

## Reproductive Justice and the Post-Roe Landscape

*Chicana Feminisms, Coraje, and Collective Solidarity*

On Friday, June 24, 2022, the official decision in *Dobbs v. Jackson Women's Health Organization* was handed down, which led to the overturn of *Roe v. Wade*, ending the constitutional right to abortion that had been upheld since 1973. The overturn of *Roe v. Wade* set several trigger laws into effect across the United States, posed significant questions about the future of abortion rights, and resulted in protests both in favor of and against the ruling. As two Chicana feminist reproductive justice scholars, abortion access and reproductive justice are topics that have long been on our minds, even before we knew of the concepts and frameworks to describe them. Born and raised in Texas in Catholic families and educational systems, our cultural upbringing and intersecting queerness inspired our later activism for reproductive justice, which has resulted in our advocacy work with organizations such as the Utah Abortion Fund and El Jardín Birth and Family Resource Center and our continued collaborative scholarship on reproductive justice and border studies.<sup>1</sup> In this autoethnographic essay, we explore the contours of the post-*Roe* landscape through the lens of reproductive justice. We conjoin our physical, embodied reactions through the lens of coraje—deep frustration, anger, and rage—to the overturning of *Roe v. Wade* in light of larger critiques about the impact of *Roe v. Wade* on queer and BIPOC individuals. We advocate on behalf of the presence of reproductive justice to inform policy and organizing in response to reproductive injustices in the United States, particularly when queer and BIPOC individuals are overshadowed and excluded in abortion discourses.

### ABORTION AND REPRODUCTIVE INJUSTICE

In discussions of homeland maternity, a concept and phenomenon developed by Natalie Fixmer-Oraiz, she aptly notes that we continue to increasingly “face stunning hostility to sexual and reproductive self-determination,” particularly when facing organizations and the homeland maternity state that seek to remove maternal dignity, reproductive justice, and fundamental respects to bodily autonomy from reproductive individuals in our

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country and beyond.<sup>2</sup> First defined by twelve U.S. Black feminists in 1994 at a Chicago convention, reproductive justice includes three fundamental pillars: “The right not to have a child; the right to have a child; and the right to parent children in safe and healthy environments.”<sup>3</sup> Even outside of our own lived experience, research has illustrated the impacts of reproductive violence against queer, BIPOC, and immigrant communities, particularly with regards to public discourses and legalities about abortion.

As two former journalism practitioners, our news training inspired us to create a research trajectory that interrogates news discourses about abortion, reproductive health, and reproductive in/justice. Publicized discourses about abortion have historically focused on white women within the pro-life/pro-choice binary debate, further erasing representation of BIPOC and queer activist organizations rooted in reproductive justice principles and practices. For example, our earlier research that analyzed abortion news discourses in 2017 in relation to Governor Greg Abbot’s signing of Senate Bill 8 found that news coverage of SB 8 and “abortion wars” were categorized under the following themes: (1) abortion as a woman’s right versus murder of the unborn, and (2) anti-abortion laws as intentional harm versus protection of women’s health.<sup>4</sup> In other words, other voices and perspectives in the debate (such as those of queer, BIPOC, and reproductive justice advocates) were either minimized or not present.

In response to the current overturning of *Roe v. Wade*, Emily Winderman and Atila Hallsby illustrated how the *Dobbs* decision elevated *women* as “the centralizing term for post-*Roe* coalitional identifications,” which excluded abortion’s significance to gender-fluid, nonbinary, and transgender individuals, thus limiting abortion coalitions and the presence of non-cisgender voices and experiences.<sup>5</sup> As we found in our earlier scholarship, what is most concerning is “the lack of explicit mention of how abortion restrictions affect women of color, poor women, women in rural areas, and other women who might not have immediate access to health care organizations and Planned Parenthood facilities that provide abortions.”<sup>6</sup> Ultimately, the history of news coverage of abortion rights did indeed repeat itself decades later, particularly with (1) “the permeation of rhetorical terms and party ideologies pertaining to choice, women’s rights, abortion as murder, and the divinity of life and the unborn child,” and (2) the erasure of reproductive justice perspectives and efforts to contribute to a more holistically accurate perspective on reproductive experiences and advocacy.<sup>7</sup> Such divides between pro-life and pro-choice discourses are similarly highlighted in social media spaces, with digital assemblies in the hashtag #prochoice focusing solely on abortion (amidst being co-opted by pro-birth advocates). The digital feminist assembly #ReproductiveJustice, “on the other hand, creates a digital assembly that not only allows individuals and organizations to voice concerns, but also facilitates the sharing of information and resources in ways that have the potential to reach larger audiences and achieve reproductive justice in digital spaces and in communities on the ground.”<sup>8</sup>

Minoritized communities, however, have always been active in conversations about reproductive justice and safety. Mexican-American communities, for example, resisted reproductive injustice and eugenic sterilization in California in the early to mid-1900s.<sup>9</sup> Puerto Rican women have resisted reproductive injustice and fertility limitations

sanctioned by the U.S. government.<sup>10</sup> Organizations such as The SisterSong Women of Color Reproductive Justice Collective and National Latina Institute for Reproductive Justice have long worked to organize in support of women of color. Moreover, as Natalie Fixmer-Oraiz and Shui-yin Sharon Yam have described, longstanding alliances between LGBTQ+ and reproductive justice spaces have existed, focusing on shared resistance to state interference and oppression in sexual, reproductive, and family formation, with ultimate calls to queer reproductive justice in coalition-building contexts.<sup>11</sup> Now, the overturning of *Roe v. Wade* will likely result in more violence and reproductive feminicides, which we have defined in earlier scholarship as violent acts against individuals in reproductive contexts (structural limitations to reproductive options, reproductive access, and reproductive safety).<sup>12</sup> Countless articles have utilized the word *nightmare* when covering the overturning of *Roe v. Wade*, particularly because of the ways in which the post-*Roe* abortion landscape will differ. As Fixmer-Oraiz describes:

To be pregnant in the United States is now more dangerous than ever. This is not simply due to rising maternal mortality, a broken health-care system or the fact that criminalizing abortion renders pregnant women or other pregnant people acutely vulnerable. These facts are compounded by the perilous combination of pregnancy, policing and digital surveillance in what is now a post-*Roe* America.<sup>13</sup>

With the criminalization of pregnancy historically and contemporarily in full force, *Roe v. Wade* highlights how the homeland security state and the policing of pregnancy are intimately intertwined.<sup>14</sup>

In previous work, we have talked about reproductive feminicidio as a spectrum of violence ranging from bullying and intimidation in birthing contexts to the mass murder of women because of their childbearing capabilities and everything in-between.<sup>15</sup> Here, we extend this argument to illuminate the ways in which choices regarding childbearing, safety, and access are all connected in a larger constellation of structures impacting reproductive decision making. Our bodies and our reproductive decision-making experiences and practices continue to teach us the nuances of the contours of reproductive violence. For Sarah, her body and her children continue to teach us just how nuanced these experiences of reproductive violence are.<sup>16</sup> We offer the following testimonio to highlight different manifestations of reproductive feminicidio. As Sarah has described in earlier research, building on scholarship by Shantel Martinez, testimonios are “an epistemology of our bodies and the borderlands” that help Latinx scholars legitimize our embodied ways of knowing while connecting to our ancestors, to activists, and to others who might share our lived experience.<sup>17</sup>

As we will demonstrate, our own experiences of reproductive feminicidio predate the *Dobbs* decision, but our experiences highlight not only the reproductive impacts of a post-*Roe* system, but also the need for advocacy that moves beyond abortion access in favor of a holistic approach to reproductive justice. We are firm believers that abortion is health care, and we should be able to access abortion on demand. But our engagement with reproductive justice scholarship, our bodies, our comadrisma relationship that builds upon our personal and political engagements with reproductive justice, and Sarah’s

children (to whom Leandra is a proud madrina) have taught us that this debate, time and time again, is about much more than abortion.<sup>18</sup>

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*Lea:* My partner and I have been together for approximately one-third of our lives, and we have known our entire lives that we do not want to have biological children. However, I have always found meaning and joy in developing relationships with others through nonbiological means, such as being a comadre with Sarah as a madrina to her children and developing and co-leading two rock-climbing affinity groups (one for women and one for LGBTQIA+ community members). Thus, early in our marriage, my partner (who was in the military) and I sought to take our reproductive decision-making power into our own hands and schedule a vasectomy for him to prevent pregnancy. Naively, we both thought the process would be somewhat easy. However, as research illustrates, vasectomies are underutilized by men, regardless of race or ethnicity, and are most underutilized by Black and Latino populations.<sup>19</sup> Moreover, communities of color who need or seek vasectomies face myriad barriers, such as barriers to provider access, lack of funding, and cultural/gendered perspectives that do not support the procedure.<sup>20</sup> While we had access to military health care providers, I was already skeptical of certain military providers because of microaggressions I faced in previous encounters because of my sexuality, although I know he had mostly positive health care experiences. Scheduling the vasectomy, however, presented unexpected hoops through which to jump, such as counseling with senior officers in his command and a seventy-two-hour waiting period to “ensure this was the right decision.” He was finally approved for the vasectomy, and I breathed a sigh of relief that we were able to do what we could to prevent an unexpected pregnancy.

However, I knew that belief was tenuous at best, particularly as updates about the overturning of *Roe v. Wade* surfaced in news headlines and in tense conversations with loved ones and community members. On Friday, June 24, when the decision was handed down, I screamed in anger and immediately called Sarah. After moments of disbelief, I promptly channeled my fears and my coraje into community organizing. I worked with my two co-organizers of the Salt Lake Area Queer Climbers (SLAQC) group to develop a community event and fundraiser for the Utah Abortion Fund to ensure that we could contribute to continued reproductive care for our queer and BIPOC community members in a particularly religious, conservative state. If the Supreme Court was going to overturn *Roe v. Wade*, we would do everything in our power to fight back.

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*Sarah:* After my second baby was born, my partner felt so overwhelmed that he joked about scheduling an immediate appointment for a vasectomy. I kindly asked for a little time for the newborn fog to lift, and the day-to-day overwhelm of life with two children under the age of two to pass. While we are privileged to have a home, stable employment, and family nearby, we, like many families in the United States, experience childrearing largely in isolation. Patricia Hill Collins explains that the rise of the U.S. American middle class and its emphasis on nuclear families living in single-family homes has

disrupted the women-centered networks of community-based childcare that once sustained families.<sup>21</sup> My mother and I lived with my grandparents off and on for most of my childhood, and we all benefited from this communal arrangement that easily facilitated childcare along with many other necessities of everyday life. We shared meals, resources, and household tasks, and above all else, there was deep intergenerational love. While my mother lives close by, she is currently unable to retire, and we live in separate homes, so the collective kinship that enveloped my upbringing looks different for my children and me.

Our second baby entered daycare at eight months old, and we began to hit our stride as a family. Then came COVID-19. The overwhelming expectations that accompanied working from home full time while parenting two small children led me, like many other caregivers in the United States, to experience severe depression, anxiety, and passive suicidal ideation. So many of us felt completely abandoned. In her new book *Screaming on the Inside: The Unsustainability of American Motherhood*, Jessica Grose argues that the pandemic didn't break motherhood because it was already broken. This broken system "pushes mothers in particular past the breaking point, ruining their careers, their mental health and often their lives."<sup>22</sup> She stated:

When the shit hit the fan during the COVID-19 pandemic, and all the rickety systems of care, school, and health collapsed in an instant, we all learned how alone we were. We were expected to teach our children, perform our jobs, and keep everyone in our orbit healthy, sometimes all in the same minute. We decided to have babies in the first place, so how dare we demand any help at all. But while the parenting fiasco of COVID-19 was a crisis, it was also the culmination of more than two hundred years of unrealistic, elitist, and bigoted expectations, and the laws that flowed out of those expectations.<sup>23</sup>

It is no secret that the pandemic illuminated and exacerbated the complete lack of reproductive justice that surrounds children, families, and people at every point on the reproductive spectrum in the United States. I remember crying as I typed a message to Leandra saying that COVID had taken away any chance I might have for a third child. The cracks in the system had grown. My mental health was hanging by a thread.<sup>24</sup>

As we prepared to send our oldest child to kindergarten in the fall, we once again seemed to be turning a corner as a family. We were back to teaching in person. We had childcare once again. I could take my children out in public without having a panic attack.<sup>25</sup> Then we watched in horror as a gunman in Uvalde, Texas, murdered nineteen innocent children and two teachers. We watched the "good guys with guns" stand around and do nothing but handcuff a mother desperately trying to save her children.<sup>26</sup> We watched as the state of Texas responded by giving families of public school children DNA kits so their bullet-ridden bodies could be identified in case of another shooting.<sup>27</sup> We toured elementary schools, and I found myself paying more attention to fences and locked doors than the curriculum. "The right to parent children in safe and healthy environments" does not exist in this country.

Still, my partner and I continue to engage in the “should we, should we not” conversation surrounding a third child. For a while, the conversation was guided by considerations of resources like time and money, my only-child dreams of multiple siblings, career timelines, and the struggles and joys of welcoming a newborn into the home once more. Difficult, but standard family planning topics. These already challenging conversations took a dark turn after *Dobbs*. We began to read stories of pregnant people in Texas suffering miscarriages who were turned away by doctors and told to return when they got sick enough to justify the necessary medical intervention.<sup>28</sup> This has severe health risks, including infertility and death. Texas, which already has one of the worst maternal mortality rates in the country, has never been a safe place to birth, especially for people of color. During one of our conversations about whether or not to have a third child, my partner turned to me and said, “I don’t know how we can do this after *Dobbs*. It doesn’t feel safe. What if something goes wrong? What if this kills you?” I called a midwife friend to ask, hypothetically, what would happen if I got pregnant, miscarried, and needed a D&C, which I would not be able to access in Texas. She spoke of the development of action plans with Planned Parenthood and of New Mexican clinics close enough to get to in case of an emergency. I am privileged enough to have citizenship, a car, an income, a partner, family and friends close by, and childcare. I can cross to Mexico or New Mexico to access care if needed. But there are so many in my community who do not carry these privileges. How can these community members terminate an unwanted pregnancy? How can they ensure their physical safety if they choose to conceive?

My decision whether or not to have a third child shouldn’t be about whether another global pandemic will happen, and families with children will be forgotten and left to carry the load in isolation. It shouldn’t be made while worrying if my child will be murdered in their school building. It shouldn’t be made with the fear that pregnancy complications could be even more deadly than they already were in Texas, now that *Roe* has been overturned. We all deserve to make these decisions knowing we’ll have communities of support. The right to health care. The right to safety.

Like Texas, Louisiana has one of the highest maternal mortality rates in the country, with Black women systematically placed at higher risk. When Kaitlyn Joshua found out she was pregnant in August, she and her husband were excited to grow their family and give their four-year-old daughter a sibling. She called around the sixth week of her pregnancy to establish prenatal care but was told that the OB would not see her before her twelfth week of pregnancy because they didn’t want to be liable for an investigation if she had a miscarriage. When she miscarried at ten weeks, she was turned away from two emergency rooms, and returned home, where her miscarriage and severe blood loss lasted for days longer than it should have with proper medical attention. Neither hospital she visited used the word “miscarriage” to diagnose what was happening, and when they first sent Kaitlyn away, they promised to “pray for her.” Before *Roe* was overturned, Kaitlyn was well aware of the increased risk that Black woman experience with pregnancy in Louisiana, but post-*Roe*, pregnancy and birth are potentially more deadly than ever. In a recent interview with NPR, Kaitlyn explained, “I love my kid. And so, she constantly makes me want another her. But in this moment, it’s just too dangerous to get pregnant

in the state of Louisiana. . . . I don't think it's worth risking your life for a baby right now."<sup>29</sup>

I desperately want a third child, but parenting within the reproductive injustice of the United States, even given my significant reproductive privilege, has made me feel that I don't have much choice in the matter. This system has also convinced me that it's my own fault. If I was just a better mom, with better mental health, I would be deserving of a third child.

It's always our fault. We should have tried harder to prevent getting pregnant. We should be better mothers. . . . We are gaslit and vilified for every decision we make.

## CORAJE, REPRODUCTIVE IN/JUSTICE, AND SOLIDARITY

As our testimonios illustrate, the intricacies and nuances of the post-*Dobbs* decision far surpass the decision to undergo an abortion procedure. Furthermore, our testimonios highlight the necessity of a reproductive justice framework to expand the confines of limiting understandings of the post-*Roe* landscape. As we have asserted in earlier scholarship, building upon the wise words of Rachel Alicia Griffin, our anger—our coraje—can help us envision new possibilities for recuperation and sustained protest.<sup>30</sup> We agree with Natalie Fixmer-Oraiz when she states that reproductive justice can guide us forward,<sup>31</sup> and that we as educators, scholars, and activists can and should support each other and local reproductive justice community organizations. Such praxis necessitates our reconciliation of our academic, embodied, political frustrations with pragmatic actions for activist- and community-engaged work. ■

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## NOTES

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  3. Loretta Ross and Rickie Solinger, *Reproductive Justice: An Introduction*. Vol. 1 (Berkeley: University of California Press, 2017), 9.
  4. Hernández and De Los Santos Upton, *Challenging Reproductive Control*, 19, 32–39. In 2017, Senate Bill 8 entailed a series of highly problematic anti-choice and anti-abortion regulations in Texas. Dr. Sarah De Los Santos Upton, my long-time colleague and friend, and I immediately launched ourselves into reproductive community advocacy at this moment, given that we were both born and raised in Texas. As we described in our book, Senate Bill 8’s list of anti-rights regulations included the following: “It require[ed] fetal tissue to be buried or cremated; it prohibit[ed] the use of fetal tissue from abortions for medical research; it create[d] state crimes for ‘partial-birth abortions’ (a nonmedical term utilized by anti-abortion activists) and the selling of fetal body parts, both of which are mandated as illegal under federal law; and, most striking from a reproductive rights standpoint, it ban[ned] dilation and evacuation (D&E), the most common type of second-trimester abortions.”
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  7. Winderman and Hallsby, “The *Dobbs* Leak and Reproductive Injustice,” 43.
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  14. Fixmer-Oraiz, “The Policing of Pregnancy.”
  15. Hernández and De Los Santos Upton, “Insider/Outsiders,” 1046; Hinojosa Hernández and De Los Santos Upton, *Challenging Reproductive Control*, 72.
  16. Sarah De Los Santos Upton, “Maternidad y Coraje: A Testimonio of Mental Health and Mothering through the Pandemic.” *Border-Lines* 13 (2021): 108–120.
  17. De Los Santos Upton, “Maternidad y Coraje,” 109; Shantel Martinez, “Lessons from My Battle Scars: Testimonio’s Transformative Possibilities for Theory and Practice” in *Latina/o/x Communication Studies: Theories, Methods, and Practice*, eds. Leandra H. Hernández, Diana I. Bowen,

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