sessions*).

CHALLENGES

The primary challenge for the Prevention Program has been the focus of educators away from delivering sexual health education to meeting the pandemic-related needs of the youth they serve, both in school and community settings. This has left many youths with little or no sexual health education.

Delivery of educational programming has become more challenging for educators for a variety of reasons, including discomfort in providing the material in a virtual format, having their health class time cut with hybrid and virtual teaching, or being discouraged from delivering sexual health education virtually. Our work with educators focused on offering suggestions for adapting their in-class programs and troubleshooting ways to provide sex education virtually with their limited time with youth.

RESULTS

Evaluations were offered at the end of all of our webinars to get feedback from participants. 100% of participants who attended webinars and completed evaluations agreed or strongly agreed that the webinar objectives were met. Participants identified ways they would apply the information and skills learned to their educational practice. Participants liked the interactive format of the webinars and the ability to share resources and ideas with colleagues. One comment from a webinar participant was that "Your webinars are always a perfect blend of information, discussion and fun!"

The Title X National Family Planning Program is an inextricable component of Maine Family Planning’s origin story. Title X was enacted under President Richard Nixon in 1970 as part of the Public Health Service Act, and is designed to prioritize the needs of low-income families or uninsured people (including those who are not eligible for Medicaid) who might not otherwise have access to critical sexual and reproductive health care services.

When MFP was founded in 1971, a large factor in our formalization from a grassroots collective of activists, providers, and citizens into an incorporated nonprofit was the need for a structure that could funnel these newly available family planning resources to providers and agencies throughout our state.

Title X has never been perfect, but it has greatly leveled the playing field in terms of access to life-changing care for low-income and underserved populations. Our long history with the program made it all the more devastating when, with your support, we withdrew from the program in 2019 rather than comply with the domestic Gag Rule.

Now, two long years later, we appear to finally be seeing a light at the end of the tunnel.

“Our nation’s family planning clinics play a critical role in delivering health care, and today more than ever, we are making clear that access to quality family planning care includes accurate information and referrals – based on a patient’s needs and direction.”

HHS SECRETARY XAVIER BECERRA, October 2021

January 28, 2021: The newly elected Biden-Harris administration issued a day of action on health care, issuing sweeping executive orders aimed at undoing some of the harm caused by the previous administration. Among those actions was a commitment to immediately begin reviewing the rule changes made to Title X and begin to un-do them.

April 15, 2021: The administration issued a proposed rule that would restore and expand Title X. There were 30 days of public comment.

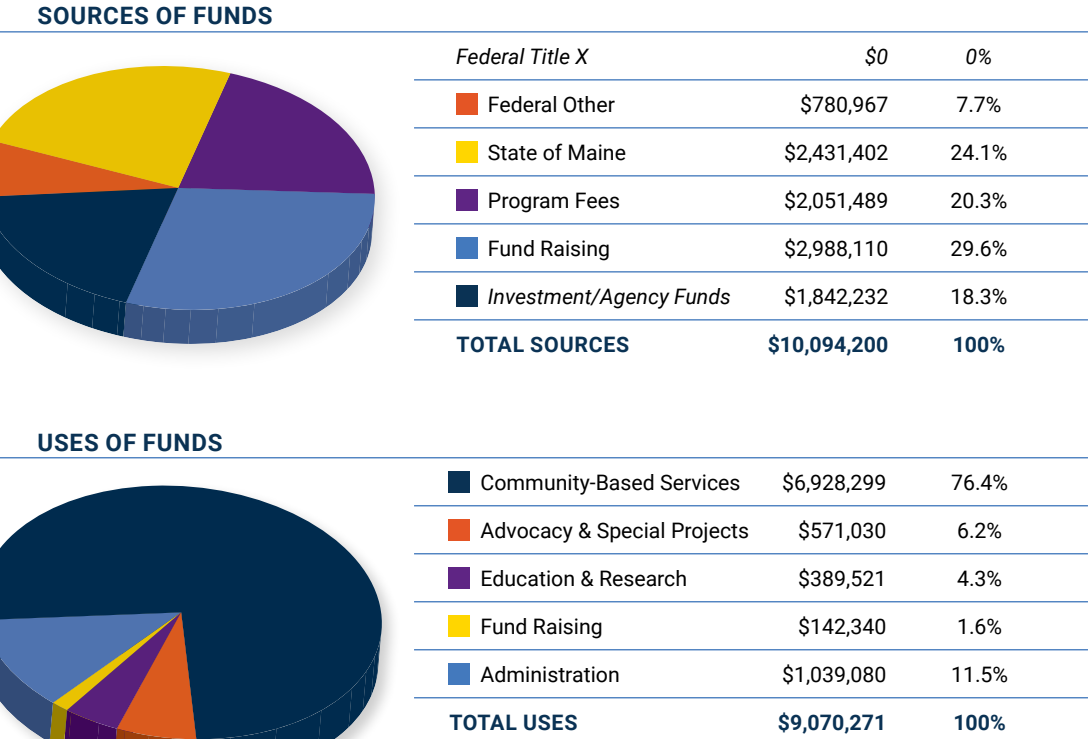
October 4, 2021: The U.S. Department of Health and Human Services (HHS) issued a final rule to strengthen the Title X family planning program, fulfilling the Biden-Harris Administration’s commitment to restore access to equitable, affordable, client-centered, quality family planning services.

October 27, 2021: The Notice of Funding Opportunity is released for the restored Title X program, with an application deadline of January 11, 2022. MFP will apply to the restored program, and hopefully return desperately needed Title X funds to Maine by late spring 2022.

MFP FINANCIALS

Without the trust and support of our donors, we wouldn’t be able to provide the services and advocacy that Maine people need and deserve. A deep thanks is owed to you for investing in Maine Family Planning.

In our last annual report we showed a more than \$300,000 loss driven by declines in patient visits due to the pandemic. This year, thanks to renewed patient visits, careful stewardship of your generous gifts, and loan forgiveness from the Paycheck Protection Program, we closed fiscal year 2021 in a position of strength. With your continued support, Maine Family Planning will be here for another 50 years.



Total Change in Net Assets: \$1,023,929 | Net Assets as of June 30, 2021: \$6,134,213

Statement of Sources and Uses Funds for the Year Ended June 30, 2021. *Unaudited



My Abortion in 1964

**I don't know if it will help if
more of us come out and talk
about what it was like pre-Roe.
This is about my abortion.
It was in March of 1964.
My name is Elle N.* and I just
want to tell my story about
babies... and abortion.**

In 1964 my husband and I had two daughters, almost 4 and almost 1 year old. And I spent my day with them. I was at home. Except for when I slept I was with them every moment of my day. They were my life. That winter of '64, two things happened: there was an epidemic of rubella, and I found I was pregnant. And I knew it even though it was only about 4 weeks, but I knew it was so. And I called my obstetrician who had just delivered my 1 year old, and he said, 'Okay, this is what you can do — take care that you don't go into crowded places, movies, and places where the virus might be... just be careful.' So, I thought I was, but within a week — I swear this doesn't seem possible, but it was — I had rubella.

Now we're in the 4th, 5th week of a pregnancy, very early days. And my husband and I spent a lot of time on this issue. And mostly his issue had to do with how much it might've harmed the baby. Because we knew it would harm a baby. But then in the next breath he said it really is your decision and whatever you decide to do, I'll go along with it. So I called up my doctor and he told me, right away, that he would help me. He

told me some things about rubella vis-a-vis a developing baby and what might've happened. And the consequences for that baby could be severe. The damage might have been done. And at the same time, he told me that he would help me; if I needed to end the pregnancy, he would do an abortion for me. And I was furious! I remember being very angry with him, at the time. Thinking, 'What's he talking about? An abortion? I'm not having an abortion.' And I just kind of ignored it for two or three days. And I kept thinking about it and thinking about it and I said, 'Wait a minute, this is not about me, to begin with. It's not only about me, it's about this baby and what's going to happen to it. What would become of it? If it were harmed, what would the harm be? How would it live? It wasn't me. Well, it did involve me, of course it did, but mostly I thought about the baby. And after a while I decided that no matter what, this was not something I could dismiss and just say 'Oh forget about it,' and just go ahead and keep the baby. Something had to be done.

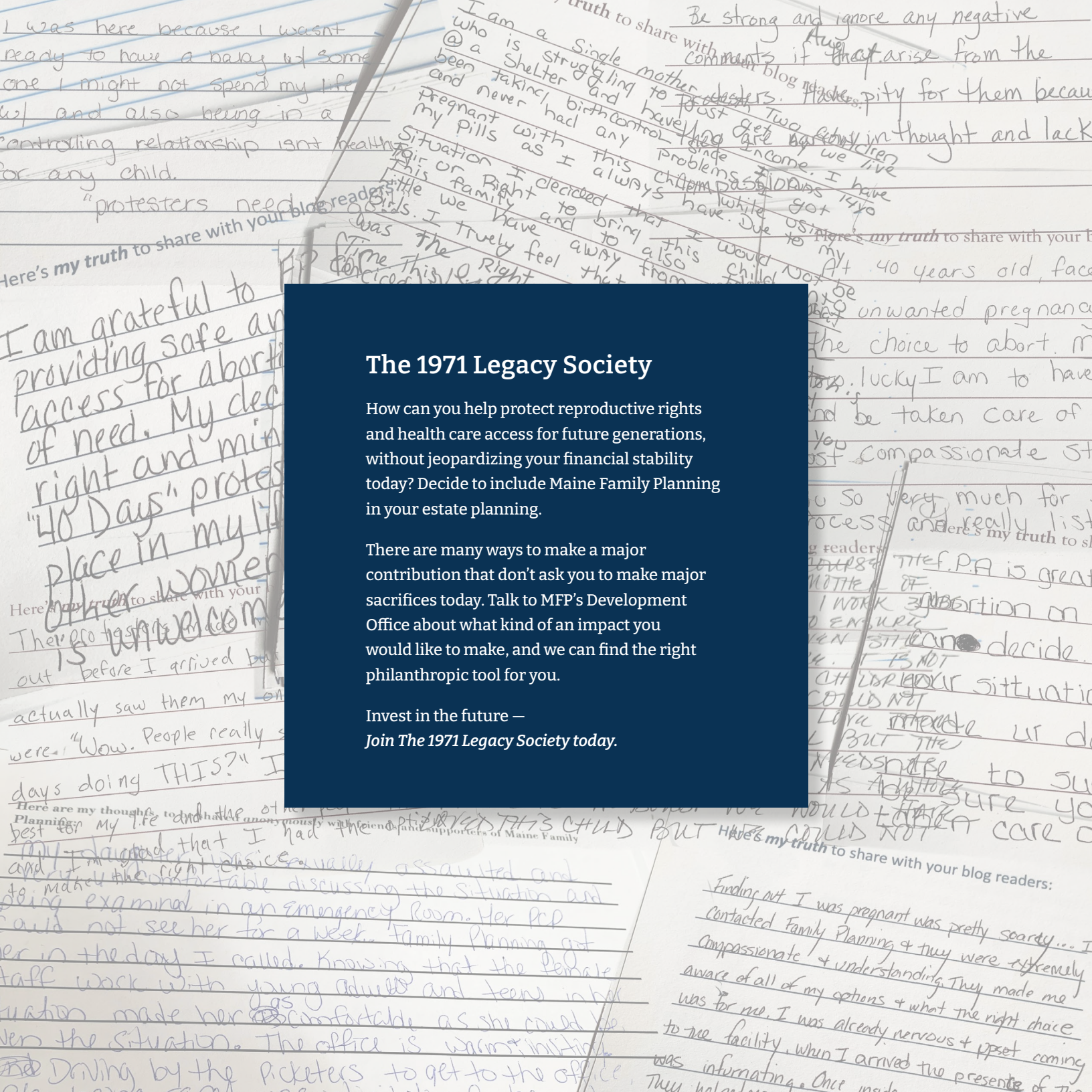
I decided yes I have to go ahead and have this abortion; I can't just ignore all this. So I called my doctor back and I'll always remember that moment. There was a long pause when I said, 'I don't want to continue the pregnancy, I want to have an abortion.' And then, after the long pause, he said, 'Well, we'll have to wait a bit here. Wait and see if you spontaneously abort — which means a miscarriage — and/or, I have to prepare your petition and put it before the board of ethics at the local hospital. And my heart started beating faster then and I thought, 'What? Wait a minute. This isn't my decision. This is not up to me. This is up to a board of ethics I'm never going to meet. They're going to have to say what to do with this baby.' And I felt very diminished

in that moment. Like I didn't belong here. What I did or didn't think didn't matter.

So I waited, and waited. I had many calls to this doctor in the meantime, to see what was going on with this petition. And finally, a date was made to have this abortion. By this time I was about 14 weeks. And I appeared at the hospital, and I'll never forget walking down into that hospital that day, and thinking... I wanted to find a way to say to my baby that something very profound was about to happen to it, but I didn't know the way. And I learned two words in that period of time: one was deleterious effects, which is what happened to the baby, and the other was ambivalence. And I always remember how much I wished and wanted and didn't want to do this, but I had to. That's all I knew, I had to do it. And that's what we did.

It was not only the baby that I lost that day, but it was my dignity. I felt diminished, that it hadn't been my decision to begin with or to end with. The ability to control our reproductive lives is very central to our being, frankly. If we can't do that, who else can? Nobody. Anyway, in ending I just want to say that I would like to just leave us be. Let Roe v. Wade be let alone. That's it.

**Name changed. This story was edited for length. Thank you to the donor who shared this important story. Your story is important, too, and we hope you will consider contacting us to share it. There is power when we raise our voices together. To share your story, email giving@mainefamilyplanning.org.*



The 1971 Legacy Society

How can you help protect reproductive rights and health care access for future generations, without jeopardizing your financial stability today? Decide to include Maine Family Planning in your estate planning.

There are many ways to make a major contribution that don't ask you to make major sacrifices today. Talk to MFP's Development Office about what kind of an impact you would like to make, and we can find the right philanthropic tool for you.

Invest in the future —
Join The 1971 Legacy Society today.

Maine Family Planning Board of Directors

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Augusta Family Planning and
Parker F. Harris and
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Bangor Family Planning
Belfast Family Planning*
Calais Family Planning
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Dexter Family Planning
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Thomaston Family Planning*
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*Open Door Gender Affirming Care
trained provider at this location

MFP-operated Family Support Services

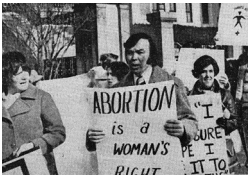
Maine Families in Hancock County
(Office in Ellsworth)
WIC Nutrition Program in Hancock
and Washington Counties
(WIC offices in Calais, Ellsworth,
& Machias)

Contact MFP

P.O. Box 587
Augusta, ME 04332-0587
(207) 622-7524
MaineFamilyPlanning.org



A History of Family Planning in Maine and the United States



• **1968**
First subsidized family planning services in Maine provided to 200 low-income women — growing to 3,000 clients by 1969.

• **1970**
Congress enacts Title X of the Public Health Services Act to fund family planning services, educational programs, and contraceptive development.

• **1971**
The Family Planning Association is founded by a group of concerned Mainers.

• **1973**
Maine Right to Choose is established to lobby in support of safe and legal abortion in Maine.

The U.S. Supreme Court passes the landmark Roe. V. Wade decision, striking down as unconstitutional laws against safe abortion in all fifty states.



• **1974**
The United Nations World Population Council declares family planning a basic human right and pledges to improve the status of women worldwide.

• **1979**
The first Parental Notification bill is introduced in the Maine legislature to limit access to abortion services for minors, but is prevented from becoming law by a ruling in the Federal District Court.

• **1983**
A Maine law, requiring 48-hour waiting periods and state-scripted counseling for all adults seeking abortion, is ruled unconstitutional by the Federal District Court.

• **1987**
President Ronald Reagan introduces the “Gag Rule,” prohibiting clinics receiving federal funds from speaking about abortion to patients, even if withholding the information could endanger a patient’s health.



• **1988**
“Operation Rescue” begins an offensive against family planning clinics nationwide, organizing protesters to blockade and shut down clinics.

• **1989**
In Washington DC, more than 600,000 people march in support of safe, legal abortion.

The Maine Choice Coalition is convened to implement statewide strategy for preserving the right to privacy in making reproductive choices with particular emphasis on the right to an abortion.

Maine becomes the first state in the nation to pass an “adult involvement” law, in lieu of parental consent. Minors seeking abortion must obtain non-biased information from a health professional, social worker, or clergy.



• **1991**
The “Gag Rule” is upheld in the U.S. Supreme Court. Federally funded family planning clinics are forbidden to provide information about or counseling for abortion. Family Planning Association continues to provide abortion counseling with non-federal funds.

• **1993**
President Bill Clinton repeals the “Gag Rule” by executive order immediately following his inauguration and lifts the ban on importation of RU-486.

• **1994**
The FPA leads the successful effort to pass the Maine Reproductive Privacy Act in the Maine Legislature. The act codifies the tenets of Roe v. Wade into state law.

• **1997**
The Augusta-based Institute for Reproductive Health (now the Harris Institute for Reproductive Health in memory of Bangor physician, Parker Harris) is founded to provide abortion care services and training to Maine physicians and residents.



The Maine-Right-to-Life Committee is joined by the Christian Civic League of Maine and the Catholic Diocese of Maine in filing legislation to de-fund and restrict family planning services in Maine. The legislation is rejected.

• **1999**
The FPA leads the effort to pass the EPICC (Equity in Prescription Insurance and Contraceptive Coverage) law that requires health insurance plans that cover prescription drugs to provide the same coverage for contraception.

• **2000**
After a 12-year review, the US FDA approves RU-486, the “Abortion Pill,” giving people the option of terminating a pregnancy within 49 days of conception.

• **2001**
On his first day in office President George W. Bush reinstates the Global Gag Rule.



• **2002**
Maine Legislature codifies in statute the definition of comprehensive family life education making our state’s sexuality education law one of the most comprehensive in the country.

• **2004**
Maine explicitly allows pharmacists to provide emergency contraception (EC) without a prescription.

• **2005**
Maine officials announced their decision to reject Title V abstinence-only-until-marriage funding. With this action, Maine became the third state to reject this ideologically biased funding.

• **2006**
In a long overdue victory, the FDA approves over-the-counter access emergency contraception.

• **2008**
President Bush reinstates the Reagan-era “Gag Rule” on domestic family planning programs that receive Title X/National Family Planning



funds, forbidding federally-funded family planning programs from counseling patients about abortion — even if specifically asked for such information, and even if withholding the information would endanger the patient’s health.

• **2009**
President Obama lifts the global gag rule ban citing that it “undermined efforts to promote safe and effective voluntary family programs in foreign nations.”

• **2010**
The FPA restructures the Family Life Education and Community Outreach Programs into a smaller, more focused Teen Pregnancy Prevention Program that prioritizes the use of Evidence-Based Programs with schools and community organizations.

Congress passes and President Obama signs the Affordable Care Act.



• **2016**
The FPA rededicates their Augusta clinic for both Dr. Russell DeJong and Dr. Parker Harris.

The Supreme Court overturns the ruling for Whole Women’s Health, reaffirming the constitutional right to access abortion services.

• **2018**
The Trump-Pence Administration releases the Domestic Gag Rule for public comment.

• **2019**
Oregon and Washington federal judges issue nationwide preliminary injunctions against the Domestic Gag Rule.

The 9th Circuit En Banc panel overturns the nationwide preliminary injunctions.

Maine Family Planning files a lawsuit against the federal government to halt implementation of the Domestic Gag Rule.



After decades of service as the sole Title X grantee in Maine, the Family Planning Association of Maine refuses Title X money.

• **2020**
The COVID-19 pandemic begins. The pandemic reveals deep inequities and system weaknesses, among them the need for equity in internet access for delivery of education and health care services.

Maine Family Planning’s lawsuit is dismissed by the Federal District Court; MFP files a notice of appeal to halt implementation of the Domestic Gag Rule.



• **2021**
The newly elected Biden-Harris administration reverses the Global Gag Rule and announces its intent to reverse the Domestic Gag Rule through the rulemaking process.

A record number of anti-abortion restrictions are introduced across the United States in the most hostile year to abortion rights since Roe v. Wade.

The Title X program is restored. Maine Family Planning prepares to submit its application for reentry into the program and hopefully return Title X funds to Maine.

Write the next chapters with us...





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REPRODUCTIVE
RIGHTS ARE
HUMAN RIGHTS.