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Revolutionizing Knowledge Production: Transformative Reproductive Justice Activism Through
Zine Making

by

Sierra Reyes

Under the Direction of Julie Kubala, PhD

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

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ABSTRACT

Often, academic knowledge and activist knowledge clash, one being dismissed as unscholarly and the other as impractical. As theory becomes further removed from its application in academic and activist spaces, how can scholars and activists work to produce revolutionary knowledge to transform our thinking and engage with social justice movements? This feminist action research project combines traditional and non-traditional methods of relaying feminist theoretical implications in the reproductive justice movement by pairing academic written text with a collection of “zines” to produce new and legitimate ways of transforming feminist scholarship and praxis. Because academia needs the “real world” experiences of activists and activists need the political and theoretical analyses that shape social justice movements, this project should compel other feminist scholar-activists to explore the use of multiple formats to increase the visibility and legitimacy of contemporary feminist thought.

INDEX WORDS: Feminist Participatory Action Research, Reproductive Justice, Zines, Critical Ethnography, Abortion

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2023

Revolutionizing Knowledge Production: Transformative Reproductive Justice Activism Through
Zine Making

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December 2023

DEDICATION

It is fitting to start by dedicating this work to the people who raised and cared for me growing up, for I would not be here without them: my mom, Lee Ann, my dad, Jesus, and my grandmother, Kathleen. To my dad, who left El Salvador in the '80s to escape State-sanctioned violence in pursuit of liberation that he never found, your story has guided me down this very path, fueling my desire to work to liberate myself and all others who see our current conditions of life unlivable. Thank you to my grandmother, who first sparked my love for education and learning and taught me to love the South for its potential. And to my mom, who defied gender norms before I knew what those were, you raised me to be strong and confident; thank you.

To my best friends that I made in this graduate program, Vic and Alex, I genuinely am not sure where I'd be without you two. Thank you for the endless conversations about feminist theory, late nights, rant sessions, laughs, memories, and knowledge you both have shared with me. I love you both! Y'all have been a source of joy throughout this program and have kept me grounded in ways I always remember.

I dedicate this work to each person I have worked with at ARC-Southeast, who has given me community and radical love from the moment I began my work with you all, especially to the "dream team," Duke and Britni, and Jalessah. Your revolutionary thinking, radical imaginations and embodiments of feminist values have impacted me in ways I cannot articulate. This project would not have been possible without the knowledge each of you has shared with me. The impact you all have had on my life and way of thinking transcends the work I have produced with this project. You showed me the importance of letting our values guide our lives, even when it feels impossible. I hope to continue to learn from and be in community with you all. I will remember this work forever.

I dedicate this work to my best friend, Leana. I'm not sure where to start with you because I certainly don't have enough space to say everything I'd like. Since we're basically life partners at this point, you are my chosen family. Thank you for the support, love, and care you have given me for the last ten years. There is probably no one who knows me better than you and no one who knows the effort I have put into this work more than you. Thank you for listening to me continuously rambling about academia and believing in me. There is no way to express my love and appreciation for you, but I think you know what I mean. There is literally no other person I would rather have by my side (honorable mention to our dogs, Kenna and Lilith; I like having them by my side, too).

Most importantly, I dedicate this work to all people committed to liberation from State and political oppression. I would have never pursued this path in academia without the inspiration from people who have dedicated their lives to resistance in pursuit of freedom. You have shown me that while our struggles persist, we must continue to theorize new ways of being and resisting. You have shown me that, sometimes, the most radical act of resistance is to hold onto my love for humanity because the world we dream of is only possible if we believe it can and should be because we deserve it.

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1 INTRODUCTION

I was hired as an Organizing and Outreach intern at Access Reproductive Care – Southeast (ARC-Southeast) in September of 2022, two months after the overturning of *Roe v. Wade* (1973), in which the Supreme Court of the United States found that the U.S. Constitution did not grant the right to an abortion in their decision of *Dobbs v. Jackson Women's Health Organization* (2022). A few months before the United States Supreme Court issued its official ruling on *Dobbs v. JWHO* (2022), Politico published a draft copy of the majority decision, revealing the Supreme Court of the United States' intent to overturn *Roe v. Wade* (1973). Although the entire nation got a "heads-up" of sorts that federally mandated abortion rights were likely to dissolve, the official decision forced reproductive rights, health, justice workers, and advocates to reevaluate the work they do and, more significantly, *how* they do it. With this landscape, I was eager to join a Southern, multi-state abortion fund and reproductive justice organization that my values aligned with.

As I started my internship, I continued to grapple with my desire to study feminist theory and feminist ways of creating knowledge. There was a fear my work inside of the academy would not have an impact in the "real world," particularly at a time when "action" felt so important. At the same time, I feared that I had not spent enough time studying the history of revolutionary social justice movements and the theories and activists surrounding them. I love "slow knowledge" (Jakobsen, 2014) – taking the time and space to think and write within academia. I also feel the urgency of our time – our ability to think and produce knowledge that goes against the status quo is actively being suppressed by the university's institutionalization.

It did not take long for me to see the importance of feminist theory and praxis, political education and community-based knowledge within the abortion funding space, a space to which

I was new. My activist-scholar dilemma informed my decision to engage in a participatory, action-based research project centered around reproductive justice. Figuring out the actual "project" was much more challenging than anticipated. The purpose of feminist theory and scholarship is to enact radical social change in people's minds and hearts. I wanted to let feminist thinking, practice, politics, and my work with others at ARC-Southeast shape this project so that the final product of my project would be more than just a signifier that I had completed a graduate program; this project should extend outside of the academy with the intentions to create alternate ways of knowing and producing knowledge. We must create feminist scholarship that can be embodied in our daily lives. As feminist scholars, we know that academic institutions often perpetuate the modes of oppression we critique and limit what we can create as academics.

Within the first several months of being an intern at ARC-Southeast, I began working significantly with some of the programs at the organization, primarily the emergency contraception distribution program, Plan B: Southeast. This program aims to eliminate the financial cost barrier that surrounds emergency contraceptives by providing emergency contraception kits to anyone in the Southeast for free. I started my work with this program by assembling the kits and brainstorming local businesses or organizations that might be willing to act as public outposts, allowing people to pick up a Plan B: Southeast kit without ever making direct contact with ARC-Southeast. As my work with the Plan B: Southeast program continued, I found my first iteration of this project. Initially, I intended to detail each aspect of the Plan B: Southeast program and its relationship to reproductive justice as a theoretical framework by creating an educational handbook that other organizations and activists could use to create a similar program.

As my work at ARC-Southeast continued, I felt the direction of my project shift as I continued to learn from the staff at ARC-Southeast. Because reproductive justice is, at its core, an intersectional framework that overlaps with other social justice movements and theories, making those concrete connections to build solidarity among movements became a priority. To make those connections among people with various educational and political backgrounds, we must convey the knowledge and information in multiple forms to reach a wider audience and have a more significant impact. With this assessment, I found myself thinking of ways to "translate" academic writing and texts into more engaging and accessible educational tools that could be useful to someone outside the university.

This critical feminist ethnographic project utilizes feminist participatory action research (FPAR) to create multiple forms of accessible feminist scholarship for reproductive justice organizations and activists. Additionally, this project critically examines ARC-Southeast's organizational culture, structure, and strategy for achieving reproductive justice. I maintained a formal working relationship with ARC-Southeast to complete this action research project, moving from an intern to a full-time staff member throughout 2023. It was essential to acknowledge that I had to remain flexible and willing to change the direction of my project while conducting this research; as our political climate continued to change rapidly, I needed to revisit and revise my research plans as I encountered new information (Davis, Craven 2022, 97) with ARC-Southeast.

By utilizing zine-making, which I outline in more detail in this essay, I hope my project will compel other activist scholars to transform the traditional, dominant modes of disseminating theory into formats that allow for broader engagement outside academia. I decided to create zines in conjunction with the written academic portion of this project to expand my project's

inclusivity and impact by putting theory into praxis. I needed to think about my intended audience for this project. I reflected on my experiences when I began studying feminist theory and remembered the difficulty of reading articles and essays with terms and words I did not understand, even after a Google search. I thought about my students in the “Introduction to Women’s, Gender, and Sexuality Studies” course I teach, who described the inaccessible nature of some of the texts I chose for them to read. I looked to the work of other activists like Mariame Kaba and Andrea J. Richie and their initiative *Interrupting Criminalization* (I.C.), an abolitionist resource hub, to gather inspiration, and I saw zines everywhere. Because there are fewer “rules” when creating and publishing zines, I decided creating a collection would be an effective way to “translate” this project into a different form.

My work within the reproductive justice movement informs the topics of the zine collection I created. I identified four central concepts relevant to my work with ARC-Southeast: reproductive justice, emergency contraception, abortion policies in the South, and mutual aid and solidarity. I include drafts of each zine in the collection in the appendix of this essay.

1.1 Background

Access Reproductive Care - Southeast was founded in 2015 by people who all worked in an abortion clinic in Atlanta, Georgia. Even though, at the time in Georgia, abortion was legal up to twenty-two weeks of pregnancy, the founders consistently saw that people were having trouble accessing reproductive care due to financial and logistical obstacles. Access Reproductive Care -Southeast, or ARC-Southeast, is an abortion fund and Reproductive Justice organization serving six Southeast. ARC-Southeast describes its mission as:

We provide funding and logistical support to ensure Southerners receive safe and compassionate reproductive care, including abortion services. Through education and

leadership development, we build power in communities of color to abolish stigma and restore dignity and justice. ("About Us – ARC Southeast").

ARC-Southeast also names four core values of the organization: Radical Love, Southern Synergy, Autonomy & Self Determination, and Collective Power. These values destigmatize reproductive decision-making by keeping love, autonomy, and community at the organization's center. While ARC-Southeast is primarily an abortion fund dedicated to providing financial and logistical support to people who need help accessing reproductive care, it is also an organization committed to the values and framework of Reproductive Justice.

2 LITERATURE REVIEW

2.1 Reproductive Justice

2.1.1 *History, Population Control, and White Supremacy*

Examining the historical, legal, biopolitical and technological ways that women's reproductive lives have shaped their realities is a critical step in understanding the rise of the reproductive justice movement. The persistence of women's desire to control their reproduction and fertility throughout the U.S. colonial, slavery and post-war periods informs the creation of the reproductive justice movement, allowing activists and theorists of the movement to center the framework around lived experiences and realities of all people capable of reproduction.

Loretta Ross and Rickie Solinger outline and analyze how colonizers, enslavers, employers and the State have used reproduction and fertility to push forward their goals of maintaining power and control over vulnerable people in the first chapter of their book *Reproductive Justice: An Introduction* (2017, 12). The idea that *all* governments rely on fertility and reproduction to achieve fundamental goals like building and maintaining a labor force allows us to see how the sovereign State can maintain control of life and its people by violence. Laws and policies associated with racial groups defined who were free and enslaved and paved the futures of every pregnant woman and every child born. Here is a biopolitical development, declaring who and how people are allowed to live based on their racial identity.

During the colonial period, European colonists in North America were deeply invested in controlling reproduction to achieve their settlement objectives. This involved ensuring enslaved African women would reproduce to sustain the labor force and ensuring Native American women would not reproduce because the removal of Native peoples from the territories Europeans were colonizing was imperative to settlers. These strategies are methods of population

control. The first legislative measure to embed racial differences into the context of reproduction was the Hereditary Slavery Law, Virginia 1662-ACT XII. According to English Common Law, the status of a child, whether the child was born a free or enslaved person, was decided based on the father's status. The Hereditary Slavery Law reverses this, stating that the mother's status will determine the status of a child. The statute plainly states the reasoning for the reversal of the English Common Law as "some doubts have arisen whether children got by any Englishman upon a negro woman should be slave or free" ("NPS Ethnography: African American Heritage & Ethnography"). Here, we see the intersection of white supremacy and population control. The sole purpose of this law is to guarantee the growth of the enslaved population by any means necessary.

At the same time, the State also was pursuing the elimination of the Native population, utilizing methods of violence and murder. As colonists proliferated Christianity throughout North America, controlling the reproductive lives of Native women was of interest as well. Traditionally, Native Americans have reproductive practices and rituals performed throughout and during birth. Before Western colonialism, many Native American tribes were matrilineal societies, deeming motherhood a power source (Maxwell et al., 2022). Birth and raising children was a communal experience, quite different from European birthing and parenting practices (Ross, Solinger, 2017, 21). Christian missionaries and colonists aimed to disconnect Native women from their sacred reproductive and parenting practices.

By the 1860s and the start of the Civil War, biopolitical distinctions between populations created different values for different bodies, white and all other racial identities, which aided in the construction of legitimate v. illegitimate motherhood. The forced reproduction and sale of enslaved women's children and the removal of Native American children from their mothers and

culture are stark examples of how motherhood was given and protected to some women and taken away from others (Ross, Solinger, 2017, 28).

Additionally, during the nineteenth century, laws against contraception and abortion were on the rise, signifying the State's interest in controlling white women's reproduction and fertility. Abortion techniques date back to B.C. and were not always criminalized in the Western world. Many suggest, like Kristin Luker in her book *Abortion and the Politics of Motherhood* (1985), that the medical community is to blame for the rise of anti-abortion legislation. Many physicians believed abortion was murder and that women who chose abortion were morally wrong. The medical authority that was, and still is, given to doctors allows them to designate themselves as experts— the only people who had access to the medical knowledge that was deemed the "truth," making them fit to make the correct decision about abortion ("The Pro-Choice Movement: A Brief Ideological History of Abortion" 2021).

In 1821, Connecticut became the first State to criminalize abortion; however, the State still did not prosecute those who had an abortion; only the "poison" used to induce an abortion was outlawed. The Comstock Law of 1873 gave officials the right to surveil letters and packages from the U.S. postal service. This federal legislation aimed to suppress the circulation of "obscene literature and articles of immoral use," such as commercial pornography and information, devices, and medications used for abortion and contraception. Decades later, in 1845, New York criminalized a woman's participation in her abortion, no matter how early or far along she was in the pregnancy. By 1965, all 50 states had outlawed abortion.

Although the range of economic and healthcare choices was broadened for many white women during the nineteenth century, the post-civil War period did not expand that same range for Black women, particularly in the South. As lawmakers and politicians worked against

Reconstruction, in 1883, the Supreme Court of the United States ruled the Civil Rights Act of 1875 unconstitutional. Shortly after, the South was fully immersed in the Jim Crow era and racial segregation divided society. This allowed states to limit and restrict the welfare and healthcare options available to Black people, contributing to the "science" of eugenics that viewed only white women as fit to reproduce. It is important to note that ideologies of white supremacy constructed the idea that only white women can produce "fit" citizens; because of those same ideologies, it was essential that white women *only* reproduce white babies. We can see this legally enforced in The Racial Integrity Act of 1924, defining a white person as someone with "no traces whatsoever of any blood other than Caucasian."

2.1.2 Contraception, Eugenics, and the Birth Control Movement

While exploring the history of the birth control movement and its roots is incredibly dark and troubling, addressing the role of racism and white supremacy in the rise of birth control is necessary for understanding the rise of the reproductive justice movement.

By the early nineteenth century, methods of contraception had dramatically developed. Condoms were given to soldiers for protection against venereal disease, and devices like diaphragms and spermicides were available to some women, primarily in Europe (Potts, Campbell 2002). Margaret Sanger, a eugenicist and an early advocate for contraception in the United States, coined the term "birth control" in 1914 to appeal to all people invested in controlling reproduction, whether their own or someone else's. The language of "birth control" appealed to Eugenicists, who sought to *control* women's reproduction to fix social problems in the name of white supremacy. Sanger also addressed the vast group of women in the United States who needed or wanted to control their fertility and reproduction. Sanger, her sister Ethel Byrne and activist Fania Mindell opened the United States' first birth control clinic in 1916 in

Brownsville, Brooklyn. Nine days later, a police raid prompted the clinic to close, and Sanger, Byrne, and Mindell were arrested and charged for sharing information about birth control. The American Medical Association named birth control a "proper sexual practice," increasing the medical authority doctors claimed over women's bodies. Birth control clinics were designated for poor women, mainly as a method of the State to reduce Black women's birth rate instead of giving reproductive control back to women who had, historically, not had that right. The American Birth Control League, founded by Sanger as well, and the American Eugenic Society endorsed birth control during the Great Depression, insisting that it would improve the quality of life for everyone. (Ross, Solinger, 2017, 33).

The role of racism and white supremacy in eugenic thinking is attributed to the colonial and imperialist ideologies that the United States was built on. Because many white Americans held that the different races are biologically different, it led to the idea that the "behaviors" of different races were also biologically distinct and, therefore, inheritable. In her book *Killing the Black Body*, Dorothy Roberts points to Darwinism and the "survival of the fittest" theory as a proponent of the eugenics movement; additionally, Roberts points out that the movement did not only rely on natural selection to propel the elimination of unfit populations. She notes that "negative" eugenics, a biopolitical method of controlling the population by preventing "unfit" people from reproducing, is the most notable form of eugenics stemming from this movement (Roberts, 2000, 65).

It is undeniable that governments have used birth control and sterilization as ways to "manage" women of color and poor women's fertility and reproduction. There are numerous examples of this throughout history. In *The Historical Context: Racism, Birth Control and Reproductive Rights*, Angela Davis recounts the United States' facilitation of and collaboration

with forced sterilization of Native American, Puerto Rican, Chicana, and Black women. Dr. Clovis Pierce of South Carolina was known to sterilize women who were on Medicaid and had two or more children. South Carolina's neighboring State, North Carolina, had sterilized nearly 8,000 people by 1964; 65% of those people were Black women (Davis, 1983).

On the flip side, another important distinction when examining race and the birth control movement is that the Black community was not entirely opposed to birth control as a means to control their fertility. Many Black women were interested in managing their reproduction and recognized the importance of family planning services for poor and marginalized communities. Black women had been using methods of birth control and abortion before the nineteenth century, post-Civil War. These methods and information were shared within their communities, passed down to each other, and distributed through the mail. An issue from the *Birth Control Review* in 1932 addressed the need and desire for birth control within Black communities. This issue flipped the typical script of the eugenics movement, advocating for birth control within Black communities as a way for Black people to gain economic independence and improve their standard of living (Roberts, 2000, 84; Davis, 1983). Dr. W. E. B. Du Bois dedicated much of his 1920 book *Darkwater: Voices from Within the Veil* to Black women and their reproductive dignity. Specifically, in chapter seven, "The Damnation of Women," he states, "The future woman must have a life work and economic independence. She must have knowledge. She must have the right of motherhood at her own discretion." (Du Bois, 1920).

2.1.2.1 Emergency Contraception

The history of emergency contraception, commonly known as the "morning-after pill," can be traced back to the early nineteenth century in the 1920s, primarily by researchers looking for ways to interfere with pregnancy in mammals such as dogs and horses. The first reports of

the "postcoital method" used for humans were in the 1960s when doctors in the Netherlands administered high doses of estrogens to a 13-year-old girl who had been raped. These doses of estrogen were typically given over several days and had adverse side effects (Haspels 1994). Doctors in the United States were also researching the efficacy of high doses of estrogen in preventing pregnancy after unprotected sex.

In the 1970s, Dr. Albert Yuzpe began studying another contraceptive method that could be administered over a shorter period and produce fewer side effects. This method, known as the "Yuzpe Method," consisted of a combination of a single estrogen dose 72 hours after unprotected sex and a single dose of progestin 12 hours after the dose of estrogen. However, in the United States, no contraceptives were labeled emergency until the late 1990s. Many oral contraceptives still used today contain the same combination of hormones, just at a lower dose. These oral contraceptives, colloquially known as "the pill," could be used for the Yuzpe Method by increasing the number of individual pills women would take during the typical 28-day cycle. Instead of taking one tablet daily, doctors could recommend taking all the medications in a pack of birth control over half the usual 28-day cycle. Because the FDA regulates drug use and not physicians' practices, it was common for doctors to use this method (Ellertson 1996).

Another significant discovery in the 1970s contributed to the research on emergency contraception. The copper intrauterine device was developed for long-term birth control use. It was later discovered to be effective in preventing pregnancy if inserted at least five days after unprotected sex (Henshaw 2020).

In 1998, the FDA approved the first forms of medication labeled explicitly for emergency contraceptive use, the "Preven Emergency Contraception Kit," modeled after the Yuzpe Method. The kit contained instructions, four combination pills, and urine pregnancy tests. A year later, in

the summer of 1999, the FDA approved the first single-dose progestin-only pill for emergency contraception, known as "Plan B One-Step." Both Plan B One-Step and the Preven Emergency Contraception kit required women to have a prescription from their doctor. In the 2000s, reproductive rights advocates focused on removing the prescription requirement to increase the availability and access to emergency contraception. The FDA finally cleared the prescription requirement for Plan B One-Step in 2006. Plan B One-Step could be sold over the counter, but an individual must be 18 years or older to purchase the emergency contraceptive. It was not until nearly a decade later, in 2013, that the FDA lifted the age requirement (Henshaw 2020). Still effective today in all 50 states, anyone can purchase a Plan B One-Step pill at any age without a prescription.

Emergency contraception works primarily by one or several mechanisms of action: delaying or inhibiting ovulation, preventing implantation, and preventing fertilization. In the medical and scientific community, delaying or inhibiting ovulation is the primary mechanism of action emergency contraception utilizes. While the copper IUD is known to prevent fertilization, little evidence supports the preventing implantation mechanism of action (Stein et al. 2022). These distinctions are critical to note as the current anti-abortion movement continues to spread throughout the United States because the movement is targeting more than just the surgical abortion procedure. Because many anti-abortion advocates argue that pregnancy starts at conception, the language around the different mechanisms of action in emergency contraception has been used by anti-abortionists to say that emergency contraception is a form of abortifacient. They argue that if an emergency contraceptive works by preventing fertilization or implantation, it is being used to induce an abortion because a child has already been conceived.

The primary target of this argument was Plan B One-Step. The label specified that Plan B One-Step works by either delaying or inhibiting ovulation *or* preventing the implantation of a fertilized egg. As noted earlier, the medical and scientific communities have found little evidence that emergency contraception works this way. In response to this, in December of 2022, months after the Supreme Court of the United States' decision to overturn *Roe v. Wade* (1973) in the landmark case *Dobbs v. Jackson Women's Health Organization* (2022), the FDA issued a memo that stated: "Evidence does not support that the drug affects implantation or maintenance of a pregnancy after implantation, therefore it does not terminate a pregnancy." The FDA removed the unsupported claim that Plan B-One Step could prevent implantation from the labeling on the morning-after pill and clearly distinguished that emergency contraception is different from abortion pills ("FDA: 'Morning-after' Plan B Pills Aren't Abortion Pills: NPR" n.d.).

2.1.3 Imagining Reproductive Justice

The framework that informs this project is that of Reproductive Justice. In the early 1960s and 1970s, we saw the emergence of "second-wave feminism." While the first wave of feminism focused primarily on suffrage, this new wave focused on broader issues like education, equal pay, and reproductive rights. Like the first, the second-wave feminist movement was primarily led by educated white women, who shaped its priorities around their problems. These concerns were dominated mainly by the one-sided argument that gender is the primary reason for inequality. As Cathy Cohen asserts in *Punks, Bulldaggers, and Welfare Queens* (1997), this type of single-oppression framework fails to recognize how multiple systems of oppression function in the lives of people with multilayered identities (Cohen 1997, 440). As intersectionality (Crenshaw, 1991) became more central to feminism during the 1990s, women of color grew more frustrated by the individualist technique practiced by the pro-choice movement.

In 1994, a group of Black women formed the group "Women of African Descent for Reproductive Justice," where they officially coined the term "reproductive justice." They understood that the people who led the pro-choice movement, middle-class and wealthy white women, could not represent the needs of Black and other people of color. They decided they needed to lead their movement that could be based on a human-rights framework. This allowed for a focus on structural inequality so that members of the reproductive justice movement could understand the impact of such disparities on their communities' reproductive possibilities (Luna 2020, 5). The reproductive justice movement has three core values: the right to have an abortion, the right to have children, and the right to parent those children (Price 2020, 43). SisterSong, an Atlanta-based reproductive justice organization co-founded by Loretta Ross, defines reproductive justice as "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."

While Black women and other women of color did not identify with the language of choice and single-issue framework used by the reproductive rights movement, it is essential to note that women of color had been organizing for reproductive justice before the mid-90s and the emergence of the phrase "reproductive justice." We see this with activists like Byllye Avery, the founder of the Black Women's Health Imperative (formally known as the Black Women's Health Project) in 1983. Groups like the National Black Feminist Organization (NBFO) and the Committee for Abortion Rights and Against Sterilization Abuse (CARASA) focused on the right to abortion and fought against forced sterilization (Price, 2020, 45). Jael Silliman of CARASA says in her book *Undivided Rights: Women of Color Organize for Reproductive Justice*, "CARASA placed opposition to sterilization abuse on par with support for abortion rights." (Silliman et al. 2004, 33).

Advocates of reproductive justice look to the lived experiences of women who had historically been robbed of their reproductive choice and dignity to name the problematic nature of using the rhetoric of choice to advance reproductive rights. While reproductive rights advocates primarily use the language of choice to argue that women should have the individual choice to prevent and terminate an unwanted or unintended pregnancy, reproductive justice advocates highlight that women also need the option to have children and parent them in safe and healthy communities in addition to having the right to an abortion. Reproductive justice activists are critical of the U.S. legal system, arguing that giving women the legal right to an abortion cannot address the multiple, systemic forms of oppression that impact women of color and other marginalized groups of people's ability to "choose" an abortion (Ross, Solinger 2017, 56).

Reproductive justice activists and organizations work to change the narrative around individual choice by advocating for bodily self-determination, the ability to determine your reproductive outcomes, free from political, legal and societal constraints. The movement and framework center around the community, collective action, and power and rely on solidarity to "do collectively what we cannot do individually" (Ross, Solinger 2017, 56).

2.2 The Role of Neoliberalism in Restricting Abortion Access

A defining feature of neoliberalism is the focus on personal responsibility and individualism (Bernstein, Jakobsen et al., 2022, 8). Likewise, one of the key anti-abortion arguments centers around the idea that people are responsible for their decisions and should deal with the outcomes of their choices. In other words, if someone decides to have sex knowing they could become pregnant, abortion should not be an option for them because they know there is a possibility of becoming pregnant. The logic of this argument ignores the multitude of other ways and reasons someone may want or need to obtain an abortion. In the same way, personal

responsibility in the context of neoliberalism ignores the other inherent and systemic power structures that may determine an individual's fate. In *Paradoxes of Neoliberalism* (Bernstein, Jakobsen et al., 2022), the authors summarize this idea perfectly: "neoliberal governmentality organizes *life* into a zero-sum logic: the idea that everything you get is always at the expense of others, and/or at the expense of yourself." This quote adds to the neoliberal idea that we cannot all "win"; there cannot be many positive and collective gains (Pecheny et al., 2022, 160). Everyone cannot have the same rights because that would mean somebody would have to relinquish their rights to give rights to someone else.

Interestingly, one could use the paradoxes of neoliberalism to argue for or against abortion. Because marketplace individual responsibility and free choice are highlighted by neoliberalism, one could say that with this, an individual should have the right to choose an abortion [only if they have the resources to access one]. Contrarily, in the same way, one could argue that a person has a choice in whether they become pregnant and should be held responsible for the outcome of that choice. The reproductive justice framework does not entirely turn its back on individual choice; it argues that "individual choices have only been as capacious and empowering as the resources any woman can turn to in her community." (Ross, Solinger 2017, 16).

With this fundamental understanding, the material conditions neoliberal policies create for people, impoverished and racialized people play a role in one's ability to access goods and services. Examples of the goods and services that can become out of reach to those negatively impacted by neoliberal governmentality include employment, housing, education, and healthcare, including reproductive healthcare like abortion. As neoliberalism became more prominent in the United States government throughout the late 1900s, we began to see policies

that reflected that shift, like The Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Signed into law by President Clinton, the legislation effectively cut welfare benefits for recipients under the guise of "welfare reform" to make families "self-sufficient" by eliminating the need for public assistance. Similarly, The Hyde Amendment, passed by the U.S. Congress three years after the Supreme Court of the United States' decision in *Roe v. Wade* (1973), created restrictions that eliminated most federal funding, like Medicaid, for abortion coverage (Sobel, 2021).

Policies like these create a paradox of reproduction for poor and marginalized people: people cannot access public assistance that allows for parenting and raising children while also not being able to access abortion. Complex movements and issues around reproduction are watered down to the simplistic language of choice and personal responsibility to appeal to neoliberalism. Social policies that slash governmental assistance for families who do not meet the criteria of who is "deserving" of help only end up worsening the very social problems that are being "fixed" by promoting racist, sexist and classist narratives like the "welfare queen" (Collins 2002).

2.2.1 The Context of Race and Class in Abortion Access

In 1986, Shelle Colen conducted a study in New York City on West Indian women who were employed as nannies for women in New York City to understand how and why some people can have and raise children while others cannot but engage in low-wage reproductive labor. Colen finds that economic, racial and transnational inequalities influence labor and reproduction, calling this idea "stratified reproduction." She argues that the different levels and categories of class, race, gender, location, and migration status shape the way women accomplish various "physical and social reproductive tasks" (Colen 1995, 78).

Experiences with pregnancy and abortion differ for people based on the social contexts of which kind(s) of oppression an individual experiences. The framework of stratified reproduction can be used to operationalize the issue of abortion access, even when there is a legal right to obtain an abortion if someone chooses. The scope of reproductive choices available to people varies drastically for privileged people versus underprivileged people (Chavez 2016, 9). Likewise, the way society rationalizes the reproductive decisions of one person versus another person is based on different factors of their identities. For a higher-income white woman who seeks an abortion, her decision may be viewed as an expression of her personal choice. In contrast, if a lower-income Black woman seeks an abortion, her decision may be viewed as irresponsible and as a way to escape the "consequences" of having sex.

2.2.2 Attitudes Around Pregnancy Intention

Much of the social debate around abortion and reproduction centers around "intention"; whether or not someone intends to become pregnant. An "unintended" pregnancy can be defined as a pregnancy that happens when someone does not wish to be pregnant at the time the pregnancy occurs or if someone does not wish to be pregnant at any time and become pregnant. "Intended" pregnancies are all other pregnancies desired by the person who becomes pregnant and happens at the expected time. We see conversations around the intention from both sides, utilizing the paradoxes of neoliberalism once again. Those opposing abortion justify their stance by using the rhetoric of personal responsibility to apply to intention, arguing that there is always the possibility of becoming pregnant when women have sex with men. We can also use the idea of intention when examining "exceptions" to abortion restrictions, such as when the mother's life is in danger, obtaining an abortion is okay because the person intended to have a child or in "exceptions" for rape and incest by framing those pregnancies as "unintended."

Those who advocate for the right to an abortion use the concept of intention to compel others to support the right to an abortion by making the distinction that everyone who has sex that can result in a pregnancy does not always intend to become pregnant and should have the right to terminate an unintended or unwanted pregnancy. Either way, pregnancy intention is a familiar concept that appears in debates about whether someone should or should not be able to obtain an abortion.

We know that unintended and intended pregnancies happen, and both can cause someone to want or need to terminate that pregnancy. Understanding the socioeconomic demographic discrepancies in intended and unintended pregnancies can provide insight into the groups that are more significantly impacted by abortion and reproductive health restrictions. According to the Guttmacher Institute, in 2011, nearly half of the 6.1 million pregnancies were unintended in the United States. In the same report, the Guttmacher Institute reports that unintended pregnancy rates are the highest among low-income women, young women (18-24), and women of color. Rates are lower among higher-income, white, married, and college-educated women. ("Unintended Pregnancy in the United States," 2012). Unintended pregnancies' negative social and health impacts and the trend of vulnerable groups experiencing unintended pregnancies more than others contribute to the continued oppression and marginalization of those vulnerable populations (Borrero et al., 2015).

A study titled "It just happens": A Qualitative Study Exploring Low-Income Women's Perspectives on Pregnancy Intention and Planning" identifies four common factors among low-income women contributing to unintended pregnancies and their attitudes towards intention: women do not always believe they have control over their reproduction, women may not see the benefits of a planned pregnancy, preconception intention does not always happen before a

woman becomes pregnant, and although some women express their desire not to become pregnant, their use of contraception and prevention practices do not always correspond with that desire. These findings show that although the construction of how society views pregnancy intention creates the idea that all pregnancies are planned or unplanned, the external factors that complicate women's thoughts and feelings about pregnancy are absent from that idea (Borrero et al. 2015).

2.2.3 Mutual Aid

A discussion of mutual aid work and the values that drive mutual aid, as well as the neoliberal conditions that require mutual aid and solidarity, is necessary to situate within the conversation around abortion access. Dean Spade writes an incredible book titled *Mutual Aid: Building Solidarity During This Crisis (And the Next)* (2020), where he writes extensively about what mutual aid is, what it is not, tips for creating and working on mutual aid projects, as well as trends to be cautious of so that mutual aid projects do not end up producing the same kind of harmful impacts they are supposed to combat.

He describes mutual aid as work done by "ordinary people" who are responding to their communities by "creating bold and innovative ways to share resources and support vulnerable neighbors." (Spade, 2020, 1). Mutual aid work is integral to social justice movements because it facilitates new systems of care and solidarity by materializing the revolutionary world we envision. Mutual aid projects have two primary objectives: "meeting people's needs and mobilizing them for some resistance..." (Spade, 2020 2). Mutual aid projects do this from the understanding that the systems we have in place are not working and are usually the same systems that create the need for mutual aid work in the first place.

A historical example of mutual aid work, possibly the most well-known, is the Black Panther Party's survival programs of the 60s and 70s. The Black Panther Party's programs included free breakfast, community fridges, and medical clinics. Their commitment to Black liberation required meeting the material needs of Black people and providing space for a critical reflection and analysis of the conditions that moved people to seek assistance from a community organization. Eventually, the U.S. government co-opted the work of the BPP survival programs after taking notice of the power and knowledge that could be built within communities that rely on each other instead of relying on the government for survival (Spade, 2020, 10).

When governments and elites co-opt mutual aid work, these projects transform into non-profits that follow the charity model. With this, governments, foundations, and wealthy people can control the work done within social justice movements by determining who and what does not deserve care. Mutual aid starkly differs from charity work, holding that all people deserve care and life because they are human beings. Charity work often dehumanizes people, forcing folks to make a case for themselves to convince someone they are worthy of help. In addition, there are typically strings attached, requiring people to make individual behavior changes, insinuating their lifestyles and choices are the reason for their conditions. We can look to neoliberal welfare reform policies like the Temporary Assistance to Needy Families (TANF) programs, where "family caps" were imposed in fourteen states. Family cap limitations restrict governmental assistance available to families who qualify if they have more children (Spade, 2020, 22). These policies perpetuate income inequality and harmful racialized and gendered narratives by essentially deeming poor people unfit to have children and also undeserving of care and assistance if they do not want to stop having children.

2.3 The Social Construction of Gender, Gender Bias, and Gendered Language

To broaden the scope of representation in the discourse around reproduction and abortion research, gender bias and gendered language are relevant areas to address. I conclude the literature review section with a discussion of social construction to justify my use of gender-neutral and inclusive language and objection to biological and gender essentialism in the latter parts of this project. There is a deep-rooted assumption that everyone who is or will become pregnant is a woman and a mother; relatedly, everyone who has had an abortion is a woman. When the gender binary is perpetuated in abortion and reproduction discourse, the realities and lived experiences of those outside the female/male binary are ignored (Chavez 2016, 4). To understand the lived experiences of those outside the traditional gender binary, it is necessary to examine the conditions that cause those individuals to fall "outside" of the binary in the first place.

"Compulsory heterosexuality" is a concept originated by Adrienne Rich in her piece *Compulsory Heterosexuality and Lesbian Existence* (1980). Heterosexuality is assumed to be the "norm," with specific and separate roles assigned to the male and female, enforced through a patriarchal and heteronormative society. While Rich uses this theory to critique feminist theory's treatment of lesbian existence, the idea provides valuable insight into the creation and enforcement of gender roles and construction. Compulsory heterosexuality relies on the [assumed] innate desire that women have to reproduce, causing the "mystical" draw women have to men (Rich, 1980, 17). Because it is assumed that all women want to have children and need men to have children with, femininity is associated with motherhood and caretaking. The construction of this idea enforces traditional gender roles by preserving the separate spheres of women and men.

Moreover, transfeminist theory also offers additional insight into gender identity and construction. Emi Koyama outlines the main principles of transfeminism in *The Transfeminist Manifesto* (2003), centering on the concept of autonomy. Transfeminism recognizes an individual's right to personal autonomy: to define and express their own identity as they want, and the individual's right to bodily autonomy: to decide what happens to their own body, free of political, medical, and religious constraints (Koyama 2003, 245). Additionally, transfeminism also allows for the recognition of compulsory heterosexuality. Heteronormativity bleeds into our existing social and cultural dynamics, and even those who do not subscribe to heterosexuality are influenced by hegemonic heteronormativity. With this idea, Koyama acknowledges that trans and queer women may feel compelled to "prove" their womanhood by adopting traits associated with the traditional definition of femininity (Koyama 2003, 246). The lives of transwomen often depend on their relativity to femininity. The desire to "look" like a woman or to "act" like a woman to receive societal acceptance or access to medical intervention to be perceived as a "real" woman is perpetrated by compulsory heterosexuality.

The social construction of gender and the idea that a person's biological sex and gender are separate is relied heavily upon by the second wave of feminism and many of its proponents for gender equality. This allows for the movement to challenge traditional gender roles with biological essentialism but does not allow for the movement to question the problematic nature of essentialism itself. Koyama argues that transfeminism views both gender and sex as social constructs. While on the surface, it may seem logical that trans-people are those whose biological sex does not match the gender of their minds, this argument is harmful to transfeminism because it maintains the idea that our minds have gender (Koyama 2003, 251). Then, the idea that a

female and male brain is different can be further utilized as a tool of domination by the patriarchy.

The Transfeminist Manifesto (2003) also helps "queer" reproductive justice by making the connection between transfeminism and reproductive rights. Bodily autonomy is advocated for by both movements, as well as the desire for self-determination. Transfeminism is concerned with access to abortion and contraception and recognizes that those are not only issues related to reproductive choice; Koyama notes that transfeminism also calls for the right to refuse or accept surgical and hormonal interventions (Koyama 2003, 255).

The discourse around abortion and reproduction is undeniably gendered. I do not deny the extraordinary burdens that reproductive restrictions place on cis-gendered, heterosexual women by critiquing the gender bias and language seen within historical and contemporary abortion and reproduction debates. At the same time, I also acknowledge that social constructions of gender and sex have molded how we think about and legislate abortion and reproduction. As the issue of abortion shifted to the public eye throughout the second half of the nineteenth century, it seems logical that femininity, womanhood, and women's role in society would shape the narratives around abortion and reproduction (Luker, 1984). Throughout this literature review, I used gendered language when examining existing work and body of knowledge on abortion and reproduction. Other contemporary reproductive justice activists, including myself, understand the limitations of traditional, biological gender and sex binaries. As a commitment to focusing on the lived experiences of those capable of reproduction, when discussing my research, thoughts and current rhetoric used by the reproductive justice movement, I use gender-neutral language to address abortion, pregnancy, and reproduction.

3 METHODS

3.1 Methodology

Commonly seen in feminist ethnographic research (Davis, Craven 2022, 97), I used a qualitative mixed-methods approach, utilizing several different research methods throughout this project. My methodological choices are informed by an intersectional feminist perspective that acknowledges gendered and power dynamics and is meant to intentionally honor and exemplify the values of ARC-Southeast and the community we work with.

3.1.1 Feminist Participatory Action Research (FPAR)

This project is primarily community-based and participatory action research (PAR). This was a collaborative project where I produced knowledge with others by engaging in activist work and then reflecting on the purpose of our work and how we do it. I aimed to understand better the interconnected relationship between feminist scholarship and social justice work to enact a more extensive form of social change (Davis, Craven 2022, 115). I expect this project to compel other scholar-activists to utilize action-based and participatory research methods as part of our commitment to transformative activism. As part of my own dedication to feminist research and because not all PAR is feminist, I frame this project as a feminist participatory action research project (FPAR). This project was ultimately concerned with adding to the scholarship around the reproductive justice movement, and FPAR is a foundational research framework about "exploring and pursuing opportunities for social justice (Reid, 2004). Marginalized groups, like Black and poor people, have historically been barred from adding to and producing the dominant forms of knowledge that inform research (Reid, 2004). As Melinda McKew states in her action-research-based project, FPAR is mainly concerned with recentering and relocating the objects of "study" so that the knowledge and experiences of those typically excluded by traditional research

methodologies, like women, people of color, and poor people, are heard and highlighted (McKew 2013, 17).

There are five main principles of FPAR: inclusion, participation, individual and collective action, social change, and researcher reflexivity (Reid 2004). FPAR scholars also identify four critical practices of conducting FPAR: 1. coalescing into a group; 2. encouraging shared ownership of the research process and its outcomes; 3. developing multiple centers of power; and 4. promoting interdependency (Shimei and Lavie-Ajayi 2022).

3.1.2 Critical Ethnography

As Soyini Madison describes in her book *Critical Ethnography: Method, Ethics, and Performance*, critical ethnography differs from traditional ethnography because of its focus on ethics. Qualitative researchers engage with critical ethnography when we can recognize the ethical responsibility of uncovering injustices and oppression within a lived domain. Critical ethnography aims to understand "what could be" instead of "what is" (Madison 2011, 5). Critical ethnography has been criticized for focusing too much on social change while leaving researchers' positionality out. I acknowledged this limitation and agree that positionality is a vital component of critical qualitative research, as it allows us as researchers to name our privileges, power and biases. This idea brings up the importance of reflexivity and the ethical dilemmas present in conducting this research to ensure that I did not unintentionally perpetuate the power structures and dynamics I am critiquing in this project.

3.1.3 Data Collection: Active Participant Observation

The data collection method used for this feminist action research project is participant observation, in alignment with the traditional techniques used in ethnographic research. My use of this method differs from conventional participant observation as I landed on the "participant" side of this method instead of solely observing participants in the reproductive justice movement. I anticipated being an active participant within ARC-Southeast, thus becoming an active participant in the reproductive justice movement. As suggested in Johnson, Avenarius, and Weatherford's article on "active" participant observation, engaging in what they term "full participation" this type of observation allows the researcher to establish a "normal" role in the work (Johnson et al. 2006, 114). If the work we produce as scholar-activists is to be effective, it must be derived from experiences and interactions with the kind of world we are striving for in mind as we disseminate our work. This project is more than *just* for research and my academic gain; I intended to be fully immersed in the "action" part of this thesis as a part of my commitment to reproductive justice, transformative activism and radical social change. Sometimes, my role at ARC-Southeast overshadowed my academic "researcher" role, and I believe the unique perspective that it gave is significant.

The sites of active participant observation were "on the job," similar to traditional fieldwork in ethnography. While it is customary to take field notes during participant observation, these notes exist on an organization-wide shared document that I chose to keep confidential for the purposes of this project, given the nature of this work and the importance of ethics when conducting feminist participatory and critical ethnographic research. Meetings and conversations happened over the virtual meeting platform, Zoom, or at ARC-Southeast's office in Atlanta, Georgia.

I started "collecting" data within my first few days of interning at ARC-Southeast. During the one-week onboarding process, I was introduced to each team of the organization: Operations, Healthline, and Organizing and Outreach. In addition to overviews of each "department," onboarding includes reading time, where each new member of ARC-Southeast is given one or several articles to read to prompt reflection discussion. I was given *What is Reproductive Justice? How Women of Color Activists Are Redefining the Pro-Choice Paradigm* (2010) by Kimala Price, *The Color of Choice: White Supremacy and Reproductive Justice* (2016) by Loretta Ross, and *Radicalising Feminisms* (1999) by Joy James. At this moment, I felt affirmed by the two choices I had made leading up to this point.

The first is my decision to enter a Women's, Gender, and Sexuality Studies graduate program. Nearly every time, without fail, when I tell someone what my field of study is, the first question is, "Oh, well...what are you going to do with that?". This is a common question to ask people working towards a degree, I know, but this question always feels a bit patronizing. Women's, Gender, and Sexuality Studies are not only undervalued and overlooked within academia but are also dismissed in the "real world" because many people cannot imagine what kind of work you could do with a degree in WGSS, implying that all learning and education should have the goal of producing a fit worker to participate in the capitalistic society that dominates our lives. It is true; we all need day jobs. But what if education and knowledge were not seen only as financial transactions? The second is my decision to create a project based on academic and activist knowledge. I entered my graduate program knowing I wanted to do that, but admittedly, I had no idea how I would do it. Thankfully, the Supreme Court of the United States gave me some clarity the summer after I completed my first two semesters of graduate

school when they decided to allow individual states to determine whether someone has the legal right to an abortion or not.

At the end of onboarding, each new hire creates goals in alignment with their position, role, and personal interests. The primary goal I made at the start of my internship was to "work alongside the programs/organizing team to support ARC-Southeast's community organizing efforts to combine my academic knowledge with community-based knowledge to identify a specific goal that ARC-Southeast has to create an action-research-based project." As I transitioned into my current role as an engagement coordinator on the Organizing and Outreach team, one of my responsibilities is to "develop curriculum and toolkits to support participation in signature ARC-Southeast programs."

A significant part of collecting data for this project came from reviewing the literature that is outlined in chapter two of this project. Another intern I was working with at the time assisted me in creating a Plan B: Southeast toolkit to distribute to our Plan B: Southeast community outposts and volunteers. The toolkit also acts as an internal resource for ARC-Southeast, documenting and detailing each part of the program. I used my literature review and the toolkit I created in collaboration with another intern to create the first two zines of the collection: "Reproductive Justice: Explained" and "Emergency Contraception: Explained."

Another responsibility of my role at ARC-Southeast is to "support research and report up-to-date knowledge about relevant local, state, and national reproductive justice policy issues impacting abortion access.". Morning headlines and news article reviews became part of my morning routine. I began following organizations like *The Guttmacher Institute*, a well-known and respected sexual health and reproductive rights research and policy NGO and subscribing to Jessica Valenti's "Abortion Everyday" newsletter. This daily newsletter covers abortion news at

the local, State, and federal levels. Resources like these were essential in creating my third zine: "The Southeast: A Reproductive Care Desert."

Vital to our work as an abortion fund is an understanding that our work is a form of mutual aid. Although non-profits and their employees become agents of the State, deciding who deserves assistance and resources and who does not, ARC-Southeast rejects the charity model because the organization operates under the recognition that people's needs are not being met under the current systems we have in place. Mutual aid projects are radical and revolutionary because they aim to directly impact the material conditions of vulnerable people by showing that we, as a community of people, can care for each other instead of relying on the systems that have been creating and maintaining the unlivable conditions so many find themselves in.

3.1.4 Data Analysis: Zines

This feminist action-research project utilized zine-making to create and share academic and community-based knowledge in multiple formats. Zines (pronounced "zeen") are generally known to be small, independently published magazines meant to be easily and affordably created and distributed as a medium to share information and, typically, promote political activism (Tinio). Even though zines have not and are not traditionally used in academic settings, zines have been used for decades in social justice movements and activist spaces.

Zines can be traced back to the 1930s, with the "first" [known] zine produced by Chicago's Science Correspondence Club. In the 70s and 80s, zine culture became a part of the punk and DIY scene. The technological advancements of this time made it easy to create and print more significant quantities of zines. Riot Grrrl, a punk-feminist group of the 90s, encouraged girls and women to produce their own zines in resistance to the male-dominated punk scene.

Historically, the topics and intentions of zines have been shaped by media, music, and political activism. Like the '70s and '80s, our technological advancements have made it incredibly easy to create and distribute zines digitally. The type and topics of zines have become more diverse; many zine collections and libraries exist, signaling the importance of zines as not only historical documents but legitimate forms of knowledge production and dissemination ("A Brief History of Zines," 2016).

In Atlanta, Georgia, zines are being used by local organizing groups and activists as a way to share information about the social justice scene in the city. The creation and circulation of zines as a way to engage people in social justice activism has sparked the interest of the State, too. In the indictment of 61 activists on RICO charges for their organizing and action around The City of Atlanta's controversial plans to build a "public safety training facility," more commonly known as "Cop City," the Fulton County Superior Court names explicitly "zines" as a mode of "propaganda and recruitment" for the "Stop Cop City" movement, also known as the "Defend the Atlanta Forest" movement. "Anarchist zines instruct its members on how to effectively promote its political message..."... "Anarchists publish their own zines and publish their own statements because they do not trust the media to carry their message." (State of Georgia, 2023, 46). With these statements, it is apparent that zines combat dominant epistemology by producing ways of knowing from an alternative perspective. It is true we, as people opposed to State violence and oppression, do not trust hegemonic institutions to accurately relay the messaging and motives of groups who are actively "getting in the way" of the objectives of the State.

Likewise, reproductive justice activists center the realities and experiences of people who face reproductive oppression to shape the narrative and messaging around the movement. Time and time again, I hear discussions full of misinformation around abortion, emergency

contraception, and reproduction, signaling the need for knowledge production and dissemination by and from people within the movement. For example, at least four in ten U.S. adults say that they are "unsure" if mifepristone, a medication commonly used to induce an abortion, is legal in their State. Even in states where abortion is protected, only around 44% of people are aware that abortion medication is legal in their State. Even though the overwhelming majority (93%) of U.S. adults know what emergency contraception is, only 62% of adults are aware that emergency contraceptives are not abortion medication. Plan B One-Step clearly states the medicine cannot terminate an existing pregnancy and is legal in all 50 states; 73% of U.S. adults think emergency contraception can end an early pregnancy ("The Public, Including Women of Childbearing Age, Are Largely Confused About the Legality of Medication Abortion and Emergency Contraceptives in Their States" 2023).

4 RESULTS

4.1 Zine Topics

Based on the information outlined in chapter three, coupled with concepts I deemed relevant to share information on, I identified four topics for a collection of zines I created for ARC-Southeast. This collection is an "explained" series, including reproductive justice, emergency contraception, mutual aid and solidarity, and 2023 abortion access and laws in the Southeast. The following subsections briefly outline the contents of each zine included in the collection I created.

4.1.1 Reproductive Justice: Explained

The first zine provides historical context to the reproductive justice movement and highlights the four fundamental principles of reproductive justice. Because the "reproductive rights" or "pro-choice" movement is more well-known, differences between the two movements

are highlighted in this zine. There is also a “crash course” in reproductive justice theory, with a reference list for further readings and a thinking exercise to showcase practical applications of reproductive justice in your community.

4.1.2 Emergency Contraception: Explained

The second zine provides an overview of emergency contraception (E.C.) and a historical timeline to show the development of emergency contraceptives. There is a breakdown of the different types of emergency contraception as well as explanations of how emergency contraception is different from oral contraceptives and abortion medication. This zine covers commonly asked questions like “Is emergency contraception safe?” and provides information on why someone might need E.C. and how they can access it through ARC-Southeast.

4.1.3 The Southeast: A Reproductive Care Desert

The third zine provides up-to-date information on abortion access in the Southeast as of November 2023. There is a description of ARC-Southeast at the beginning and a list of key terms someone should know when reading about abortion laws and restrictions. These terms include things like “gestational age,” which is used to calculate the duration of a pregnancy and “fetal cardiac activity,” which refers to the moment cardiac activity is detected via an ultrasound. Both of these terms are used to determine when someone can access abortion in their State. There is an in-depth list of the abortion restrictions in each State included in ARC-Southeast’s region, with a resource list at the end complete with resources for emotional support, option counseling, and queer and trans healthcare support lines.

4.1.4 Mutual Aid and Solidarity

The final zine in this collection covers mutual aid and solidarity and why those concepts are relevant to abortion funding. This zine explains what mutual aid is and gives some historical

examples of mutual aid projects, like “Jane,” a collective of women who provided underground abortions to women before *Roe v. Wade* (1973). Mutual aid projects are differentiated from charity projects in this zine as well.

4.2 Reflection

I anticipated some obstacles and limitations when designing this project precisely because I knew the work would create the project instead of me, the researcher, creating the project. However, I did not expect how deeply involved and invested I became in the work and the community I gained. Although reflexivity is an essential component of feminist research, especially with feminist participatory action research, I still did not anticipate how much critical self-reflection I would engage in and how monumental working with ARC-Southeast would be to my political development. While my time doing this work has been and continues to be incredibly fulfilling and meaningful to me, the inductive nature of feminist participatory research proved to be a more significant challenge to overcome. Admittedly, I have struggled quite significantly to separate the work I was doing as an intern and now staff member from the work I was doing as a graduate student for the specific goal of this project. The simple fact that this project had a deadline, but my work within reproductive justice and liberatory movements has no deadline made it challenging to design a feasible action-based research project.

Because of the emergent design of my project, I found myself continuously adjusting my research objective and anticipated outcome based on the flux of time and societal conditions. In addition, the constant process of knowledge production within a social justice space highlighted the necessity of following an emergent research design (Ravitch, Tarditi, 2011). This process aided in my pursuit to embody feminist values and ethics as I responded to new information and knowledge while actively learning. I believe that all feminist scholars who engage with action

research and emergent design are responsible for sharing the knowledge that has been shared with us in hopes of enacting transformative change within the academy and broadly within the world (Ravitch, 2022).

My investment in reproductive justice also impacted the outcome of this project. As someone who does have the ability to become pregnant, I am deeply concerned with maintaining control and power of my body and life. However, the privilege I have in relation to others who also have reproductive capabilities is not something I ignore. Numerous aspects of my identity and life give me access to the necessary resources and knowledge required to navigate the current political and legal conditions that make reproductive care so challenging to access.

I am a white-presenting Latina woman living in an urban city. Around 80% of the people ARC-Southeast provides assistance for identify as non-Hispanic Black (Rice et al. 2021), and most people in states like Georgia have to travel for care because 95% of counties in Georgia do not have a clinic that provides abortions (“State Facts About Abortion: Georgia” 2022). I am cis-gendered and college-educated. I have people who support and care for me. In a support group that I facilitate, frequently, the reason people are there is because they feel isolated by or lack the support of their family and friends around their decision to have an abortion. I have access to affordable and secure housing and an income that [mostly] allows me to live comfortably because I do not financially support anyone but myself. 77% of the people who receive practical or logistical support from ARC-Southeast have one or more children (Rice et al. 2021). I remember providing emotional support to a person driving to North Carolina for their procedure. They told me they’d be traveling alone with their two children because their spouse could not take time off work to care for their children while they were away because they could not afford it. In North Carolina, a patient is required to receive one counseling appointment before they can

have an abortion. There is a 72-hour waiting period between the first and second appointments. On top of the fact that most clinics do not allow children to wait with their parents, the obstacles a person faces when trying to receive essential reproductive healthcare seem endless. In situations like these, I can see how the cycle of marginalization and oppression makes it nearly impossible to navigate these circumstances alone without accurate information and useful resources.

Instead of letting my privilege allow me to look away from the systemic and structural oppressions that do not impact me, I take responsibility for my privileges and acknowledge the limited perspective I have when considering solely my life experience. However, in Toni Morrison's words, "the function of freedom is to free someone else." My liberation is intrinsically tied to the liberation of all people.

5 CONCLUSION

From start to finish, the time I found myself conducting this research felt like an ongoing crisis...a global disaster of sorts. I started this graduate program amid the COVID-19 pandemic; I watched and showed up in solidarity with Black people who ignited movements resistance to police violence in 2020, saw our legal right to abortion dissolve with *Roe v. Wade* (1973) falling in 2022, and am now watching a genocide of the Palestinian people play out before our eyes in the name of Western imperialism and settler colonialism in 2023, I have constantly asked myself, "what am I doing here?" This question is not only what compelled me to pursue an action research thesis but also a question that has allowed me to critically reflect on my life, my values, my community, my knowledge, and my positionality throughout my time in this graduate program.

These last two, almost three years, have taught me more about myself than perhaps any other period of my life. As I moved through this program, I gained the knowledge and language to name what was happening to me and others. bell hooks insist that all feminist theory is directed toward transforming consciousness (hooks, 1994, 72). She is undoubtedly correct. Becoming a Feminist scholar has transformed my consciousness so that I now see no gap between feminist theory and feminist praxis (the gap is still there, just not for me). Every moment and intersection of injustice in our lives is a place where theory and knowledge can be produced, moving us closer and closer to the world I and so many others dream of. bell hooks also warns that "theory is not inherently healing, liberatory or revolutionary. It fulfills this function only when we ask that it do so and direct our theorizing towards this end." (hooks, 1994, 61). With this, I see no other option than to be a feminist scholar-activist because I cannot separate the two beings.

I have learned about the life I want to live and the values I want to live by. I have learned how to live in a seemingly unfair world. Importantly, I continue to learn and critically reflect on myself and my dreams by practicing feminist values in the "real" world beyond the university. I see that my dreams and ideas of a "good" life are not so different from others. In a way, I had to unlearn just as many things as I've learned during the time it took me to complete this project.

Significantly, I have realized I am uninterested in producing feminist scholarship that only reaches people within academia. That is not to say I do not think that other scholars and academics could appreciate my academic work; I mean that I do not want to theorize about the conditions we live under and the world we want, as if these are metaphors that cannot be materialized. I believe that knowledge and political education hold the sources of power we need to create a world where we are all free. What use is theory if we do not apply it to our lives? I am grateful that I have access to this knowledge and language, and I also recognize that many do not. We cannot continue commodifying feminist theory within the academy; we are responsible for sharing and creating knowledge and theory with everyone if we have real hopes for a transformed world. It is no easy task, I know.

I am privileged to live in the digital era, where connecting and sharing things with people widely and quickly is easier than ever. While I know the information put into the zines I created for this project is not revolutionary, nor is making zines to engage people with political activism, I am excited to share them with anyone who could use the knowledge and information. I am eager to print them out and leave them around places I frequent. I am excited to share them with my students and friends and to have them on hand when doing community outreach for ARC-Southeast. I am excited for people to make the same connections I have made.

6 APPENDIX

6.1 Appendix: Zine Collection

Each zine is eight pages long and is included in this appendix. These are drafts and will likely undergo some revisions in the future.

6.1.1 *Reproductive Justice: Explained*



some historical context...

we should start with the understanding that all governments and states rely on fertility and reproduction to achieve their goals and maintain their power. we know all governments need people to work. that means the labor force needs to be constantly reproduced. historically, we can think about how enslaved women were forced to give birth to maintain slave labor. here, we can also see how governments are interested in controlling who is reproducing. for example, by 1976, it is estimated that 25% of all Indigenous American women were sterilized in federal facilities.

the persistence of women's desire to control their reproduction and fertility throughout the US colonial, slavery and post-war periods informed the creation of the reproductive justice movement, allowing activists and theorists of the movement to center the framework around lived experiences and realities of all people who are capable of reproduction.

because reproductive justice centers the lived experiences and realities of all people who face reproductive oppression, we know that rj can't focus on just a single issue. structural and systemic inequalities leave some with no choice at all.

what is reproductive justice?

In 1994, a group of Black women formed "Women of African Descent for Reproductive Justice," where they coined the term **"reproductive justice."**

After attending an international conference on population and development in Cairo, Egypt, they sought to create a human-rights framework and movement that meshed **"reproductive rights"** with **"social justice."** This move highlights the domestic fight against reproductive oppression within the global fight against reproductive oppression.

Women of African Descent for Reproductive Justice
Toni M. Bond Leonard,
Reverend Alma Crawford,
Evelyn S. Field, Terri James,
Bisola Marignay, Cassandra
McConnell, Cynthia Newbille,
Lorretta Ross, Elizabeth Terry,
'Able' Mable Thomas,
Winnette P. Willis, and Kim
Youngblood

4 principles of reproductive justice (RJ):



what about the "pro-choice" movement? isn't reproductive justice the same thing?

"reproductive justice" **shifts the narrative** away from "choice" and the **single issue of abortion** because even with the legal right to an abortion, there are still **structural and systemic obstacles** that may keep someone from exercising their freedom of choice.

so, what's the difference?

instead of being a single-issue movement, the reproductive justice framework highlights the **intersections** of reproductive health and rights with **other social issues** like poverty, education, abolition, state violence, and economic injustice. reproductive justice advocates don't dismiss the importance of legal rights; instead, we argue that **reproductive freedom cannot be achieved without an intersectional analysis.**

the reproductive justice movement supports the right to legal abortion and the right to choose whether or not you have children, but the movement also advocates for the right to **have** and **parent** children. it isn't a countermovement or a sub-movement; reproductive justice is its own movement that centers around **human rights, collective power, autonomy, and self-determination.**

reproductive justice theory

it's impossible to cover all the theory that informs the RJ framework in a zine, so here's a quick 101:

reproductive justice as an intersectional theoretical framework **challenges** binaries, white supremacy, neoliberalism, and dominant ways of knowledge production (epistemology) with Black feminist, critical race, critical feminist, standpoint feminist, and global feminist theories.

crash course*

feminist theories center around social, political, and cultural ways we experience gender inequity. at the core of reproductive justice is **intersectionality** (Truth, 1851; Crenshaw, 1991), which refers to how our identities can create multiple forms of oppression and comes out of **Black feminist theory** (Combahee River Collective, 1977; hooks, 1981; Lorde, 1980). Black feminist theory **produces knowledge** (Collins, 1990) based on **lived experience**. **Standpoint feminism** (Hartsock, 1983; Harding, 1998) supports the need for **feminist epistemologies**, arguing that knowledge comes from our social positions. the concept of **objective knowledge is rejected** with standpoint feminism because knowledge can differ based on our perspectives and social location (Kirk, Okazawa-Rey, 2000). **Global feminisms** (Moraga, Anzaldúa, 1983) also centers on non-white and non-Western perspectives to **decolonize** (Lugones 2010; Tuck, Yang, 2012) knowledge production. **critical theories** (Freire, 1968; Hartmann, 1979; Haraway, 1985; Crenshaw, 1987; Fraser, 1989; Butler, 1990) are intertwined within all of these sectors of thought as we seek to understand societal underpinnings of the **power structures** that **create and maintain** oppression.

*reference and reading list is available at the end of this zine

practical application - how to identify reproductive justice issues

here are some things to think about:

community: how do I define my community?

family: what is family to me?

health and safety: your and others' physical, mental, and emotional well-being

access and opportunities: think about health care, education, jobs, housing

gender: gender roles/norms, identity/expression, and gender-based oppression

body: physical control, conditions, and health [care]

sexuality: sexual health, education, and identity/expression

our communities and identities impact the way we experience and resist reproductive oppression. this kind of oppression can limit our ability to have and maintain a family and also impact our health and safety. these factors can also impact our access to opportunities and resources like health care and affordable housing. do you have the autonomy and ability to self-determine things around your gender, body and sexuality? what about people in your community? do they have the same ability?

this thinking exercise is pulled from "The EMERJ Reproductive Justice Lens Toolkit"

references and readings:

- Audre Lorde**, "Age, Race, Class and Sex: Women Redefining Difference" (1980)
- bell hooks**, "Ain't I a Woman? Black Women and Feminism" (1981)
- Cherri Moraga** and **Gloria Anzaldúa**, "This Bridge Called My Back" (1983)
- Combahee River Collective**, "The Combahee River Collective Statement" (1977)
- Donna Haraway**, "A Cyborg Manifesto" (1985)
- Dorothy Roberts**, "Killing the Black Body" (2000)
- Eve Tuck** and **K. Wayne Yang**, "Decolonization Is Not a Metaphor" (2012)
- Expanding the Movement for Empowerment and Reproductive Justice**, "The EMERJ Reproductive Justice Lens Toolkit: Identifying reproductive justice in your community" (2017)
- Gwyn Kirk** and **Margo Okazawa-Rey**, "Identities and Social Locations: Who am I? Who are my People?" (2000)
- Heidi Hartmann**, "The Unhappy Marriage of Marxism and Feminism: Towards a More Progressive Union" (1979)
- Joy James**, "Radicalising Feminism" (1999)
- Judith Butler**, "Gender Trouble" (1990)
- Kimberlé Crenshaw**, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color" (1991)
- Kimberlé Crenshaw**, "Race, Reform and Retrenchment" (1987)
- Loretta Ross**, "The Color of Choice: White Supremacy and Reproductive Justice" (2016)
- Maria Lugones**, "Towards a Decolonial Feminism" (2010)
- Nancy Fraser**, "Unruly Practices: Power, Gender and Discourse in Contemporary Critical Theory" (1989)
- Nancy Hartsock**, "The Feminist Standpoint: Developing the Ground for a Specifically Feminist Historical Materialism" (1983)
- Patricia Hill Collins**, "Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment" (1990)
- Paulo Freire**, "Pedagogy of the Oppressed" (1968)
- Sandra Harding**, "Is Science Multicultural? Postcolonialisms, Feminism, and Epistemologies" (1998)
- Sojourner Truth**, "Ain't I a Woman?" (1851)

Access Reproductive Care - Southeast provides funding and logistical support to ensure Southerners receive safe and compassionate reproductive care including abortion services. through education and leadership development, we build power in communities of color to abolish stigma and restore dignity and justice.

check out our blog!



6.1.2 Emergency Contraception Explainer

emergency contraception: explained

Illustration of a woman looking confused with question marks above her head, surrounded by various contraceptive methods like pills, a condom, and an IUD. The ARC Southeast logo is at the bottom.

what is emergency contraception (EC)?

emergency contraception prevents pregnancy **BEFORE** it happens. It is more similar to birth control pills than it is to the abortion pill (this is important to know!)

depending on the kind of EC you take, you can prevent pregnancy up to 5 days after (120 hours) unprotected sex

EC works primarily by delaying or inhibiting ovulation. it does **NOT** terminate an existing pregnancy

emergency contraception is commonly known as "the morning-after pill" or "plan b"

EC is a safe and effective form of "back-up" birth control that can prevent pregnancy if taken properly

the history of emergency contraception

1920s	Researchers discover that estrogenic ovarian extractions interfere with pregnancy in mammals - "postcoital method"
1960s	Doctors in the Netherlands utilize the postcoital method by administering high doses of estrogen to a 13 year old girl who had been a victim of sexual assault.
1970s	Dr. Albert Yuzpe discovers another way of administering estrogen to interfere with pregnancy, known as the "Yuzpe Method" The Copper IUD is discovered to prevent pregnancy if inserted at least 5 days after unprotected sex.
1980s	2 other methods are discovered in this time period (danazol and mifepristone). There is little research on these, although.
1990s	1998: The FDA approves the first forms of medication to be labeled as "emergency contraception" - The Preven Emergency Contraception Kit. Available by prescription only. 1999: The FDA approved the first single-dose emergency contraceptive pill, "Plan B One-Step". Must be 18 years or older and have a prescription to purchase.
2000s	2006: The FDA eliminates the prescription requirement for Plan B One-Step. 2011: The FDA lifts the age requirement for Plan B One-Step.
2022	The FDA removes the labeling of the unsupported claim that Plan B One-Step could work by preventing implantation. The memo states: "... therefore, it does not terminate a pregnancy."

types of EC...



Levonorgestrel: This is the most common form of EC. This is what Plan B One-Step is.



Ulipristal Acetate: This form of EC is more effective than levonorgestrel, but it does require a prescription. A common form of this medication is known as Ella.



Copper IUD: This intrauterine device (IUD) slowly releases copper into the uterus. It can act as a form of emergency contraception if inserted up to 120 hours or 5 days after unprotected sex, but it must be inserted **BEFORE** ovulation occurs.



The Yuzpe Method: Uses 2 doses of oral contraceptive pills that combine estrogen and certain progestins. Hormonal contraceptive pills (either progestin-only birth control pills or combined oral contraceptives), pregnancy can **potentially** be prevented if this regime is started within 72 hours of unprotected sex. This method is **NOT** common anymore.

is ec safe?



you may have an irregular period (i.e., earlier/later, lighter/heavier). There are some other potential side effects:

you can take EC even if you're on birth control! you can also take EC multiple times within the same month & year with no effects to your fertility.

- nausea
- lower abdominal cramps
- fatigue
- headache
- diarrhea
- dizziness
- breast pain or tenderness
- vomiting (if you vomit within 2 hours, you may need to take another dose)



emergency contraception is **LEGAL** in **ALL 50** states. you can buy Plan B One-Step with no prescription or ID.

why is ec access important?

because it gives people control over their bodies and lives!

There are many reasons why someone might need to take EC:

you forgot to take your birth control

a condom broke or came off during sex

to prevent pregnancy after sexual assault

remember, you can get emergency contraception in all 50 states, no age requirement, prescription, or ID needed

regardless of your situation, your reason for taking EC is valid! you deserve access to emergency contraception no matter what.



emergency contraception vs. abortion medication

did you know around 70% of adults in the U.S. believe emergency contraception can end a pregnancy if taken in its early stages?*

since the legal status of abortion medication is being challenged, it is CRUCIAL to know the difference! this chart offers a break down.

emergency contraception

- prevents pregnancy BEFORE it happens
- is taken within a few hours to days after unprotected sex
- prevents or delays ovulation (the release of eggs)
- a.k.a. birth control pills
- daily medication that uses hormones to prevent pregnancy by inhibiting ovulation and preventing sperm from penetrating through the cervix.

oral contraceptives

- a.k.a. the abortion pill[s]
- refers to the 2 medications taken to terminate a pregnancy
- mifepristone
- misoprostol

**The Public, Including Women of Childbearing Age, Are Largely Confused About the Legality of Medication Abortion and Emergency Contraceptives in Their States." 2023. HFF (blog).

plan b: southeast

if you or someone you know needs emergency contraception, check out ARC-Southeast's FREE emergency contraception program.





ARC-Southeast provides FREE emergency contraception to anyone in the Southeast who needs it - no questions asked.


We work with local businesses and community centers to set up Plan B: Southeast Outposts - where anyone can pick up a Plan B: Southeast kit during their regular business hours.

If you'd like to become a Plan B: Southeast volunteer or outpost, email us!


📧 planb@arc-southeast.org

6.1.3 The Southeast: An Abortion Desert

THE SOUTHEAST: a reproductive care desert



abortion laws, restrictions and
resources
fall 2023



ARC-Southeast is a queer, Black-led reproductive justice organization and abortion fund in the southeast. we provide practical and logistical support to people seeking reproductive healthcare. as part of our commitment to reproductive justice, we also provide mutual aid, political education, emergency contraception, and an emotional support group for people with abortion experiences.

this zine aims to provide information and resources on abortion access in the region ARC-Southeast operates. it's important to remember that laws and restrictions vary from state to state and can change. if you or someone you know is seeking an abortion, make sure you double-check the laws in the state you're in. if you have to travel out of state, be sure to check the laws of that state, too. at the end of this zine, there's a list of resources that can help.

SOME KEY TERMS & PHRASES TO KNOW BEFORE MOVING ON...

Abortion: a medical term that refers to any time a pregnancy is terminated, with or without intervention.

Medication Abortion (MAB): an abortion induced with medication. mifepristone and misoprostol are the most common medications used. MAB is typically safe and effective up to 13 weeks of pregnancy, but many providers follow a 12-week protocol.

Surgical Abortion (SAB): abortion by removal of uterine contents. the procedure varies depending on the gestational age.

Gestational Age: calculation of the duration of a pregnancy. the first day of the last normal menstrual period is used to calculate this.

Mandatory Waiting Period: the period of time states require between counseling and an abortion procedure.

Parental Notification: most states require parental involvement in a minor's decision to terminate a pregnancy. some states require only one parent to be notified, while others require both parents to be notified.

Fetal Cardiac Activity (FCA): the basis of states with a "6-week" abortion ban. FCA is typically detected at around 6 weeks but can be seen earlier or later in gestation.

Roe v. Wade (1973): the SCOTUS case that determined the 14th Amendment of the U.S. Constitution does grant the right to an abortion.

The Hyde Amendment: a federal law that prohibits federal funds from being used for abortion services by people enrolled in Medicaid. this amendment has been in place since 1976.

Dobbs v. Jackson Women's Health Organization (2022): the SCOTUS case overturned Roe v. Wade (1973).

LAWS & RESTRICTIONS

MISSISSIPPI

- Abortion is completely banned, with very few exceptions
- 2 trips required - mandatory 24-hour waiting period after counseling (counseling DOES have to be done in person)
- Medication abortion must be provided in person because telehealth and mailing medication are restricted*
- Parental consent or notice is required for minors seeking care
- Only physicians can perform abortions (no other type of health care professional is permitted)
- Use of State Medicaid is restricted for abortion procedures

ALABAMA

- Abortion is completely banned, with very few exceptions
- Mandatory 48-hour waiting period after counseling (counseling does NOT have to be done in person)
- Medication abortion must be provided in person because telehealth and mailing medication are restricted*
- Parental consent or notice is required for minors seeking care
- Only physicians can perform abortions (no other type of health care professional is permitted)
- Use of State Medicaid is restricted for abortion procedures

GEORGIA

- Abortion is banned after FCA is detected, typically at 6 weeks
- Mandatory 24-hour waiting period after counseling (counseling does NOT have to be done in person)
- Parental Consent or notice is required for minors seeking care
- Only physicians can perform abortions (no other type of health care professional is permitted)
- Use of State Medicaid is restricted for abortion procedures

*plancpills.org

TENNESSEE

- Abortion is completely banned, with very few exceptions
- Tennessee requires "affirmative defense," meaning a physician has to prove in court that an abortion met the state's criteria for an abortion exception
- 2 trips required - mandatory 48-hour waiting period after counseling (counseling DOES have to be done in person)
- Medication abortion must be provided in person because telehealth and mailing medication are restricted*
- Parental consent or notice is required for minors seeking care
- Only physicians can perform abortions (no other type of health care professional is permitted)
- Use of State Medicaid is restricted for abortion procedures

SOUTH CAROLINA

- Abortion is banned after FCA is detected, typically at 6 weeks
- Mandatory 24-hour waiting period after counseling (counseling does NOT have to be done in person)
- Medication abortion must be provided in person because telehealth and mailing medication are restricted*
- Parental consent or notice is required for minors seeking care
- Only physicians can perform abortions (no other type of health care professional is permitted)
- Use of State Medicaid is restricted for abortion procedures

FLORIDA

- Abortion is banned at 15 weeks and later
- 2 trips required - mandatory 24-hour waiting period after counseling (counseling DOES have to be done in person)
- Parental consent or notice is required for minors seeking care
- Only physicians can perform abortions (no other type of health care professional is permitted)
- Use of State Medicaid is restricted for abortion procedures

*plancpills.org

as you can see, abortion is heavily restricted in every state ARC-Southeast serves.

so, what does that mean? in short, it means most people seeking an abortion in the southeast will have to travel out of state or self-manage their abortion at home with abortion medication. a person's options will depend on how far along they are in their pregnancy and their ability to access reproductive healthcare services.

generally speaking, the further along you are in your pregnancy, the harder it will be to obtain an abortion. as long as used properly, medication abortion is safe, effective, and available in all 50 states. after around 12 weeks, the safest and most effective way to terminate a pregnancy is by surgical abortion.

RESOURCES

Current Clinic and State Law Information:
www.abortionfinder.org
www.ineedana.com
states.guttmacher.org/policies

Comprehensive List of Abortion Funds:
abortionfunds.org


Medical Support Hotlines (call or text):
mahotline.org
howtouseabortionpill.org

Logistical and Emotional Support:
reprocare.com
www.all-options.org

Legal Advice Around Abortion:
www.reprolegalhelpline.org

Queer & Trans Healthcare Support:
transequality.org/know-your-rights/health-care
translifeline.org


We envision a world where all Southerners have full access to care and support around their reproductive health decisions without biases or barriers.



Are you a Southerner who needs support with abortion in Alabama, Florida, Georgia, Mississippi, South Carolina, or Tennessee?

let us help.

scan here to find out more





6.1.4 Mutual Aid and Solidarity

mutual aid and solidarity

creating systems of care that address material conditions and foster life



what is mutual aid?

mutual aid is a form of community-based support where people share and redistribute resources to meet the survival needs of others based on solidarity rather than a moral hierarchy of wealth. mutual aid work usually starts from the idea that the systems we have in place are not working for us

3 elements of mutual aid:

- 1.) mutual aid projects help meet the material needs of people and build an understanding of why the systems that create the need aren't working
- 2.) mutual aid projects mobilize people and build solidarity to expand social justice movements
- 3.) mutual aid projects are participatory and work to solve problems collectively

history

mutual aid as we know it has been around for decades. but the act of mutual aid within communities is a tradition found in cultures worldwide. indigenous people have engaged in self-sustaining practices for ages.

in the 1960s and 1970s, many social justice movements had mutual aid projects of their own, like “Jane,” a collective of women who provided safe and affordable abortions to women pre-Roe v. Wade (1973) or the survival programs run by the Black Panther Party that offered things like free breakfast and mobile health clinics.

mutual aid projects expose the failures and shortcomings of our systems and promote collective action and care.

solidarity



mutual aid relies on solidarity to build power and sustain projects

solidarity helps us connect social justice issues and movements to strengthen movements. solidarity doesn't happen within single-issue movements. without solidarity, we have disconnected, smaller movements riddled with competition for attention and money

but the reality is that our struggles are related to each other, and our lives cross paths more than we might think.

what isn't mutual aid?

mutual aid isn't charity, but that's what we typically think of when considering systems that help people in need. charity work is usually controlled by the government, foundations, rich people, or all of the above. they get to control what causes are worthy of their money, who deserves help and what those people have to do to get help.

this model ends up leaving the most vulnerable people without their needs being met and typically ends up reinforcing harmful narratives around race, gender, and class.

by controlling who “deserves” assistance and who doesn't and what they have to do to get assistance and keep receiving it - we can see that charity work isn't really concerned with addressing the underlying issues and systems that create the unliveable conditions many people live in.

what's the problem?

the main problem surrounding mutual aid projects is that governments and states just really don't like the idea of communities caring for each other. if people don't need the government for things like affordable housing, food, healthcare, education and transportation, the government has much less control over our lives and how we live them. mutual aid gives power back to the people and builds strong communities that are invested in the well-being of one another.

this goes totally against the objectives of capitalism and neoliberalism, which condition us to care about ourselves over others and to believe that we need to work as hard as we can to have access to basic necessities that help us survive.

these structures allow the government to manage people instead of caring for them.

abortion funds & mutual aid



abortion funds are forms of mutual aid projects!

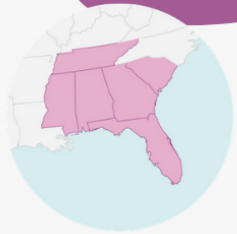
abortion funds help people pay for their procedures, travel and lodging. people who work for or help run abortion funds also help people navigate the confusing legal landscape of reproductive health care, particularly here in the South. they also hold support groups and offer resource guides, political education and emergency contraception

they provide community care and resources, especially in places where laws, racism, and capitalism make it harder to access care
most of the time, community members donate their time, money, or other resources to abortion funds to make their work possible



our mission:
We provide funding and logistical support to ensure Southerners receive safe and compassionate reproductive care, including abortion services. Through education and leadership development, we build power in communities of color to abolish stigma and restore dignity and justice.

plan b: southeast
we also work with local businesses and community centers to set up plan b: southeast outposts - where anyone can pick up a Plan B: Southeast kit during regular business hours.
if you'd like to become a Plan B: Southeast volunteer or outpost, email us! planb@arc-southeast.org



donate!



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