



Maine Family Planning Equity Statement

Since 2012, Maine Family Planning (MFP) has been working towards embedding our organizational values and our programs within the expansive framework of Reproductive Justice. The Reproductive Justice framework was named and created in the early 1990s by a group of Black women, including Toni M. Bond Leonard, Reverend Alma Crawford, Evelyn S. Field, Terri James, Bisola Marignay, Cassandra McConnell, Cynthia Newbille, Loretta Ross, Elizabeth Terry, 'Able' Mable Thomas, Winnette P. Willis, and Kim Youngblood. This movement was in part a direct response to the whiteness-steeped reproductive rights movement and the internalized, systematic lack of regard for the experiences and needs of diverse bodies, including poor folks, Black and Brown folks, immigrants, LGBTQIA+ folks, etc. At MFP we aim to de-center whiteness in our work*, challenge our own internal assumptions and biases, and build a culture that embraces Diversity, Equity, and Inclusion.

How does MFP define Diversity, Equity, and Inclusion?

Diversity

MFP believes that there is strength in diversity, and that bringing diverse viewpoints together results in better care for our patients and our communities. Diversity encompasses people of different races, religious beliefs, abilities, cultures, gender expressions, socioeconomic statuses, thinking and communication styles, and more. MFP recognizes that we cannot create a world without friction between folks of differing experiences and identities, but we are committed to creating an organizational culture that creates safe spaces for honest exchange, that respects differing viewpoints and lived experiences, and that honors the inherent value of every individual.

Equity

First and foremost, MFP distinguishes between Equity and Equality. Equality suggests equal treatment for all, but disregards the very different footings that we stand on. Equity recognizes that for true equality to exist, corrections need to be made that allow folks to stand on as close to the same footing as possible. This work is imperfect and ongoing, and our contributions to the work are but one part of a larger movement, a movement that is often politicized, diminished, and scorned. Nonetheless, we believe in the pursuit of equity, and endeavor to incorporate it into our employment practices, patient care, and community engagement.

Inclusion

MFP's commitment to inclusion means that we actively seek to bring diverse voices to the table. We want board members who bring their authentic voices and unique perspectives, staff members who represent the full range of patients we see, and we want to create a space where every patient feels comfortable accessing the care they need. We want to engage all community members in this important work, even those with very different viewpoints. We seek an ongoing, respectful, and generative dialogue with the community. We recognize the reality that Maine is a predominantly white and politically polarized state. We also recognize that the state of Maine was imposed on the People of the Dawn, the Wabanaki Confederacy, whose tribes are the original human inhabitants of this land, and that communities of color have played an important role in our state's development since its founding. MFP embraces the future of a diverse, multicultural Maine--learning, growing, and thriving together in safe, sustainable communities.

*What does it mean to de-center whiteness?

To us, de-centering whiteness means not being hemmed in by what makes white people comfortable, and not using the white experience as the default lens through which we view the world. It means to push beyond the limits of white standards of professionalism (which can impact the way people can express themselves in life and at work -- wearing a hijab, use of African American Vernacular English, etc, could be examples of instances where people might face whiteness-based discrimination). Clinically, de-centering whiteness means acknowledging the disparate health outcomes faced by Black and other minority groups, acknowledging that these disparate outcomes are the result of systemic racism built into the healthcare system over time, and actively working to make changes that improve systems and outcomes.