

Thank you so much for reading this zine!



## ABOUT THE CREATOR



Orion Fern AKA 'Ovaettr' (oh-VAY-tur) is the two-time award-winning artist of 'The Fox Who Became A Girl' self-published with the support of The Greater Denton Arts Council (2023). Xe is working on stories about the beauty of LGBTQ+ life, often collaborating w/ friends.



He is passionate about bringing the world to a better place through activism and direct action.

*Find xyr work elsewhere...*

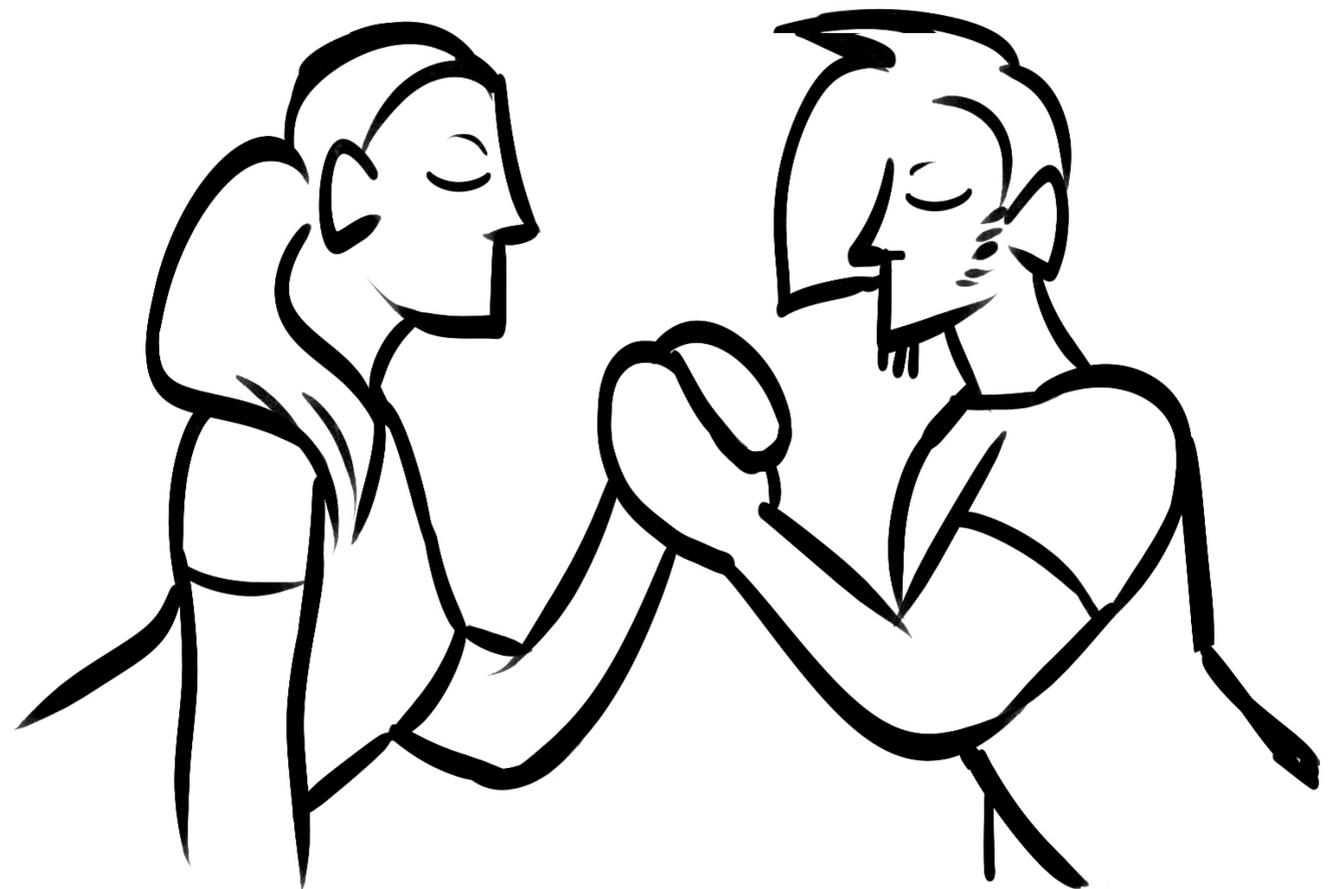
**[www.ovaettr.gay](http://www.ovaettr.gay)**

**instagram: @ovaettr**

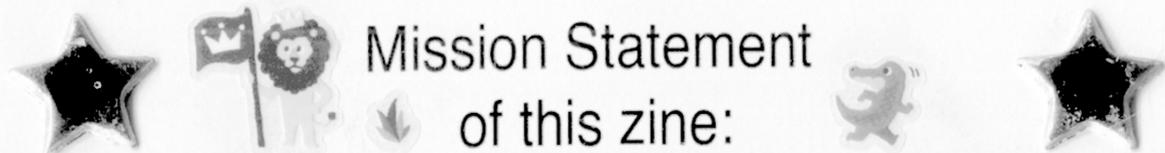
**Check [linktr.ee/ovaettr](https://linktr.ee/ovaettr) for all my links!**

**I vend in Denton, TX, catch me at the bars and all the weird places in town!**

# TRANS MASC & NONBINARY INCLUSION - I N - REPRODUCTIVE RIGHTS ACTIVISM



AN EDUCATIONAL ZINE BY OVAETTR



Mission Statement  
of this zine:

# REPRODUCTIVE RIGHTS ACTIVISM

by default should and does include trans and non-binary people of all genders or lack thereof.

★ People of all genders deserve sexual and reproductive healthcare services. ★

The main target of the Heartbeat Bill is cis women who can carry but caught up in this too is trans men and nonbinary people. So in light of that, this zine will be focusing on the need for inclusivity of trans men and nonbinary people in our activism and fight against the Heartbeat Bill.

Together we can fight back against the Heartbeat Bill here in Texas and anywhere else doing similar in the USA.

★ **REPRODUCTIVE RIGHTS FOR ALL GENDERS OR LACK THEREOF!** ★

## CITED SOURCES:



(1, 2, 3):

(Calderón-Jaramillo, M., Mendoza, Á., Acevedo, N. et al. How to adapt sexual and reproductive health services to the needs and circumstances of trans people— a qualitative study in Colombia. Int J Equity Health 19, 148 (2020))  
<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01250-z>

(4):

(Najmabadi, Shannon. “Gov. Greg Abbott Signs into Law One of Nation’s Strictest Abortion Measures, Banning Procedure as Early as Six Weeks into a Pregnancy.” The Texas Tribune [Online], 19 May 2021, [www.texastribune.org/2021/05/18/texas-heartbeat-bill-abortion-law.](http://www.texastribune.org/2021/05/18/texas-heartbeat-bill-abortion-law/))

(5)

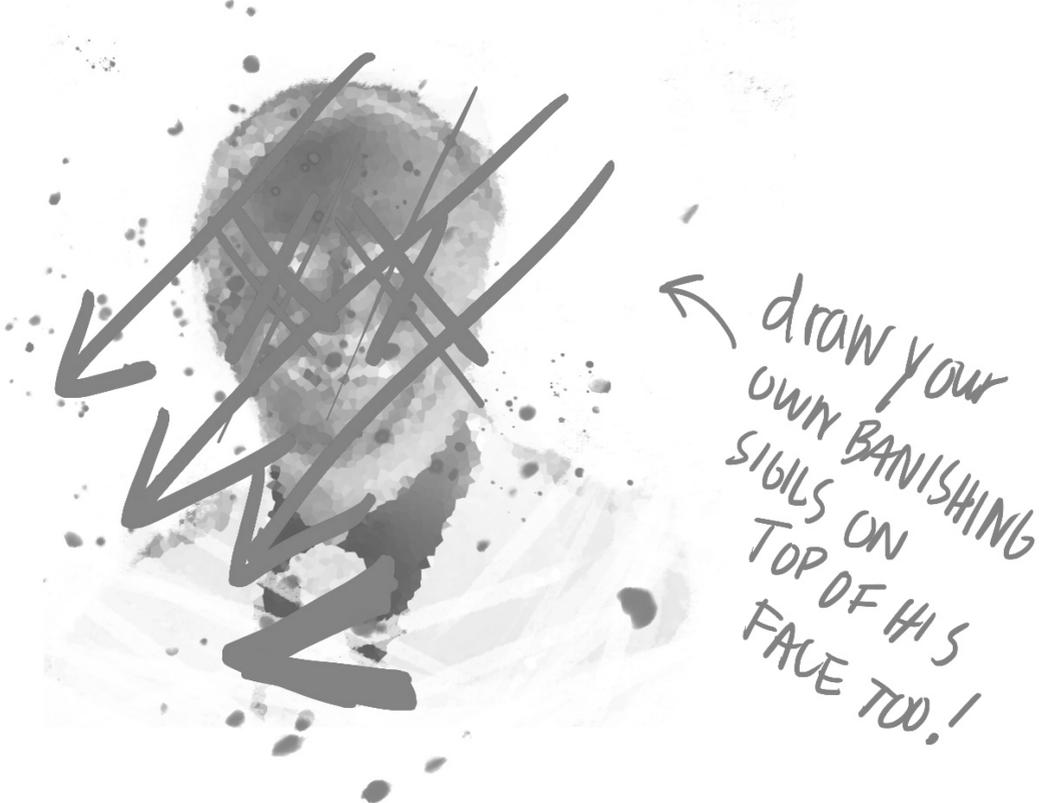
Calderón-Jaramillo, Mariana. “How to Adapt Sexual and Reproductive Health Services to the Needs and Circumstances of Trans People— a Qualitative Study in Colombia.” International Journal for Equity in Health, Planned Parenthood, 26 Oct. 2020, <http://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01250-z>)

★ and thank you to the people I have learned from over the years. ★

# WRAP-UP & LAST THOUGHTS

Standing together we are stronger.

We can see an **end** to Greg Abbott's control over the bodies of the marginalized.



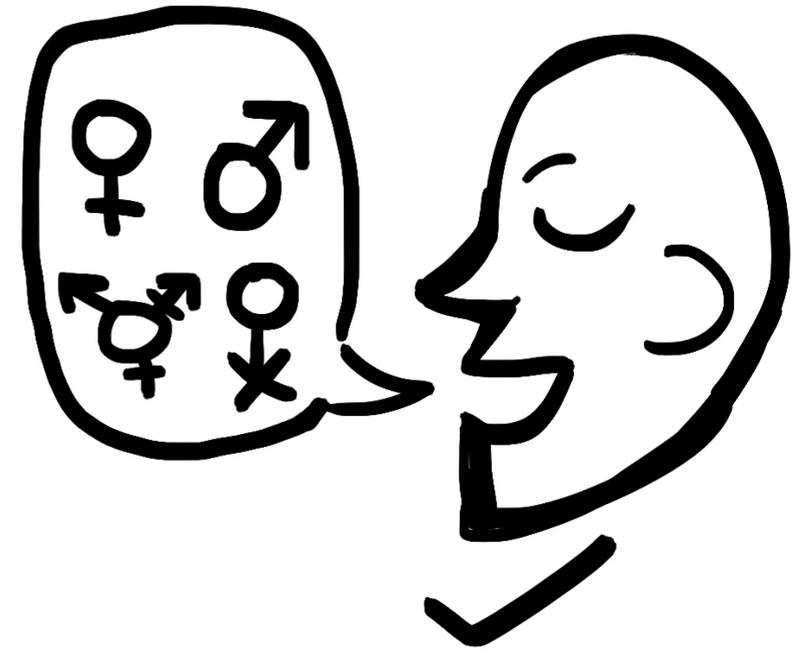
Thank you for reading this zine and hopefully you were able to learn something new today.

Thank you for supporting all genders in reproductive rights moving forward.

Let us protect abortion access and Roe vs. Wade together.

# LANGUAGE ALTERNATIVES

When speaking about whats happening with the Heartbeat Bill or reproductive rights in general, these suggested alternatives provide better inclusion for all genders or lack thereof.



**X**

Womens Rights >> Reproductive Rights  
*(not all women can give birth, not all people who can give birth are women.)*

Men controlling womens bodies >> Cis men controlling birthing peoples' bodies

Men should get birth control too >> People who can impregnate others need reproductive protection too.

*(not all men can get people pregnant, not all people who can get others pregnant are men)*

## **When talking about a stranger...**

Pregnant woman >> Pregnant person

*(as we cannot assume a person's gender simply because they are pregnant)*

Always ask what parental term a person prefers being used. Some trans people prefer their old parental name (dad/mom) while others want to change it, or simply "parent" works.

# MEDICAL JOURNAL EXCERPTS

Most trans and/or nonbinary people are met different sorts of discrimination when attempting to seek out and receive reproductive or sexual healthcare.

- (1) “Amongst the most common healthcare barriers found by different studies are the lack of healthcare coverage; denial of essential services such as sexual and reproductive health services; lack of knowledge and training of healthcare staff, social prejudice and imposition of either masculinity or femininity by healthcare providers depending on the patient’s assigned sex at birth”

Trans and/or nonbinary people have better things to do than be forgotten and left behind by reproductive healthcare providers.

Many trans and/or nonbinary people want to be parents or require abortion services, just like anyone else.

There are many ways we can adjust our behaviour to better accommodate for the trans and/or nonbinary people in our lives. Doctors must make an effort to do this too.

->

# HOW TO HELP; TAKE ACTION!

*Senate Bill 8 (SB8) has passed, and it set to go into effect in September of 2021 -- What can we do as activists?*



“While abortion providers typically sue the state to stop a restrictive abortion law from taking effect, there’s no state official enforcing Senate Bill 8 — so there’s no one to sue, the bill’s proponents say.” (4)

At the time coming in September, abortion providers will have to wait to be sued to challenge the law.

The most dangerous aspect of this bill is the “private attorney general” becomes the common everyday person. Whoever decides to be against abortion can openly sue a provider of the service.

However, “the 77% of Americans who don’t want to see Roe v. Wade overturned represent the highest rate of support for the case since it was decided nearly 50 years ago — and includes people who voted for Trump.” (5)

It is also good to know that Judge (Lee) Yeakel and Judge (Sam) Sparks have on record shown that they have reliably struck down Texas abortion restrictions.

Keep up to date with info, donate and sign up to volunteer with Avow Texas  
([avowtexas.org](http://avowtexas.org))

(i am in no way affiliated, they just do good work)

**Q3: How could you be better represented by reproductive rights activism?**



**A:** Just use inclusive language, things like, "People with uteruses," "They/Them/Their," "Parents," "Gestating/Birthing Parents," etc.



**M:** Inclusive language goes a long way towards feeling represented when it comes to reproductive rights, as well as stressing that inclusive language does not negate already existent language but simply makes people like me feel seen.



**S:** We are united by an amorphous blob called the uterus! We have to walk together, as people who have them and are affected by them.

(2)

"[...] I think that in the trans people issue, proper attention would be to be called by your name, for your identity to be respected, for them to know that [...] there are trans people that also want to have kids, for them to guide us throughout that process [...]"  
(Focus group participant, Medellín)

Trans people need to be included in the medical industry at every step of the way, and in every step of our fight towards restoring reproductive rights.

(3)

"...the different social rules, stigmatization, discrimination, and transphobia position trans people at social disadvantage, which results in inequality in access to essential sexual and reproductive health services."

Therefore, we must work to help educate others in order to reach a better place in reproductive healthcare for all genders or lack thereof.

It starts with understanding the unique needs of trans and/or nonbinary people.

# INTERVIEWS

We asked three trans and/or nonbinary Texans effected by the Heartbeat Bill for their insight and personal experiences in response to the following questions in these interviews.

**Q1: How does the Heartbeat Bill/Law effect you as a trans man and/or nonbinary person?**

**A:** I have not transitioned hormonally or surgically (some choose not to ever, but I'm just currently unable). I still have a fully functional uterus. If I got pregnant and wasn't able to afford another child, or I wanted to just have the children I have now, I could go to prison for choosing to terminate some cells. My kids would lose a parent who was just trying to do their best for their family. I would miss out on my children growing up and wouldn't be there to comfort them and give them the life they deserve all because someone else who doesn't understand science decided imprisoning me and separating kids from their parent was a good idea.

**M:** I have had to access abortion care in the past in a situation where I was neither in a healthy, supportive relationship or in the financial position to suddenly care for the child as a single parent without any support structure. The Heartbeat Bill does not take into account the myriad of reasons someone may be looking for that care, takes advantage of how rare it is to notice a pregnancy before 6 weeks, and suddenly tramples over the rights to their own body of the already existing human.

**S:** For me, I could suddenly in this position to become something that I'm not ready for, just like everyone else. But I'm also scared of how a pregnancy will invalidate my identity to people who don't better understand me, and what that will do to my mental health.

**Q2: How could you be better serviced by reproductive and sexual healthcare?**

**A:** People could ask my pronouns and my preferred name, then inform all others who would be interacting with me there. They could use more inclusive language in their office and in their paperwork as well as on their websites and apps.

**M:** More knowledge and training about the existence of Trans Men and N-B individuals within reproductive services would make for an easier time accessing this type of care. Patients should not have to be the ones handholding professionals on how to give them appropriate treatment, and there shouldn't be so many anecdotes of being disrespected and laughed at within reproductive services due to your identity.

**S:** Just please remember that gender has nothing to do with genitals. This is a very vulnerable feeling side of healthcare for some, and we need you to treat us as the amazing, beautiful people we are so we aren't scared to come to you with issues and worry about extra dysphoria.