The New York Civil Liberties Union (NYCLU) is the New York State affiliate of the American Civil Liberties Union (ACLU), a national nonprofit that works with issues of constitutional rights and civil liberties. I worked specifically for the Teen Health Initiative (THI), a part of the Reproductive Rights Project (RRP) that was launched in 1997 to remove the barriers that prevent young people from accessing critical health services. THI uses a combined strategy of public education and advocacy to empower young people with the skills and the knowledge to become their own advocates.

Minors in New York State have a virtually unprecedented range of health care rights. Youth under 18 in New York State have the right to get any reproductive and sexual health care, which includes everything from contraception to abortion services to sexual assault care, some mental health and substance abuse treatment, and some emergency care confidentially, without the involvement of their guardians. While THI encourages honest and open family communication, the major task of THI is to advocate for these rights, which protect teens who would be unable to get necessary health care if their families had to be informed.

There are two main ways that RRP and THI disperse their information: workshops and publications. Currently, THI offers four different workshops, two each for teens and for health care providers. The Know Your Rights presentation for teens covers the basics of minors’ health care rights in New York State, including the rights of pregnant and parenting teens. The Peer Health Education and Activism workshop covers why and how peer health education creates social change. The Teenagers, Health Care, and the Law presentation is a professional
workshop about minors’ rights to health care provided for physicians, social workers, and anyone else who works for youth. Finally, the Minors’ Rights to Sexual Assault Care presentation addresses the rights of minors who have been sexually assaulted. I sat in on or participated in all of these workshops except the last one. The provider workshops I attended spanned four of the five boroughs and included everyone from ACS workers to guidance counselors to abortion clinic workers. The peer workshops tended to be concentrated in Brooklyn and the Bronx and were usually conducted for various teen education groups. Even though it was essentially the same information being presented over and over, each presentation seemed different, as the particular needs of the health care providers or teens we were presenting for changed with each location. Also, there was a great deal of variety in the knowledge level of those we were conducting these workshops for – some were well-aware of all these rights and apprised minors of them nearly everyday, while others were hearing this information for the first time and asked a lot of questions and needed more details. As a result, each workshop felt different, and each was a unique experience, so I jumped at the chance to attend as many of them as possible during my ten weeks.

As I mentioned, RRP and THI also distribute a number of publications for both health care providers and teens. These publications cover everything from the basics of minors’ health care rights to the rights of pregnant and parenting teens to nursing mothers’ breastfeeding rights in New York State. Many of our publications are available in multiple languages, so we were able to distribute these to everyone who needed them. The main avenues of distribution are through workshops and through tabling at events in New York City, like school health fairs and the Reproductive Health Fair in Union Square on August 7th. It’s great to get this information into the hands of those who need it, and I especially liked when someone, especially a teen, read
one of our palm cards or flipped through one of our books and asked for more details about the information therein. It let me know that, cheesy as it may sound, people are really paying attention to the work that we do, and they are actually benefiting from it and learning something. This was my favorite part of my internship as a whole – seeing the light bulbs turn on in people’s heads as they learned something new. Education, teaching people – to me, that is what social change is all about.

I even got to add my own creativity to THI’s arsenal of publications, as I designed an informational brochure for the THI program. I included a list of our workshops, contact info for ordering publications, and information on our Peer Educators program, a program for high school students in New York City who want to learn about health care rights and help present peer workshops to their fellow teens. It’s a pretty simple brochure – neither I nor my supervisor are a fan of fancy, cutesy brochures/publications, as we find them unprofessional – but everyone on the RRP staff loved what I put together. My draft was sent along to a professional graphics designer who is going to clean it up and make it look super professional. I’m excited to see the final product.

My main project of the summer at NYCLU was assisting in the development of the parent workshop on minors’ rights to confidential health care. As I mentioned, minors in New York State have a virtually unparalleled amount of reproductive health care rights. THI conducts workshops for health care professional and teens and creates publications about these rights because, as Karyn says in every workshop, your rights are useless if you don’t know you have them. THI received several requests for a similar workshop and publications on this information for parents, so the bulk of my work this summer was on this project.
Some staff at NYCLU, even within RRP, were skeptical of the parent project. As Corinna pointed out in her response to one of my posts on the RRASC message board, a lot of reproductive rights activists view parents as simply another obstacle to accomplishing their work, that the activists’ goal of protecting teens’ reproductive rights and the parents’ goal of protecting their children from harm are diametrically opposed. On the contrary, I believe it is important for activists and parents to work together to protect teens’ health and safety. Parents are often an integral part of their children’s health decisions, so I think it is important to make sure that they are not kept out of the loop on discussions about teens’ reproductive health care rights.

Anyway, my work on this project had several steps. The first step was doing some broad research on how parents communicate with their children about sex and sexuality and, more importantly but also more difficultly, how to communicate with parents about their children’s sex and sexuality. As I was doing this research, I realized that there are multiple answers to these questions. I think my academic background in identity politics (I am a Black Studies and Women’s and Gender Studies double major, after all) definitely assisted me in this research, as I emphasized in my written research summary that any workshop or publication we create has to be sensitive to the many different cultural, religious, ethnic, etc. identities that different families occupy.

My next step was taking some of what I felt was the most controversial information in our normal provider workshop and phrasing it in two different ways— one, purely factual and straightforward, and two, the same information, but with some nice, parent-friendly language in order to reduce the friction parents may feel upon hearing these facts. I decided to frame the parent-friendly statements in the language of teens’ health and well-being, emphasizing that
these are priorities for parents, activists, and teens alike. As I mentioned above, I think this is a good way to bring everyone together and to close the ideological gap between activists and parents.

My work came to fruition in our first parent focus group. We conducted a focus group at the Urban Health Plan Club TIA (Teens In Action) in the Bronx that included about eight adults who worked with teens and/or were parents of teens themselves. This was my first time even witnessing a focus group, and it provided such a wealth of information. In general, these adults preferred the more parent-friendly language of our information, as I expected. However, we also learned a few startling, yet extremely useful things: 1) they would prefer to hear about their children’s health care rights from their family doctor, or at least from a professional that they have a relationship with; 2) they would prefer to at least begin hearing about these rights when their children are young, so they don’t feel overwhelmed with all of this difficult-to-swallow information right when their children hit their troublesome teenage years; and 3) they would prefer to hear this information from another parent, so they feel like the presenter can relate to their concerns as parents. Overall, I think the focus group was a huge success. We also created an online survey containing basically the same questions for those who would be unable to attend a focus group and sent that out to all of our contacts.

One of the things I especially liked about my internship was that there was very little boring, administrative work. I put together packets of information about the Reproductive Health Act to mail to New York State senators early on in my internship, and I also sent out publication orders for the month of June. Those were the only two instances of stereotypical internship work (“shit work,” as our Executive Director Donna Lieberman affectionately calls it) that I had during my entire ten weeks at NYCLU. I really appreciated this, as it meant that I was
doing a lot more substantive work and actually working with the issues NYCLU address hands-on. Even the research I did during my internship addressed important issues. My supervisor is putting together a civil liberties curriculum for public schools, so I helped her find a lot of information about incarceration statistics, banned books and library censorship, and the school to prison pipeline. I enjoyed all of this research, because, with each finding, I learned something new. That was another great part of this internship – not only did I have the opportunity to educate others, but I learned a thing or two myself.

As a final note, I think it’s kind of funny that I ended up doing the work that I did. When I first spoke to my supervisor last spring, before my internship started, we discussed some of the projects I’d be taking on, and my initial idea of what this internship would be like was totally different. It seemed like it was going to be more about legislative work – we would work to pass the Reproductive Health Act, an act that would update the language in New York State law regarding reproductive health services and abortion, and comprehensive sexuality education legislation in the state legislature. Then, during the second week of my internship, there was this massive power struggle in the state senate with all of these ridiculous senators switching parties and doing whatever they darn well please, stalling the legislative session and leaving all of our work in limbo. As a result, my internship switched gears into more of the advocacy-driven work I’ve described above – working with parents to design the workshop, attending more workshops and health fairs to distribute information, etc. Honestly, I wouldn’t have had it any other way. Though my internship wasn’t exactly what I expected, I still enjoyed every minute of it. In the end, I think the advocacy work is more of what I like to do, anyway. As I said, it’s an opportunity to both teach and learn, something I don’t necessarily think I would have gotten if my summer had been consumed by legislative sessions and mailing out packet after packet of
propaganda to state assemblypersons. My advice for future interns, whether at NYCLU or elsewhere, is to look for those opportunities to teach and to be taught, for those occasions when your education and learning path crosses another’s. That will make your internship experience feel so much fuller.