2020 CAMPUS ORGANIZING GUIDE
for Access to Emergency Contraception

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INTRODUCTION AND STATEMENT OF PURPOSE

Welcome to NARAL Pro-Choice Maryland Fund’s Campus Organizing Guide! At NARAL Pro-Choice Maryland Fund (NPCMF), we believe that access to emergency contraception (EC) is vital to holistic sexual and reproductive healthcare. While the FDA approved EC for over-the-counter sale to anyone of any age, sex, or gender in 2013, our research has found that access to EC is not always so simple. Many Marylanders may face difficulties when trying to access EC due to hurdles such as pharmacies that refuse to routinely stock the product, the influence of anti-choice supporters on campuses, anti-choice crisis pregnancy centers (CPCs), and stigma and disinformation that EC is an abortifacient: a medication that causes abortion.

In this guide, we provide campus organizers in Maryland with the tools and advice they need to become EC organizers at their own universities. To familiarize organizers with NPCMF’s goals and the current state of EC access in Maryland, we will first educate them about what EC is, FDA approval of EC, and recent Maryland legislation regarding EC. If you are not in Maryland, keep in mind that you may have different legislation surrounding EC and other contraceptives. Once familiarized with EC and its legislation, organizers will learn how to start and run a campus organization, how to advocate on campus, and/or how to work with the school’s administration, depending on how involved they currently are on campus. Organizers will find detailed instructions for advocating, starting at any level of access to EC on campus. With steps outlined for campus organizing, this manual will help activists form a clear path for how they can work to make EC accessible 24/7 on their campuses.
Mission Statement and Values

Who We Are

NARAL Pro-Choice Maryland is the leading grassroots pro-choice advocacy organization in Maryland, and we believe that every woman should be able to make personal decisions about the full range of reproductive health options. NARAL Pro-Choice Maryland, a 501(c)4 nonprofit, along with our sister organization, NARAL Pro-Choice Maryland Fund which is a 501(c)3 nonprofit, works to protect every individual’s right to access the full range of reproductive health options, including preventing unintended pregnancy, bearing healthy children, and choosing legal abortion. NARAL Pro-Choice Maryland (NPCM) is a state affiliate of the national organization, NARAL Pro-Choice America (NPCA) addresses reproductive rights on a national level, while NPCM focuses on all local and state issues in Maryland.

What We Do

- We lobby the Maryland legislature to convince elected representatives to support your right to choose, as well as elected officials in local communities
- We organize people to make sure that lawmakers and policymakers hear from the pro-choice constituents they represent.
- We connect what happens in Maryland, in Congress, and in the federal courts, including the U.S. Supreme Court, to how it affects your ability to make private decisions, like choosing legal abortion.
- We work with NARAL Pro-Choice America and our sister state affiliates to advance ideas and policy that are good for reproductive freedom. We fight back against bad ideas that threaten our privacy and bodily autonomy
- We educate Marylanders about important reproductive health issues and protected rights, as well as state and local policies.

NARAL Pro-Choice Maryland Fund

NARAL Pro-Choice Maryland Fund (NPCMF) is the research, organizing, and education arm of our movement. The Fund does not engage in direct political activities, but its work in the areas of consumer research, public policy, public education, and leadership development complement the advocacy work done by NARAL Pro-Choice
Maryland (NPCM). The outreach and coalition building activities of NPCMF inform the lobbying and political work of NPCM.

**NARAL Pro-Choice Maryland PAC**

NARAL Pro-Choice Maryland uses the political process to elect lawmakers who share our pro-choice, reproductive justice-based values and defeat candidates who don’t. We do this through our Political Action Committee (PAC). NARAL Pro-Choice Maryland PAC helps elect pro-choice champions into state and local offices by providing financial and in-kind campaign contributions to candidates who have been endorsed by NARAL Pro-Choice Maryland.

*This section is adapted from [prochoicemd.org/about/](http://prochoicemd.org/about/).*

**What is Reproductive Freedom?**

Everyone should be able to determine if, when, how, and with whom to start or grow a family. Reproductive freedom is the essential right of everyone to plan their futures and control their destinies. How we time the formation of our families depends on access to the full range of family planning methods. This means access to safe, legal abortion, in addition to affordable contraception. It also means protecting pregnant and parenting students from educational discrimination so they can realize their graduation goals towards economic security. And it means supporting working parents by guaranteeing paid family leave and reasonable accommodations so that pregnancies remain healthy and pregnant workers are not pushed into paid or unpaid leave. It also means having access to resources to increase the probability of positive maternal health outcomes, especially in vulnerable and disenfranchised communities.

At NARAL Pro-Choice Maryland, we fight to protect and expand these rights at every level of government—whether that means organizing our members to pressure lawmakers, working to elect pro-choice champions in our state, or engaging in public education around issues about reproductive freedom to galvanize pro-choice supporters to act.

*Adapted from [prochoicemd.org](http://prochoicemd.org).*

**Reproductive Rights vs. Reproductive Justice**

“Reproductive rights” can refer to a monolithic form of organizing. During second-wave feminism in the 1960s and 1970s, white, middle-class, heterosexual and cisgender
women were the face of the pro-choice movement. Although there were others besides this one group of people who needed access to safe, legal abortion care, access to these services was typically best for white, middle-class women.

“Reproductive justice” is a term coined by women of color and refers to how NPCMF and many other feminist groups organize today. Reproductive rights have a lengthy history, and we must not forget that we stand on the shoulders of many women of color who suffered for the advancement of sexual and reproductive health care and who fought and continue to fight for reproductive rights for all, including the most marginalized. Expanding and protecting access to abortion care is still one of our initiatives, but we also consider how access to all sexual and reproductive healthcare (SRH) may be limited based on race, gender, gender identity/expression, class, and ability, and the interactions of these varying identities.

See the infographic on the page 36 for a detailed description of reproductive freedom and a great handout resource!
# EMERGENCY CONTRACEPTION ACCESS IN MARYLAND

## Key Terms and Abbreviations

The following is a list of terms and abbreviations you may see in this manual.

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPC</td>
<td>Crisis Pregnancy Center (also referred to as “fake clinics”: an anti-choice establishment which disguises itself as a sexual and reproductive healthcare (SRH) clinic. CPCs offer misinformation about emergency contraception (EC), pregnancy, and abortion care, in an attempt to shame patients away from taking agency of their own sexual and reproductive health.</td>
</tr>
<tr>
<td>EC (over-the-counter)</td>
<td>Emergency Contraception: a medication which prevents or delays ovulation to inhibit fertilization. Often known by the brand name, Plan B®, or by the colloquial “morning after pill.” Most versions of EC such as Plan B® and its generics are over-the-counter, but Ella is prescribed. ParaGard, a copper intrauterine device (IUD), is also prescribed and can be used as EC. Not to be confused with medication abortion, which terminates a pregnancy.</td>
</tr>
<tr>
<td>Ella</td>
<td>A prescription version of EC that is more effective for people over the over-the-counter version’s weight limit (approx. 165 lbs) and is effective up to 5 days after unprotected sexual intercourse.</td>
</tr>
<tr>
<td>Levonorgestrel</td>
<td>The hormone in EC, progestin, which delays or inhibits ovulation. Levonorgestrel is a safe hormone and can be taken by anyone of any age, sex, or gender.</td>
</tr>
<tr>
<td>MCEA</td>
<td>Maryland Contraceptive Equity Act: a Maryland law which went into effect in 2018 to eliminate copays for various forms of contraception, including vasectomies, for those with Maryland Medicaid and state-sponsored health insurance plans, including EC.</td>
</tr>
<tr>
<td>Medication abortion or “the abortion pill”</td>
<td>A combination of mifepristone and misoprostol: medications which can terminate a pregnancy up to 10 weeks after fertilization. Not to be confused with EC, which prevents pregnancy.</td>
</tr>
<tr>
<td>OTC</td>
<td>Over-the-Counter: a medication which can be purchased without a prescription, and should be placed for consumers to access without asking for a sales associate’s or pharmacist staff’s assistance</td>
</tr>
<tr>
<td>RJ</td>
<td>Reproductive Justice</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and Reproductive Healthcare</td>
</tr>
</tbody>
</table>
EC Regulations and Legislation

The FDA first approved prescription EC in 1998, later approving over the counter (OTC) EC for those 18 and older in 2006, then lifting the OTC age restriction in 2013. Most forms of EC are available on pharmacy shelves, without a prescription, to anyone of any age. Under the Maryland Contraceptive Equity Act, state-sponsored health insurance policies must cover the cost of OTC EC with no copay. With a copay, the consumer is required to pay out-of-pocket for this often-expensive medication. However, some stores simply never stock EC, while others employ cashiers or pharmacists who place their own biased and arbitrary restrictions on EC, such as gender and age restrictions.

Adapted from NARAL Pro-Choice Maryland, Issues: Emergency Contraception, prochoicemd.org/issues/emergency-contraception.

Further Legislative Action in Maryland

• Currently, the University of Maryland at College Park is the only four-year university which houses students and provides 24/7 EC access in an on-campus convenience store. To improve access to EC on campuses, NARAL Pro-Choice Maryland (NPCM) has proposed that all four-year public universities which house students be required to provide 24/7 access to EC on campus, but this bill unfortunately did not pass. NPCM may propose legislation with a similar intent in the future when we have a pro-choice governor. We will explore further methods for improving EC access in the “Working with Your University and Administration” section on page 19.

• One way that other universities across the country have provided easy, private access to EC on campus is through vending machines. Unfortunately, a 1950s statute in Maryland holds that OTC medication cannot be sold in vending machines. NPCM hopes to overturn this statute so that all OTC medications, including OTC EC, are accessible via this easy and private option.

• If the above legislative measures fail, NPCM proposes the Maryland legislature assemble a task force to investigate pharmacy non-compliance with MCEA. In addition to the high cost of EC in drug stores—EC costs anywhere from $30 to $70 in drug stores—arbitrary store-imposed restrictions can create unnecessary barriers to this essential source of contraception.
Access in Practice

How Oral EC Works

Forms of oral EC such as Plan B® and generic versions contain levonorgestrel, which can be safely ingested by anyone of any age, sex, or gender. Levonorgestrel is a hormone that prevents or delays ovulation, which prevents sperm from fertilizing an egg after unprotected sex. While EC is effective up to 72 hours after unprotected sex, it is 50% more effective if taken within the first 12 hours. That’s why it’s crucial that universities provide 24/7 access to EC—the sooner it is taken, the more effective it is. It’s important to note that emergency contraception will not do anything if you’re already pregnant. For more information and an infographic on the difference between EC and medication abortion, see page 35.

Adapted from Planned Parenthood, Get Care: Our Services, https://www.plannedparenthood.org/get-care/our-services/.

Grocery Store, Drug Store, and Pharmacy Availability

EC is usually expensive. Due to alleged concerns of shoplifting, some grocery stores and drug stores keep their EC stocked behind a pharmacy or checkout counter or in a locked box which must be brought to the checkout counter or unlocked from the display shelf. This can create more barriers to EC access, as some people buying EC are hesitant to ask someone for assistance out of shame or embarrassment. Further, a sales associate, cashier, or pharmacist, may engage in discriminatory policies such as placing age or gender restrictions on buying EC. Some stores may choose not to routinely stock EC, and others may report that it is “out of stock,” even though the store never stocked EC to begin with.
NPCMF EC Access Campaign

Our Goals to Improve EC Access

We want to see EC in vending machines for convenience, privacy, and affordability. We want to see drug stores, pharmacies, and big box chain stores making EC readily accessible to those who need it. We want the State of Maryland to mandate that public four-year colleges and universities that house students offer 24/7 access to EC. Regardless of legislative support, however we at NPCMF want to see more universities identifying feasible ways to offer 24/7 access to EC. With 24/7 access to EC through an on-campus convenience store, the University of Maryland at College Park currently has the best campus EC access in the state, and we want to help other students bring their campuses to this level. That is where you, your organization, and your campus activists can help.

How You Can Help

Whether you’re the president of a feminist on-campus organization, a freshman who wants to learn more about reproductive justice, or somewhere in between, there is a place for you in reproductive justice (RJ) and in the EC access campaign. This guide will give you the tools and knowledge with which you can start an organization, expand your membership, and make your voice heard on campus. With the right amount of fundraising, social media engagement, and collaboration, you can bring this campaign to the attention of your university’s administration.
CAMPUS ORGANIZING 101

Find Your Allies

Before starting a new organization and beginning your work to improve EC access, find out who your allies are. If there are no pro-choice groups such as campus Democrats, feminist groups, or chapters of national organizations such as the National Organization for Women on your campus, these may present opportunities for support and collaboration in your reproductive justice (RJ) initiatives. There is strength in numbers, so it is counterproductive to work alone when you could have a team of people working and advocating with you.

Universities usually have a list or database of student organizations, and these organizations often have social media pages like Facebook, Instagram, and Twitter where you can find more information about their purpose and upcoming meetings. You may find feminist organizations whose focus may include RJ initiatives, and you may find social justice organizations whose focus may include feminist issues. In either case, attend general body meetings (GBMs) and consider joining organizations whose missions you feel best match your work. You may find more organizations by attending sexual and reproductive health (SRH) events on and around campus; RJ organizations often sponsor or co-sponsor these events and have members at the event to promote their organization.

If your college or university is religiously affiliated, it may have rules prohibiting pro-choice student groups. In this case, it may be more difficult to find RJ organizations since they won’t be listed in your campus student groups database; however, that does not mean that off-campus groups run by students at your university do not exist. Elianna Shiffrik, a junior undergrad at Georgetown University and Vice President of H*yas for Choice, explains that because Georgetown is a Catholic university, her organization cannot officially be an on-campus group (hence “H*yas” as a mascot instead of “Hoyas”). Because H*yas for Choice is technically an off-campus group, they do not have to follow Georgetown’s rules for student groups and therefore can distribute condoms and EC to students on campus. In fact, the university asks H*yas for Choice to table at events because they can distribute condoms, while the university itself cannot distribute condoms due to its Catholic status.
Starting Your Organization

If you haven’t found a student organization willing to help you advocate for EC access, it’s time to start your own organization! Check the university’s rules and guidelines for student organizations—at the University of Maryland, for example, you need 8 people in a group for it to become an official, university-recognized student organization. Your group may consist of friends, peers, and other interested students, and know that to maintain an active member base, you will need students of all ages and years within your university. One way to reach out to a potential member base is through your own social media, but keep in mind that if you only look for people in your circle and extended circles, you could be excluding valuable voices from people of different backgrounds who have different but helpful ideas for expanding EC access.

To decide on your mission, you must research access to EC on and around your campus. Do you have a Health Center that sells EC? Are there on-campus convenience stores that sell EC? Are there convenience stores near campus that sell EC? How much does it cost? In the “Working with Your University and Administration” section on page 19 of this guide, you will find a list of suggested contacts and research questions based on local access to EC. Once you determine what access to EC is like on your campus and where it needs improvement, you can decide on your group’s mission statement and values with your core group of members.

Your core group of members are the dedicated and often founding group of people who want to contribute the most time and energy to the organization and mission. With this group of people, you will decide on your mission statement and values, and will work to promote your organization.

To keep track of your membership base, keep a current list of identifying and contact information: name, year, email address, and phone number (you will need phone numbers for your executive board at the least).
**Fundraising**

Depending on your university’s resources for recognized student organizations, you may be able to get funding from the university’s Student Government Association (SGA). When registering as a student organization, ask for information about obtaining university funding for reserving meeting and event space, catering events, and anything else your organization may need to purchase. If you have a comprehensive and specific budget for materials your group needs, you can also apply for grants from academic departments and the student union that are intended to fund student groups.

Along with university funding, it is important to know about your community stakeholders. Stakeholders are people, groups, or providers on- and off-campus who share an interest in your group’s work. Some stakeholders, such as local and national nonprofits, may be able to offer grants to support your work. If your group cannot get university recognition either because of its size or because of university rules about pro-choice groups, stakeholder contributions are an alternative to university funding for your group’s work. LaKia Williams of Tulane University urges students to research local stakeholders—health centers, SRH providers, and RJ groups, for example—who could donate resources. A local health center, for example, may be able to provide free condoms, pamphlets with information about birth control, or pro-choice and feminist buttons and pins. An RJ nonprofit such as NPCMF may have free EC that you can distribute via tabling or even via a peer-to-peer EC distribution service. Contact local RJ groups about funding parts of your work, such as a tablecloth for tabling or paper bags for peer-to-peer EC distribution services. Be honest and specific about costs.

There are also hands-on ways of raising money for your organization: bake sales, selling merchandise, or hosting events with entrance fees. Hosting a bake sale in front of your school’s library and asking people to donate what they can is a simple way to overcharge for baked goods. If you sell the cookie for a dollar, people will pay you a dollar. If you ask people to donate what they can and pick a cookie, some people may donate a dollar, and some may donate five dollars. Selling merchandise like t-shirts requires more time and communication, but it can also be an effective way to get members to help fundraise. You can charge monthly or annual dues to your members, but keep in mind that this may discourage low-income students from participating.

*Adapted from Phoebe Suh, Campus Organizing Guide.*
Running an Issue Campaign

Talking Points About EC

- Abbreviations: Your audience may not know what EC stands for. Be sure you clarify that EC stands for emergency contraception. When writing about EC, always introduce the acronym longhand first, like this:
  - We want to increase access to emergency contraception (EC) on campus.
- Nicknames: Many people refer to EC by the brand name “Plan B®” or by “the morning after pill.” When talking about EC, you can refer to it like this:
  - Emergency contraception, or EC for short, is also known as Plan B® or the morning after pill.
- Forms of EC: Over-the-counter EC is not the only form of EC we want to see available on college campuses. Prescription Ella and the copper IUD are also forms of EC we want to be included in universities’ scopes of access.
  - Ella, a prescribed oral EC, has a higher weight limit than over-the-counter EC, so it is more accessible for people over 155 lbs.
  - The copper IUD has no weight limit, so it is very effective for most people.
- EC vs. Medication Abortion: It is a common misconception that EC terminates a pregnancy and therefore is the same thing as medication abortion, or the “abortion pill.” When discussing EC with campus activist groups, administrators, and legislators, it is important to clarify that EC prevents rather than terminates a pregnancy. For an infographic about the difference between EC and medication abortion, see page 35. Here are some important differences between the two:
  - EC prevents/delays ovulation, preventing sperm from fertilizing an egg, therefore preventing a pregnancy
    - Medication abortion terminates a pregnancy, after fertilization
  - EC contains levonorgestrel
    - Medication abortion contains mifepristone and misoprostol
  - EC is over-the-counter (OTC), so anyone can purchase it
    - Medication abortion requires a prescription

Adapted from Planned Parenthood: Emergency Contraception Services, [www.plannedparenthood.org/get-care/our-services/](http://www.plannedparenthood.org/get-care/our-services/)
Inclusive Language

There are many online resources and seminars from which you can learn about inclusive language and why it matters, but this section contains a quick rundown on language use. At NPCMF, we know that reproductive justice (RJ) is for everyone, regardless of sex, sexual orientation, gender identity, or gender expression. There is a wealth of misinformation in the world on what sexual and reproductive healthcare looks like or is called. It is important to get everyone in the pro-choice movement onboard about inclusivity and what different types of sexual and reproductive healthcare are called.

Additionally, when you get involved in RJ, you are advocating for and serving a diverse group of people who do not always fit under female/male or woman/man labels. For example, someone who is pregnant and is a transgender man may feel that the widely used phrase “pregnant women” leaves them out of the conversation. If we instead say, “pregnant people,” we remove gendered language from the phrase and people of all gender identities who are pregnant.

It takes time and effort to shift language around RJ that’s been used for years, but by using inclusive language, you are sending a message that all are welcome in your initiative and the RJ. When writing and speaking about RJ, use the following terms rather than the alternatives listed.

<table>
<thead>
<tr>
<th>Use:</th>
<th>Instead of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency contraception (EC)</td>
<td>Plan B®, the morning after pill, or just “EC” without clarification</td>
</tr>
<tr>
<td>Abortion care</td>
<td>Abortion, termination</td>
</tr>
<tr>
<td>Medication abortion</td>
<td>Mifepristone, misoprostol, or Mifeprex without clarification</td>
</tr>
<tr>
<td>Pregnant people/individuals</td>
<td>Pregnant women</td>
</tr>
<tr>
<td>Incarcerated people/individuals</td>
<td>Incarcerated women</td>
</tr>
<tr>
<td>Later abortion</td>
<td>Late-term abortion, “partial birth” (anti-choice phrase), third-trimester abortion</td>
</tr>
<tr>
<td>Sexual and reproductive health (SRH)</td>
<td>Women’s health</td>
</tr>
</tbody>
</table>
ENGAGING WITH YOUR MEMBERS AND AUDIENCE

Tabling

Tabling is exactly what it sounds like: setting up and running a table. Your organization can and should table at different fairs and events on campus, but always contact the fair or event organizers to confirm they are open to having your group tabling there. If you were invited to table and want to do so, confirm you will be there—there is no need to ask permission.

While tabling, there are several ways you can engage people around you. Having an attractive table with a tablecloth, a tri-fold board, and merchandise or “swag” such as buttons and stickers are ways you can attract people to your table and organization. Amber Wynne, President of Hampton University Generation Action, noted that her organization received some swag from Planned Parenthood to distribute. Tabling is also a great opportunity to distribute flyers promoting your cause and events and to gain signatures for a petition, if you have one. To effectively staff a table, you must have someone there who is actively talking to passersby and answering their questions. To raise awareness about what EC is and how students can help improve access, you may want to distribute information about how students can get involved. For a petition to improve EC access and an infographic about the difference between EC and medication abortion, see pages 34 and 35, respectively.

Have members fill tabling shifts during long events. Elianna Shiffrik of H*yas for Choice noted that her organization has over 100 volunteers who help table, and they make a point to table at least an hour each week at a campus location with a lot of foot traffic. Because H*yas for Choice is so present and visible on campus, much of the student body knows of and engages with the organization.

If your university has events, fairs, or open houses specifically promoting student organizations, it is especially important to set up and staff a table during these events. Students who attend such events are looking to get involved in something they care about, so these are opportunities to recruit a driven member base.
Social Media Engagement

Because campus activism takes place at educational institutions, everyone you work with also has other commitments. Have a plan for keeping in touch with your organization’s members using email and social media. Apps and sites like Instagram, Twitter, and Facebook are free and accessible online resources for engaging with your audience. By creating social media profiles for your organization, you are inviting a broader audience to see that your organization is active, catch up on what the organization has been doing, and learn more about what you plan to do.

Social Media Terminology

Content: Anything you are creating and sharing to social media is called “content.” This can take the form of text, photos, videos, GIFs, and more. Content is makes up the posts with which your audience engages.

Engagement: This is when another user interacts with your account. This takes the form of likes, follows, comments, retweets, shares, and profile click-throughs. If people are engaging with your social media, that means the content you are sharing is getting their attention. Even if the way people are interacting with your content is negative, they are still engaging with your profiles.

You want your member base to positively engage with your content, especially when you are promoting events and initiatives on social media. Post about events often, especially when they are approaching, and always consider, “Who? What? When? Where? Why?” in your event description. As your member base to share and retweet your content. If you have allied organizations on and around campus, ask them to promote your event on their social media as well.

Negative Comments: to Respond or not to Respond?

Even when a user is pushing your buttons and attempting to provoke you, stay calm in response. Not everyone will have the same opinion as yours, and different types of negative comments will warrant responses, no responses, or reporting.

You may occasionally want to engage with negative comments. For example, perhaps you made a post about how students at your university can purchase EC on campus. The first comment is a user saying, “I can’t believe the university is giving out abortion
pills. Is my tuition money funding this?” You should clarify that EC is not the same as medication abortion: “Our university is providing access to emergency contraception (EC), not medication abortion. EC prevents fertilization and pregnancy by delaying or inhibiting ovulation, while medication abortion terminates an existing pregnancy.

A lot of the time, you will not need to engage with negative comments. Sometimes you may receive comments that are meant to halfheartedly provoke you. For example, say the second comment on the previous EC post we imagined said, “You don’t need EC if you take birth control in the first place.” Although you could respond to the user and clarify that birth control is not 100% effective, chances are that the user already knows this and is trying to push your buttons. It would be best to leave this type of comment alone.

Occasionally, you may encounter a hateful or derogatory comment or threat. Do not engage with these comments. Instagram, Facebook, and Twitter all have systems through which you can report harassment, bullying, or hate speech. If a user is threatening you, you should also report this to your university’s administration and to the police.

**Tips and Tricks for Running Different Social Media**

**Instagram**

Instagram is a major social medium through which your photos and videos can reach a vast audience.

- People most often engage with their Instagram feed in the evenings and outside of working hours, so consider posting after 6:00 pm and on the weekends.
- Posting graphics advertising meetings, events, and fast facts is important, but your followers will engage more with pictures, videos, and boomerangs of real people in the organization! Be sure to take colorful, high-quality pictures at your events and meetings so you have more engaging content.
- Try to keep your captions around 100 words—this is the perfect amount of text to convey a message without losing or boring your audience.
Facebook

Facebook may not be as popular today as it was five or ten years ago, but that doesn’t mean it’s not an important tool for reaching your audience. Many college students use Facebook to stay current with community events and club meetings, so by creating a Facebook page for your organization, you’ll allow your community to engage with your mission and get updates about upcoming events.

- People most often engage with their Facebook feed during the day, in and after classes, and while on breaks at work. Consider posting around noon and throughout the afternoon.
- Posting graphics advertising meetings, events, and fast facts is key on Facebook. People often engage with and even share these posts with their friends.
- To expand your audience’s knowledge about reproductive rights and justice, share news articles from reputable news outlets about current events in reproductive justice legislation.
- Try to keep your posts around 100 words—this is the perfect amount of text to convey a message without losing or boring your audience.

Twitter

Twitter is a fast-paced social medium. It usually caters to a younger audience and is primarily for making statements and updates rather than sharing articles.

- People engage with their Twitter feed throughout the day, so you can tweet anytime. Consider posting multiple times in a day—because of the high volume of tweets users often have in their Twitter feed, your organization’s tweet may get lost and get little engagement. If you tweet on the hour, several hours in a row, you’ll have a higher chance of engagement.
- Follow and retweet sexual and reproductive healthcare providers and activists! They are a great source of knowledge and thought about reproductive justice issues.
- Keep in mind that if you retweet politicians, even if you only agree with one tweet they wrote, this could be misconstrued as an endorsement. If your organization is not politically affiliated, avoid retweeting politicians.
WORKING WITH YOUR UNIVERSITY AND ADMINISTRATION

“You may feel like it’s taking forever and nothing is happening, but you can make change.”

- Emma Donnelly, University of Southern Maine

Creating change took Emma Donnelly of Huskies for Reproductive Health at the University of Southern Maine two years of lobbying and networking, but through hard work, dedication, and community support, she helped overturn a statute prohibiting OTCs from being sold in vending machines. It is important to determine what EC access is like on your campus before putting your time and energy into improving access. Based on whether your university has a health center on or around campus, form a picture of what access to EC looks like at your university and make recommendations accordingly as to where it needs improvement.

If You Have a University Health Center

Answer the following questions about your Health Center to determine what’s working for students and what needs improvement. The answers you get will determine how and where you can encourage your university to improve EC access.

• Does the Health Center sell OTC EC?
  o If not, your first point of contact should be the Health Center administration. You can ask them, “Why not?” and discuss why EC access is important to students.

• What are the Health Center’s opening hours?
  o If the Health Center is only open during business hours, this will only provide limited access to EC. Because EC must be taken no later than 72 hours after unprotected sex (and is most effective if taken within 12 hours after unprotected sex), weekend closures will drastically decrease effective EC accessibility (Planned Parenthood).
  o If your university has on-campus convenience stores with longer opening hours than the health center, this may be an additional location to sell EC.

• If they sell EC, how much does it cost?
While drug stores charge anywhere between $30 and $70 for EC, your Health Center could make EC more accessible by buying a generic version such as Aftera or My Way in bulk rather than brand-name Plan B®.

- Do you need an appointment to purchase EC?
  - If you must make an appointment to purchase EC, there may also be a waiting period. Again, for EC to be effective, it must be taken in a timely manner. In a three-day waiting period, for example, the window in which someone can take a dose of EC effectively will elapse.

- Does the Health Center offer Ella, a prescribed version of EC?
  - While OTC versions of EC usually have a weight limit of 176 pounds, Ella is more effective than OTC EC for people who weigh over 155 pounds and under 195 pounds. By offering Ella, your university can begin to increase access to students of all sizes.

- Does the Health Center offer copper (Paragard brand) IUDs?
  - Copper IUDs are prescribed and are the most effective form of EC, with 99.9% effectiveness and no weight limit. Copper IUDs can be inserted up to 5 days after unprotected sex and remain effective. After insertion, they can also be used for up to 12 years as birth control. By offering copper IUDs, your Health Center is providing the best possible access to EC, as well as access to a reliable long-acting reversible contraceptive (LARC).
  - Note: While hormonal IUDs Skyla, Mirena, and Liletta are great forms of birth control for your Health Center to offer, they cannot be used as EC.

- If the Health Center does not offer EC, does it refer students to places that do offer EC?
  - Just because your Health Center does not offer EC doesn’t mean they shouldn’t provide students an opportunity to access EC elsewhere. Offering referrals to real SRH clinics also limits the number of students who may turn to a Crisis Pregnancy Center (CPC), which would offer misinformation about EC, pregnancy, and abortion care.
If you have a Partnering Healthcare Provider

If your university partners with a local healthcare provider like an Urgent Care, answer the following questions about the provider to determine what services they offer.

- What are the provider’s opening hours?
  - 24/7 access to EC will make EC much more accessible whenever a student needs it; anything less and access may be limited during the times students will need it most: nights and weekends.

- How accessible is the provider? Do you need a car to get to their office? Does your school have a shuttle service that can take you there?
  - Long drives make EC less accessible to students without cars. A shuttle service will be most helpful if students can access the service 24/7.

- If they sell EC, how much does it cost?
  - While drug stores charge anywhere between $30 and $70 for EC, your Partnering Health Provider could make EC more accessible by buying a generic version such as Aftera or My Way in bulk rather than brand-name Plan B®.

- Does the provider ask for ID to purchase EC?
  - The FDA approved OTC EC for all ages in 2013. OTC medications should be accessible to anyone of any age or gender.

- Do you need an appointment to purchase EC?
  - Appointment scheduling usually results in waiting periods or other delays. Unless the provider is prescribing Ella, a prescription version of EC, there is no need for an appointment to purchase EC.

- Does the provider offer Ella, a prescribed version of EC?
  - While OTC versions of EC usually have a weight limit of 176 pounds, Ella is more effective than OTC EC for people who weigh over 155 pounds and under 195 pounds. By offering Ella, your provider can begin to increase access to students of all sizes.

- Does the provider offer Copper (Paragard brand) IUDs?
  - Copper IUDs are prescribed and are the most effective form of EC, with 99.9% effectiveness and no weight limit. Copper IUDs can be inserted up to 5 days after unprotected sex and remain effective. After insertion, they can also be used for up to 12 years as birth control.
Note: While hormonal IUDs Skyla, Mirena, and Liletta are great forms of birth control for your Health Center to offer, they cannot be used as EC.

- If the provider does not offer EC, does it refer students to places that do offer EC?
  - Just because your Health Center does not offer EC doesn’t mean they shouldn’t provide students an opportunity to access EC elsewhere. Offering referrals to real SRH clinics also limits the number of students who may turn to an anti-choice Crisis Pregnancy Center (CPC), which would offer misinformation about EC, pregnancy, and abortion care.
If You Do Not Have a Provider

Answer the following questions about local access to EC to determine whether EC is still accessible for students on your campus.

- Where is the nearest drug store or pharmacy? Is there one on campus?
  - Give them a call and ask if they sell emergency contraception (EC) You may need to clarify that you are asking about “Plan B®” or the “morning after pill.”

- If they sell EC, what brand is it and how much does it cost?
  - A high cost can deter low-income students. EC is more accessible when it’s a generic version such as Aftera or My Way in bulk rather than brand-name Plan B®.

- Where in the store is the EC located? Do you have to ask a cashier or pharmacist to retrieve it or unlock it for you?
  - Remember: your goal is to make EC as accessible to as many people as possible. Due to shame and stigma, some students may be hesitant to ask a cashier or pharmacist to retrieve the product, especially if the employee is masculine-presenting.
  - If the EC is difficult to locate in the store, some students may assume the store does not sell EC and stop looking.

- Do you need to show ID to purchase EC or do they place any restrictions on who can buy EC?
  - The FDA approved OTC EC for all ages in 2013. OTC medications should be accessible to anyone of any age or gender.

- Are the nearest drug stores or pharmacies within walking distance, or do you need a car to access them?
  - Long drives make EC less accessible to students without cars.

- What are these drug stores or pharmacies’ opening hours?
  - A store with 24/7 access to EC will make EC much more accessible whenever a student needs it; anything less and access may be limited during the times students will need it most: nights and weekends.
PEER-TO-PEER EC DISTRIBUTION SERVICES

To improve EC access on campus, you should start with your university’s staff and administration. After reading the talking points and statistics surrounding EC and meeting with staff and administration, you will have a better picture of whether your university is open or reluctant to improving EC access. Starting a peer-to-peer EC distribution service can be immensely helpful for the receiving peers under a difficult administration, but because peer-to-peer services will take many hours of distribution work in addition to your advocacy work, this should be your last option.

Georgetown University, Hampton University, and Towson University—just to name a few—have student run, peer-to-peer EC distribution services. Georgetown and Hampton have only off-campus access to EC; Towson only offers EC if a student makes an appointment at the health center, which mandates a three-day waiting period. These services function as a hotline, delivering free EC to students on and around campuses. The student in need of EC calls the hotline, gives their name and location, and a student volunteer will deliver the EC within an amount of time specified by the hotline, sometimes along with condoms and information about EC and other types of birth control.

These services take thoughtful coordination and many volunteers to function. Joanna Morganelli, founder of ReproHotline of Towson at Towson University, recalls that “In the first month [after starting ReproHotline], we gave out about 50 packets of EC.” Morganelli currently has a total of 25 volunteers; most participate in delivering the EC, and 10 of these volunteers also run social media while 7 also perform administrative tasks such as coordinating the EC supply from NPCMF. Because 10 different people run the service’s social media pages, they can all create content and post often, engaging the community and creating awareness of the service (Morganelli).
Michyah Thomas of Hampton University in Virginia started a similar service in March of 2019, following a year of planning and researching EC access. Thomas noted that the religion-centered rules of her university did not mesh well with her service, and Hampton University’s health center sent an email to all students cautioning students against using Thomas’s service because Thomas is not a licensed health provider. In this case, use your platforms such as tabling, distributing, and posting on social media to remind your audience that EC is over-the-counter and safe to use.

Know your role as a peer and take your job seriously. When distributing EC, you may encounter someone who has experienced sexual misconduct or assault. Before you begin your service, compile a list of resources for survivors including crisis hotlines and sexual and reproductive health clinics, and distribute this list with every EC delivery.

For more information about peer-to-peer EC Distribution Services, see Joanna Morganelli’s information about peer-to-peer EC distribution services organizing on page 37 and visit:

ReproHotline of Towson, Towson University:
www.instagram.com/reprohotlineoftowson/

H*yas for Choice, Georgetown University:
www.facebook.com/HyasForChoice/, www.hyasforchoice.com/

If you are interested in providing EC through a peer-to-peer EC distribution service or through another organizations and need a supply, email NPCMF at NeedMyECNow@prochoicemd.org.
ORGANIZING ON A HOSTILE CAMPUS

A hostile campus is one with anti-choice or otherwise sex-negative policies or attitudes. You may find that policies, administration, the student body, or all three are opposed or reluctant to improving sexual and reproductive healthcare on campus. In any case, you can still work to improve access to EC.

It’s important to determine whether you are working against opposing policies or opposing policies and opposing people. Use the information you gathered from the “Working with Your University and Administration” section on page 19 and determine what changes the university should implement. You should have a clear vision of what ideal EC access will look like on your campus before you reach out to your administration. If university policies are opposing but your administration considers your ideas, you may have an easier path to improving EC access. If university policies are opposing and your administration is reluctant to hearing your ideas, or hears your ideas and then dismisses them, you may have a more difficult path to improving EC access. In this case, you can turn to the student body for help.

Starting a Petition

Before starting a petition, determine where the petition will go. Find out which person or office will receive the petition once you have collected signatures. If you spoke to administrative health staff about your ideas, this is the person to whom you will give the petition. If your university has no health staff and therefore has an off-campus partnering health provider or no health provider at all, a petition will most likely go to an administrator in the student affairs department.

When you have determined where your petition will go, it’s time to write the petition. Keep the letter short—no longer than one page—and be specific about your vision for ideal EC access on campus. Tabling is an effective way to get signatures if your organization tables in an area with high pedestrian traffic and the people tabling are social and outgoing. Engage pedestrians by asking if they are interested in reproductive justice, whether they want better access to contraceptives on campus, and so forth. If you table with your petition, keep copies of the letter for passersby to read. There is a sample petition under “Petition for EC Access” on page 35. While this sample petition asks for general access to EC on campus, your petition must address campus-specific needs. Use the sample as a template for your petition and make edits as needed.
TALKING TO THE MEDIA

While working to improve access to EC, you may encounter media interest in your work. You may also choose to contact local media to create awareness of your advocacy or services. Either way, if you choose to talk to the media, here are some things to keep in mind.

- Consider your platform; if your university has a student-run paper, this may be easier to approach before approaching off-campus media. Student newspapers are often eager to cover campus controversy, so it may be easier to publish your story in a student newspaper. This may not affect your university’s reputation among prospective students, but it will do so among alumni and donors, so the university still has an interest in preventing negative press in these papers.
- The easiest way to contact the media is to submit an op-ed. This is a short, persuasive piece of writing that presents and supports an argument. Most news sources publish op-eds, though some sources are more selective. Op-eds are not the same type of journalism as news articles, but they are valued as voices from the community and are held to the same standard of fact-checking by editors.
- You can contact a news source and ask them to cover an event you are hosting. This tactic works well with protests or rallies, which local and student newspapers are always eager to cover. When you get in contact with a member of the press, inform them of the time, location, and purpose of the event.
- News sources may contact you for an interview about an ongoing campus issue or about your organization. Use this opportunity to discuss your issue campaign and put pressure on a reluctant administration. Explain why people should support your cause.
- Maintain good relationships with news sources to obtain media coverage when needed. After you’ve set up your organization, reach out to local news outlets. You may be put in contact with a single journalist who will be your contact at the news source. Inform this person of any events you would like them to cover and update her regularly about the organization’s activity.
- Be careful with what information is on or off the record—while it is important to maintain good relationships with the media, the journalist is not your friend. If information is on the record, the journalist can publish this information. If it is off the record, the information stays between the two of you. Switch between on and
off the record whenever you need but remember to tell the journalist each time you do so. Switching between on and off the record only works if you inform the journalist before you disclose the information. It does not work retroactively.

If you are interested in talking to the media, NPCMF can provide talking points like on page 13, research, and data regarding EC access to support you and/or your organization. To get in touch, email NeedMyECNow@prochoicemd.org.

*Adapted from Phoebe Suh’s Campus Organizing Guide.*
SELF-CARE AS AN ACTIVIST

When trying to enact change, especially at a university that is reluctant to hearing your ideas, you may feel that you are not making any forward progress. Progress is almost always slow, so you are not alone in your frustration. Activism can be tiring; Michyah Thomas of Hampton University noted in an interview that “Self-care is always the number one priority.” If you feel that you need some time for yourself, it is more than okay to take a step back. If you feel that your mental health is lacking, seek out counseling services on- or off-campus. Doing so will not only help you, it will also help the people you serve.

Especially when running a peer-to-peer EC distribution service, consider the population you are serving. If you encounter students who have experienced trauma, refer them to a crisis hotline. These hotlines have trained professionals and can provide help. If you feel secondhand stress, seek help from a professional as well.
WORKS CITED

“About NARAL Pro-Choice Maryland.” NARAL Pro-Choice Maryland, 2019, prochoicemd.org/about/.


Donnelly, Emma. Personal interview. 3 November 2019.

At the University of Southern Maine, Donnelly’s organization Huskies for Reproductive Health used a sex education model to educate her campus about reproductive health issues. She also helped overturn legislation prohibiting OTC sales in vending machines.


Morganelli, Joanna. Personal interview. 2 December 2019.

Morganelli founded the ReproHotline of Towson, an EC distribution service, as a senior at Towson University, and she currently interns for NARAL Pro-Choice Maryland. Towson has reacted positively to the service, and Morganelli has a consistent team of volunteers who help run this service. She gave advice on how to start, manage, and create awareness of an EC distribution service.

Pro-Choice Campus Activist Kit. NARAL Pro-Choice Maryland, 2017.

Sauer, Kimberly. Personal interview. 4 December 2019.

Sauer is the Campaigns Coordinator for NARAL Pro-Choice Maryland. As my mentor for my Policy Research Internship with NARAL, she discussed current access to EC on Maryland campuses and NARAL’s research on EC access.

As vice president of H*yas for Choice at Georgetown University, Shiffrik helps manage Georgetown’s off-campus pro-choice group. Shiffrik gave advice for working with difficult policy but encouraging administration. Because H*yas for Choice has a strong presence on campus through tabling, she also gave advice on creating awareness of one’s work by being physically present throughout campus and at campus events.


Suh’s 2019 *Campus Organizing Guide* is the latest NPCMF organizing activist kit but provides more general than specific and practical framework on how to organize on campus. There is some useful information on how to start an organization, but less information on how to collaborate with campus departments to work towards better EC access.

Thomas, Michyah. Personal interview. 26 November 2019.

As an undergrad, Thomas started her own EC delivery service at Hampton University in March of 2019. The sex-negative sentiment of the university resulted in a negative response to her service, so she gave advice on working with a hostile campus and looking out for oneself first.

Williams, LaKia. Personal interview. 6 November 2019.

Williams gave advice on working with both campus and community health centers. She also discussed the importance of finding donors and local stakeholders who may be willing to support the cause.

Wynne, Amber. Personal interview. 30 October 2019.

As the President of Hampton University Generation Action, Wynne has years of experience as an organizer. She discussed censoring by her school and working with community stakeholders.
**Image Sources**

Cover page


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Buttons, personal photograph

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“Emergency Contraception is not Abortion” Graphic from NARAL Pro-Choice Maryland, https://www.prochoicemd.org
APPENDICES
MAKE EC MORE ACCESSIBLE ON CAMPUS

Emergency contraception (EC) is an integral part of sexual and reproductive healthcare. Because of limited access to this over-the-counter medication on our campus, many of our peers cannot access EC when they need it, making it harder to take EC during the short time frame of complete effectiveness. The University should take measures to ensure all students have meaningful and timely access to EC, so students will be able to act quickly as possible for their health.

We, the undersigned, urge the Student Government and University to seriously consider this initiative. Sexual and reproductive healthcare is important to the students of this university, and we need to fix the problem of access to EC on campus.

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EC vs. Medication Abortion

EMERGENCY CONTRACEPTION
IS NOT ABORTION

The anti-choice movement often equates emergency contraception and medication abortion. This has created widespread misinformation and perpetuated stigma around these two very different medications.

KNOW THE FACTS

Emergency contraception may be used to prevent pregnancy after unprotected or inadequately protected sexual intercourse. Emergency contraception is effective in preventing pregnancy within 120 hours after unprotected intercourse, but it is most effective if used as soon as possible, especially within 24 hours. (1)

Levonorgestrel-only emergency contraception (such as Plan B or Prevenzeza) inhibits or delays ovulation, thereby preventing sperm from reaching egg. Emergency contraception is unlikely to prevent a fertilized egg from implanting on the uterine wall, and is ineffective once implantation occurs. (2)

Emergency contraception is only effective before pregnancy is established and is therefore NOT an abortifacient.

Medication abortion can be taken up to 10 weeks gestation to end an existing pregnancy. (3) In the United States, medication abortion involves the use of two different medications: mifepristone and misoprostol. The first medicine, mifepristone, is taken at the clinic in order to block progesterone, a hormone essential to the development of a pregnancy. Misoprostol, taken 24-48 hours later, works to empty the uterus by causing cramping and bleeding, similar to an early miscarriage.

RESOURCES

Reproductive Freedom Wheel

Evidence-Based Education and Healthcare
- Evidence-based sex education, including knowledge of family planning, pregnancy decision-making options

Family Planning
- Timely and affordable access to the full range of contraceptive methods, interconception care, prenatal care and testing, fertility management and abortion care

Healthy Pregnancies
- Positive perinatal health outcomes including miscarriage management, high risk pregnancy management, labor and delivery, and post-partum care

Forming Families and Parenting with Dignity
- Parenting safely, in good health, and with dignity in the spirit of social justice; Access to resources and support towards family formation through reproductive technology, foster care, or adoption

Bodily Autonomy
- Access to menstrual hygiene products regardless of status; promoting sexual boundaries and consent; promoting universal access to breast pumping

Pregnancy Rights
- Supports and rights for pregnant workers, students, and those experiencing incarceration, homelessness, and/or interpersonal violence

NARAL
- PRO-CHOICE MARYLAND
Peer-to-Peer EC Distribution Service Organizing

By Joanna Morganelli, ReproHotline of Towson

Why start an emergency contraception (EC) hotline?

There are numerous barriers that prevent individuals from receiving emergency contraception (EC), especially for college students. One of the biggest barriers is cost. One packet of emergency contraception can range from $30-70 depending on location. For a college student who may not have a job or is living paycheck-to-paycheck, the $30-70 cost of EC can be daunting. In addition to cost, the stigma surrounding EC can prevent someone from going to the doctor or going to a pharmacy. Many college campuses, including Towson University, require students to make an appointment at the Health Center to receive emergency contraception. This creates another barrier to accessibility: if a student is unable to get an appointment during the 72-hour window in which EC needs to be taken, this prevents them from getting emergency contraception. If a student doesn’t have insurance, an EC pill can cost from $18 to $35 at Towson, which is affordable, but the Health Center is only open Monday through Friday 8 am to 5 pm. If a student needs EC on a Friday night and does not have transportation or funds to get to a pharmacy, then they have no choice but hopefully get an appointment at the Health Center on Monday morning. By forcing students to wait an additional 24-72 hours, this creates a barrier of care. EC is most effective when taken 24 hours after having unprotected intercourse, and increasingly loses effectiveness over the next 72 hours. Thus, if a student needs EC on Friday night and the next available appointment isn’t until Monday, the effectiveness of the pill has vastly decreased which may result in the student having to purchase Ella, a more expensive form of EC that can only be obtained by prescription.

These are only a few prominent barriers to EC, but there are innumerable other injustices that can prevent individuals from accessing EC. This is why I started the ReproHotline of Towson. Working with NARAL Pro-Choice Maryland, we ensure that Towson students and community members can receive EC barrier-free. Students can text or call the hotline number in addition to direct messaging our Instagram account, @ReproHotlineofTowson to receive EC completely free. I work alongside 30 student volunteers, equipped with packs of EC, and together we’re able to make deliveries on campus or wherever the requestee would like to meet. Because this is a student-run hotline and we all have busy schedules, we have a 24-hour window to complete the
delivery. We officially launched the hotline on the November 1, 2019, and since then we have completed nearly 80 deliveries of EC.

The number of requests we get proves that there is a vast need that is not being met by Towson University itself. Making EC difficult for students to obtain does not decrease the demand for EC. Instead, this puts unnecessary strain on individual students, both financially and emotionally. Emergency Contraception is health care, and it should be treated as such. It should not be up to a group of 30 college-aged volunteers to provide this ever-necessary healthcare, but we will continue to do so as long as there is a need for EC on campus.

Where will ReproHotline’s advocacy go?

So far, the ReproHotline has already expanded from solely EC to EC and pregnancy tests. In the ReproPacks, we provide EC in addition to a few condoms and various information cards that cover different areas of reproductive care. Some of the information includes a sexual assault hotline number, a how-to guide for use external and internal condoms, and an abortion access card. By providing information cards, we can ensure that people are informed about other services, so they don’t have to reach out again for more information. In the near future, I want to expand access to other aspects of sexual and reproductive healthcare including abortion care, prenatal care, and sexual assault care. While we obviously won’t be able to provide abortion or prenatal care ourselves, we hope to ensure that individuals receive the care they need and are able to get transportation to healthcare providers’ offices.

Steps for implementing your own reproductive health hotline

To get initial community support and to get a sense of how many volunteers I could recruit, I began outreach through my personal Instagram account. People began sharing my post on their Instagram accounts, garnering even more support. Then, I held two in-person meetings with potential volunteers to ensure that we were all on the same page with regards to what our services were and how we would provide these services. I prepared a PowerPoint presentation that covered some basics of what EC is to how we are able to actually give away free EC. From there, we broke off into designated groups: Social Media, Deliveries, and Administration. I had all the volunteers take a survey on Google Forms to see which area they wanted to focus in. We began an Instagram account solely for ReproHotline for outreach and awareness and as another channel for people to request EC through. I have found that Instagram is extremely useful for
outreach and information. We are able to educate people on what it is that we do, what EC is, and other aspects of sexual and reproductive health, in ways that we wouldn’t be able to without Instagram. There was some conversation about starting a Twitter account, but the general consensus was that Instagram was enough.

After everyone was sorted into their designated groups, we began making ReproPacks and distributing them. There are designated people who do deliveries, which is the largest group of volunteers. By using the group messaging app GroupMe we can all communicate in one place. When someone requests EC, they call or text our Google phone number and I send the request into the GroupMe chat with a time and place already established. Then the delivery volunteer completes the delivery. It has been running very smoothly so far, and we are averaging 7-10 deliveries a week.

One of the most important things I have learned from this experience is to listen and take advice from my peers. When I had the two initial meetings with the prospective volunteers, I reassured them that I would not be the sole voice. I would be unable to carry out the mission of the ReproHotline without the hard work of the volunteers, and I wanted to ensure them that their voices would be heard. Having this mindset throughout this process has allowed for some of the volunteers to give excellent advice and recommendations that has made the delivery process more streamlined. For example, the first round of ReproPacks I made and distributed myself. Making them wasn’t too difficult, but delivering the ReproPacks to all 30 volunteers was a daunting task. Over the course of a weekend I drove back and forth to campus and the surrounding Towson area delivering packs to the volunteers. By the time they were all distributed, I was exhausted and happy to be done. I was telling one of the last volunteers I delivered to how much more work doing all the deliveries was, and they recommended having a few other volunteers help with the ReproPacks. I was under the assumption that no one would want to help because it wasn’t as rewarding and glitzy as delivering to the people who needed EC, but I was wrong. I put in our GroupMe message chain that I was reaching out if anyone was interested in helping me deliver to the volunteers – no pressure if not, and I was overwhelmed by the response. I was able to set up a team of three volunteers who took complete control of the deliveries and smoothed out the whole process.

Joanna Morganelli, “EC Toolkit Extension”