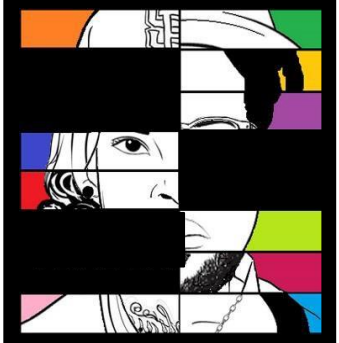


AUGUST 2022

SUMMER EDITION

SEX&GENDER

IN THIS ISSUE

FIND US ONLINE

MESSAGE FROM THE CHAIR

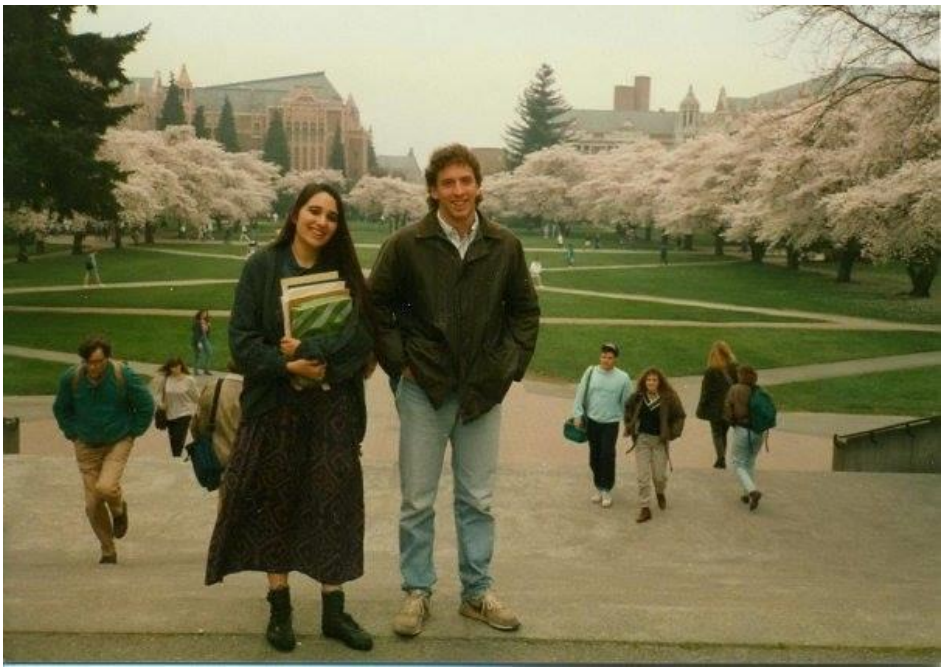
By: Joya Misra

I'm writing with gratitude to all of those who do the work of our section, day-in and day-out. I was so honored to be nominated for this role, and have been in awe of how well organized our section records are, how many people are willing to lend a hand, no matter how big or small the job. I am especially grateful to **Vivian Swayne**, for her important work editing this newsletter, and the contributors **Carolette Norwoord, Anna Chatillon, Whitney Arey, Eliza Brown, Katrina Kimport,** and **Deana Rohlinger,** who are helping us think through the future of reproductive health at a moment that feels enormously bleak here in the U.S.

As the annual meetings are soon upon us, I'm hoping that I make it out to Los Angeles and get to see many of you there. Your hard-working local arrangements committee (Laura Adler, Andrea Garcia, Mary Underwood, Benjamin Weiss) put together an outside section **reception**, joint with the Race, Gender, and Class section, for **Monday August 8, 7 pm** in the (outside) Thornton Courtyard at the LA Public Library, 630 W. Fifth St. There will be tacos and awards presentations, honoring winners and honorable mentions for the Distinguished Book (**Paige Sweet, Kate Averett, Evren Savci),** Distinguished Article (**Yuchen Yang, Susila Gurusami, Rahim Kurwa)**, Feminist Scholar Activist Award (**Gloria Gonzalez Lopez**), and the Sally Hacker Graduate paper award **(Brandon Alston, Adriana Ponce, and Madeline Smith-Johnson).**

The sessions that have been organized look really awesome, and include a very wide swath of scholars from many different settings and career stages. For Monday August 8, **Megan Nanney** has put together an excellent panel on building a transfeminist sociology (8 am), **Siri Suh and Julia A McReynolds-Perez** have an exciting panel on transnational reproductive justice (10 am), **Pei-Chia Lan** and **Hae Yeon Choo** have a panel on decolonizing gender (2 pm), **Sarah Robert** put together a panel on COVID-19 impacts on gendered workplaces (4 pm). For Tuesday August 9, we have our roundtables organized by **Sarah Miller, Sharmila Rudrappa,** and myself (8 am), our business meeting (9 am), an invited session reflecting ASA President Cecilia Menjívar's theme called Gendered Bureacracies of Displacement (10 am), a panel organized by **Sharla Alegria and Pallavi Banerjee** on gendered and racialized organizations (A12 pm), and a panel organized by **Anima Adjepong** and **Shantel Gabrieal Buggs** on queer, indigenous, and intersectional methods (2 pm). Doesn't that sound great?

I remember my first American Sociological Association meeting in 1990. I was in graduate school in Atlanta, and drove to Washington DC with a friend in a very old car. There, an acquaintance and I camped in an empty apartment that a friend of a friend lent us. There was no electricity but the water was running, and we slept on the floor, and tried to sit in the windows to catch a breeze as the day cooled. It was actually the second conference I had been too, the previous year I had attended a Political Economy of the World-Systems conference in Seattle where I was so nervous that I had given a 15-minute talk in 7 minutes. But there was no analysis of gender at that conference back in 1989.



"Thus, the 1990 ASA meeting was pretty much one of the most intellectually exciting moments of my life"

Thus, the 1990 ASA meeting was pretty much one of the most intellectually exciting moments of my life. I was being trained in Marxist political economy, but had found my graduate program lacking in the area of gender (literally, no faculty studying gender, though they hired great people later). When I registered and started looking through the program (in those days, just a print version you got upon arrival), I realized there were many sessions focused on gender. It was truly exhilarating.

I didn't know anyone. I didn't even see many people from my grad program at the conference. But I just kept going to session after session, learning new things. I remember sitting in that dark apartment at the end of the day, looking out at the night, my mind spinning with all of the things I was learning and gaining from the conference. I felt like I had found my people. And honestly, last year, I attended the sex and gender sessions virtually, and realized that it still brought me that excitement, the opportunity to think about things in new ways, that rush of adrenaline.

It will be a delight for those who can make it to Los Angeles to connect in person, talking about ideas, and seeing colleagues and friends. In-person meetings matter. I wonder if I would still be in Sociology if not for the opportunity to stay in that empty apartment, and learn about the sociology of gender. Yet, we will also need to be thinking about ways to keep that intellectual and collegial connection happening for those who can't travel to the meetings for reasons of finances, environmental concerns, care responsibilities, disability or health issues. ASA will soon be rolling out a new electronic system for connecting to one another, which will replace our listserv and allow for more consistent communication among members across our section. I'm really hoping that it helps us all find our people despite the distances between us.

Finally, thank you for giving me the privilege of leading the section this year. Your work inspires me. I am so grateful to you all.

Joya Misra
Professor of Sociology & Public Policy, University of Massachusetts, Amherst

ASA LOS ANGELES 2022:

with Regular Gender Panels & Section Sponsored or Co-sponsored Events

Monday, August 8th:

Session: Building a Transfeminist Sociology and Resisting Trans Exclusionary Radical Feminism
Time: 8:00-9:30 AM
Location:
Presider: Megan Nanney, East Carolina University
Individual Presentations:

- Anti-Pornification IS Trans-Inclusive: Toward a Sex-positive, Trans-Inclusive Radical Feminist Sexual Politics of Bodily Autonomy - *S. L Crawley*, University of South Florida and *Bernadette Barton*, Morehead State University.
- Biofeminism and the Epistemic Politics of Trans Inclusion in Sport - *Madeleine Pape*, University of Lausanne
- Reproductive (In)Justice: How Trans Women Navigate Racialized, Classed, and Gendered Institutions in their Parenting Journeys - *Derek Siegel*, University of Massachusetts Amherst
- Sociology has a transmisogyny problem - *Alex Hanna*, Distributed AI Research Institute
- Thinking Cis: Cisgender-LBQ Women Differentially Perpetuating and/or Challenging Cis-ness - *Alithia Zamantakis*, Northwestern University.

Session: Critical Transnational Perspectives on the Struggle for Reproductive Justice
Time: 10:00-11:30 AM
Location:
Presider: *Derek Siegel*, University of Massachusetts Amherst
Individual Presentations:

- Marginality as a site of resistance among women seeking abortion near the U.S.-Mexican border - *Kathleen Broussard*, University of Texas
- Population Control, an unlikely site of resistance: examining the 2017 Mexico City Policy in India - *Esther Anne Victoria Moraes*, University of Massachusetts Amherst
- Race, Gender, and Citizenship: An Intersectional Framework for Understanding Latina Women's Reproduction and Resistance - *Alejandra Guadalupe Lemus* & *Ella June Siegrist,* University of New Mexico
- Reviving Reproductive (In)Justice with Menstrual Blood: The Complexity of Period Poverty - *Bahar Aldanmaz Fidan*, Boston University
- The place of families: reframing transnationalism, proximity and reproduction in times of distancing and forced separation - *Francesca Decimo*, University of Trento

Session: Decolonizing Gender, Centering Transnational Feminist Work
Time: 2:00-3:30 PM
Location:
Presider: *Minjeong Kim*, San Diego State University
Individual Presentations:

- The Reordering of Empire, the Great Forgetting, and the US Invention of Gender - *Vrushali Patil*, Florida International University

- Investing in "Empowered" Women: A transnational policy history - *Smitha Radhakrishnan,* Wellesley College & *Cinzia D Solari*, University of Massachusetts Boston
- Ethics of Care Born in Intersectional Praxis: A Feminist Abortion Accompaniment Mode - *Julia A McReynolds-Perez*, College of Charleston, *Katrina E. Kimport,* UC San Francisco, *Chiara Bercu, Carolina Cisternas, Emily Wilkinson Salamea, Ruth Zurbriggen, Heidi Moseson,* Ibis Reproductive Health

Session: COVID-19 Impacts on Gendered Workplaces
Time: 4:00-5:30 PM
Location:
Presider: *Anna Muraco*, Loyola Marymount University
Individual Presentations:

- Caring for Children and the Economy: The Uneven Effects of the Pandemic on Caregivers - *Pilar Gonalons-Pons*, University of Pennsylvania & *Johanna S. Quinn*, Fordham University
- Gender Equity During Disruptive Events: Communities of Practice in the NSF ADVANCE Network - *Allison Donine*, Northeastern University, *Jessica Gold*, Northeastern University, *Kathrin Zippel*, Northeastern University, *Laura K. Nelson*, University of British Columbia
- Pandemic Experiences of Women, Working Parents, and Family Caregivers at Community Colleges and Four-Year Institutions - *Nathalie P. Rita*, University of Hawaii, *Marina Karides*, University of Hawaii-Manoa, *Noreen Kohl,* University of Hawaii-Manoa

Sex and Gender Section Reception

Monday, August 8, 7:00-9:00pm, LA Central Library, Thornton Courtyard

Tuesday, August 9th:

Sex and Gender Section Roundtables

8:00 to 9:00 AM

Sex and Gender Section Business Meeting

9:00 to 9:30am

Session: Gendered Bureaucracies of Displacement (Invited Session)
Time: 10:00-11:30 AM
Location:
Presider: *Joya Misra*, University of Massachusetts Amherst
Panelists:

- *Oluwakemi M. Balogun*, University of Oregon
- *Brandon Andrew Robinson*, University of California Riverside
- *Paulina Garcia del Moral*, University of Guelph

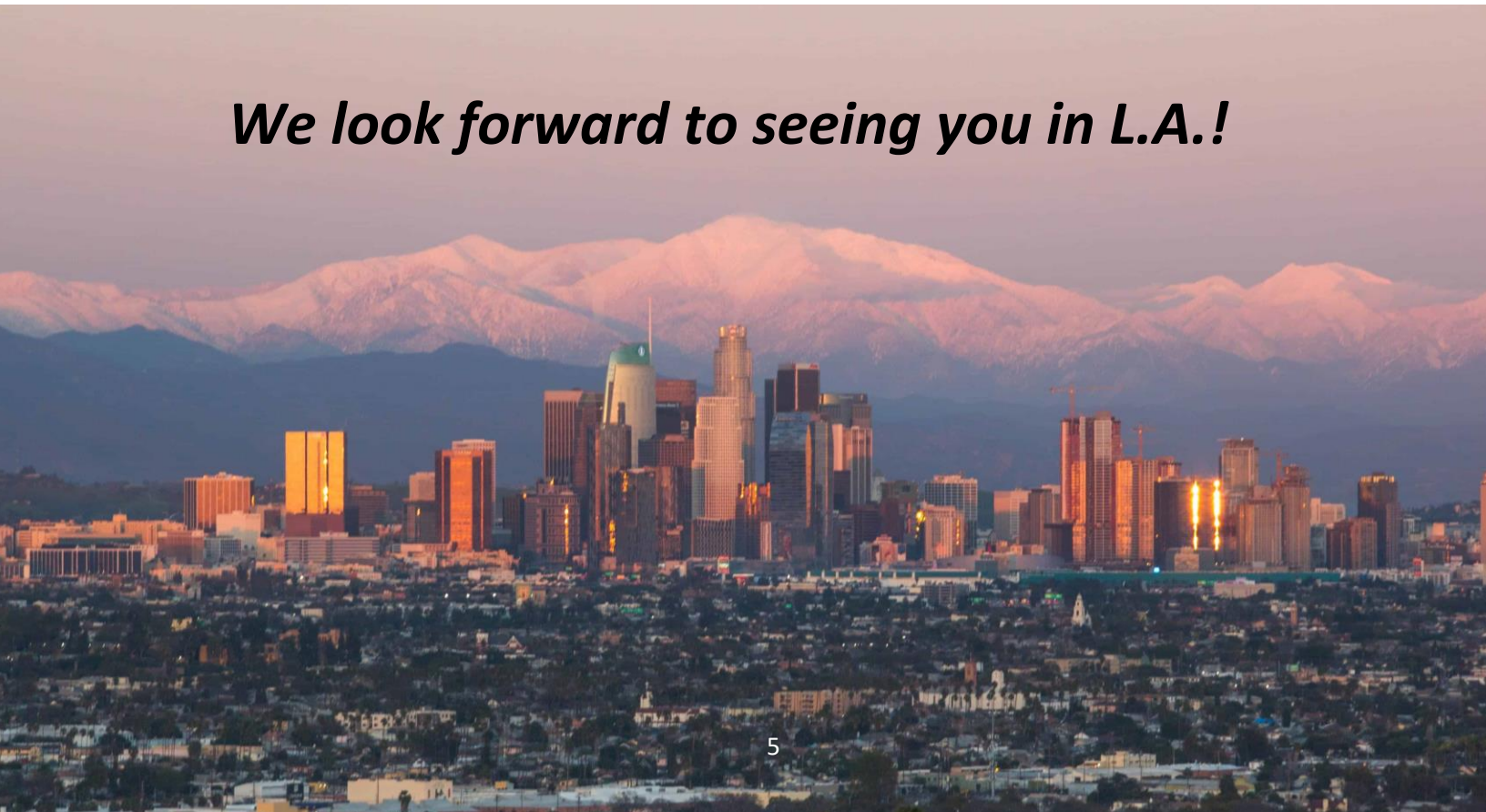
Session: Gendered and Racialized Organizations
Time: 12:00-1:30 PM
Location:
Presider: *Sharla N. Alegria*, University of Toronto
Individual Presentations:

- Gender/Racial Bias in Software Engineering Hiring: The Role of Diversity Demand across Job Levels - *Koji Chavez,* Indiana University-Bloomington, *Katherine Weisshaar*, University of North Carolina-Chapel Hill, *Tania Cabello-Hutt*, University of North Carolina-Chapel Hill.
- Intersectional Experiences among STEM Faculty - *Joya Misra,* University of Massachusetts Amherst, *Ember Skye Willow Kanelee,* University of Massachusetts Amherst, *Ethel L. Mickey,* University of Massachusetts Amherst,*Laurel Smith-Doerr,* University of Massachusetts Amherst
- Maintaining an "Extremely Gendered" Organization through Transnational Mobility: Managers of Korean Multinational Corporations **-** *Minjeong Kim*, San Diego State University
- Racialized and Gendered Organizations and Women of Color Faculty in Minority Serving Institutions – *Anjela J. Silva*, University of Illinois at Chicago
- The Wager: Race, Gender, and Value in Elite Firms – *Megan Tobias Neely*, Copenhagen Business School

Session: Queer, Indigenous and Intersectional Methods
Time: 2:00-3:30 PM
Location:
Presider: *Shantel Gabrieal Buggs*, Florida State University
Individual Presentations:

- And now I have male privilege:" Stealth Transgender Accounts of the Precarity of Privilege - *Armani Beck-Mcfield*, Rutgers University
- Sticky Essentialism: How treating sex/gender as a variable reifies harmful normative models - *MJ Hill*, UCLA

We look forward to seeing you in L.A.!



SECTION AWARDS & ANNOUNCEMENTS:

The Queer Birth Project is seeking participants for new online survey on childbirth in America

We are seeking people who identify as queer (LGBTQIA+) and have experienced family building and/or childbirth to participate in an online survey. The goal of this research is to understand the experiences and perspectives of queer people who have participated in family building in the United States.

Participation will include a 30 minute online survey based on your experience. All personal identifying information will be kept confidential. You are invited to participate if:

- You are 18 years or older
- You identify as a queer person (LGBTQIA+)
- You have experienced family building, adoption, or childbirth
- You are interested in sharing your experience

** We are interested in the stories of gestational and non-gestational parents, surrogates, adoptive parents, or anyone who has experienced queer childbirth.*

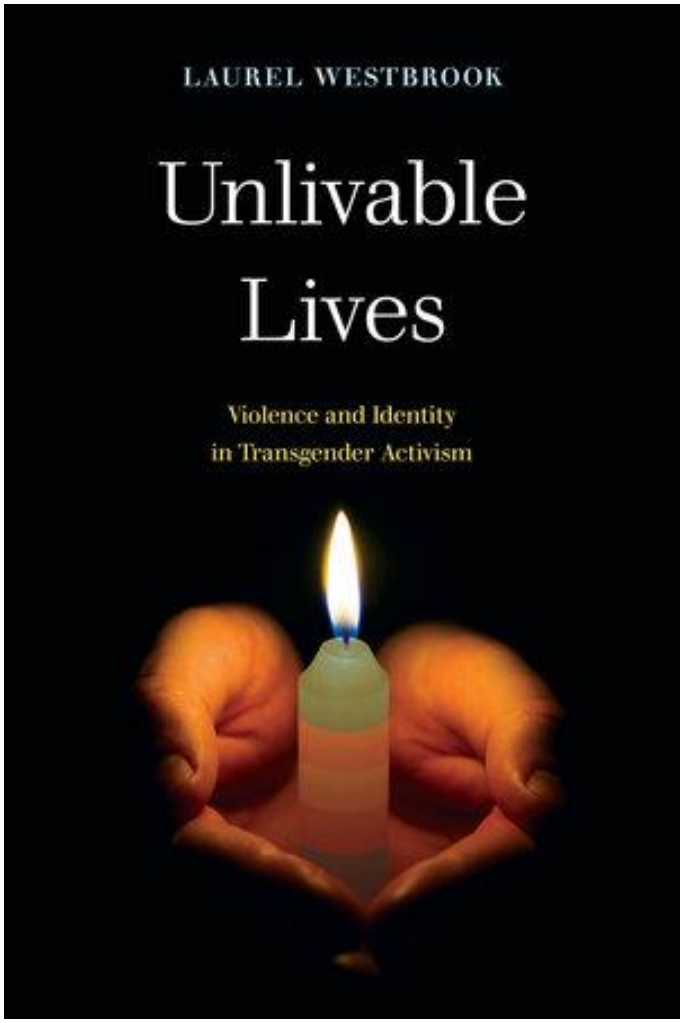
Representation matters for queer folks who experience pregnancy, birth, and parenting. We hope you will contribute to and share this survey with your community and partner(s). It is important to note that participation is voluntary and participants will not receive any compensation. For more information about the *Queer Birth Project,* please visit https://www.thequeerbirthproject.com/ or contact the research team by email at Liss.LaFleur@unt.edu. Thank you!

Carolyn Cummings Perrucci, Professor of Sociology, has retired after 60 years at Purdue University. She served as Chair and Chair Elect of the ASA Section on Sex and Gender (formerly Sex Roles) from 1979-1980.

Selina Gallo-Cruz has joined the faculty in Sociology at the Maxwell School of Public Policy at Syracuse University.

Winner of the 2022 Outstanding Book Award from the SSSP Social Problems Theory Division:

Westbrook, Laurel. 2021. *Unlivable Lives: Violence and Identity in Transgender Activism*. Berkeley, CA: University of California Press.
www.ucpress.edu/9780520316591



Hello! Are you queer or questioning your sexuality? Do you have a mental illness? I am interested in getting your feedback on a survey! Those who are queer and mentally ill do not get to share their opinions about their life every day. Now you get that opportunity! Please consider filling out my survey, which takes around 30 minutes to complete!

I know you are busy, and your time is valuable! Please be assured that this is genuine research conducted by me, a Ph.D. candidate at Georgia State University. It is designed to understand the lives of those who are queer and mentally ill. Your responses to the survey will ensure our ability to conduct high quality research.

If you would like to take my survey, click here!

ASA Sex and Gender Section's Distinguished Book Award, 2022

Awardee
Paige Sweet, *The Politics of Surviving: How Women Navigate Domestic Violence and its Aftermath*

Honorable Mention
Kate Henley Averett, *The Homeschool Choice: Parents and the Privatization of Education*
Evren Savci, *Queer in Translation: Sexual Politics under Neoliberal Islam*

ASA Sex and Gender Section's Distinguished Article Award, 2022

Awardee
Yuchen Yang. 2021. "What's Hegemonic about Hegemonic Masculinity? Legitimation and Beyond." *Sociological Theory* 38(4): 318-333.

Honorable Mention
Susila Gurusami & Rahim Kurwa. 2021. "From Broken Windows to Broken Homes: Home breaking as Racialized and Gendered Poverty Governance." *Feminist Formations* 33(1): 1-32.

ASA Sex and Gender Section's Feminist Scholar-Activist Award

Established in 2010, the Feminist Scholar Activist Award honors scholars who use feminist research to foster social change in public understandings and treatments of gender. This year's awardee is Dr. Gloria Gonzalez Lopez, University of Texas at Austin.

ASA 2022 Sally Hacker Graduate Student Paper Award in Sex and Gender

Awardees:
Brandon Alston, "The Camera is My Weapon": How Black Men Use Cellphones to Negotiate Safety and Status Amid Neighborhood Policing
Adriana Ponce, "The Custody Load: Invisible Work and A Stalled Revolution in Child Custody Arrangements"

Honorable Mention:
Madeline Smith-Johnson "Does (Trans)Gender Identity Complicate the Relationship Between Education and Self-Rated Health?"

ESSAYS:

What the End of Roe Means for Fertility Patients

By: Dr. Eliza Brown, University of California, Berkley

With the overturn of *Roe v. Wade*, several states not only banned abortion, but also redefined human life as beginning once an egg is fertilized. This has major implications for people who are using *in vitro* fertilization (IVF) to build their families. Without being able to destroy unused embryos, IVF will become very inefficient if not impossible. Although states like Alabama and Oklahoma have now specified that IVF will not be affected by their abortion bans (Polo 2022), considerable uncertainty remains regarding the future of fertility treatments in many parts of the United States. The question of what happens to frozen embryos has received considerable attention, but it is only one aspect of the effects of the end of Roe on attempting to get pregnant with medical intervention.

Fertility patients are abortion patients. They have abortions before seeking fertility care, as a result of fertility treatments, and due to unintended spontaneous pregnancies after fertility treatments. Fertility treatment cannot exist without abortion. For the last fifty years multifetal reduction, or aborting at least one of multiple fetuses in a twin, triplet, or higher order multiple pregnancy, has served as the "fail safe" for oral meds, injectables, and multiple embryo transfer that sometimes result in pregnancies with twins, triplets, and more, which present more health risks to the person carrying the pregnancy and any resulting children. Before the dismantling of abortion rights, patients pregnant with multiples already regularly needed to travel out of state to receive multifetal reductions. People pregnant with twins who only desire a singleton have sometimes struggled to receive medical care that supports their reproductive autonomy. Losing the right to an abortion in many parts of the US makes these situations all the more complicated.

Fertility treatments are often considered to be the reproductive route of the most privileged. In the framework of stratified reproduction, in which some people are empowered to reproduce while others are disempowered (Ginsburg and Rapp 1995), people pursuing pregnancy with fertility treatments are typically those at the top of the hierarchy, that is, wealthy, White, heterosexual, and cisgender.

These are also the people who can most easily receive abortions even with the fall of *Roe*. And, indeed, it is crucial for sociologists to continue to study how the most marginalized people seek, attain, and are denied abortions. Still, fertility patients themselves are stratified, and there are many who are now cannot easily attain abortions for pregnancies resulting from treatment.

IVF is only one of several types of fertility treatment, and there are distinct ways of performing IVF with different risk profiles and prices. When performing IVF, fertility providers and patients can determine how many embryos to transfer and by transferring fewer reduce the risk of a multiple pregnancy (and a potential multifetal reduction). With treatments like oral medications and injectables there is far less control. These types of treatments, which are not reported or tracked like IVF, are considerably less expensive (medications like Clomid can be as affordable as $5). Many people who cannot access IVF are able to receive these medications, meaning that those who cannot as easily afford to travel for an abortion are at an increased chance of requiring one. On the other side, today patients can opt for more expensive ways of performing IVF, such as adding preimplantation genetic testing and only transferring a single embryo, that increase the chance of getting pregnant for some patients but lower the chance of a multiple pregnancy that might require an abortion. Thus, the most privileged fertility patients are now less likely to require abortion to manage pregnancies to multiples. The risk of needing an abortion as a result of fertility treatment is unevenly born by those who cannot pay for the most expensive treatments.

This stratification within fertility treatments is particularly evident with queer individuals and couples. Although many queer people have children without medical intervention, in the last two decades more and more queer individuals and couples have formed families at fertility clinics, in part to avoid legal and health risks from conceiving at home (Mamo 2007). Queer couples already face additional challenges in receiving fertility treatments, such as not qualifying for insurance coverage due to the impossibility of meeting the standard medical diagnosis of infertility (12 months of unprotected [heterosexual] sexual intercourse without conception). As part of countering this discrimination, they often attempt to make treatment more financially efficient, which can mean pursuing treatment more likely to result in multiples. This is true for some lesbian couples employing inseminations or IVF who want to increase the chance that a hard-to-attain or expensive sperm sample results in a pregnancy.

It is also often the case for gay male couples employing a gestational worker, which can cost hundreds of thousands of dollars.

Not every pregnant person who intends to give birth intends to be a parent, and it is critical to attend to how the end of Roe affects gestational workers. Gestational workers sign agreements with intended parents regarding in what cases they will pursue abortions, such as pregnancies with higher order multiples. The dismantling of abortion rights but these workers in a more precarious position, potentially continuing pregnancies that put their health at risk or requiring more travel as part of completing their contract. Sociologists like Heather Jacobson have documented the challenges that gestational workers in the US face in navigating their paid work and their emotional connection and sense of duty to the intended parents and child. The right to abortion protects the labor rights of gestational workers, and the end of Roe adds considerably to potential for abuse.

The right to an abortion affects reproduction across the life course, from what is taught in sex education, to the type of contraception available, to attempting to get pregnant, to deciding whether to continue a pregnancy, to determining how to avoid any additional pregnancies in the future. It is also regularly a part of pursuing a desired pregnancy with medical intervention. Although there have been some efforts to delineate fertility treatments like IVF from abortion from fertility treatment advocates and medical professional societies hoping to protect access to fertility treatment, I suggest that in fact fertility treatments and abortion have always been and continue to be interdependent, and that viewing them in this manner underlines the stakes of abortion rights for all. Sociologists of sex and gender have long recognized the importance of attending to assisted reproduction, and now it is critical to shine a light on how the dismantling of abortion rights affects those pursuing pregnancy with medical intervention as well.

References:

Ginsburg, Faye D., and Rayna Rapp. 1995. *Conceiving the New World Order; The Global Politics of Reproduction.* University of California Press.

Jacobson, Heather. 2016. *Labor of Love: Gestational Surrogacy and the Work of Making Babies.* Rutgers University Press.

Mamo, Laura. 2007. *Queering Reproduction: Achieving Pregnancy in the Age of Technoscience.* Duke University Press.

Polo, Michelle Jokisch. July 21, 2022. "Infertility Patients Fear Abortion Bans Could Affect Access to IVF Treatment." *NPR. https://www.npr.org/sections/health-shots/2022/07/21/1112127457/infertility-patients-fear-abortion-bans-could-affect-access-to-ivf-treatment*

Eliza Brown is a postdoctoral fellow in sociology at University of California-Berkeley who has published articles on egg freezing, how medical providers rule out the chance that a patient might be pregnant before prescribing contraception, and how sex for the purpose of pregnancy becomes a gendered chore. She is currently writing a book on how medical providers and patients negotiate the risks of fertility treatments.

Winning Woes

By: Dr. Deana Rohlinger, Florida State University

The Antiabortion Movement's Next Phase: Save the Children from Liberals

It's difficult for social movements to weather success. Once a movement wins big, lots of supporters will consider an issue mostly resolved and move on to the next pressing issue. The antiabortion movement is no different in this regard. It's been struggling with its success for decades. Every time the movement successfully chipped away at abortion access, antiabortion groups found it more difficult to rally citizens around – and get donations on behalf of - the cause. While this, in part, reflects the reality that the vast majority of Americans support legal abortion in at least some circumstances, it also reflects the conundrum that most social movements face. How to mobilize people to action when you've won?

This is a question that antiabortion groups have been asking themselves since the draft of the Supreme Court *Dobb* decision was leaked in May. And, they seem to have found an answer. They are folding the antiabortion issue into a broader rallying cry to save the children from liberals, who, as Ben Shapiro summarizes best in an article he wrote for the antiabortion site LifeNews.com, want to "kill children before they're born and groom them after."

Shapiro argues that liberals have:

> A perverse and inverted view of children's role in society. To the Left, children in the womb are utterly disposable; at best, women may choose to preserve their lives, but if not, they have no separate interests to be considered. In fact, children are to be treated as potential obstacles: as Treasury Secretary Janet Yellen said last week, "access to reproductive health care, including abortion, helped lead to increased labor force participation; it enabled many women to finish school. That increased their earning potential."

Once children are born, they are regarded as a source of "grief and pain" by liberals – at least until they are school age. Then, children are central to the Left's "recruitment efforts on behalf of their favorite politics." Here, Shapiro is referring to liberals' concerns over racial and gender inequity, their support for LGBTQ+ rights, and their recognition that biological sex and gender are not simple dichotomies.

While Shapiro articulates the agenda the most clearly, he is not the only one who has tried to move the antiabortion focus away from saving "unborn babies" to "saving the children." The movement platform Stand4Life, which I have been studying since 2016, is rife with curated content that warns antiabortion advocates about liberals' efforts to indoctrinate and corrupt America's children. Stand4Life feeds antiabortion supporters a steady diet of calls from Turning Point USA and The Heritage Foundation to save the children from critical race theory, commentaries from *The Western Journal* about anti-grooming activists protesting family-friendly drag shows, and stories about "trans insanity," which most recently featured the "textbook narcissism" of Lia Thomas and her "gender-bending allies." As the letter to the Daily Signal, which was circulated via Stand4Life, illustrates below, All of these issues are weaved together in a collective concern over the children and the need to save them from the "radical Left."


STAND FOR LIFE

Please see a special message from our sponsor.

The Heritage Foundation

Dear Fellow Conservative,

The anti-critical race theory movement is gaining traction both ideologically and politically. And that has progressives both outraged and panicked.

They'll do anything they can to stop this movement. Their latest strategy is to distort the truth and mislead the American people so that they can continue to push their Marxist agenda. And they are using their friends in the establishment media and Big Tech to do so.

But these lies are being unmasked and exposed by The Heritage Foundation.

That's why I'm sending you this email today.

I'm told that you are an American who is concerned about the levels of indoctrination we've seen from Critical Race Theory-and what that could mean for the future of our country.

So, today, I want to send you a FREE copy of The Heritage Foundation's latest eBook, *The 5 Lies of CRT.*

More on Future of Abortion

Dear Daily Signal: In this radically leftist, socialist-engineered environment that we live in, the Democrat purveyors of ambiguous truth may have left themselves open for the fallout of their own politically correct ambiguity, as Virginia Allen reports ("Democrats' National Abortion Bill Replaces Word 'Woman' With 'Person'").

Trapped by their own war on words, they successfully have blurred the lines of meaning to such an extent that now their own words clearly can be used against them—or at least against any ill-conceived political intent to recast Roe v. Wade as a "women's right" or "women's health issue."

First, we must acknowledge that, based upon the Democrats' legislative record on abortion, the radical left is desperately trying to perfect and protect their claim on infanticide, a gruesome practice shunned by most developed cultures and people.

Secondly, in the current climate of gender pronoun fluidity, where the word "person" is substituted in preference to any gender specificity, and where vacillations of identity shall not be questioned, the only identifiers permissible for those who contributed to the conception of a new third party infant entity would be the 50% shareholder as sperm donor and the 50% shareholder as egg bearer. For ease of understanding, we shall refer to each party to the conception, as well as the conceived party, as "it."

If "it" is a 50% shareholder in the 100% conception of "it," then who or what is to say that "it" should not have a say in the disposition of "it?" Furthermore, if "it" decides that "it" now chooses to invoke the superior standing of the other 50% shareholder of "it," then who is to say which "it" has superior standing? Certainly not the law.

Since the left is so gung-ho to preserve the right of "it" to elect federally sanctioned and enforced infanticide, then what is to protect "it" if there is a dispute over the disposition of "it" in the face of this brave new world that we are constructing, where homicide is permissible by federal law?

To what depths will we citizens of this once great nation stoop, to demonstrate tolerance for such abject lunacy?—**Greg Mann, Texas**

What does all of this mean for the antiabortion movement? It means that the movement will shrink as some antiabortion supporters turn their attention to other causes they care about, and that some antiabortion groups will find that they no longer have the followers or money to bankroll their activism. It also means that some groups in the antiabortion movement will embrace the ethos and recalibrate their messages and goals in order to mobilize people and money around a more general, albeit more insidious, call to save the children.

The focus on saving the children has another purpose as well. It provides a bridge between a bread-and-butter conservative issue, its more moderate supporters, and the conspiracy-minded, extreme flank of the conservative movement known as QAnon. QAnon followers believe, among other things, that a global cabal of satanic – and sometimes child-eating - Democratic politicians run a child sex trafficking ring. QAnon supporters openly shared their conspiracies until 2019 at which point 8chan, its primary message board, was cut off by its security advisor and both Twitter and Facebook began cracking down on their accounts. QAnon rebounded, however, when supporters hijacked the "Save the Children" campaign of a real anti-trafficking charity. The slogan made it more difficult for social media platforms to weed out the conspiracy content and made it easier for Republican politicians and pundits to use the slogan for their own purposes; in this case, expanding the slogan to articulate the threat Democrats pose to America's children in ways that will resonate with more moderate conservative audiences. As I have argued elsewhere, this is part of a larger effort to unite radical and moderate conservatives in ways that benefit the powerful and threaten democracy.

Fox News chyron: "Liberals are sexually grooming elementary students"

Laura Ingraham says public schools are "grooming centers" and pushing "sexual brainwashing"

WRITTEN BY MEDIA MATTERS STAFF
PUBLISHED 03/09/22 11:22 PM EST
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Previewing the Post-Dobbs Future: The View from Texas

By: Dr. Anna Chatillon and Dr. Whitney Arey
Postdoctoral Researchers
Texas Policy Evaluation Project

In the wake of the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, which overturned *Roe v. Wade*, states across the country are moving either to protect or to restrict access to abortion care. In Texas, abortion was heavily restricted even before *Dobbs*: here, as of September 2021, nearly all abortions were prohibited upon detection of fetal cardiac activity, at around 6 weeks of pregnancy. The state therefore illuminates the possible effects of restricting such care, a preview that may be illustrative as other states consider their options or grapple with the first effects of their chosen paths. To explore the effects of Senate Bill 8, the Texas law that limited abortion care as described above, researchers at the Texas Policy Evaluation Project (TxPEP) simultaneously conducted two sets of interviews. In the first, we interviewed 25 obstetrics and gynecology, maternal and fetal medicine, and genetic counseling clinicians from across Texas, investigating how Senate Bill 8 affected their practices. In the second set of interviews, we interviewed 20 Texans with medically complex pregnancies, who presented for care at a hospital in Texas or at an abortion facility out of state. For the purposes of this study, we defined a medically complex pregnancy as a significant medical illness or condition that increases the risks associated with pregnancy and birth, or any fetal diagnosis that could complicate birth or neonatal morbidity/mortality. We attended particularly to medically complex pregnancies because they often entail health- or life-threatening complications, which may be excepted from Senate Bill 8 as "medical emergencies." In this second set of interviews, we explored patients' experiences navigating care either in Texas or out of state following the implementation of Senate Bill 8.

As recently described in *The New England Journal of Medicine*, we found that many patients with preexisting or developing medical conditions that could be exacerbated by pregnancy were unable to access timely abortion care in Texas under medical exemptions in Senate Bill 8. Rather, they were forced to delay abortion care until they qualified as experiencing medical emergencies—such as, for instance, sepsis or a severe cardiac condition—or until fetal cardiac activity was no longer observed. Some patients reported that they were sent home to await a more serious medical emergency or the end of fetal cardiac activity. Patients who did not want to wait until they were sick enough to qualify for medical care in Texas were counseled to leave the state to receive care. They encountered overwhelming logistical barriers to doing so, many traveling hundreds of miles to the nearest abortion facility—and ran serious risks related to traveling during a major medical event. Other patients did not receive any counseling on their termination options.

The clinicians we interviewed described a tense and developing political climate in which they were uncertain of their legal rights and responsibilities. Some had been advised against counseling patients about abortion care or referring them out of state, while others believed that doing so was legally risky but protected as free speech. Some providers, participants reported, no longer offered abortion care as treatment for life-threatening conditions such as ectopic pregnancies implanted in cesarean scars or rupture of the amniotic sac before fetal viability. Others could not provide even the abortion care most clearly permitted under Senate Bill 8 because they were unable to muster sufficient necessary staff, such as nurses and anesthesiologists, due to fear of politically motivated repercussions.

These experiences illuminate dire consequences for the future of pregnancy and abortion care in states that restrict such care following *Dobbs.* Providers will face political limitations on their ability to practice evidence-based medicine, and some may relocate to states where they can do so safely. Patients in restricted states will face increasingly unequal access to needed care. If they experience life-threatening medical conditions, they could be denied care until they are, as one participant put it, "on death's door." When politics dictate medical practice, our research shows, patients and providers face a dangerous—and potentially deadly—future.

***Prepared from*:**

Arey, Whitney, Klaira Lerma, Anitra Beasley, Lorie Harper, Ghazaleh Moayedi, and Kari White. 2022. "A Preview of the Dangerous Future of Abortion Bans — Texas Senate Bill 8." *New England Journal of Medicine*.

***About TxPEP*:**

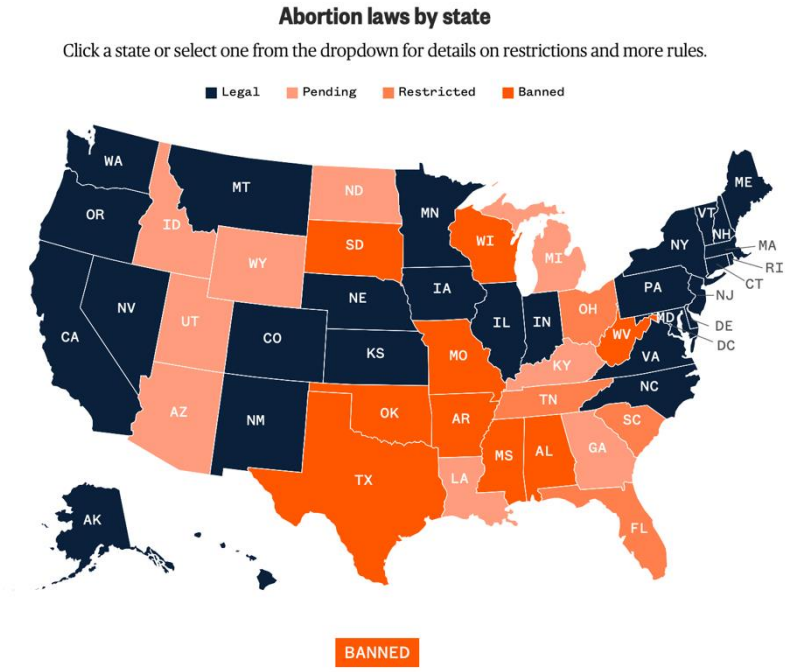
The Texas Policy Evaluation Project (TxPEP) is a multidisciplinary group of researchers across the state who evaluate the impact of legislation and policies in Texas related to contraception and abortion. Based at The University of Texas at Austin Population Research Center, we aim to generate and disseminate high-impact research that can inform evidence-based reproductive health policies and services that support more equitable care for all Texans.

Angry but not defeated: A Black Feminist Commentary on the Overturn of Roe

By: Dr. Carolette Norwood, Howard University

"Anger is a grief of distortions between peers, and its object is change."
-Audre Lord, Sister Outsider, 1984

I am angry but do not feel defeated. As Audre Lorde reminds us, anger "can be used for growth" and "is loaded with information and energy." Further, only if we resign ourselves to "powerlessness" can anger destroy us. "Anger" she writes, "can transform difference through insight into power" (Lord 1984). As a Black feminist, I understand the overturning of Roe will have a tremendous, adverse impact on all abortion-seeking persons residing in what I term "redlocked" states. By redlocked states, I am referring to the geo-spatially placed, politically conservative states that are mainly clustered in the South and Midwest regions of the US. Abortion-seeking pregnant persons who reside within the redlocked states are spatially disadvantaged and are truly spatially *TRAPPED*.



Source: Abortion law tracker: See where the procedure is currently legal, banned or restricted in the U.S. https://www.nbcnews.com/data-graphics/abortion-state-tracking-trigger-laws-bans-restrictions-rcna36199

It's not hard to find media commentary lamenting the disproportionate impact that the overturning of Roe will have on Black and minoritized pregnant persons. Abortion bans impose an indisputable disadvantage on low-income, rural, Black, brown, and immigrant communities. Reproductive justice advocates and scholars have worked tirelessly for decades raising awareness about the disparities in maternal and infant deaths among Black mothers. Thanks to their efforts, it is more well-known today that Black pregnant persons are far more likely to die during childbirth than white pregnant persons, but this exaggerated disparity is not due to a pathology of biology or culture, but rather to deliberate structural inequities that create, sustain, and amplify the stresses of gendered racism.

Likewise, we are more aware that babies born to Black women are far more likely to die in their first year of life than babies born to white women. In my own Black girl groups, however, I have noticed some silence around the overturning of Roe, and this raised my curiosity. It is not that Black women and girls are unconcerned about this issue, because they are.

And it is certainly not because we are not outraged about this additional limitation on our freedoms, because we are angry as hell. I don't know whether the uneven silence I witnessed was due to me being at the higher end of those in the reproductive age group or the extent to which my observations are generalizable.

I casually spoke with Black women in different regions of the US and of different ages. I learned that while many young Black women are angry and are speaking out in their social media groups, there are those who, despite supporting Roe and a woman's right to safe and legal abortion, said little about it in casual conversations. And that further raised my curiosity. Black women are known for their street and digital justice advocacy, and so their silence on something they fully support seemed uncharacteristic.

As a lead researcher for Ohio Policy Evaluation Network (OPEN)on a Community Base Participatory Research (CBPR) Reproductive Justice study in Cincinnati, I discussed the uneven chatter with one of my community research partners. In plainfolx terms, they explained, "For women who are already too poor to afford abortion, the overturning of Roe will have no apparent impact on their lives." Their assessment corroborated some of the interview data we'd been collecting and analyzing in Cincinnati these last 3.5 years. I immediately recalled a woman I interviewed who was unable to raise $300 to terminate a pregnancy conceived after having been raped. People who are already poor have networks who are likewise more or equally poor; therefore, raising money, even for an exceptional emergency, is difficult. Statistically, the Guttmacher Institute also finds that Black women had the highest abortion rates at every income level except below the poverty line.[1]

I also wondered about abortion-supporting Black women watching from the sidelines, white women's public wailing about their newly breached freedoms and privacy, and Black women thinking to themselves, "Welcome to the *no choice* club." The overturning of Roe certainly exaggerates the precariousness of persons who are already disadvantaged, but it might be even more shocking to persons used to having such freedoms now breached. Moreover, Black women's invisibility in the mainstream reproductive "choice" movement has always been a thorn in our sides (Zakiya Luna 2020), in a way much akin to the Suffrage movement. Even though we have always been strong advocates of reproductive health care and rights, we have not had the same level of visibility in the leadership of mainstream *choice* movements. Hence, the emergence of a Reproductive Justice movement to advance us beyond the symbolic "choice" movement to one that fundamentally treats reproductive matters is a human rights issue.

I also wonder about the ways that racism is insincerely evoked by both the political right and left. In my own work in Cincinnati on Reproductive Justice in a paper published in 2021, I discussed the emergence of a Black anti-abortion organization that was started by Dr. John "Jack" Wilke. At the time, billboards were popping up around Cincinnati, as they had in other states across the US, depicting Black women's wombs as spaces of genocide. In that paper, I discuss how the political right used "racism" to advance a distorted parallel between Black women as overseers and their fetuses as slaves.

Racism is not only a tool employed by the political right. On the morning of December 1, 2021, I decided to walk to the Supreme Court to observe the goings-on of the *Bans off Our Bodies March*. There, I witnessed pro-Roe and anti-abortion supporters with their competing signage and stump speeches. Black anti-abortion advocate Aveda King had just delivered a speech on the steps of the Supreme Court. I took pictures of the crowds. I noticed a white-appearing woman holding a sign that read "ABORTION BANS ARE *RACIST*."

Bans off Our Bodies March, Washington DC

Source: Author, December 2021

[1] Cohen, Susan (2008). Guttmacher Policy Review, Abortion and Women of Color: The Bigger Picture, Guttmacher Policy Review, vol. 11 (3).

While I do not disagree with the sentiment, I was a bit taken aback by what appeared to me as "performative outrage." Be it performative or authentic, white people's outrage at the racism implied in abortion bans felt oddly insulting. An outrage towards racism cannot be limited to abortion bans, and when and if it is, then that outrage may be read as insincere. It is interesting how some whites on the left and right of the abortion issue are conveniently outraged by racism when it serves their own political agendas, but neither side seem to give a sh*t about already-born Black children struggling to survive systemic poverty by the same structures that unfairly privilege white lives. Nor are they outraged by the racism that punctuates every aspect of Black, brown, and native people's lives every damn day or the racism they perpetuate. I wonder if some of this uneven silence I witness in my Black girl groups is "body memory" of past betrayals by white women and feminist movements that recruited our support in pursuit of their political agendas that promised to reward *all* women.

Immediately I thought about African American Suffragists, specifically, how their support was solicited, but their contributions were largely overlooked and unacknowledged. Black women abortion advocates, like Black Suffragists, have been mostly relegated to the fringes of the mainstream movement. Our voices and adjoining concerns around reproductive health care, such as food and housing security, immigration status, and criminal justice reform, have been ignored and viewed as unworthy of being centered. This exclusion is what birthed a Reproductive Justice movement.

"As much as white women need the ballot, colored women need it more" pronounced Frances E.W. Harper at the 1873 American Woman Suffrage Association (AWSA) convention. The same sentiment may be stated about abortion care today. The ban on abortion will certainly have disparate impacts on Black women, who are 243% more likely to die from a pregnancy-related cause than white women (Kendall 2004),[2] with one study anticipating an abortion ban will increase Black maternal deaths by 33% (Stevenson 2021).[3] Abortion-seeking persons residing in abortion-ban states will have to travel long distances for care. These trips will be financially costly and physically tiring. The threat of legal jeopardy will be emotionally burdensome. And while there is hope that self-managed medical abortions will be a solution for some, it is unclear how and when local state officials will regulate these.

There are also serious concerns about the criminalization of abortion-seeking persons and for good reasons, with women being criminalized for induced abortions before Roe (see Sherri Chessen vs Shirley Wheeler, 1971), as well as recently (see Bei Bei Shuai (2013) and Purvi Patel (2013) for Indiana, Kenlissa Jones (2015) for Georgia or Lizelle Herrera (2022) for Texas). Women who lack resources and or access to care from an abortion clinic might attempt a self-induced abortion, for example, by ingesting pharmaceuticals purchased online. Even if an arrest does not result in a lengthy sentence, a misdemeanor charge can do significant damage, for example, a woman might lose her job or have her social services terminated, which would further deepen pauperism.

The harsh and unthinkable effects of state-regulated abortion restrictions are already manifesting. In July 2022 the media reported on the case of a 10-year-old girl from Columbus Ohio who sought abortion care in Indiana after having been raped. Conservative anti-abortion lawmakers and pundits erroneously and shamelessly denounced this tragedy as a "hoax." At nine-years old, the child was impregnated by an undocumented immigrant who is now arrested and in custody. Because of Ohio's 6-week heartbeat abortion ban, the youngster had to travel to Indiana for abortion services.

The violence this child experienced is multifold. In addition to the physical and emotional violence of having been raped, the child was again victimized by state violence perpetrated by Ohio State Attorney General Dave Yost and Congressional Representative Jim Jordon, who publicly denied her rape had even occurred.[4] They ignorantly proclaimed no crime had been committed, and some GOP lawmakers even stupidly expressed shock that a 10-year-old girl could become pregnant, much like representative Todd Akin,

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[2] Kendall, M. *Hood Feminism*; Bloomsbury Publishing PLC: London, UK, 2021.

[3] Stevenson, Amanda (2021). The Pregnancy-Related Mortality Impact of Total Abortion Ban in the United States: A Research Note on Increase Death Due to Remaining Pregnant. *Demography*, 58(6), 2019-2028.

[4] https://www.nbcnews.com/politics/republicans-express-shock-10-year-old-can-get-pregnant-doubting-ohio-r-rcna38284

who proclaimed in 2012 that women who are "legitimate[ly]" raped could not get pregnant.[5]

The weighted cruelty of state and federal lawmakers denying physical and emotional trauma to advance a flawed political agenda is unforgivable. And while this should not have happened to this child, it does happen nearly every day to women and girls, particularly racialized minorities, and by consequence stifles victims from reporting sexual assaults, which then makes them even more vulnerable to repeat victimization.

I am ANGRY but *not* defeated. In fact, I am hopeful. I am hopeful that when abortion rights are reinstated, they will also protect persons' dignity and accessibility irrespective of social class. Holding on to raggedy Roe, with all the hyperregulation that had dramatically imposed unnecessary burdens on both the patient and facilities, seems unwinnable and unsustainable in hindsight. Truth be told, Roe was badly compromised by overregulation. Many states, like Ohio, had lost more than half of their abortion-care clinics. Planned Parenthood facilities were often crowded with aggressive protesters legally harassing women as they entered and exited the clinics. Trap laws, which were humiliating and paternalistic in their conceptualization and practice, had diminished the abortion process. They treated women as if they were children and made assumptions about their agency, but also about their ability to rationalize and know what was best for them. I hope that when abortion rights are reinstated, every woman be entitled to a beautiful abortion.

By beautiful abortion I'm thinking of a woman I interviewed in my reproductive justice study in Cincinnati. After graduating from college, she took her first job in Hawaii where she met a man in the military. They dated for months and at some point, she learned she was pregnant. She did not want to raise a family with this man, nor did he want a baby. So, she went to her OBGYN and scheduled an abortion procedure. She checked into a hospital to have an outpatient procedure which was fully covered by her insurance. She had the dignity and protection of privacy. There were no angry protesters with ugly signage harassing her outside as she entered and exited. She noted, "I could have been going for ankle surgery, and you would not have even known." I recall thinking, "what a beautiful abortion story!" I wish for every abortion-seeking person to experience this level of dignity and safety. And so, when abortion care is restored, and ***it will be***, I hope that with the restoration of this human right comes a fierce will to prioritize care to all pregnant persons and to protect their human dignity.

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[5] https://www.nbcnews.com/politics/republicans-express-shock-10-year-old-can-get-pregnant-doubting-ohio-r-rcna38284

Abortion in the U.S. After Dobbs: The History & Limits of "Fetal Viability"

By: Dr. Katrina Kimport, ANSIRH, University of California, San Francisco

As U.S. residents grapple with the dramatically altered landscape the U.S. Supreme Court's *Dobbs* decision has ushered in, it is perhaps worth a glance back at the landscape we're leaving. Let's be clear: even when *Roe v. Wade* (1973) was the law of the land, abortion was out of reach for many people who wanted one. As I chart in my recent book, *No Real Choice* (2022a), structural barriers, pervasive antiabortion cultural narratives, and medical mistrust engendered by medical racism meant that not everyone who wanted an abortion obtained one. And it was members of already marginalized communities who were most likely to fall into this group: young people, people living on low incomes, undocumented people, and Black and brown people.

Here, I want to zero in on one of the many policies that, pre-*Dobbs,* prevented an estimated 4,000 pregnant people annually from obtaining a wanted abortion (Upadhyay et al. 2014) even though it has no sound basis in medicine: gestational limits. Under *Roe* and its successor *Planned Parenthood v. Casey* (1992), the Supreme Court recognized a right to abortion until the point of "fetal viability." (Technically, *Roe* employed a trimester framework, with the implication of fetal viability in the third trimester, when abortion could permissibly be regulated. *Casey* jettisoned the trimester framework for a "viability" standard.) "Fetal viability" is generally understood as the point at which the fetus can survive outside of the pregnant person. States were permitted to heavily restrict abortion after "fetal viability." And most did, with little to no pushback.

"Fetal viability," however, is not a medical concept. It has no deep pre-*Roe* history in medicine, nor does it broadly dictate obstetric practice around labor and delivery. With the medical interventions available in the U.S., fetal viability is typically operationalized as at 23 weeks of pregnancy. But you would be hard-pressed to find an obstetrician today who would induce labor at 23 weeks for the purposes of live birth without a serious fetal or maternal health indication. That patient would be told to wait.

Instead, "fetal viability" is a social construct and a legal compromise, offered under the guise of balancing the supposed competing interests in pregnancy: the pregnant person's and the state's. Some have read this balancing claim more starkly (or cynically) as balancing pregnant people's right to bodily autonomy with abortion opponents' rejection of abortion. Yet many abortion rights supporters view the fetal viability construct as unproblematic. Recent legislation aiming to protect abortion access such as the Women's Health Protection Act codifies a viability standard, illustrating the ubiquity of acceptance of a viability framing.

But centrally, the concept of "fetal viability" is premised on an overlooked normative understanding that there is a point in pregnancy at which the fetus trumps the pregnant person. In practice, this leads to non-sensical, emotionally distressing, and sometimes dangerous situations for pregnant people.

I offer the example of one woman I interviewed for a recent project on third-trimester abortion (Kimport 2022b, 2022c). At 28 weeks of pregnancy, this woman learned that her fetus would experience continuous seizures upon birth and die within an hour. She was deeply upset to learn her fetus would suffer. She wanted an abortion. Yet because the fetus would not die in utero, her doctors explained that state law considered the pregnancy viable and prohibited them from providing her with abortion care. This interviewee was able to pull together more than $10,000 in less than 24 hours, enabling her to fly halfway across the country to a facility that would provide her with abortion care (the money covering both travel and procedure costs). Having to travel wasn't just financially difficult; it meant emotional costs, including being away from her support networks as she processed her grief about the healthy baby who never was.

The intricacies of this woman's experience overlay a pattern across my interviews: the denial of a pregnant person's desire and simultaneous privileging of a fetus's potential life under a claim of "fetal viability"—even when that "viability" was tenuous at best.

With the *Dobbs* decision, the Supreme Court has allowed states to move up the point at which the bodily autonomy of the pregnant person is secondary to the fetus. Now it can be as early as the point of fertilization. Certainly, a ban on abortion starting at fertilization (i.e., all abortions) prevents more people from getting abortions than a ban on "post-viability" abortions (i.e., abortions that take place after 23 weeks; in 2019, more than 90% of U.S. abortions took place in the first trimester [Kortsmit et al. 2021]). Conceptually, however, both are rooted in the acceptability of the idea of banning abortion at a point in pregnancy. With *Dobbs*, that line has moved earlier, but the public consensus that a line is reasonable, normal, and possible has operated largely uncontested for fifty years.

Sociology offers a critical lens through which to understand the emergence and evolution of the viability standard as a construct, both identifying a through line of privileging the fetus over the bodies of women and others who can get pregnant and providing tools to unpack its (re)production. Going forward, sociology can play an essential role in examining the devastating consequences that the *Dobbs* decision will have on the lives of people who need abortion care into the future. Indeed, the issues facing our country are at the heart of sociology.

I thank Krystale Littlejohn for her generative feedback on an earlier draft.

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Graduate Student Spotlight:

Bex MacFife (she & they, interchangeably) is a white non-binary PhD Candidate at the University of Oregon. Originally from the Bay Area, she has spent many years in various iterations of "sex educator," instructing audiences that range from 4th grade all the way through to graduate school and professional trainings. After earning her MA in Sexuality Studies at San Francisco State University, Bex entered the sociology doctoral program at University of Oregon, where she is now working with Drs. CJ Pascoe, Krystale Littlejohn, and Zachary DuBois. Her research interests include queer and trans health and medical sociology; she now studies the line between professional competence and vulnerable embodiment, social constructions of genitals, and the radical potential of queering medical education. Initially inspired by their own work in the role, Bex has published on the pedagogical activism enacted by queer and allied Gynecological Teaching Associates (GTAs, or educators who teach pelvic and breast exams within medical schools by acting simultaneously as instructors and models in small group sessions.) Current research turns to Pelvic Physical Therapy and Sexual Assault Nurse Examinations to further explore how medical care which deals with genitalia is grappling with LGBTQ+ inclusion. Additionally, she is a team member with the "Trans Resilience and Health in Sociopolitical Contexts Study" (https://transresiliencestudy.com/), a longitudinal multi-method and interdisciplinary project which captured the experiences of trans people in four separate states over the course of the COVID-19 pandemic and the 2020 election cycle. Outside of academia, she enjoys being upside down and foraging for mushrooms.

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