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[00:00:00] **Speaker 1** Yeah. Then no seasoning. Mm hmm. None of their food. Even London. Not great food.

[00:00:06] **Speaker 2** Yeah. Yeah. Steve, I am rolling with. Okay. We need to make check sound at all. I was kind of listening in on your conversations.

[00:00:16] **Speaker 1** How dare you listen to what we are saying?

[00:00:19] **Speaker 2** Like you would do anything? Yeah. All right. So conversation, just like we've done a thousand times. So we have it for the cameras. Could you tell me your first and last name, please?

[00:00:32] **Speaker 1** Dana Pelikan d a and a P as in Paul e, l l e b as in boy O and as in Nancy. Kind of. Do you want me looking at you or do you want me at the camera?

[00:00:45] **Speaker 2** Give me a little background. Are you from Wisconsin? Where you from.

[00:00:48] **Speaker 1** And grow up? I am not from Wisconsin. I moved here in 1993. I did spend a couple of years here in high school, but my family hails from New Orleans and I am an Air Force brat and a kid of divorce. So I was born in California, lived in. Just to give an example, I went to 13 different schools from kindergarten through 12th grade. So we moved around a lot as a kid. But my adult life has been here in Madison. Okay.

[00:01:22] **Speaker 2** You know, we're talking about abortion here. Growing up. Was abortion ever talked about at home?

[00:01:30] **Speaker 1** It wasn't really talked about at home. What I knew about abortion was what I had learned in church. And obviously the church was very pro pro-life, is what they call it. I call it anti-choice. But they said at that point that they were pro-life. And most of what I had heard about abortion was that it was a sin and that you were killing babies.

[00:01:58] **Speaker 2** So what were some and take me back to that time. What were some of those first conversations? Just that it was wrong.

[00:02:04] **Speaker 1** Essentially, on the pulpit, pastors would talk about how wrong it was. Now, what's interesting is even though we were in churches that were very evangelical. My father has always been pro-choice. It was not something that he agreed with as a personal choice for himself, obviously as a man, but it wasn't something that he personally believed in. But he always felt that the laws should not reflect his personal beliefs. So even though I grew up around this dogma, my my dad was very progressive. And so there were certain things that were taught in the church where it was, these are church teachings, and then this is what the legalities should look like. So, for example, same sex marriage, he was one of the first people that was writing articles about that in the early 2000 as back down in Oklahoma, where he lives now. Really just talking about just because you have a personal beliefs doesn't mean that you legislate based on those personal beliefs.

[00:03:18] **Speaker 2** As you grew older, what were your conversations about abortion like?

[00:03:23] **Speaker 1** So with friends, it was very much a hush hush type of a situation. If there was anyone that had had an abortion, it was something that they felt a lot of shame around, fear of telling people very much a thing that you really just didn't talk about with a lot of people, a lot of judgment. There were a lot of myths that were spread, especially amongst persons talking about the black community. So things like black women in poverty used abortion for birth control, Black women in poverty couldn't keep their legs shut. And so because of that, then they would just get abortions and then go back to being promiscuous, knowing now all of that is a myth. But these were some of the myths that were proliferated a lot in my twenties and thirties.

[00:04:25] **Speaker 2** Do you remember when you first had a friend who had an abortion?

[00:04:34] **Speaker 1** Oh. I heard about it in high school. There was a girl who everyone said had an abortion. And the language around that was not great language. It was very slut shaming. It was very much talking about her morality and not her choices. So that was the first time that in my teenage years where someone I knew had an abortion and the language that was used to talk about that was not very affirming. It was actually rather harmful and abusive.

[00:05:17] **Speaker 2** Seems like you've had a lot of different perspectives of this conversation. How has your thought process or your understanding of it evolved over the years?

[00:05:29] **Speaker 1** Yeah, so I had always thought, again, you know, being that I was lucky enough to grow up with a parent that talked about legislation that's different than personal choice, I had said I would not make that personal choice. But, you know, legislation is different than personal choice. What I started to realize in my late twenties, this was actually when I had burdened my son. It was really about whether or not someone should be forced to go through pregnancy. And my my pregnancy with my child was not a very great pregnancy. I was sick a lot. I was in pain a lot. It just felt not great. It didn't feel like a good situation. It was super happy that I was having a child but not super happy being pregnant. And my child was someone that we had. It was a planned pregnancy. It wasn't a Oh, oops, we're having a baby. It was this is a planned thing. And then as I was raising him, I was like, There's zero way that anyone should be forced to do this if this is not something that they're ready for. And I was someone that was ready for it and knew how hard it was. So it really started me to think about my views personally versus just keeping it at a legislative level and a personal level. Instead, I was like, Let's think of this as a reproductive justice issue, because essentially that's what it is. And I was in my late twenties when I really started to engage in feminist thoughts and beliefs and in a very different way as a as a black woman. Growing up, feminism was something that was for white women. And so how it is that I engaged with that philosophy and culture and language was different. And I started my my journey through that, through looking at and reading black feminist literature. So I was like, okay, this isn't the feminism that I ascribe to, but what do I subscribe to? And that's when I started the journey of reading people like bell hooks and really thinking about what liberation meant and liberation of the body and liberation of of black woman in particular. And that brought me to that reproductive rights thought pattern and, and what what reproductive justice meant.

[00:08:24] **Speaker 2** So if you could walk us through your experience and experience.

[00:08:29] **Speaker 1** Yeah. So I had sex. It was protected sex. And I actually didn't know that the condom had broken. And four or five weeks later I was pregnant. And I, I first I just thought I was sick. But I was with a really good friend of mine. She was like, Maybe you're pregnant. I was like, There's no way that can happen. I've only had sex once and it was protected. It's fine. Well, it wasn't fine. And at that point, I was not in a position where I wanted another child. It wasn't something that I felt fit into my life. It wasn't something that would have been a good choice with my family. It just wasn't where I wanted to be. And so I had to really think about what were the choices that I had and what was my morality and whether they really think about this as a choice. And initially, I, I gave myself a lot of recrimination of you shouldn't have done this. Maybe you should have just you know, I couldn't think of what other things I could have done, but I was going through all of the things that I could have maybe done different. But at the end of the day, what I said was, was that this wasn't a choice that I wanted to make for my body and for my life. And so I made the decision to terminate the pregnancy. So I went to a Planned Parenthood for a appointment. And that was hard because walking in to Planned Parenthood is is is jarring because there are people there who have pictures that are inaccurate. They're yelling things at you. Again, I grew up in the church. And so, you know, a lot of the things that they were yelling were religious based. So that part was really hard because I was already making a very tough decision for my life. And then to have people yelling at me as I walk into a space was not great. And then I went in. There was a first appointment where we talked, where they did a pregnancy test. We talked about the procedure, We talked about what it is that I wanted, whether or not I wanted drugs that would help me sleep. There's something called Twilight. And then I had a second appointment where I came in, and at that point I was really sick. I had really bad morning sickness and just wasn't feeling good all of the time. And I remember I was in a room and they said, you know, you can play some music. And we just turned on the radio and they gave me this twilight. And if I'm remembering correctly, I know that there was a song that I love that had come on the the radio and I believe it was either Heart or Stevie Nicks. But I remember as I was going to sleep thinking, Oh, okay, this is a song. I can focus on this. I don't have to focus on how it is that I'm feeling. And then when I woke up, I was in a chair. They gave me some juice and some crackers. And what I noticed was that I felt great. I felt great. And I actually had gotten a hotel for that evening because I wasn't sure about how I was going to feel. So I went to the hotel, ordered some food and felt an enormous sense of relief and felt I thought that I was going to feel all these sad feelings and that it was going to be all of this stuff that was happening. But instead I had my chicken visions from the weary traveler. I remember because it was like my favorite dish at the time and watched TV and really just felt good for the first time in about two months and felt very much at ease and at peace with my decision at that point.

[00:13:10] **Speaker 2** Okay, Take me back for a moment. What stage of life were you in then? You had?

[00:13:16] **Speaker 1** I had already had a had a child, Yes.

[00:13:19] **Speaker 2** Right. So it sounds like the decision part of this was. Walk me through that. Actually settle the question. Walk me through that decision process a little bit more. What was that like for you? Was it laborious? Was it quick?

[00:13:36] **Speaker 1** It was laborious in that. There were times in my life when I wanted more than one kid and I had one kid and I was like, Is this the right time? And once I asked myself all those questions with the relationships that I had been in and the space that I was at mental health wise, I was like, I couldn't I couldn't do this on my own and I didn't want to do it on my own. And it just didn't feel like the right decision. And every time I kept going, Well, what about this? There was something in me. I said, Still is not the right choice. And I'm a reader. And so I spent so much time on the Internet just looking up things. And that's actually the first time I saw things like what actual tissue look like at the different stages of of after fertilization. And I was like, Wait a second. That's right. None of these pictures that I've seen for years of of abortion protest are actually true and really had to again, be an inquiry with myself about what reproductive justice meant and what it meant for me and the ability to control what happens to my body and control what happens to my life. And it would have made my life significantly harder. And it was made my my child's life significantly harder at that point. In particular, he needed to have my full focus and attention and and I was unwilling to give that up.

[00:15:33] **Speaker 2** This was 12 years ago.

[00:15:35] **Speaker 1** Sorry. Oh, somewhere around there. Yes. Yes.

[00:15:44] **Speaker 2** Who did you choose to tell about that after Michael's friends?

[00:15:51] **Speaker 1** I don't think that I told anyone publicly until probably five or six years ago. I think I was supporting someone who was making that choice and they have a lot of feelings about it. And we're getting a lot of not great messaging. And I happen to live in a space right now that I have an enormous amount of people around me that are supportive and loving and caring. So I put it on social media because I wanted that person to to see that it's not as harrowing as as as she thought. But at that point, I hadn't told very many people because I don't walk around telling people what I do at my doctor's office. So when I did decide to disclose, it was a political choice to be able to to say publicly, this is a choice that I made and it's no choice. And I want you to know that all of the messages that you're hearing are not not all the messages that are out there.

[00:17:09] **Speaker 2** Going back to when you entered the clinic. When you think back, were there other people there?

[00:17:15] **Speaker 1** Oh, yeah.

[00:17:16] **Speaker 2** To speak with them at all or.

[00:17:17] **Speaker 1** No, Not at all. It's a very singular, isolating experience. You don't really look at people in the eye, but it's also the same as when you go to a therapist's office. It's not like you're sitting in the waiting room being like, Hey, you got depression. I got depression. You want to see what that's like? You know, so there's there's there's not a camaraderie that happens in that space because, again, people are making very serious medical decisions about their body and how they're going to what they're going to do to care for themselves. So what's interesting is that there was a wide range of people, different ages, different races, the amount of gender. And obviously, I don't know if anybody was non-binary or trans, but I mean, it was a variety of people that were in that space and it was a busy, busy clinic. You know, we don't even at that point in Madison, there weren't many spaces where that could happen. It was just one space. And so in a city of 200, 250,000 people, there's one clinic that can provide the service. And that's that's significant. And I do remember that the appointments, you know, it was it was a few weeks for that appointment. So it wasn't just a move things forward. You also had to have money that was available. And I, if I remember correctly, was like a couple of hundred dollars. I think some of some of it was covered by insurance, but not all of it. Like, for example, the twilight wasn't covered by insurance, so that's something that I wanted to pay for. So I had to have cash. I had to have time because it was two appointments and I took days off from work. So I wasn't sure about what recovery looked like and then caring for my body afterwards. But again, it is a it is a solo isolating experience because it's a choice that you're making for your body.

[00:19:36] **Speaker 2** And then after you mentioned that you did talk about your experience on social media, was that an effort to kind of normalize the conversations around this?

[00:19:46] **Speaker 1** Yes.

[00:19:46] **Speaker 2** Why is that important?

[00:19:49] **Speaker 1** Because what we have done is taken a an opinion on morality and placed it in a medical decision and have given and have been given an incredible amount of misinformation about what is actually happening in your body, what what fetal tissue looks like at different stages, what fetal tissue feels pain tolerance. I mean, there's so much information that isn't correct. And then the other thing was there was a lot of misinformation about how people feel afterwards. And and I think that was one of the barriers for people is like, you know, I'm going to hate myself forever. I don't hate myself forever. I'm actually very proud of myself. For making a good choice for myself and my body and and what I needed for my medical care. So that was to empower folks to let them know it doesn't have to look like this narrative that is a popular narrative. Instead, it can be an empowering choice for yourself. And that's what it was for me.

[00:21:11] **Speaker 2** Does your experience come up today in conversation? Something that you share.

[00:21:17] **Speaker 1** So my experience does come up. I'm the executive director of RCC Sexual Violence Resource Center. So I deal with a lot of people who have experienced sexual violence. And some of the conversations that are had in hospitals or one on one is about what reproductive choices are. And I've had survivors flat out ask, is this something that you've chosen? And I don't require any of my staff to answer any of those questions. But I do answer those questions because I feel very comfortable saying this is a choice that I made for me and this is what it looked like. If if it is asked. It's not something that I volunteer, but it's asked more often than what people think because they're not sure. I, I engage with a lot of young people politically. And so as we talk about policies like right now, I'm an elected official, I'm a county board supervisor. So policy wise, I'm more than happy to talk about my experience because, again, if you have someone that normalizes the conversation, it allows other people to to hear that conversation and and know that there's there's other thoughts than what you might hear in the media. So I'm very happy to talk about my experience and do so often.

[00:22:56] **Speaker 2** Do you encounter others who also share their experience with abortion?

[00:23:00] **Speaker 1** Oh, absolutely. There's a there's a whole network of of activists and women and men and non-binary folks who are who are here and talking about reproductive justice. And so I am lucky to be engaged in work with people that are out there making a difference. And so it is now versus my twenties where things were hush hush and people talked about things and fear and sometimes shame. Now we are able to have these conversations in the open and being able to post on Facebook. This is what fetal tissue looks like at two months instead of I'm not going to talk about this because this is scary. So we are able to educate and and that is a part of my job as as an executive director of an organization and for me as a cisgender woman, to be able to say, I believe in reproductive justice, I'm going to talk about this because I have been empowered to do so and I have the privilege I have the privilege to make that choice.

[00:24:16] **Speaker 2** There are some who feel that abortion, having an abortion is something to be ashamed of. Do you feel that way at all?

[00:24:21] **Speaker 1** I don't think.

[00:24:24] **Speaker 2** That you don't feel any shame. But then there is still the stigma of those who have it. What's the difference there?

[00:24:32] **Speaker 1** The difference is the messaging that that you are being. You know, so it's what people are telling you versus when a medical doctor will tell you. A medical doctor will say very clearly, this is this is a reproductive choice. This is not anything more than we are removing tissue from your body. I think that things become a little bit more. Things become harder when you are looking at a super small percentage of people who have had to have medical abortions later in pregnancy. And so that's a whole other different level and that's not something that I experienced. But most persons engage with abortive services in the first trimester of pregnancy and that is is generally really a. I lost my train of thought. Do you want to open that door so that the cat can come out so she's not crying that whole time? It's like she's crying and it's driving me nuts. Yeah. And she'll just come out and won't say anything. She's just like I'm sitting here and I'm. I'm stuck.

[00:25:59] **Speaker 2** So just leave the door open. Yeah, you can leave the door open. It sounds like contraband dog. Yes.

[00:26:10] **Speaker 1** Actually, you might want to close the door because now she's out. She'll be fine.

[00:26:15] **Speaker 2** Okay. All right. Still rolling. Still wrong. Okay. Often the conversation around abortion is focused, as you mentioned, on, you know, emergency medical care. But that's not all women's experience. That's not your story. How do you describe the range of those who have and seek an abortion?

[00:26:47] **Speaker 1** How do I describe the range of.

[00:26:49] **Speaker 2** Those who seek an abortion?

[00:26:51] **Speaker 1** I mean, the range is infinite. It is persons who like me. Accidentally got pregnant. There are those who have been assaulted and and they've got to make choices that way. There are those who. You know, there's so many different scenarios that that can happen that you find yourself in this situation. And, you know, there are those who who do things like have unprotected sex and then if they're pregnant, they have an abortion. And people like to put morality on that also. And I don't I don't put morality on that because, again, this is a medical procedure. It's the same as people who get repeated plastic surgery. You go every month to get Botox. Okay, This is another medical procedure. So I I see no difference between the different scenarios that bring you to this medical decision with the knowledge that you get to choose what happens to your body. And that's the most important point of all of it, is that regardless of what brought you to that space, you get to make the choice about what happens to your body.

[00:28:13] **Speaker 2** Does it become easier to speak about your experience over time? Yes. Okay. What do you think that sharing your story does for others who may someday need or want an abortion?

[00:28:27] **Speaker 1** I think it empowers them to let them know that there is a there's a different narrative that is out there, that there are people that are really okay with the choice. Even those who grew up being told that it wasn't okay, it was no choice. And there isn't depression and suicidal ideation and all of these things that people like to place on this medical choice. I'm not saying that there aren't people that have depression and suicidal ideation, but chances are those were issues that were in place before or before they they made a choice to terminate a pregnancy. So the actual act of terminating a pregnancy is no different than for me getting a mole removed. There is no difference.

[00:29:24] **Speaker 2** January 24th was first, not one year since the Dobbs decision in overturning Roe versus Wade. What were your thoughts when the Dobbs decision came down?

[00:29:34] **Speaker 1** Incredible sadness. I was born two years after Roe v Wade came into power, so I've always lived in a world where abortion was legal. And to think that that we had erased 50 years of progress was astounding. And it was sad and it was angering. It was angering because I know that the people who are most affected, one, are black women, two women in poverty, and three women in controlling and abusive situations. And so the impact of. Of limiting how it is that we can engage in our medical choices for our body is massive and is life changing. You know, raising a kid is expensive. And to force that upon someone is is unethical. It's unethical. Nothing should be forced upon me on my body without my consent. And so it is one thing to say I disbelieve in a concept. It is another to remove consent. From me about what happens to my body, and that is forced birth is assault. It is assault because I do not have consent. And I also know that already it was difficult when it was legal to obtain a board of services and now people have to leave the state. So a couple of hours off of work now changes to a couple of days off of work, having insurance coverage versus I now have zero insurance coverage. And so the price goes up exponentially. And then if you are trying to get money from a fund, it's filling out applications. It's calling it's waiting on waiting for hours on the phone. It's hoping that they still have money available in their pot, is hoping that there are are times that are available that fits in your schedule. It's getting day care. It's making sure that your animals are taking care of them. Like there's so many barriers that were put in place because people want to impose their morality on another people. So in between being sad, there was just blinding anger because the impact of this law on on persons with uteruses and persons who birth is is almost incalculable because there's so many women that will just and persons who birth who who will suffer in silence because what other choices do they have? It also requires being able to navigate systems that they've never navigated before and then having a supportive system around you. I mean, there's so many things that that this law put into place immediately. So for me it was sad. And then there was the mobilization, you know. So again, I'm the executive director of an organization where we work with survivors. So it's making sure that we knew what funds to get, making sure that we were looking at at the funds that we had in our coffers, how much money in our budget that we could now put towards making sure that people had reproductive access. You know, we started a a health and wellness center in our office to make sure that there were condoms, dental dams, internal condoms, external condoms, morning after pills. We bought bulk because we didn't know what was going to happen next. So making sure that not just me myself was covered, but how then do we help cover a community? I at that point started getting phone calls almost every day. I have a friend who my sister needs help. Who do I call for this? So the amount of advocacy work that I had to do, that my staff had to do increased exponentially because nobody really knew where to go. They just knew something bad had happened. And so we had to really rethink how we were even doing our services. And I, as a personal advocate to people, had to make sure that I had the right information and reaching out to orgs and saying, what is it that the process looks like? So that I can be very intentional about the information that I give. Talking about self-care. Talking about what to pack on a trip to go down to Chicago and Rockford who had openings available because at that point everyone was like, Oh my gosh, we've got to go. So now you have all of Illinois and Minnesota who is still normally seeking services, and then you have our entire state of Wisconsin going, Where do I go? And so there were these clinics that were flooded with phone calls. So there was enormous empathy for the people that were working at these clinics, because I can't imagine the amount of stress, especially in those first few months, because there was just such panic about what is it that I'm going to do? And since then, what I've seen is I've had a lot of people, uteruses, make some radical decisions about about birth control. I've had a lot of of young ones decide to get sterilized because they're like, yo, I know I don't have the money. I can only be on so much birth control if something happens. I don't I don't want to be forced to give birth. So I'm going to stop that process entirely. And the only way to fully stop that process is sterilization. So there were a lot of people that then were making lifelong choices because of a law. Because of this law, they have literally stopped any reproductive choices that they could have for their lifetime. So the impacts of this law are so far reaching, it is truly incalculable to talk about the damage that this law has caused to the residents of Wisconsin.

[00:36:45] **Speaker 2** Does the upcoming change to the state Supreme Court give you any confidence that something will change with state law?

[00:36:53] **Speaker 1** Yeah. So, you know, there was that recent decision by a Dane County judge and that will have to make it up through to the Supreme Court. That gives me hope. Also, the thing that I fear is that once it gets to the state Supreme Court and it's going to go to our our federal Supreme Court, and I don't have faith in that Supreme Court to to look at personal, individual and liberties in the same way. So while I have some hope, I recognize that we are in the political climate and a position that limits my my ability to make choices for my body.

[00:37:42] **Speaker 2** So hair on your mike there. Great. Did the fact that women have been shamed and silenced over having abortions play a part, do you think, in the access changing with Saddam's ruling?

[00:38:00] **Speaker 1** Well, sure. I mean, patriarchy is everywhere and white supremacy is everywhere. And and those beliefs are embedded into institutions and embedded into how decisions are made. And so when you are looking at how oppression works, this is how oppression works. And this is a manifestation of the oppression that is already embedded into our institutions.

[00:38:24] **Speaker 2** So is this about controlling?

[00:38:26] **Speaker 1** I believe it is about controlling.

[00:38:29] **Speaker 2** You spoke about it a bit before, but you are a black woman.

[00:38:32] **Speaker 1** Yes.

[00:38:33] **Speaker 2** Does that impact your reproductive health care needs and experiences?

[00:38:38] **Speaker 1** 100% it does. We know that maternal death rates are higher for black woman. We know that death rates for black babies are higher. And we know that's because the care that that we as black woman receive is is subpar. And it's it's due to implicit and explicit bias in health care. It is due to these institutional baked and structural racism. Even with the birth of my child, the. The treatment that I received was not great. I've had family members who almost passed away during childbirth because doctors weren't listening. Right after I had my son. I went had to go back into the hospital and the doctor was very dismissive. I was bleeding out profusely and then just told me if I wasn't fat, then I wouldn't have this issue and that maybe I should worry about eating less, eating less. And let me tell you, I was four days out of a C-section. So how it is that were treated is very different. I am as a black woman, unable to to express fears and express anger, anxiety to medical professionals because I am then cast as an angry black woman. And and understand I have privilege because I am a lighter skinned black woman. So those of my darker skinned sisters are. Their treatment is exponentially worse. And and how they are treated in medical establishments is exponentially worse and even how I am treated. So I know the politics of reproductive care for black women is very different than it is for any any other race. So this decision in particular concerns me on so many different levels because, one, we are they are not getting the care that we need to. We're now being forced to birth three. That then increases our likelihood of death. It literally increases our likelihood of death because if I'm forced to give birth and the likelihood of me dying and birth is is higher significantly than it is for a white woman, being pregnant could be a death sentence for me. And that's unacceptable.

[00:41:31] **Speaker 2** What are your hopes for the future in regard to abortion access?

[00:41:36] **Speaker 1** My hopes for the future is that there is unfettered access for people to make choices with their doctors about their their medical decisions. That that's the that's the only way that this should be. I should get to choose what happens to my body under the care of a physician that is not racist and then is not being oppressive to me.

[00:42:04] **Speaker 2** Okay. Covered a lot of ground. Brandon. Did I? Forgive me. Not that I can think of. Is there anything else on this that I didn't ask about that's important?

[00:42:18] **Speaker 1** No. Everything else would be boxy against religious people. I want to do that. Okay.

[00:42:23] **Speaker 2** Great. Room tone. Room turn to first and maybe just give me one clap and turn your face. Perfect. Thank you. That helps us sync up our cameras. And then let's do some ringtone. So this is where we get to just be quiet for 30 seconds to end the ringtone. Starting now.