

♥ Anti-oppression work and work to promote economic justice/pay equity has to start internally (we have to “walk the walk” in our own organizations before telling others what to do)

To ignore racism’s effects on our patients’ everyday lives, including their reproductive health, is to miss an opportunity to join the fight for racial equality ♥♥

Over the years, we’ve learned the hard way that good intentions aren’t enough - we have to take action ensuring we’re truly listening to those we’re trying to serve.

the policy makers who are successful will be those who are willing to listen ♥

“Acknowledging the harm is necessary in order to move forward as a collective.” - Cheree ♥ ★ ♥ ♥

Conversations about economic justice/pay equity are difficult and often uncomfortable, but NECESSARY ♥

## Highlights from the 2nd breakout sessions & the plenary

Prevention on purpose!

♥♥ Rethinking the “table” ♥♥

♥ Worst public policy making is people sitting in a room talking about the them’s and the they’s. ♥♥♥

In past, we’ve all been addressing different areas of oppression separately. ♥♥ Opportunity is now for us to start cross-collaborating to get to the heart of all oppression.

♥ Protecting Black bodies as prevention work ★ ♥

“When you build skills, tools, frameworks WITHOUT BIPOC and people on the margins, you will BUILD THEM WRONG”

♥ I am well, all is good, I have peace and I am safe. (We have to be this for others)

★ “at what point in my history of survivorship did I become irrelevant to Prevention efforts? ♥♥♥

You gave us the steps and words to discuss intervention is prevention - and without incorporating anti-racism, we can't get that done.

♥ Build your programming around your mission, not your mission around your funding ♥★ ★