Get Out of My Uterus!

A Manifesto Against Reproductive Politics in the Academic World and in the World at Large

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The fabricated images of bloody mangled fetuses the size of newborn babies, the signs saying “Abortion stops a beating heart,” the gigantic crosses looming over highways, the more recent pre-2008 election signs saying “Obama Nation — Abortion Nation” — you’ve seen them at one point or another in your lifetime if you live in America and you move around. So must you have seen the crowds of emboldened women of all ages marching down the streets of our nation’s capital or of large American cities holding signs saying “Keep abortion legal!” There is one pro-choice sign in particular that says in slogan form that which I will try to develop in this manifesto: “I shouldn’t have to be here!” And I shouldn’t have to be writing this essay.

As co-founding chair of the Women’s and Gender Studies Program at my institution I should not have to advise the students in the organization affiliated to my program to come up with their own pro-choice speakers, activities, and forums in order to stand up to the barrage of “pro-life” speakers and events organized by our Students for Life organization. Yet as a thinking, lucid, educated, emancipated woman, feminist and professional of the twenty-first century I have no choice but to do just that, and no apologies for the intended punishment! I shouldn’t have to try to match pro-choice speakers to the line of anti-choice speakers that the Students for Life organization tirelessly keeps bringing to campus and to try to convince liberal colleagues who maintain that “we should hear both sides of the debate,” or “engage in dialogue,” that the two sides of the debate are not equal, that what goes on
As my assignment for Intro to Women’s Studies, I started to go to A Choice for Women where they were having clinic defense. I ran into this Catholic priest…. [transition to Nicole speaking at the clinic] The priest that is here today, I have been watching him, and he looked very familiar. Then I decided that I knew who he was, he was the very same priest that did my communion and confirmation, when I was eight years old and then thirteen years old. And this very same priest just came up to all of us early in the morning and said that we are misguided and confused.

Other students identified with the clinic patients and defenders. As one student recounted for the class:

What really shocked me was that most of them were our age or younger, and the vast majority was with their boyfriends coming to pick them up and driving them off. And if not that, their parents, and one girl, her dad had picked her up [Lopez].

These ethnographic lessons were explored in conjunction with academic scholarship about the constitutional protection of choice, institutional political power, and the power of material resources (Roberts; Correa and Petchesky). The historic abortion restrictions and contemporary abortion issues were covered in their textbook; and they were surprised to discover that women did not always have the right to make decisions, or have access to resources impacting their body, life, and educational options. As we learned about Roe v. Wade, they were indignant to discover that women’s access to clinics continued to be impeded. They were impressive in their righteous anger as they screamed back at pro-life picketers’ biblical condemnations, their blue rounds held high above their head. “The personal is political” became more than an historical mantra from the 1960s women’s movement about which they read; it applied to them as well. They experienced unanticipated resistance to their interest in Women’s Studies from family and friends, and they excitedly spoke up as we discussed concepts such as “lesbian-baiting” and stereotypes of feminists. They discovered that it was impossible to keep their lessons inside the classroom and away from their personal lives as they dealt with nonplussed fathers and boyfriends. Furthermore, they were encouraged to conduct ethnographic fieldwork and experience feminist activities firsthand. For their presentations, they incorporated non-textual materials to engage our senses — photographs, video clips, and music. Visual anthropological/sociological methodologies were easily incorporated in the interdisciplinary Women’s Studies classroom. Had they not experienced firsthand the pro-life picketers at the clinic engaged in patient harassment, they might have written off the importance of Roe to historical footnotes. Had they not seen the documentary Defending a Choice for Women, they might have believed that the Catholic picketers were politically inconsequential or harmless. However, it was the combination of these historical textbook lessons, and the ethnographic fieldwork in feminist activism which provided an engaged education in women’s reproductive rights and health.

Works Cited


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The choice of clinics was found to be the primary determinant of abortion decisions. Those who choose to continue their pregnancies were more likely to choose clinics far from their homes, whereas those who choose abortion were more likely to choose clinics closer to their homes. The choice of clinics was also found to be associated with the patient's educational level and income. Those with higher educational levels and higher incomes were more likely to choose clinics that were affiliated with reproductive health organizations, such as Planned Parenthood.

Clinic choice was also found to be associated with the patient's fertility status. Those who were already pregnant were more likely to choose clinics that were affiliated with reproductive health organizations, such as Planned Parenthood. This suggests that the clinics were providing services that were better suited to the needs of women who were already pregnant.

The study also found that women who had received information about clinics were more likely to choose clinics that were affiliated with reproductive health organizations. This suggests that providing women with information about clinics can help them make more informed choices.

In conclusion, the study found that women's abortion decisions were influenced by a variety of factors, including their educational level, income, fertility status, and access to information. These findings suggest that providing women with information about clinics and reproductive health organizations can help them make more informed choices about their reproductive health.

Clinic Defense

The Women's Health Network was closely associated with the choice of clinics. The network's mission was to provide women with access to affordable reproductive health services. The network was successful in attracting a large number of clients, and many women choose to use clinics that were affiliated with the network.

The network's success was due in part to its ability to provide women with information about clinics and reproductive health organizations. The network also provided women with access to affordable reproductive health services, which was a major factor in their choice of clinics.

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The Pro-Choice Movement

The Pro-choice movement, also known as the "pro-choice" or "choice" movement, is a political and social movement in the United States and other countries that advocates the legal and moral right of individuals to make decisions about reproduction, including abortion, within the bounds of the law. The movement gained momentum in the late 20th century, following the Roe v. Wade decision by the Supreme Court of the United States in 1973, which declared state laws prohibiting abortion unconstitutional.

The movement's main goal is to ensure that individuals have access to safe and legal abortion services as part of their right to reproductive autonomy. Pro-choice advocates argue that legal restrictions on abortion can lead to unsafe and potentially deadly procedures, and that women should have the freedom to make informed decisions about their own bodies.

Several key figures and organizations have played significant roles in the development of the pro-choice movement. One of the most influential was the National Abortion Rights Action League (NARAL), founded in 1969, which worked to expand access to safe and legal abortion and to educate the public about the importance of reproductive rights.

The pro-choice movement has faced significant opposition from anti-abortion activists, who argue that abortion is morally wrong and should be illegal in all circumstances. This has led to ongoing debates and legal battles over abortion laws and policies across the United States and other countries.

Despite these challenges, the pro-choice movement has been successful in many respects, with abortion rates declining in many parts of the world, and a growing number of countries adopting more permissive abortion laws.

The movement continues to be active, with advocates working to protect and expand reproductive rights, and to challenge restrictive laws and policies that limit access to abortion and birth control services.
The participant observation consisted of many long hours spent in a lawn chair, holding a “keep abortion legal” blue round as the only source of shade, through the hot, South Florida summer. Occasionally, a brief reprieve from the blistering sun would occur — heavy, tropical downpours. In addition to the weather, we endured the Catholic prayers in both Spanish and English, chanted trance-like, for endless hours. Over several months, we physically battled over turf. A small grassy area in front of the clinic became the center of this battle; it lined the clinic driveway and provided close access to patients entering the clinic. Each week we vied to arrive earlier than the opposition, in hopes of establishing our banner barriers first, an hour and a half before daybreak. Once positioned, one side took the offensive, and tried to intimidate the other out of position. The police hovered across the street; they avoided intervention until necessary. It became increasingly necessary as the sides became viruolc and were eventually separated. Then, the opposing sides would alternate weekly their place on the center swale. This separation placed a damper on the hostile activity and shouting matches.

I conducted in-depth, videotaped interviews with many MCAP members, gathering “narrative texts” from which I could construct a sequence of events for the clinic defense (Franzosi 519; Woliver). This follows ethnographer Michael Burowoy’s advice:

It is absurd for social scientists to debate the subjects’ situation without letting the subjects speak up for themselves. The ideal, then, is to give the subjects a voice in the academic world (Burowoy 267).

This interview process “seeks to discover the informant’s experience of a particular topic or situation” (Loftland and Loftland 18). One of the findings of the in-depth interview is to establish the psychological “frames” on which the interviewee bases her or his understanding of the social world. Francesca Polletta states that “frames foster a sense of injustice, identity, and collective efficacy — cognitions that a situation is wrong, that it is not immutable and that ‘we’ can battle ‘them’ in order to change it” (421). These cognitive frames provide the organizational pins that hold together these collective identities. Hence, propagandizing is central to clinic protests and defenses. It is not enough for the pro-lifers to present their opinion through their graphic signage — they are out to change minds and save babies. This encourages them to continue to cross the line, literally, onto the property and physically interfere with the patient’s private decisions. Equally for the pro-choicers, they are willing to utilize their physical bodies to shield the patient from intimidation and harassment.

Defending a Choice for Women (Thompson)

The sub-discipline of visual anthropology aims to add images — photographs, video, artwork, and film — to the traditional written forms of ethnographic presentation (Mead). While anthropologists such as Margaret Mead utilized images in their work during the early 1900s, this practice soon fell into disuse in the middle of the century. Filmmaking was cumbersome and required a film crew. But with the advent of digital video, it is possible for the lone fieldworker to produce high quality images on small cameras and with nonlinear computer editing (MacDougall 15; Asch and Asch 343; Schaeffer 255). Timothy Asch and Patsy Asch suggest that “the ethnographer should be able to ‘sit around’ with the camera as she or he sits around with a note pad” (Asch and Asch 343).

Margaret Mead disagreed with some anthropologists about the physical use of the camera. Should it be placed on a tripod, a neutral observer of social fact, as Mead argued? Or should the camera be engaged, in hand, a social participant in the activities itself, recording intimate detail and directed speech, as her colleagues argued? This methodological difference arose at A Choice for Women. While I “sat around” with my camcorder in hand, clinic defender Gordon volunteered each week to perch his camcorder on a tripod, distanced from the action, silently recording the larger picture, while missing the details of verbal debates and personal interactions. Which camera provided more insight or neutrality? Which captured the “true” essence of the story? Each perspective provided a particular insight. David MacDougall argues that “the image is affected as much by the body behind the camera as those before it,” and, I would add, if no body is behind it (27).

The Pro-Life Grassroots Movement

Cristina Page has argued that the pro-life movement is primarily an anti-sex and anti-birth control movement and that abortion becomes the moral justification for this stance. She points out that none of the pro-life groups support “the use of birth control” (9). Ironically, while the pro-life groups claim to be against abortion, their tactics do nothing to reduce the number of abortions, and in fact, their anti-birth control stance increases the instances of abortion (5). Pro-life politics became the dominant political orientation under President Bush, who has promoted notoriously ineffective abstinence-only policies and cut financial support for women’s reproductive healthcare. At the end of Bush’s governor term in 2000, “Texas ranked dead last in the nation, fiftieth out of fifty, in the decline of teen birthrates among
defining a choice for women (thompson)

part 1: feminism, pedagogy, and menstruation
294,600 in 1977” (Fried 213). This reprieve did not last long. Within months of Roe passing, a religious-based pro-life movement began to organize against abortion and birth control access. Following the historic Roe decision, “hundreds of bills to restrict abortion, most written in consultation with church leadership, were introduced into municipal councils and state legislatures across the country” (Baird-Windle and Bader 40). One of the blows included the Hyde Amendment, denying the use of federal Medicaid funds for abortion. After Hyde passed in 1977, “fewer than 2,500 abortions were covered” by the government (Deflem 792). Hyde applied not only to low-income women, it also applied to “federal workers, military personnel and their dependents, women living on Native American reservations, and women in federal prisons” (Fried 213).

Contemporary Abortion Issues

Today, abortion is legal, though regulated by state and federal restrictions that include denial of Medicaid coverage, time limits, waiting periods, parental notification, consent laws, and a significant decrease in the number of providers. Abortion procedures are only taught in approximately 12 percent of ob/gyn medical programs, and the access to this medical knowledge continues to shrink. Abortion services have moved from hospitals to private clinics, where the vast majority of procedures are performed by “two percent of the country’s obstetrician-gynecologists, two-thirds of whom are sixty-five years of age or older — the country is facing a critical shortage of providers” (Baird-Windle and Bader 3). Because of political pressure, lack of medical education, and fiscal liability, abortion providers are becoming scarcer; this specialization often requires a commitment that extends beyond professional career interests, and borders on activism.

The pro-life movement has gained momentum during the decades since abortion has been legalized; and from lobbying to street level “sidewalk counselors,” the movement aims to restrict access to abortion. At A Choice for Women in South Florida, the pro-life protesters “have stated openly that their objective is to close this clinic down” (Dawson). This clinic provides services to patients traveling from as far as the Caribbean Islands, some of which face more restrictive abortion laws that the U.S. (Pheterson and Azize 44). However, even in the United States, 84 percent of counties do not have a single abortion provider. Therefore, abortion is actually available in only 16 percent of counties. Major cities become hubs to which rural women must travel great distances. Compound that with 24-hour waiting periods and parental consent restrictions, and the process could require time off work, transportation, food, and lodging costs, creating a significant financial barrier.

The pro-life picketers do have an impact upon the patients entering the clinic. Eileen Diamond, the director of A Choice for Women, described her patients’ reaction to pro-life protesters outside of their facility:

Sometimes they say that they are just fools. How could they be so judgmental without knowing what their particular situation is? Many times they are doing it out of necessity, out of financial hardship, they just cannot afford one more child. There’s young people who are on the springboard of their education, they’re going from high school to college, or they’re in college and they fought very hard to get in and to pay for it and they just can’t take on the responsibility of a child. And I think our patients feel very frustrated that someone with a sign can look over the hedge and make a judgment on them.

Academic research on the after-effects of abortion, included studies by the American Psychological Association, has concluded that the time of greatest stress is before the abortion…. Access to legal abortion to terminate an unwanted pregnancy is vital to safeguard both the physical and mental health of women (quoted in Page 13).

The most prominent emotion following abortion is relief, whereas stress levels are highest during an unwanted pregnancy (Gold-Steinberg & Stewart 358; Paige). Therefore, while the patients are in the midst of a potentially high stress time period, they may be faced with unwanted interactions with pro-life protesters, graphic images, and violent verbal condemnations. Today, approximately one-third of all known pregnancies are terminated through abortions (Blanchard 31). The estimated number of annual abortions is approximately 1.5 million, and has remained fairly constant since legalization — and presumably, it would have been fairly consistent before 1973. And with the high rates of harassment reported by clinics (Ginsburg 50), this distressing encounter with clinic protesters is one which many women could face.

Defending a Choice for Women: A Feminist Video Ethnography

In 1998, Fay Ginsburg published an ethnographic study based upon the clinic defense efforts surrounding the first and only women’s abortion clinic in Fargo, North Dakota. Her aim was:
This ongoing protest episode was located in South Florida and spanned a year and a half (continuing through this writing) — through humid summers and hurricane seasons — even the extremes of nature could not suppress those devoted to ideology and its practice.

This Saturday morning battle to defend A Choice for Women — a clinic that provided reproductive health care and abortion — provided a microcosmic reflection of the national abortion debates: binary ideologies, personal choices, and a multi-generational perspective informed by those who remembered pre—Roe days, and those just learning what Roe meant. This essay explores the parallels between the pro-choice movement, the abortion debates, and local activism. Some framing questions include: what is the status of the grassroots pro-choice movement and the defense of women’s reproductive rights? How is the current political context shaping abortion laws and real access? Are younger generations equipped with the historic lessons necessary to inspire the committed defense for their own rights? The essay also explores the ethnographic research conducted in South Florida within the context of visual anthropology/sociology. While traditional ethnographic studies are ultimately boiled down to an essential written text, visual anthropologists and sociologists argue for visual technology (photography/video/film) to be included in the information gathering and disseminating process. By utilizing photography and video to capture the experience of the clinic defense action, a short documentary video was produced for public forums, film festivals, classroom presentations, and recruitment processes.

Historic Abortion Restrictions

The beginning of legal regulations of abortion in the United States is tied to the institutionalization of the medical community and the transition away from female dominated midwifery practices. The American Medical Association (AMA), established in the mid-1800s, lobbied for a ban on abortions that were provided by nonphysicians, as they considered it a dangerous, unregulated practice in society (Blanchard 12). Their campaign also had a moral element, as it encouraged chastity in women. The AMA had been established to create standards for medical education and practice, as well as to safeguard public health. It also embodied the struggle between female-based midwifery and the rise of the male-dominated professionalization of the medical industry, with restrictions on female education and advancement.

Therefore, abortion, along with other midwifery practices, was taken out of the hands of women and soon legislated by the patriarchal medical institution and the state.

Newly developed abortion restrictions were based upon precedence in British common law, which banned abortion only after quickening (Staggenborg 3). The first abortion law that passed in the United States was in 1821 in Connecticut, criminalizing abortion after quickening (Blanchard 12; Ginsburg 24; Deflem 787). Within decades, laws restricting abortion grew exponentially, between 1860 and 1880 forty anti-abortion statutes had passed; by 1890, every state had legal restrictions (Ginsburg 25; Blanchard 15). Abortion access was only half of the story when it came to legal control of women’s bodies and reproductive functions. At the same time that abortion was being regulated and criminalized, other women, often poor women of color, suffered from mandatory sterilizations, especially those of African American and Native American descent. Between 1900 and 1960, approximately 45,000 to 60,000 women had been sterilized; furthermore, the state of California accounted for one third of the total (Saletan 199; Blanchard 13). Buck v. Bell was the Supreme Court decision that upheld the “constitutionality of a Virginia involuntary sterilization law” in 1927 (Roberts 144). Eugenics laws were also passed in twenty-one states; thus the United States “became the first nation in the world to permit mass sterilization as part of an effort to ‘purify the race’” (Ross 170). Margaret Sanger’s Birth Control Federation was even responsible for what they called “the Negro Project” in 1939, which promoted eugenics practices (Ross 171). Other birth control clinics established in the south had similar aims of lowering the black birthrate (Roberts 172). The racism of the birth control movement contributed to distrust and opposition between the black community and the women’s movement (Ross 172; Roberts 132). Uncovered through a court case in 1974, “a federal district court found that an estimated 100,000 to 150,000 poor women had been sterilized annually under federally funded programs” (Roberts 132). It was not until 1979 when California finally rescinded its law authorizing involuntary sterilization (Saletan 200).

In 1960, the FDA approved the birth control pill, though its use was still limited. In 1965, the case of Griswold v. Connecticut was decided in favor of married couples obtaining access to birth control pills. In 1973, the same privacy argument legalized abortion through Roe v. Wade. Briefly, there was some reprieve in the abortion wars: President Johnson approved $20 million for use in contraceptive programs in 1967 (Ginsburg 38). And “between 1973 and 1977 the federal government paid for about one-third of all abortions:
Defending a Choice for Women

A Feminist Video Ethnography

BEVERLY YUEN THOMPSON

Introduction

From nearly two blocks away I could see the crowd gathered. They were holding signs with full-color images, and their chanting broke through the endless white noise of traffic from the busy boulevard and nearby expressway. There were two police cars—one parked on the sidewalk, with the engine running for the air conditioner, the other sitting in the middle of the street between lanes, lights flashing. It created a spectacle, like a car accident that people were powerless to ignore. It provoked one window-tinted car to slow down, the driver showing a thumbs-up to those in the prayer circle, and this inflamed the crowd. I continued to walk closer, and suddenly, I could make out the images on the signs: bloody fetuses, slogans projecting god’s judgment, and signs designating this business a Nazi death camp. The chanting and praying became hypnotic as it looped between Spanish and English, louder as I passed. There were about thirty-five pro-life activists by 7 a.m., by my estimation. I walked more quickly as I approached the driveway—the dividing line between their side and the clinic defenders that were holding the blue rounds stating simply and uniformly: “keep abortion legal.” Once I made it across this divide I was greeted by friends, handed a sign, and assigned my task—sitting in a lawn chair and holding one end of a banner. This became our Saturday morning ritual. From my vantage point in a lawn-chair, I recorded the spectacle through video, photography, notes, interviews, and endless, politically heated banter.