

# Reflections

A Journal of Community-Engaged Writing and Rhetoric

*Volume 20, Issue 2, Fall/Winter 2020*

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Member CELJ  
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<http://reflectionsjournal.net>

ISSN: 1541-2075

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*Reflections*, a peer reviewed journal, provides a forum for scholarship on public rhetoric, civic writing, service learning, and community literacy. Originally founded as a venue for teachers, researchers, students, and community partners to share research and discuss the theoretical, political and ethical implications of community-based writing and writing instruction, *Reflections* publishes a lively collection of scholarship on public rhetoric and civic writing, occasional essays and stories both from and about community writing and literacy projects, interviews with leading workers in the field, and reviews of current scholarship touching on these issues and topics.

We welcome materials that emerge from research; showcase community based and/or student writing; investigate and represent literacy practices in diverse community settings; discuss theoretical, political and ethical implications of community-based rhetorical practices; or explore connections among public rhetoric, civic engagement, service learning, and current scholarship in composition studies and related fields.



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# Editors' Farewell

**Laurie Grobman,**  
*Penn State Berks*  
**& Deborah Mutnick,**  
*Long Island University*  
*Brooklyn*

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**M**ore often than not, coming to the end of things is bittersweet. As we look back on our three years co-editing *Reflections*, we are proud of the issues we published, the authors we came to know, the amazing editorial and production team we assembled, and the effort we put into developing a set of tangible guidelines to pass along to our successor(s). We are especially happy about this year's anniversary issue, which we feel makes a unique contribution to the field. At the same time, we regret what we did not or could not do: the manuscripts we failed to solicit, the possibilities we did not realize, the energies that went untapped. And while we look forward to a bit more time, released from the hard labor of editing a journal, we will miss the excitement and rewards of working with authors, copy editors, our graphic designer, and everyone else who participates in bringing an issue into the world.

Top of our list of priorities for our final editorial is to congratulate the guest editors of this issue— Maria Novotny, Lori Beth De Hertogh, and Erin Frost—for an exceptional special issue that could not be more timely on the rhetorics of reproductive justice. Next is to reflect on what we learned these past three years and can share with *Reflections* readers about the state of community-engaged writing and rhetoric, the rewards and challenges of editing a pioneering journal in the field, and the questions the experience has raised for us. Last is to thank the many people who have made our work as co-editors possible, contributed to improving the journal's quality and impact, and continually reminded us what we love best about writing in, about, and with communities.

We came on board with the primary goals of (1) increasing readership; (2) exploring the possibilities of online access based on research on benefits and drawbacks; (3) maintaining the quality of published articles and essays and the integrity of the peer review process; (4) working more closely with the *Reflection's* Editorial Board, consulting with board members on questions like the name change of the journal's subtitle and recruiting new members; and (5) editing the 20th anniversary issue of the journal (Spring 2020), which we knew would come at the end of our three-year term. To what extent did we achieve these goals? There are some objective measures, such as the fact that *Reflections* is now an open access journal and there are new names on the list of Board members. Some analytical data about readership and quality of published work was gathered in two excellent articles in the anniversary issue by [Chao et al.](#) and [Patton and Presley](#). How well we realized other goals will be best assessed by authors, reviewers, guest editors, and readers.

What did we learn these past three years as editors of *Reflections*? Perhaps the hardest lesson was the trial-by-error knowledge we had to acquire to edit a non-flagship journal with little supporting infrastructure. We were fortunate that our immediate predecessor, Cristina Kirklighter, was always there to offer assistance even before we asked, and we are truly grateful for her help. We were also helped by Jess Pauszek, who stayed on as Associate Editor and brought two of her graduate students on as assistant editors: Megan Opperman and Trenton Judson. We added Katelyn Lusher as an assistant editor,

and we lucked out when Heather Lang answered our call for a web editor: her redesign of the website and assistance in the transition to becoming an open access journal have been invaluable. Tobi Jacobi, who stayed on as book review editor for one issue, guided the transition to Romeo Garcia's leadership as book review editor; Romeo has consistently worked with writers to continue the journal's strong record of book reviews. Finally, we are indebted to graphic designer Elizabeth Parks, whose long association with the journal accounts for its consistently excellent design, and our two exceptional copyeditors, Susannah Clark and Anna Fleming. We also strengthened our ties to *Community Literacy Journal* as the Conference on Community Writing emerged as a major force in the subfield, providing a home to both publications.

Yet, it took us almost a year to understand how the journal worked—how to manage subscriptions, EBSCO, PAYPAL, peer review, a timetable, copyediting, design, printing, mailing, the website, passwords, and of course, funding. Probably the trickiest of all was sharing a joint email account; even after we came up with a system (Laurie answers last names A-L; Deborah answers M-Z), we scrambled to keep up with what seemed like an endless stream of electronic correspondence. And have we mentioned how much of our time was spent on emails?

We managed some of these issues—subscriptions, mailing, and to an extent, budget, for example—by transitioning to open access. We are pleased we did so because so many more people have access to the journal, but it was another huge learning curve for both of us. We had no idea the amount of labor required to take that leap into the journal's future. Fortunately, because Laurie is at Penn State, we were able to become part of Penn State University's digital publications, which meant we had tremendous support from Ally Laird, Open Publishing Program Specialist, and others as well as no associated costs.

Part of the move to open access meant archiving all the content in previous issues of *Reflections* (approximately 450 articles)! In another herculean task, Jessica Pauszec and her team of graduate students reached out to as many past *Reflections* authors as possible to obtain

Creative Commons licenses. Heather Lang followed by tagging each article with its specific licensing agreement.

One of the other challenges of editing the journal was that we were totally unprepared for the efforts needed on our part to solicit submissions. We were surprised by how many submissions came in from disciplines unrelated to writing and rhetoric (many of these were reflective essays on service learning projects in other disciplines).

Beyond what we learned about the demanding, sometimes frustrating, ultimately deeply rewarding material labor of editing a small but vital journal, we discovered anew the variety of partnerships, projects, and courses that constitute community engaged writing, the diversity of theoretical approaches and research methods practitioners and researchers utilize, and the ongoing struggles in the field to make good on our own rhetoric of standing up for social and economic justice. Perennial questions remain of how best to develop reciprocal relations with community partners; identify and resist structural racism, white supremacy, and other forms of oppression; and confront asymmetrical power relations as they arise in our institutions, classrooms, journals, and communities.

We also could see the continued, idealistic belief (or hope) that community-engaged writing—and writing studies generally—can render systemic social change. While we would not say that education and teaching writing and writing practices in particular don't work to support social movements, editing the journal reinforced our conviction that, as teachers of writing and as community-engaged writing practitioners, our work in the academy and surrounding communities is not a substitute for engagement in social movements. The energies of such movements don't begin with education—quite the reverse—that is, it is social change movements that transform the academy and us.

At the same time, we highlight the special issue on prison writing, co-edited by Tobi Jacobi and Wendy Hinshaw, which marks the second time the journal published an issue on prison writing—the first issue in 2004 was also co-edited by Tobi. *Reflections'* renewed focus on prison writing underscores the urgency of the work done by members in

our field with incarcerated men and women, reinforced this year both by their vulnerability to COVID-19 and the continuing protests against structural racism and police brutality that arose in the wake of the murders of George Floyd, Breonna Taylor, Ahmaud Arbery, and many others accompanied by calls to defund and demilitarize police and abolish prisons.

We were delighted by every issue we published and thank all the authors we worked with for their contributions to them. Indeed, undoubtedly our favorite role as editors was in developing relations with authors, particularly graduate students and recently appointed assistant professors on the tenure track, and in the dialogic relations we felt—and we hope they felt—we had in the process of taking a manuscript from the review process to final publication. We enjoyed working closely with our many great authors and we embraced our role as mentors, as Cristina Kirklighter had let us know she had done before us. Many of the submissions we got were from graduate students and junior faculty, and we found it immensely gratifying to be part of emerging scholars' successes.

The anniversary issue had been in the back of our minds since we began our editorship in 2018. When it suddenly came time to put out a call for submissions, that contradictory sense of time—that it goes slowly in the middle and speeds up ridiculously fast at the end of any given period—gave us the advantage of now having edited the journal we had previously only read and contributed to as authors. Nevertheless, we scrambled to assemble articles that would do justice to what was, in our view, a significant anniversary not only for the journal but for the field of community-engaged writing. The results are recent and can be accessed on our website at [Reflections' 20th Anniversary Issue](#). All in all, we found the process of working with former editors, especially founding editor Barbara Roswell, and contributors, as well as with authors new to the journal, who read it with fresh, critical eyes, both illuminating and exhilarating.

As we sign off on this last editorial, we also want to note we are both continuing our participation in the excellent work of *Reflections* as board members and look forward to working closely with interim

editors Steve Parks and Jess Pauszec. The search for new editors to succeed us, we are sure, will be responsive to grassroots demands in the field to redress issues of structural racism and lack of diversity among editors, editorial boards, and other power structures in academia, including who gets published and cited and who influences the direction of writing studies and the subfield of community writing. Although we will be leaving our position as editors, we look forward to in-depth conversations about editorship that concretely examine these issues.

Finally, we note that we have been acquaintances for many years, but now we have a deep and abiding friendship. We laughed (and moaned) a lot together, and this kind of connection, too, is one of the rewards of editorship.

# Editors' Introduction: Rhetorics of Reproductive Justice in Public and Civic Contexts

**Maria Novotny,**

*University of Wisconsin-  
Milwaukee*

**Lori Beth De Hertogh,**

*James Madison University*

**& Erin A. Frost**

*East Carolina University*

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**A**s we write this introduction, George Floyd's body has just been laid to rest, protests in large and small cities around the world continue to call for the end of police violence, and the Minneapolis City Council has approved plans to defund the police. In addition to these social movements, Safer at Home orders have expired, and COVID-19 cases continue to spike in states across the nation. The suffering of Black and Brown communities is on display, and racial justice advocates are demanding action from non-Black folx. No longer can white supremacy maintain its silent power.

As three white women editors, we hear these calls and see a moral exigency to connect the oppression and killing of Black and Brown straight and trans bodies to the founding purposes of the reproductive justice movement. SisterSong, a Women of Color Reproductive Justice Collective (Women of African Descent for Reproductive Justice),

describes the origins of the term reproductive justice and the movement this way:

“Indigenous women, women of color, and trans\* people have always fought for Reproductive Justice, but the term was invented in 1994. Right before attending the International Conference on Population and Development in Cairo, where the entire world agreed that the individual right to plan your own family must be central to global development, a group of black women gathered in Chicago in June of 1994. They recognized that the women’s rights movement, led by and representing middle class and wealthy white women, could not defend the needs of women of color and other marginalized women and trans\* people. We needed to lead our own national movement to uplift the needs of the most marginalized women, families, and communities” (SisterSong).

Acknowledging the Black bodies and authors that founded the term reproductive justice is critical to situating this special issue. We acknowledge that the history of the reproductive justice movement is dependent on Black authors and Black voices—and we want our white readers to acknowledge it as well. We also hope that readers of this issue consider ways they can actively take up the work of reproductive justice in their homes, communities, and workplaces and build allyships with reproductive justice organizations already on the ground. In short, it’s time for non-Black folx to acknowledge and contribute to the work the Black Women of WADRJ began.

We open this special issue with cover art, an infographic and keyword statement, an annotated bibliography, and a toolkit intended to contribute to and amplify reproductive justice work. The cover art, created by Mount Mary University undergraduate art student Meg Novotny, reflects the various ways reproductive justice activism is deeply rooted in social, legal, and community spaces. Melissa Stone and Zachery Beare’s infographic and keyword statement “Technical Rhetorics and Reproductive Justice/Rights/Health” explicates differences between the terms reproductive justice, health, and rights and demonstrates how a deeper understanding of these distinct areas can inform the work of RJ activists in technical rhetorics. In “An

Annotated Bibliography on Rhetorics of Reproductive Justice,” Lori Beth De Hertogh, Maria Novotny, Kimberly Harper, Becca Evans, Philip Meador, Megan Palmer, Jamie Phlegar, and Michelle Smith provide resources for groups and individuals involved in community-focused reproductive justice advocacy. A key departure from other bibliographies in rhetoric and writing studies is the bibliography’s “Community Organizations” section, which lists over twenty organizations directly engaged in reproductive justice activism.

Unique to this special issue is a downloadable, reproductive justice toolkit, designed by Anna Edwards, a graduate student in Rhetoric & Professional Writing at the University of Wisconsin-Milwaukee. In assembling the toolkit, we asked each author to identify specific resources and tools to prepare other rhetorical and community-engaged scholars with interests in reproductive justice scholarship. Drawing upon feminist methods, the toolkit situates each author’s relationship to the ideas and communities present in their article and offers suggestions for putting reproductive justice activism into action.

Another component of this special issue is a selection of articles that illustrate how community-engaged methods can amplify and enact reproductive justice advocacy. In “The Role of *Confianza* in Community-Engaged Work for Reproductive Justice,” Rachel Bloom-Pojar and Maria Barker offer a rich dialogue that examines how their community-engaged reproductive justice work with Planned Parenthood of Wisconsin provides reproductive and sexual health education in culturally responsive ways for multilingual communities. Their article examines how the concept of *confianza* (often translated as trust or confidence) can function beyond the literal translation when pursuing community partnerships around reproductive justice. In their multidisciplinary article entitled “We are BRAVE: Expanding Reproductive Justice Discourse through Embodied Rhetoric and Civic Practice,” Roberta Hunte and Catherine Ming Tien Duffley discuss a performative and embodied reproductive justice model based on their production of a community workshop in Oregon called “We Are BRAVE.” This piece artfully demonstrates how a community-oriented performance project can promote legislative action around

reproductive justice and how embodied storytelling can enact public and political persuasion.

This special issue also features pieces that critically reflect on the process of community collaboration within the reproductive justice movement. In their article, “Coalition Building for Reproductive Justice: Hartford as a Site of Resistance against Crisis Pregnancy Centers,” Megan Faver Hartline, Erica Crowley, Eleanor Faraguna, and Sam McCarthy draw from their community-engaged, coalitional work to demonstrate how building alliances with reproductive justice advocates can rhetorically resist deceptive pro-life narratives produced by Crisis Pregnancy Centers. To illustrate what this rhetorical activism looks like, they feature three narratives about their partnership with NARAL (a national reproductive freedom organization) and the ways they collaborated with NARAL to build reproductive justice partnerships. Jenna Vinson offers yet another approach to community-engaged, reproductive justice work in her article “Helping Everyday Rhetors Challenge Reproductive Injustice(s) in Public.” In her piece, Vinson draws from her experience in facilitating a teen empowerment and parenting workshop in Boston, Massachusetts to illustrate how community outreach events serve as critical sites of resistance to dominant narratives that position pregnant and mothering teenagers as “problems” that must be “fixed” or “solved.”

Other articles in this issue take up intersections of social and racial injustice to pregnant, laboring, and mothering bodies. Kimberly Harper’s article, “In the Fight of their Lives: Mothers of the Movement and the Pursuit of Reproductive Justice,” analyzes intersections between reproductive justice and Black motherhood by combining rhetorical ethos, counterstory, and Nommo. Using scholarly frameworks and her own lived experiences, Harper calls out the systemic injustice Black women face in trying to raise their children in safe environments as well as four specific actions advocates and allies can take to dismantle reproductive injustice. In “Complicating Acts of Advocacy: Tactics in the Birthing Room,” Shui-Yin Sharon Yam analyzes how doulas develop what she calls “soft advocacy” to support clients through labor and delivery. Yam suggests that soft advocacy is an affective embodied practice that subtly shifts existing power dynamics between clients and

medical providers, thus creating room for marginalized stakeholders and interlocutors. Brianna Cusanno and Niv Ketheeswaran offer yet another view of reproductive justice and motherhood in their piece “Rhetorics of Motherhood, Agency, and Reproductive Injustice in Healthcare Providers’ Narratives.” Using a Critical Narrative Analysis framework, they analyze how dominant narratives of motherhood naturalize cultural and racial inequalities and offer ways healthcare providers and researchers can cultivate what they call a “reflexive counterstory” to champion reproductive justice in their work.

The pieces in this special issue serve rhetorical and public scholars of reproductive justice in helping shape and define this growing research area. As readers will see, we welcomed shorter pieces and creative approaches in an effort to value methods that are reflective of public and civic contexts that directly engage in the community sites and spaces where activism occurs. Because civic and community-engaged work is messy, complex, and takes time, we circulated the CFP for the issue well before the deadline in an effort to give potential contributors more time to develop their projects.

We made careful choices in selecting these submissions; some of those choices had to do with how the pieces fit together and could thus sponsor and spur particular conversations, and we also wanted to include pieces that represent a variety of lived experiences, languages, perspectives, and backgrounds. As is often the case with special issues, not every piece that we wanted to include came to fruition. Authors, too, are impacted by the worldwide pandemic—and, we might note, those who occupy the most vulnerable identities are likely to be more severely impacted by such circumstances. Following Jung and Booher’s (2018) call to pay attention to rhetorical omissions, and acknowledging that no scholarly work can attend to every important facet of identity, we especially wish that this special issue presented more LGBTQ perspectives.

We made our selections knowing that our audience is mostly academics doing work at the intersections of RJ and civic/public/community activism with the following goals in mind:

- Move rhetorical research on reproductive issues toward community-based scholarship by emphasizing the ways and means through which organizations, groups, and communities engage reproductive rights in civic and public contexts;
- Highlight perspectives different from our own;
- Include not only academic/theoretical work but also practical work that can speak to activists;
- Avoid privileging only traditional media and/or prose (see especially the toolkit and annotated bibliography);
- Use this constellation of topics to suggest future directions for work in rhetorics of reproductive justice.

We believe the field of rhetoric has much to contribute in defense of reproductive justice. Thus, this special issue aims to demonstrate ways rhetoricians can listen, and contribute back to, existing reproductive justice work in spheres relevant to *Reflections*: public scholarship and civic engagement. We want to put rhetoricians hailing from a variety of disciplines into productive conversation with one another and to create a repository of materials that may be of use to both rhetorical scholars and the communities, activists, and allies they work with and among.

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**Lori Beth De Hertogh** is an Assistant Professor in the School of Writing, Rhetoric and Technical Communication at James Madison University. Her work has appeared in the *Journal of Business and Technical Communication*, *Computers and Composition*, *Peitho*, *Journal of Multimodal Rhetorics*, *Enculturation*, *Ada*, and *Composition Forum*. Additional information about her scholarship and teaching is available at [www.loribethdehertogh.com](http://www.loribethdehertogh.com).

**Erin A. Frost** is an associate professor at East Carolina University where she coordinates the PhD program in Rhetoric, Writing, and Professional Communication. Her scholarship has appeared in *Communication Design Quarterly*, *Computers & Composition*, *Journal of Business and Technical Communication*, *Peitho: Journal of the Coalition of Feminist Scholars in the History of Rhetoric and Composition*, *Programmatic Perspectives*, and *Technical Communication Quarterly*.

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# **Technical Rhetorics and Reproductive Justice|Rights|Health: An Infographic**

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# Technical Rhetorics and Reproductive Justice | Rights | Health

## Reproductive Justice



### DEFINITION

The human right to maintain personal control over our bodies, life decisions, sexuality, gender identity, and the choice to reproduce.

### DISCIPLINARY INTERVENTION

Disciplines in technical rhetorics are well positioned to take up inclusive and intersectional reproductive justice-informed projects. These disciplines allow for analyses that center on the lived experiences of those who are involved in systems of reproductive care, while also considering how these same systems have excluded marginalized populations from the dominant narratives that often fuel reproductive rights movements.



### Opportunities for Rhetorical Action

Use critical and inclusive language in research and writing



Choose non-institutional artifacts of study



Aim to dismantle dominate and problematic discourses through research and writing



Recognize lived experiences and coalition-building in marginalized communities



## Reproductive Rights



### DEFINITION

The legal right of individuals to reproductive healthcare services and education with a specific focus on the belief that abortion, contraceptives, sexual education, and family planning should be safe, legal, and accessible.

### DISCIPLINARY INTERVENTION

Disciplines in technical rhetorics provide a lens for examining the language of laws, legislative proposals, and judicial opinions. They can also examine the implementation of such laws and legal decisions and how they shape (or fail to shape) policies and practices of localities and organizations. Finally, these disciplinary areas can inform and theorize activist discourses, protest practices, and organized political campaigning.



### Opportunities for Rhetorical Action

Organize letter writing, phone banking, and other contact campaigns to voice concerns about legislation and judicial opinions.



Translate or represent complex legal or judicial texts for broader audiences, researching and contextualizing the info.



Strategize messaging and protest techniques for rhetorical effect and to maximize persuasive impact. Employ written, oral, and visual rhetoric.



Investigate the discourse, policies, and practices of organizations and institutions for how they maintain or compromise rights.



# Reproductive Health



## DEFINITION

The physical, mental, and emotional well-being in matters connected to reproduction and sexuality, typically facilitated through access to comprehensive medical care and education.

## DISCIPLINARY INTERVENTION

Disciplines in technical rhetorics can examine how "reproductive health" is defined and can help theorize the impacts of rhetorical and linguistic choices made by healthcare providers and consumers. It can provide strategies for more effective healthcare communication and more comprehensive and effective reproductive and sexual healthcare education and advocacy.

## Opportunities for Rhetorical Action

Create healthcare communication documents to inform and help individuals navigate healthcare issues and institutions.



Design educational workshops and curricula for both patients and providers. Disseminate info in accessible ways.



Protest systems, individuals, and entities that contribute to health disparities, and oppress or erase individuals.



Build digital and face-to-face networks for individuals to find community, share resources, and share experiences.



# Technical Rhetorics Scholarship on RJ, RR, & RH



## Reproductive Justice



Coalition Building & Transnational Feminism



Queering Reproductive Health



Decolonial Practices



Lived Experiences and Embodied Knowledges



Material Impacts of Reproductive Health

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# Reproductive Rights



Legal and Judicial Rhetoric



Protests and Social Action



Political Discourse and Campaigning



Employment, and Organizational Practices



Impacts and Consequences of Current Laws

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# Reproductive Health



Patient/Provider Communication Practices



Rhetorics of Medical Terminology



Popular Health Discourses, Guides and Advice



The Business Model of Healthcare



Policies, Forms Approvals, Coverage

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# Technical Rhetorics and Reproductive Justice, Reproductive Rights, and Reproductive Health

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*“An RJ-informed model of rhetorical analysis, thus, actively seeks out objects of study that lie outside dominant legal and institutional contexts. By engaging with artifacts from the margin, rhetorical scholarship can mount more poignant critiques on oppressive networks of power, and further illuminate possibilities for coalition across different social movements.”*

—Shui-yin Sharon Yam, 2020

We begin this statement by reflecting on some of the rhetorical and political decisions we made in composing our infographic. As teachers of rhetoric, multimodal composition, and technical writing, we feel it is necessary to account for the choices we have made and to share our intentions in creating this infographic. We hope this reflection will both guide readers through the features of that text and also surface some of the key challenges inherent in this

critical-creative project. Perhaps the biggest challenge was deciding what to call our infographic project. While we considered using the phrase “rhetorical interventions in reproductive justice,” we settled on the language of “technical rhetorics” (Frost & Elbe, 2015) for a number of reasons. Frost and Elbe explain that “technical rhetorics are those rhetorics that communicate specialized information or knowledge in a persuasive way” (2015, para.8.). Because discourses of reproductive justice intersect with highly technical domains of medicine and law, this definition has special resonance. As Frost and Elbe (2015) argue, emphasizing the rhetorical and persuasive nature of technical material actively resists the tendency to treat such material as neutral, objective, and true (a treatment especially common with discourses of health and medicine). The language of “technical rhetorics” reminds us that technical material is always crafted, and that it does rhetorical work within and across contexts. We also appreciate that Frost and Elbe (2015) use their term to emphasize application and praxis, highlighting the concept of *techné* embedded in the term. This is important to our project because we want our infographic to showcase opportunities for both analytical work and rhetorical action. That is, we want to showcase how technical rhetorics offer potential for scholarly work and for the work of public, civic, and political engagement.

To be honest, we felt some anxiety about working in the genre of the infographic. They can be somewhat blunt, decontextualized rhetorical artifacts. After all, Christopher Toth (2013) explains that infographics are meant to be “stand-alone communication” that allow an audience to comprehend the information presented without the support of supplemental materials (448). This is a troublingly tall order for this specific project considering the complexities of *reproductive justice* (RJ) and its connections to related terms like *reproductive rights* (RR) and *reproductive health* (RH). Each domain could certainly have its own infographic that might chart its specific histories, motivations, research areas, and opportunities for rhetorical action. That said, we understand a pragmatic value in attempting to delineate these three political traditions in an infographic form, we see the potential pedagogical value of it, and we appreciate the creative challenge.

Scholarly and popular discussions of *reproductive justice* often locate the origin of the term with SisterSong, a collective of sixteen organizations of women of color founded in 1997 (Gurr 2015; Mamo 2018; Nixon 2013; Price 2010). Silliman et al. (2004) further emphasize the importance of considering the history of reproductive health organizations founded by women of color that pre-date and became founding members of the SisterSong collective. Thus, we recommend that this infographic be presented alongside the work of activist and community organizations. Based on the important work of these public-facing activist groups and organizations, this keywords statement and accompanying infographic highlight how technical rhetorics provides a valuable lens for assessing and intervening in the political work of RJ, RR, and RH.

The second part of our infographic, “Technical Rhetorics Scholarship on RJ, RR, and RH,” provides suggestions for scholarship that illustrates the research domains presented in the first half. The scholarship we have highlighted is not meant to be exhaustive in any way; it merely represents a starting point for individuals interested in various areas of technical rhetorics highlighted above and includes scholarship we have found useful in our own research and teaching. With its focus on technical rhetorics and reproductive justice, the scholarship included on the infographic has a narrower focus than the “Annotated Bibliography on Rhetorics of Reproductive Justice” that appears in this special issue, but we see it as complementing that bibliography as well as complementing the incredible work exhibited by the articles in this issue. We have placed an asterisk beside each text that focuses on the methodological practices within feminist rhetorical studies and reproductive justice. These pieces in particular are important to highlight because they provide tangible examples of how different technical rhetorics approaches can be applied within reproductive justice projects. Including this list of scholarship is also important because the infographic is meant to be usable as a stand-alone text that can function outside this special issue and away from the annotated bibliography.

It is our hope that the infographic be used as a pedagogical tool in college and university classrooms that take up topics of RJ, RR, and RH at the intersection of technical rhetorics. Parsing through

the distinct definitions and intricacies of these three terms can be difficult for students and educators alike. In light of this, we want this infographic to provide some clarification to encourage continued critical rhetorical projects that engage with, contribute to, and critique discourses of RJ, RR, and RH. We focus on how researchers in technical rhetorics disciplines can critically intervene in RH, RR, and RJ scholarship with an attention toward inclusivity and intersectionality. This infographic is organized as such to (1) highlight the entangled relationship of these three domains; (2) exhibit research suggestions for each area; and (3) showcase opportunities for rhetorical action in projects that take up RJ, RR, or RH.

While our infographic delineates avenues of scholarly research and rhetorical action within RH, RR, and RJ as separate domains, we acknowledge the ways they intersect and overlap. For instance, issues of RH are often mediated through governmental laws and policies—rhetorical forces that might more often be associated with RR. And though we separate these three interconnected areas, we see the work we highlight in each section as being informed by an ethos of reproductive justice. As an illustration of why this is important, much of the discourse surrounding RH and RR positions medical establishments as neutral forces which *would* provide care if not encumbered by conservative legislature.

A reproductive-justice focused technical rhetorics approach can highlight how this is not always the case and how discursive infrastructures, rhetorical choices, and communication practices associated with RH and RJ are often exclusionary and lead to disparities in access, voice, and care quality. In this way, a technical rhetorics approach can work in concert with discourses of RJ which have taken a much more critical and historically-informed look at the medical establishment by considering all the ways that legal systems, as apparatuses of the State, have often been used to oppress marginalized populations. Consequently, marginalized populations might be resistant to mainstream RR and RH discourses that position legal rights as the ultimate goal and form of protection. Gurr (2015), for instance, showcases how the State has been a force that has threatened reproductive justice for indigenous women; moreover, according to Yam (2020), a RJ-informed model of rhetorical analysis

should center on the lived experiences, knowledges, and rhetorical practices of those who are excluded from dominant narratives of reproductive health and rights.

We believe that discourses of RJ, both those produced by community organizations and by scholars working to theorize the movement, should be varied, continue to evolve to incorporate and address the concerns of additional communities, and should consciously rethink the purview and strategies of the movement. Considering a RJ-informed rhetorical project through a queer perspective is just one such way to do this kind of work.

In our own review of the literature and organizations focused on RJ, we were struck by how much of the language of this discourse still positions RJ as a “woman’s issue.” While we understand pragmatic reasons for this, and have also faced this challenge in composing our own review and infographic, it is a linguistic and rhetorical choice that may well be exclusionary to queer folks who have fraught relationships with the identity category of “woman,” especially in relation to its history in discourses of RH and RR. A queering of RJ, then, has the possibility of furthering much of the important work that the movement has already done to attend to bodily autonomy, different ways of conceiving children or becoming a parent, ideas about who can and cannot have children, and to center sexual pleasure without reproductive intent. In highlighting scholarship and avenues of rhetorical action, we have tried to center work attending to queer perspectives in each of the domains of RR, RH, RJ. We argue that, in much the same way that the RJ movement began by critiquing the discursive and political strategies of the RH and RR movements, it is well suited for the self-reflexive work necessary to continue to both develop and reframe its approaches, and to strive for ethical and inclusive relations.

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# An Annotated Bibliography on Rhetorics of Reproductive Justice

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**A**n Annotated Bibliography on Rhetorics of Reproductive Justice is a project motivated by several overlapping exigencies. When we began our collaborative research and writing for this project in the fall of 2019, we were unaware that in the months to follow we would face a global health pandemic, accompanied by the reignition of the Black Lives Matter movement. As we revisit this bibliography in the summer of 2020, we have a new lens through which to view the purpose and potential of this project—now, more than ever, we see how a resource like this can help support the fight to dismantle race-based health disparities, social injustice, and white supremacy by amplifying the voices of the Black, Indigenous, and People of Color (BIPOC) who started, and who continue to sustain, the reproductive justice movement. These are the individuals and communities who “have been the pioneers” of the reproductive justice movement (Ross and

Solinger, 239) and the individuals and groups who face the greatest risk in forwarding its vision and values.

This bibliography is the result of a collaborative, cross-institutional effort by scholars and masters-level graduate students from James Madison University (Dr. Lori Beth De Hertogh, Becca Evans, Philip Meador, Megan Palmer, Jamie Phlegar, and Michelle Smith), University of Wisconsin-Milwaukee (Dr. Maria Novotny), and North Carolina Agricultural and Technical State University (Dr. Kimberly Harper). It was reviewed by Dr. Natalie Fixmer-Oraiz, Assistant Professor of Communication Studies at the University of Iowa, and by Tia Murray, doula and founder of Birth Wise Doula Services, located in South Central Wisconsin. We intentionally highlight the collective voices and experiences informing this bibliography, as we see this practice as essential to forwarding public action in rhetorical scholarship on reproductive justice.

In crafting this bibliography, we strove to be diverse and inclusive through both the authoring and peer review process. Graduate students who were enrolled in a “Rhetorics of Reproductive Justice in Health & Medicine” course at JMU played a critical role in researching and selecting community organizations and scholarly materials. The perspectives of these young activists and scholars shaped the contour and content of the bibliography at every turn. Kimberly’s work on the ethos of Black motherhood played a key role in emphasizing the intersection of race and gender as issues all too often ignored in mainstream reproductive justice discourse. Maria and Lori Beth’s ongoing work in community-based infertility activism informed decisions behind including materials that speak not only to those who are able to have children, but also to those who are not. As we curated the bibliography, we reached out to Natalie and Tia—scholars and activists of color—to review, critique, and add to our bibliographic selections. Thus, this bibliography is a bricolage of lived experiences, perspectives, and intergenerational identities, and we hope our efforts toward diversity and inclusion are reflected in our citational choices.

We envision this bibliography being used primarily by rhetorical students, scholars, and educators involved in community-engaged

reproductive justice work, but we hope it will also be helpful to those outside of the discipline and, indeed, outside of academia. Though extensive, this bibliography is not exhaustive, and we realize that much more content could be included. This project is intended to serve as a starting place—as a resource that, as it is taken up by rhetorical scholars and community activists, will surely evolve and expand.

As we designed the bibliography, we made the collective decision to organize its contents into four sections:

1. Community Organizations
2. Scholarly Sources
3. Legislation
4. Additional Selected Readings

Readers will find that each annotation is accompanied by a series of tags. These serve as bibliographic metadata to help users find related resources as well as to demonstrate the intersectional and interstitial nature of reproductive justice work. A complete list of all tags included in this bibliography can be found at: [https://docs.google.com/document/d/1N\\_7-aOR9u-23dceQBjOwi\\_rGS6QrSacpo3QgA31C0oHc/edit?usp=sharing](https://docs.google.com/document/d/1N_7-aOR9u-23dceQBjOwi_rGS6QrSacpo3QgA31C0oHc/edit?usp=sharing)

A key departure from other bibliographies in rhetoric and writing studies is the “Community Organizations” section, which lists over twenty organizations directly engaged in reproductive justice advocacy and activism. We’ve included this section for three reasons: First, it embodies *Reflections’* commitment to promoting and supporting public-facing, community-engaged work. Second, we want rhetorical scholars to acknowledge that community activism around reproductive justice has a long and rich history that precedes scholarly interventions. And third, we believe in promoting the voices and stories of the communities who are speaking truth to power. As Loretta Ross reminds us, if you “tell your truth, you’ll get amazing results and responses” (Ross, MAKERS, <https://www.facebook.com/makerswomen/videos/1286476171460704/>). By including community organizations in this bibliography, we hope

to amplify and honor the voices and truths of these organizations and encourage other rhetorical scholars to do the same.

Although many of the sources included in the “Scholarly Sources” section come from rhetorical studies, many do not. In collating sources, our approach was intentionally multi-disciplinary and we strove to include the work of scholars from disciplines ranging from communication studies to women and gender studies. Our objective was to acknowledge that reproductive justice is not, nor should be, solely confined to rhetorical scholarship. While we encourage rhetorical studies to take up more scholarship on reproductive justice, we acknowledge that this work needs to occur in conversation with the communities, the disciplines, and the sociopolitical climate that continues to shape this work.

This includes legislation. As we write this introduction, the Supreme Court ruled that civil rights laws protect LGBTQ workers from discrimination, affirming gay and transgender workers are now protected by federal law. The significance of such legislation will certainly trickle down and impact future reproductive justice pursuits. In addition to legislation supporting LGBTQ workers, cities across the country are finally implementing laws favoring police reform in an attempt to better serve Black and Brown communities. For rhetorical scholarship on reproductive justice to be interventional, we cannot ignore the impact of legal rulings. We have, therefore, included a “Legislation” section in this bibliography. Reading and tracing current and future legal action to reproductive justice positions us to mobilize our scholarship within the legal frameworks that mediate reproductive rights and justice.

Finally, as we mention in the introduction to this Special Issue, we understand that the reproductive justice movement grows out of, and is directly related to, the fight for Black liberation and for the liberation of all BIPOC. One resource, created in response to the renewal of the Black Lives Matter protests and murder of Ahmaud Aubery, Breonna Taylor, and George Floyd, is <https://rj4blacklives.org>, a website created and hosted by SisterSong, a leading reproductive justice organization. If there is one source our readers engage with, we hope it is this one. While we could have included this website within

the bibliography, we made the collective decision to call readers' attention to it here as it weaves together a series of exigencies informing reproductive justice work today. We encourage readers to cite this website, read this website, and—most importantly—engage with the work proposed on this website. Ultimately, we hope that this resource, combined with the bibliographic content below, helps rhetorical scholars bring our scholarly and community advocacy to the people and places where it is most needed.

## COMMUNITY ORGANIZATIONS

*Access Reproductive Care (ARC)*—*Southeast*. n.d. Accessed November 4, 2019. <https://www.arc-southeast.org>.

Access Reproductive Care - Southeast (ARC) helps Southern families living in Alabama, Florida, Georgia, Mississippi, South Carolina, and Tennessee obtain safe and affordable reproductive care through financial and logistical support. ARC empowers communities through advocacy, education, and leadership development. Founded in 2015, ARC - Southeast works towards helping all Southerners gain full access to care and support around their reproductive health decisions without bias or barriers.

*Tags: Activism, Access, Community, Human Rights, Families*

*Advocates for Youth*. n.d. Accessed October 6, 2019.

<https://advocatesforyouth.org>.

Advocates For Youth (AFY) is a national organization that partners with youth leaders, adult allies, and youth-serving organizations to advocate for policies regarding honest sexual health information. Started in 1980 and housed in Washington D.C., AFY envisions a society that views sexuality as normal and healthy. With core values of rights, respect, and responsibility, they champion abortion access and support for young people in the Global South. AFY provides the resources and opportunities necessary to create sexual health equity for all youth.

*Tags: Access, Advocacy, Education, LGBTQIA+, Race, Youth*

*Black Women's Health Imperative. n.d. Accessed November 20, 2019.*

<https://bwhi.org>.

Black Women's Health Imperative (BWHI) is a nonprofit organization that has worked for the past 35 years to secure health equality for Black women across the nation. Founded in Atlanta, GA, in 1983, BWHI is the first nonprofit organization focused on advancing and protecting the health and wellness of African American women and girls by promoting "physical, mental and spiritual health and well-being." Through advocating for improved policies, educating the next generation of leaders, and amplifying and mobilizing the voices of Black women and organizations, BWHI is committed to increasing the health equity of African American women across the nation.

*Tags: Black Women, Community, Health, Well-being, Representation*

*California Latinas for Reproductive Justice. n.d. Accessed November 2,*

*2019. <https://californialatinas.org>.*

Founded in December 2004, California Latinas for Reproductive Justice (CLRJ) is a statewide organization "committed to honoring the experiences of Latina/xs to uphold our dignity, our bodies, sexuality, and families." Recognizing Latinas' reproductive health and rights through reproductive justice frameworks, CLRJ emphasizes the intersection of social, economic and community-based issues that promote social justice for the Latinx community. CLRJ cultivates leadership in policy and advocacy through community engagement, research, and narrative storytelling.

*Tags: Advocacy, Bodies, Community, Families, Latino*

*Empowered Birth Project. n.d. Accessed November 1, 2019.*

<http://www.empoweredbirthproject.com>.

Empowered Birth Project was started in 2013 through personal documentary narratives that highlighted Katie Vigos' pregnancy. With a strong focus on encouragement, birth, and motherhood, Empowered Birth Project now has a community that provides a voice to all birthing people to help them feel supported, empowered, and comfortable in their experiences. Empowered Birth Project can be found on Facebook, Instagram, Twitter, and Tumblr.

*Tags: Activism, Visual Rhetorics, Social Media, Pregnancy, Motherhood, Community, Childbirth*

*Forward Together. n.d. Accessed November 18, 2019.*

<https://forwardtogether.org/tools/a-new-vision>.

Founded in 1989, with a main office in California and satellite offices in New Mexico and Oregon, Forward Together works to lift up women of color in leadership positions and unite communities to fight for rights, recognition, and resources for all families. Through programs like “Art As Power” and “Echoing Ida,” Forward Together harnesses the power of art and compelling visuals to disrupt oppressive narratives and champion reproductive justice, healthcare access, family-focused leave policies, and more. Their work in state-level policy making is based in inclusive leadership and teaching practices that recognize there is no one way to be a family.

*Tags: Activism, Social Media, Visual Rhetorics, Community, Family-Building*

*Guttmacher Institute. n.d. Accessed October 17, 2019.*

<https://www.guttmacher.org>.

The Guttmacher Institute is a leading research and policy organization that for over 50 years has focused on advancing sexual and reproductive health and rights in the United States and worldwide. In addition to policy and advocacy work, The Guttmacher Institute has a repository of credible research which is accessible to the public via their website. Their research focuses on abortion, contraception, HIV and STIS, and teen reproductive health.

*Tags: Abortion, Contraception, Health, Human Rights*

*In Our Own Voice: National Black Women’s Reproductive Justice Agenda.*

*n.d. Accessed November 8, 2019. <http://blackrj.org>.*

In Our Own Voice: National Black Women’s Reproductive Justice Agenda is a national initiative which partners with Black Women for Wellness, Black Women’s Health Imperative, New Voices Pittsburgh, SisterLove, Inc. and SPARK Reproductive Justice Now. The initiative serves as an avenue for Black women’s reproductive justice organizations and activists to amplify reproductive justice efforts at the state and national level. They engage in this work by organizing their attention around abortion rights and access, contraceptive equity, and comprehensive sex education.

*Tags: African American, Policy, Access, Legislation*

MAKERS. n.d. "Loretta Ross, Feminist Organizer." Accessed November 9, 2019. <https://www.facebook.com/watch/?v=1286476171460704>.

MAKERS is a media company that supports the women's movement by providing their audience with interviews from women who are engaged in changing the world. In this interview, activist Loretta Ross shares her personal history with pregnancy, sterilization, and becoming a reproductive activist. Ross illustrates her journey in a total of fifteen small videos. In them, she discusses why feminism did not work for Black women and how Black women created their own agenda to meet their needs, such as the founding of SisterSong, and explains how the term "women of color" came to exist. Ross also talks about the work involved in starting and maintaining a rape crisis center as well as the need to include transgender women as part of the reproductive justice conversation. Follow MAKERS on Twitter @MAKERSwomen.

*Tags: SisterSong, Women of Color, Transgender, Rape*

NARAL Pro-Choice America. n.d. Accessed November 13, 2019.

<https://www.prochoiceamerica.org>.

The National Association for the Repeal of Abortion Laws (NARAL) was established in 1969 at the "First National Conference on Abortion Laws: Modification or Repeal" in Chicago. The organization contends that reproductive rights are necessary to achieve gender equality. NARAL's values and vision focus on reproductive freedom that includes affordable access to health care options and support for individuals choosing to start and raise a family, such as receiving fair pay and time off after birth or adoption. In 2019, NARAL celebrated the 50th anniversary of its fight to protect reproductive freedom across the nation.

*Tags: Rights, Access, Families, Healthcare, Reproductive Freedom*

National Latina Institute for Reproductive Health. n.d. Accessed November 19, 2019. <https://www.latinainstitute.org>.

The National Latina Institute for Reproductive Health (NLIRH) is dedicated to guaranteeing health justice and dignity for Latinas, their families, and their communities. Founded in 1994, NLIRH advocates for policy change with on-the-ground activists and leadership training, as well as community organizing and civic engagement at the local and national levels. They focus on abortion access and

affordability, sexual and reproductive health equity, and immigrant women's health and rights.

*Tags: Latina, Activism, Access, Community, Civic*

*Native American Women's Health Education Resource Center. n.d.*

*Accessed November 18, 2019.*

<https://www.Nativeshop.org/programs/reproductive-justice.html>.

The Native American Community Board formed the Native American Women's Health Education Resource Center (NAWHERC) in 1988 as the first resource center located on a reservation in the U.S. NAWHERC offers programs such as language immersion, public awareness campaigns for reproductive justice, and leadership development. They also run a food pantry and advocate violence prevention and community education. NAWHERC publishes a biweekly newsletter called "Indigenous Women's Reproductive Watch" that covers a variety of health-related topics for Indigenous women and their families.

*Tags: Native American, Access, Advocacy, Agency, Health Literacy*

*Planned Parenthood. n.d. Accessed October 14, 2019.*

<https://www.plannedparenthood.org>.

Planned Parenthood, founded in 1916, operates more than 600 health centers nationwide, providing high-quality, affordable medical care to the communities they serve. The organization also provides communities with sex education programs and resources to "empower all people to make informed choices about sexuality and relationships, and lead their healthiest lives" (n.d.).

*Tags: Healthcare, Abortion, Education, Access*

*RESOLVE: The National Infertility Organization. n.d. Accessed October 29, 2019. <https://resolve.org>.*

Founded in 1974, RESOLVE is dedicated to ensuring that those who are challenged in their "family building journey" are empowered, educated, and supported. As a national organization, its mission is to provide "access to care, advocacy for coverage, access to support and community, access to education, awareness of all family building options." Their advocacy focuses on infertility and towards building their "capacity, proficiency, and structure to guide and respond to state and federal public policy that impacts people's ability to build

a family.” To support this work, RESOLVE hosts and/or sponsors several community advocacy events, including: a national ‘Advocacy Day’ which takes place annually in Washington D.C. , ‘National Infertility Awareness Week,’ which occurs annually at the end of April to increase infertility awareness, a ‘Night of Hope’ event honoring infertility activists, and several ‘Walk of Hope’ events which are local organized awareness events taking place in cities around the U.S.

*Tags: Access, Advocacy, Agency, Families, Family-Building*

*Romper’s Doula Diaries. n.d. Accessed October 4, 2019.*

<https://www.facebook.com/RompersDoulaDiaries>.

Romper’s Doula Diaries is a series of videos that follows four doulas and their clients in a narrative format. Currently in its second season, Doula Diaries is breaking the stereotype that Doulas are only available during the birthing processes of individuals that identify as white. Highlighting various stories and backgrounds of individuals expecting, Doula Diaries allows for a raw perspective into the birthing journeys of women bringing babies into the world, while visualizing the support a Doula can provide during this incredible time.

*Tags: Activism, Midwifery, Motherhood, Doula, Childbirth, Bodies, Birth Workers*

*SisterSong. n.d. Accessed November 6, 2019. <https://www.sistersong.net>.*

SisterSong is one of the founding reproductive justice groups that has inspired an abundance of work across the nation. The organization has worked to build “an effective network of individuals and organizations to improve institutional policies that impact the reproductive lives of marginalized communities.” Started in 1997 in Atlanta, Georgia, SisterSong strengthens the collective voices of Indigenous women and women of color to help eradicate reproductive oppression and ensure the protection of human rights. Through partnerships with mainstream groups such as Black Mamas Matter Alliance, Trust Black Women, and the Center for Reproductive Rights, RJ training & leadership development, arts and culture programs, and outreach events, SisterSong helps communities represent themselves while advancing the needs and perspectives of women of color.

*Tags: Activism, African American, Contraception, Human Rights, Marginalized, Oppression*

*SPARK Reproductive Justice Now. n.d. Accessed October 19, 2019.*

<http://www.sparkrj.org>.

SPARK Reproductive Justice Now is an LGBTQ+ reproductive justice organization. Based in Atlanta, Georgia, SPARK's mission is to build new leadership, change the culture, and advance knowledge in Georgia and other Southern states to ensure individuals and communities have the resources and power to make sustainable and liberatory decisions about reproductive health. The organization anchors its work around the historical lasting legacy of the enslavement and exploitation of Black people in the South and center their initiatives around Black women, women of color, and Queer/Trans young people of color. As an organization, they provide leadership development, organize civic engagement, and offer reproductive justice content through digital outreach initiatives like the SPARK monthly podcast.

*Tags: African American, LGBTQ+, Policy, Access, South*

*Students for Reproductive Justice. n.d. Accessed October 16, 2019.*

<https://www.studentsforreproductivejustice.com>.

Students for Reproductive Justice (SRJ) was founded in 2016 by a group of Loyola University students who were committed to fostering a sex positive environment that provides resources and information about sexual health in the city of Chicago. The organization is committed to several reproductive justice projects, including: demanding improved access to reproductive healthcare for all students; TxtJane, a free and confidential delivery service for sexual health products; and a Pads & Tampons Campaign, which seeks to provide free menstrual hygiene products for students.

*Tags: Youth, Access, Institutions, Collective*

*Surge. n.d. Accessed November 2, 2019. <https://www.surgereprojustice.org>.*

Created in 2012 in Seattle, Surge is a reproductive justice group that strives to end reproductive oppression and secure access to reproductive health services for all. Surge stands with communities of individuals whose "bodies, lives, and families have been subject to state and social control." The organization focuses on access to reproductive healthcare for immigrants, birthing and reproductive

justice for imprisoned women, and comprehensive and progressive sex education. By advancing racial and reproductive justice and knowledge throughout the Seattle community, Surge works to empower and advance community engagement, education, freedom, human dignity, safety, and policies.

*Tags: Access, Bodies, Community, Health, Race*

*Tewa Women United. n.d. Accessed November 11, 2019.*

<http://tewawomenunited.org>.

Founded by Native women in 1989, Tewa Women United is a multicultural and multiracial organization that works to amplify Indigenous women's voices and to end violence against Native women, girls, and Earth Mother. The organization also promotes body sovereignty and ancestral ways of knowing and healing through their Indigenous Women's Health and Justice Program, which uses an intersectional approach to "braid together issue areas of gender justice, birth justice, environmental justice, economic justice, healthy sexuality and body sovereignty, advocacy and healing for survivors of sexual violence."

*Tags: Advocacy, Families, Community, Education, Women of Color, Native American*

*The ART of Infertility. n.d. Accessed October 23, 2019.*

<http://www.artofinfertility.org>.

The ART of Infertility is a national arts organization based in Michigan and Wisconsin. Founded by Elizabeth Walker and Maria Novotny in 2014, the organization curates art exhibits and collects oral histories portraying the intimate moments of grief that have led fertility patients to create. Exhibitions reveal the often unseen and everyday encounters of infertility told from the perspectives of women and men who have suddenly found themselves confronting unanticipated paths of family-building. The mission of the organization is to make infertility visible and generate public awareness about the barriers to reproductive fertility care and access to alternative family-building options.

*Tags: Infertility, Art, Curation, Family-Building, Access*

*Unite for Reproductive & Gender Equity (URGE)*. n.d. Accessed November 2, 2019. <https://urges.org>.

Founded in 1992 by Gloria Steinem, URGE is a campus chapter-based organization that focuses on educating and engaging young people as advocates for sexual and reproductive justice through training, canvassing, and national leadership. URGE hosts Reproductive Justice Leadership Institutes to introduce young people to the reproductive justice movement and to build activist communities and cross-country connections between campus chapters. To address the broad field of reproductive and gender equity, URGE educates people on abortion, parenting, health and wellness, sex and culture, and civic engagement.

*Tags: Activism, LGBTQ+, Education, Representation, Intersectionality, Public Rhetorics, Youth*

## SCHOLARLY SOURCES

### *Articles*

*De Hertogh, Lori Beth*. 2018. "Feminist Digital Research Methodology for Rhetoricians of Health and Medicine." *Journal of Business and Technical Communication* 32, no. 4 (June): 480–503.

This article argues that rhetoricians of health and medicine can benefit from new methodological orientations that more fully account for conducting digital research with vulnerable online communities, particularly communities centered around pregnant and birthing people. More specifically, this article introduces a feminist digital research methodology, an intersectional methodology that helps rhetoricians of health and medicine contend with the overlapping rhetorical, technological, and ethical frameworks affecting how we understand and collect health information. To support this methodological shift, the author draws from a five-year case study of an online childbirth community called *Birth Without Fear*.

*Tags: Methodology, Motherhood, Ethics, Online, Community*

*DiCaglio, Sara and Lori Beth De Hertogh*. 2019. "Rhetorical Pasts, Rhetorical Futures: Reflecting on the Legacy of *Our Bodies, Ourselves* and the Future of Feminist Health Literacy" *Peitho* 21, no. 3 (Summer): 565–695.

In this special issue honoring the rhetorical legacy of *Our Bodies, Ourselves* (OBOS), guest editors Sara DiCaglio and Lori Beth De

Hertogh examine how this landmark feminist text can inform current trends in feminist health rhetorics and reproductive justice. The authors “posit that the seed for disciplinary convergences” between rhetorics of health and medicine and feminist rhetorics “can be traced to the legacy of OBOS which [...] ignited conversations about the need to acknowledge the fundamental feminist idea that knowledge over one’s own body and one’s self is essential for reproductive justice.” The issue includes nine texts, organized according to four frameworks that represent distinct rhetorical approaches to feminist health activism.

*Tags: Our Bodies, Ourselves, Feminist Health Rhetorics, Feminist Historiography, Health Literacy*

*Geronimus, Arline T. 1992. “The Weathering Hypothesis and the Health of African-American Women and Infants: Evidence and Speculations.” Ethnicity & Disease 2, (Summer): 207–21.*

Arline Geronimus’ work centers on a controversial theory (at the time of publication) called the weathering hypothesis. Geronimus theorizes that social inequality has the potential to affect the pregnancy and birth outcomes of Black mothers and children. For example, a pregnant woman who is living in impoverished conditions might be exposed to lead paint and consequently place the fetus at greater risk of developing learning disabilities in utero. Specifically, she states, “For all social classes, members of minority groups are subject to racial or ethnic discrimination that can be costly to health” (210). This suggestion lends itself to the current conversation happening about Black maternal health and the suggestion that racism is also a factor when considering the needs of Black women.

*Tags: Infant Mortality, Teenage Pregnancy, African-American, Health Disparities*

*Haas, Angela, and Erin Frost. 2017. “Seeing and Knowing the Womb.” Computers and Composition 48 (March): 88–105.*

In this article, Angela Haas and Erin Frost use a technofeminist methodology to examine how fetal ultrasound technology undermines individual agency. Haas and Frost argue that the ubiquity of ultrasound technology and its visual artifacts in Western culture positions female bodies as frontiers to be surveilled and exploited. Drawing from decolonial, post-structuralist, embodiment,

and rhetorical theories, the authors explore the tensions between ultrasound technology's medical value in Western society and its potential to produce rhetorics that disempower pregnant, potentially pregnant, and infertile bodies.

*Tags: Healthcare, Technology, Visual Rhetorics, Embodied*

*Hinojosa Hernandez, Leandra, and Sara De Los Santos Upton. 2019.*

*"Insider/Outsiders, Reproductive (In)justice, and the U.S.-Mexico Border." Health Communication 35, no. 8 (April): 1-5.*

In this article, Hinojosa Hernandez and De Los Santos Upton call for health communication and Latina/o communication scholars to work closely together to counter the reproductive injustices and instances of gendered violence taking place at the U.S. and Mexico border. Using an autoethnographic lens and personal testimony, the authors explore the subject of reproductive injustice at the border. Throughout the piece, they demonstrate how the convergence of racist, patriarchal, and militaristic values lead to a "continuum of micro- and macro-level aggressions, brutality and patriarchal violence" inflicted upon women of color and their children (Hinojosa Hernandez and De Los Santos Upton 2019, 1).

*Tags: Advocacy, Border, Families, Immigration, Latinx*

*Jennings, Caroline. (2019). "Cherokee Healthcare Policies, Tribal Memory, and the Ghosts of Sterilization Abuses." Present Tense 7, no. 3 (August): 1-8.*

Drawing from the General Account Office 1976 report on consent issues in Native sterilization, Jennings argues that Indian Health Service physicians failed to provide appropriate documentation or gain informed consent from Indigenous Cherokee women who were sterilized. She suggests that adopting a "more dialogic approach to clinical conversation" (4) enables physicians working with Indigenous communities today to have "a more nuanced understanding of consent and literacy within a tribal context" (1). Jennings' work contributes to research in reproductive justice that focuses on health literacy, rhetorics of health and medicine, and an individual's right to bodily and reproductive autonomy.

*Tags: Indigenous, Native Communities, Sterilization, Family Planning, Consent, Health Literacy*

Jensen, Robin. 2015. "From Barren to Sterile: The Evolution of a Mixed Metaphor." *Rhetoric Society Quarterly* 45, no. 1 (Spring): 25–46.

Robin Jensen's article examines how historical "shifts in reproductive metaphors for infertility" can inform how scholars understand contemporary discourses about infertility (27). Drawing from three historical texts to trace the evolution of language used to describe infertility, Jensen demonstrates how the language used to describe "reproductive agency" shifted from agricultural and biblical metaphors to terminology that reflected a more medical and mechanical understanding of the body and fertility. Ultimately, Jensen suggests that using medical terminology to describe fertility unfairly positions women as being solely responsible for their "failure" to access medical treatments that can potentially resolve their infertility (43).

*Tags: Infertility, Reproductive Agency, Metaphor*

Price, Kimala. 2010. "What Is Reproductive Justice?: How Women of Color Activists Are Redefining the Pro-Choice Paradigm." *Meridians* 10 (2): 42–65.

Kimala Price provides an explanation of the reproductive justice movement in this article. She details reproductive justice's goals and values, discussing the movement through the lens of narrative analysis. Price explores the stories of individuals and organizations involved in the reproductive justice movement, answering three central questions: "What is reproductive justice? How does it differ from "choice"? What is the political, social, and cultural context from which this "reproductive justice" framework emerged?" (43).

*Tags: Activism, Histories, Human Rights, Rights, Women of Color*

Yam, Sharon Shui-yin. (2019). "Birth Images on Instagram: The Disruptive Visuality of Birthing Bodies." *Women's Studies in Communication* 42, no. 1 (May): 80–100.

Yam investigates how an Instagram account called @empoweredbirthproject uses visual rhetoric to resist Instagram's censorship policy and challenge normative frameworks for birthing bodies. More specifically, Yam argues that the @empoweredbirthproject uses images to "critically evaluate" (2) medicalized birthing technologies as well as normative notions of what birth should look like, who is an expert in the birthing process, and where childbirth should take place. The article underscores how

visual modes rhetorically demonstrate how non-normative birthing bodies embody and enact alternative forms of “expert knowledge” around childbirth (12).

*Tags: Birth Images, Visual Rhetoric, Nonnormative*

## BOOK CHAPTERS

Foo, Lora. 2002. “Sexual and Reproductive Freedom for Asian American Women.” In *Asian American Women: Issues, Concerns, and Responsive Human and Civil Rights Advocacy*, edited by Lora Jo Foo, 115–24. Bloomington: iUniverse.

This chapter offers an intersectional analysis of reproductive freedom in the context of Asian American women. Foo argues that reproductive freedom is more than access to abortion rights, and that Asian American women face particular cultural challenges to having reproductive choice. Impairing Asian American’s reproductive freedom is rooted in a historical and cultural tendency to not discuss sex and sexuality. Foo suggests that sex as a taboo topic has direct implications for how Asian American experiences reproductive freedoms. For instance, from a historical perspective, reproductive care for Asian American women has faced obstacles through national and international governmental policies to control the Asian American population and a cultural tradition to privilege the male over the female, often resulting in Asian American women experiencing several pregnancies until a male is born. The impact of this historical tendency to deny reproductive freedom has contemporary implications, which foo cites as: continual contraceptive abuse via the prescription of hormonal contraceptives like Depo-Provera, language and cultural access to abortions, Medicaid managed care, prevalence of western reproductive health practices over eastern practices, and access to sexual health information and care.

*Tags: Asian American, Policy, History, Sterilization, Cultural Studies, Choice*

Gutiérrez, Elena, R. 2007. “*We Will No Longer Be Silent or Invisible*”: *Latinas Organizing for Reproductive Justice*.” In *Maternal Theory: Essential Readings*, edited by O’Reilly Andrea, 683–704. Bradford: Demeter Press.

Gutiérrez provides some of the first scholarship documenting “Latina organizing for reproductive justice” (216). Her analysis focuses particularly on two predominant Latina groups in the nation—Puerto Ricans and Mexicans. Gutiérrez addresses common myths and misconceptions about Latinas. She provides a brief overview of the research on Latinas reproductive and sexual health, such as high mortality rates due to cervical cancer and the high rate of AIDS among Latina women. Gutiérrez articulates the historical reproductive oppression of Puerto Rican and Mexican women by both the government and society. The resistance of reproductive oppression by Latina women was born out of a resistance to the broader exploitation of Latinas by the US. From grassroots organizing in the 1960s and 70s to the formation of the Latina Roundtable on Health and Reproductive Rights (LRHRR) and National Latina Institute for Reproductive Health (NLIHR), Latina women have been fighting against reproductive oppression in their communities for centuries.

*Tags: Latina, Histories, Oppression, Access*

Hubbard, Ruth. 2006. “*Abortion and Disability Who Should and Should Not Inhabit the World?*” In *The Disabilities Study Reader*, edited by Lennard J. Davis, 93–103. New York: Routledge.

In this chapter, Ruth Hubbard draws parallels between racial hygiene in Germany and the present-day practices of medical professionals seeking to target and test for hereditary disabilities. Hubbard discusses the problematic nature of these scientific “tests” and outlines society’s “excessive preoccupation with inherited diseases” (101). Hubbard is explicit about her belief that all women should have the right to have an abortion; but she also recognizes that there exists implicit judgements about which lives are “worth living.” Hubbard states that, “prenatal interventions implement social prejudices against people with disabilities” (102). Overall, Hubbard articulates a powerful argument that these new scientific interventions do not expand medical choice, it simply replaces old constraints with new ones.

*Tags: Disability, Eugenics, Access, Oppression, Healthcare, Ethics*

Novotny, Maria, and Lori Beth De Hertogh. 2019. "Rhetorics of Self-Disclosure: A Feminist Framework for Understanding Infertility Activism." In *Women's Health Advocacy Rhetorical Ingenuity for the 21st Century*, edited by Jamie White-Farnham, Bryna Siegel Finer, and Cathryn Molloy, 59–72. New York: Routledge.

In this book chapter, Maria Novotny and Lori Beth De Hertogh argue that rhetorics of self-disclosure is a critical component of infertility activism, particularly in the context of women's healthcare. Too often social norms and discursive practices silence the complex, rhetorical experiences infertile bodies encounter. Novotny and De Hertogh draw upon their own embodied experiences of infertility to illustrate "how self-disclosing infertility acts as a counterstory" to dominant women's health narratives that privilege pregnancy. This self-disclosure framework is extended to other scenes of infertility activism, including how it emerges in two infertility organizations: The ART of Infertility and RESOLVE: The National Infertility Association. The chapter concludes with an acknowledgement that self-disclosure is a vulnerable and risky act. Nonetheless, the authors find that such risks should be weighed in the reality that experiences of infertility and reproductive loss continue to go unnoticed or privilege narratives that "celebrate the 'beating' of infertility." They argue that self-disclosing infertility makes space for the more nuanced, and not always hopeful, experiences of reproductive loss.

*Tags: Self-Disclosure, Infertility, Embodied, Activism*

Smith, Andrea. 2015. "'Better Dead Than Pregnant' The Colonization of Native Women's Reproductive Health." In *Conquest: Sexual Violence and American Indian Genocide*, edited by Andrea Smith, 79–105. Durham: Duke University Press.

This chapter argues that women of color have historically been viewed as a threat because they can reproduce the next generation of persons of color and, thus, become a deterrent to colonial power. Smith overviews colonial efforts to eradicate Indigenous sovereignty through the deliberate sterilization of Indigenous women in the U.S. She draws on the history and governmental policies supporting sterilization of Indigenous women, the blind prescription of hormonal contraceptives like Depo-Provera, governmental policies influencing Indigenous women's access to abortion services, and the deceptive rhetoric of reproductive "choice." The chapter concludes with a series of reproductive principles that directly counter

these historical, colonial traditions denying Indigenous women reproductive freedom.

*Tags: Indigenous, Colonial, Policy, History, Sterilization, Choice*

## BOOKS

*Buchanan, Lindal. 2013. Rhetorics of Motherhood. Carbondale and Edwardsville: Southern Illinois University.*

In *Rhetorics of Motherhood*, Lindal Buchanan studies the intersection of motherhood, rhetoric, and public discourse. Buchanan discusses how motherhood is contextualized in American society and invites the reader to consider the rhetorical implications of motherhood's "exalted status" as a *topoi* (7). To support this theory, Buchanan discusses how the 2008 McCain/Palin presidential campaign used Palin's role as a mother in their strategy to connect with voters. Buchanan asserts that mother "operates as a god term within public discourse and connotes a myriad of positive associations" (8). Offering a historical context to rhetorics of motherhood, Buchanan discusses the pivotal roles of Margaret Sanger and Diane Nash through the intersection of motherhood, race, and gender, exploring how these intersections affect Black mothers' ability to use motherhood as a rhetorical appeal.

*Tags: Rhetoric, Ethos, Republican Motherhood, Maternalism, Intersectionality, Topoi*

*Cooper Owens, Deirdre. 2017. Medical Bondage: Race, Gender, and the Origins of American Gynecology. Athens: University of Georgia Press.*

In this book, Deirdre Cooper Owens details early American gynecology's reliance on, and abuse of, Black enslaved women. Enslaved women were often subjected to experimentation by gynecologists, who believed that Black women could endure more pain and trauma than white women. In comparison, Cooper Owens explains how Irish immigrant women were also treated as a lesser ethnic group by gynecologists. While white male doctors are typically credited as pioneers in the field of gynecology, we do not often hear about the women they experimented on and the ways their medical writings perpetuated racist views about Black and Irish women. Cooper Owens' book brings awareness to these women's stories.

*Tags: History, African American, Healthcare, Medical/Medicine*

*Fixmer-Oraiz, Natalie. 2019. Homeland Maternity: US Security Culture and the New Reproductive Regime. Champaign: University of Illinois Press.*

In *Homeland Maternity*, Natalie Fixmer-Oraiz traces the intimate entanglements of motherhood and nation in the recent history of U.S. reproductive politics. Noting motherhood and reproductive justice as intense sites of cultural and political struggle, she analyzes a series of heated public controversies that captured widespread attention in the years following 9/11. Analyzing the opt-out revolution, public debates over emergency contraception, the so-called Octomom, and teen pregnancy in popular media, Fixmer-Oraiz demonstrates how policing maternal bodies is rhetorically tethered to securing the nation, with profound and troubling implications for reproductive justice.

*Tags: Motherhood, Nation, Homeland Security, Rhetoric, Cultural Studies*

*Frost, Erin and Michelle Eble. 2020. Interrogating Gendered Pathologies. Logan: Utah State University Press.*

*Interrogating Gendered Pathologies* points out, interrogates, and formulates tactics to intervene in patterns of gendered pathology that are unjust. This work assembles a transdisciplinary approach from technologies, rhetorics, philosophies, epistemologies, and biomedical data that surround and construct the medicalized body and seeks to reattach them to bodies and to corporeal experience. The purpose of the collection is to consider the lived effects of biomedicine's gendered norms on embodied experiences—on people's lives. This collection resists notions of embodiment as separate from, or necessarily in opposition to, biomedical knowledge and in doing so, informs how we understand embodied experiences in relation to reproductive justice. The essays in this collection contribute to the burgeoning field of health and medical rhetorics by rhetorically and theoretically intervening in what are often seen as objective and neutral decisions related to the body and scientific and medical data about bodies. The authors in this collection all operate from the belief that biomedicine as an institution treats some bodies unjustly based on identity characteristics, but the authors approach this central idea with different theoretical commitments, epistemologies, approaches, and frameworks which inform our understanding of the biomedical apparatuses that mediate reproductive health.

*Tags: Biomedicine, Pathology, Gender, Transdisciplinary*

Gurr, Barbara. 2014. *Reproductive Justice: The Politics of Health Care for Native American Women*. New Brunswick: Rutgers University Press.

In this book, Barbara Gurr discusses reproductive healthcare issues pertaining to Native American women. To explore these issues, she describes the experiences of women living on the Pine Ridge Reservation in South Dakota (where Gurr lived for more than a year) and the healthcare available to women through the Indian Health Service (IHS). Gurr explains how intersectional experiences of race, gender, and class create significant reproductive health disparities for Native peoples.

Tags: *Indigenous, Healthcare, Health Disparities, Women of Color*

Johnson, Bethany L., and Margaret M. Quinlan. 2019. *You're Doing it Wrong!: Mothering, Media, and Medical Expertise*. New Brunswick: Rutgers University Press.

Bethany Johnson and Margaret Quinlan analyze the pressures women face to make all the “right” decisions when it comes to pregnancy and motherhood. Coming from an intersectional feminist approach, they investigate the history of advice given to mothers through various forms of media—from nineteenth-century documents to Facebook. Drawing from their own experiences, others’ stories, and analyses of media sources, Johnson and Quinlan discuss how medical expertise around pregnancy and childcare has evolved over the years.

Tags: *Healthcare, Histories, Media, Young Motherhood*

Johnson, Jenell M., and Susan Merrill Squier. 2018. *Graphic Reproduction: A Comics Anthology*. University Park: The Pennsylvania State University Press.

In this anthology, Jenell Johnson argues that comics are a way to navigate multitudes of reproductive experiences through a graphic medium. Johnson positions comics as narrative medicine, and this book explores various themes of reproduction with several collected comics on everything from queer reproductive bodies to navigating postpartum depression to miscarriages. Including strips from Alison Bechdel’s *Sparrow of Dykes to Watch Out For* and Johnson’s own *Present/Perfect*, the book serves as a discursive and visual space to explore the complexities of reproduction through a graphic lens.

Tags: *Representation, Visual Rhetorics, Narrative, Infertility, Self-Disclosure, Media*

Koerber, Amy. 2018. *From Hysteria to Hormones: A Rhetorical History. The RSA Series in Transdisciplinary Rhetoric. University Park: Penn State University Press.*

In *From Hysteria to Hormones*, Amy Koerber traces the history and evolution of the concept of hormones and how the term metaphorically serves as a replacement for the notion of female “hysteria.” Koerber argues that the discovery of hormones played a key role in the “transformation from mythical to scientific understandings of women’s bodies and the health problems that they experience” (xiii). In tracing the history of the term “hormone” as a medical concept, Koerber illustrates how the term “did not necessarily replace older notions like hysteria,” but instead came to embody a blend of biomedicine with old, sexist ways of understanding women’s reproductive abilities (xiv), knowledge that continues to influence the types of reproductive healthcare women receive today.

*Tags: Hormones, Hysteria, Rhetorical History, Metaphor, Health*

Lopez, Iris. 2008. *Matters of Choice: Puerto Rican Women’s Struggle for Reproductive Freedom. New Brunswick: Rutgers University Press.*

In this book, Iris Lopez takes up issues of sterilization by examining the ways it has been used both as a form of oppression against marginalized women and as a form of voluntary birth control. Drawing from narratives of Puerto Rican women, Lopez demonstrates the complexity of these women’s reproductive health decisions in terms of race, gender, society and culture, and the history of sterilization and eugenics.

*Tags: Sterilization, Women of Color, Eugenics, Healthcare*

McClain, Dani. 2019. *We Live for the We: The Political Power of Black Motherhood. New York: Hachette Book Group.*

According to Ross et al., reproductive justice includes the right to not have children, the right to have children according to the desires of the parents, and the right to parent children in safe and healthy environments. McClain’s book speaks to the third point and offers a practical discussion about the challenges Black mothers face rearing children in America. McClain’s book discusses the intersection of race, mothering, and politics by addressing the topics of power, education, spirituality, and the body. She asks “What does it mean to become suitable for a society that isn’t really suitable for you? If I am often confronted with evidence that our society doesn’t respect Black

children as children or Black adults as humans, what does that mean to prepare someone for this place” (82)? In an attempt to answer these questions, McClain discusses strategies that Black mothers use to circumvent the violence, emotional stress of racism, and societal pressures Black children experience.

*Tags: Intersectional Feminist Activism, Black Maternal Politics, Marginalized, Mid-Wives*

*Owens, Kim H. 2015. Writing Childbirth: Women’s Rhetorical Agency in Labor and Online. Carbondale: Southern Illinois University Press.*

In her book, Kim Owens argues that birth narratives and birth plans are powerful rhetorical genres that women use to assert agency over their birth experiences. Owens examines how the process of “birth writing” functions as an everyday form of feminist rhetorical agency, which she defines as “a series of assertions over time and space rather than exclusively as specific instantiations in or for a particular moment or event” (Owens 2015, 2). Owens’ book contributes to conversations about how women use writing as a rhetorical tool to enact reproductive justice in healthcare settings that mediate pregnant and laboring bodies.

*Tags: Birth, Embodied, Pregnancy, Healthcare, Agency*

*Roberts, Dorothy. 1999. Killing the Black Body: Race Reproduction and the Meaning of Liberty. New York: Vintage Books.*

In *Killing the Black Body*, law professor Dorothy Roberts gives readers a historical overview of the reproductive injustices Black women have suffered since arriving in America. Roberts’ work connects the stereotypical images of Black motherhood (e.g., mammy, welfare queen, matriarch, jezebel) with specific legislative acts meant to stymie Black women’s reproductive rights. For those scholars looking for a critique of the eugenics movement and Margaret Sanger’s role, Roberts offers Sanger’s campaign as a “case study in the role of political language and objectives” (79) in forming how we understand reproductive justice. The case study reveals the power of language and reproductive rights —specifically coded language when crafting legislation that is meant to further marginalize women of color and poor women. Roberts’ research on forced sterilization and the use of the contraceptive Norplant details how government officials reinforced stereotypes to force poor women into contraceptive trials.

In this text, Roberts also writes about race and genetic marketing, which is a precursor to her 2012 book *Fatal Invention: How Science, Politics, and Big Business Re-create Race in the Twenty-First Century*.

*Tags: Black Motherhood, Race, Eugenics, Sterilization*

*Ross, Loretta J., Lynn Roberts, Erika Derkas, Whitney Peoples, and Pamela Bridgewater Toure. 2017. Radical Reproductive Justice: Foundations, Theory, Practice, Critique. New York: Feminist Press.*

This edited collection is the work of SisterSong activists and other scholars. The book's twenty-six essays are divided into four parts and focus on the reproductive justice work of women of color in the United States. Section one focuses on the history of reproductive activism, while section two provides readers with theoretical arguments. Section three explores legislation and policy, and section four offers selected poems related to reproductive justice.

*Tags: Reproductive Justice, Pro-Life Feminism, Critical Race Theory, Critical Feminist Theory, Roe v. Wade, Hyde Amendment*

*Ross, Loretta J., and Rickie Solinger. 2017. Reproductive Justice: An Introduction. Oakland: University of California Press.*

This book, created as a primer for reproductive justice by Loretta Ross and Rickie Salinger, provides a comprehensive explanation of the central concepts of the reproductive justice movement, with a focus on how the movement differs from the pro-choice versus anti-abortion movements. Ross and Salinger stress that the reproductive justice movement is fundamentally about human rights.

*Tags: Human Rights, Intersectionality, Marginalized, Rights, Women of Color*

*Ross, Loretta J. 2016. The Color of Choice: White Supremacy and Reproductive Justice. Durham: Duke University Press.*

In *Color of Violence*, "The Color of Choice: White Supremacy and Reproductive Justice," Loretta Ross discusses the relationship between white supremacy, population control policies, and reproductive justice. She argues that reproductive justice consists of reproductive rights set in a framework of human rights and social justice, and that it can be used to "counter all forms of population control that denies women's human rights" (1). Ross calls for activists to focus on the laws, policies, and community attitudes that impact the choices available

to different classes and races of women and “dissect strategies of population control” (13) in order to achieve full reproductive justice for all women.

*Tags: Activism, Women of Color, Rights, Oppression, Reproductive Agency*

*Seigel, Marika. 2014. The Rhetoric of Pregnancy. Chicago: University of Chicago Press.*

In *The Rhetoric of Pregnancy*, Marika Seigel uses a feminist lens to rhetorically analyze how historical and contemporary pregnancy manuals function as a form of user documentation for how to manage pregnancy, which she argues has been medically framed as a “risky” experience. Looking at historical texts such as Ballantyne’s 1914 handbook *Expectant Motherhood*, along with more recent resources like BabyCenter.com, Seigel shows how pregnancy manuals rhetorically define, manage, and control women’s bodies throughout pregnancy and labor.

*Tags: Pregnancy, Technical Communication, Feminism*

*Silliman, Jael, Marlene Gerber Fried, Loretta Ross, and Elena Gutiérrez. 2016. Undivided Rights: Women of Color Organizing for Reproductive Justice. Chicago: Haymarket Books.*

In this book, the authors detail the history of reproductive justice activism carried out by women of color. Through original case studies, interviews, and historical research, the authors show how African American, Asian American, Native American, and Latina women have fought for their reproductive rights over the years. This groundbreaking activism by women of color is contrasted with mainstream movements and their narrow focus on “choice.” The authors explore issues like identity politics, inclusion, and the future of women’s activism.

*Tags: Activism, African American, Latino, Indigenous, Women of Color, Identity Politics*

*Vinson, Jenna. 2017. Embodying the Problem: The Persuasive Power of the Teen Mother. New Brunswick: Rutgers University Press.*

Vinson’s book offers scholars working in feminist and reproductive rhetorics insights on issues such as visual representations of teenage pregnancy, counternarratives as a means of rhetorical intervention, and social media as tools for everyday public activism. Vinson

employs a variety of methods (e.g., rhetorical analysis, interviews, focus groups, storytelling) to argue that young women strategically embody the problem of teenage mothering in ways that “speak back” to dominant narratives that rhetorically situate teenage motherhood as a national crisis (ix).

*Tags: Young Motherhood, Public Rhetorics, Feminism, Social Media, Visual Rhetorics*

## LEGISLATION

*S.142 - Hyde Amendment Codification Act.*

The Hyde Amendment severely restricts the use of federal funds for abortions (SEC. 301). After the original bill was passed in 1977, lengthy court challenges led to a single exemption on the use of federal funds—when a mother’s life was in danger. Exemptions in cases of rape or incest were added during the first Clinton Administration.

*Tags: Abortion, Access, Federal Funds, Legal*

*U.S. Reports: Skinner v. Oklahoma., 316 U.S. 535 (1942). Oyez. n.d.*

*“Skinner v. Oklahoma ex rel. Williamson.” Oyez. Accessed November 4, 2019. <https://www.oyez.org/cases/1940-1955/316us535>.*

The Oklahoma Criminal Sterilization Act of 1935 allowed the state to legally sterilize individuals convicted of three or more crimes involving “moral turpitude.” Jack Skinner, who was determined by the state to be a habitual offender, argued that this violated the Fourteenth Amendment, particularly the Equal Protection Clause, primarily because white-collar criminals were not subject to compulsory sterilization. The Court ruled that the Act did violate the Fourteenth Amendment, and further noted that because the procedure is irreversible, sterilization laws should be subjected to “strict scrutiny.”

*Tags: Sterilization, Legal, Eugenics, Equal Protection Clause*

*U.S. Reports: Eisenstadt v. Baird, 405 U.S. 438 (1972). Oyez. n.d.*

*“Eisenstadt v. Baird.” Accessed November 4, 2019.*

*<https://www.oyez.org/cases/1971/70-17>.*

In 1971, William Baird provided Emko Vaginal Foam (a vaginal spermicide contraceptive) to an attendee of his lecture on birth control and overpopulation at Boston University. Baird was charged

with a felony by the state of Massachusetts for the distribution of contraceptives to unmarried people. This case focused on the precedent established in *Griswold v. Connecticut* concerning the right to privacy. While the Supreme Court struck down the Massachusetts law, it was not on privacy grounds. In a 6-1 decision, the court held that the distinction between single and married people in the law failed to meet the “rational basis test” in the Fourteenth Amendment’s Equal Protection Clause. While married people were entitled to contraceptives based on the decision of *Griswold v. Connecticut*, withholding this same right to single people without a “rational basis test” exposed a flaw in the law. In the majority opinion, Justice Brennan stated, “it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child” (405).

*Tags: Contraception, Legal, Access, Equal Protection Clause*

*U.S. Reports: Roe v. Wade, 410 U.S. 113 (1973). Oyez. n.d. “Roe v. Wade.” Accessed November 4, 2019.*

*<https://www.oyez.org/cases/1971/70-18>.*

This landmark 1971 case focuses on whether a woman’s choice to have an abortion falls under the Fourteenth Amendment’s “right to privacy.” The court found that while the state has legitimate reasons for protecting the health of pregnant women, the interest varies over the course of a woman’s pregnancy and the law has to account for these variations. The state does not have the right to regulate an abortion in the first trimester. This case determined that the Constitution protects a women’s right to abortion without unrestrained government restriction. It is only in the third trimester that the state may regulate or prohibit abortions; however, the state can only impose these regulations in the law in situations when abortion is necessary to preserve the mother’s life.

*Tags: Abortion, Legal, Access, Right to Privacy*

*U.S. Reports: Planned Parenthood v. Casey, 505 U.S. 833 (1992). Oyez. n.d. “Planned Parenthood of Southeastern Pennsylvania v. Casey.”*

*Accessed November 5, 2019. <https://www.oyez.org/cases/1991/91-744>.*

In this seminal case, the Supreme Court upheld the constitutional right to have an abortion as determined in the decision of *Roe v. Wade*

(1973), though the Court modified the standard for scrutinizing the restrictions on that right. Using the “undue burden” test, which states that legislatures are prohibited from making a law too burdensome or restrictive on an individual’s fundamental rights, the Court determined that one of the provisions of Pennsylvania’s abortion control law failed that test. However, the other four provisions were upheld, and the decision also altered the trimester guidelines established in *Roe v. Wade*, allowing states to intervene earlier in a woman’s pregnancy.

*Tags: Abortion, Access, Activism, Bodies*

*U.S. Reports: Stenberg v. Carhart, 530 U.S. 914 (2000). Oyez. n.d.*

*“Stenberg v. Carhart.” Accessed November 4, 2019.*

<https://www.oyez.org/cases/1999/99-830>.

This case centers on a Nebraska state law that prohibited “any partial birth abortion” with the exception of procedures that are necessary to save the mother’s life. Leroy Carhart, a Nebraskan physician, sought suit on the grounds that the law violated the due process clause of the Fourteenth Amendment, claiming the law was unconstitutionally vague and placed undue burden on physicians and female patients seeking to undergo the procedure. In a 5-4 decision, the Supreme Court held that “Nebraska’s statute criminalizing the performance of ‘partial birth abortion[s]’ violates the U.S. Constitution, as interpreted in *Casey* and *Roe*.”

*Tags: Abortion, Legal, Access, Birth, Burden, Due Process, U.S. Constitution*

*U.S. Reports: Burwell v. Hobby Lobby Stores, Inc., 573 (2014). Oyez. n.d.*

*“Burwell v. Hobby Lobby Stores.” Accessed November 5, 2019.*

<https://www.oyez.org/cases/2013/13-354>.

In 2012, representatives of the Hobby Lobby Store sued the Secretary of the Department of Health and Human Services, Kathleen Sebelius, over the contraceptive requirement in the Affordable Care Act (ACA). The owners of Hobby Lobby operated the business based on their Christian values, which included the belief that contraceptives are immoral. The plaintiffs argued that this requirement violated both the Free Exercise Clause of the First Amendment and the Religious Freedom Restoration Act of 1993 (RFRA). This case determined that a for-profit business could deny its employees health coverage for contraceptives based on a company’s religious objections.

*Tags: Contraception, Religion, Affordable Care Act, Access*

*U.S. Reports: Young v. United Parcel Service, 575 U.S. (2015). Oyez. n.d. "Young v. United Parcel Service, Inc." Accessed November 4, 2019. <https://www.oyez.org/cases/2014/12-1226>.*

Young v. United Parcel Service (UPS), Inc. is a Supreme Court case that centers on discrimination under the Americans with Disabilities Act and the Pregnancy Discrimination Act. In 2006, Peggy Young had taken a leave of absence to undergo *in vitro* fertility treatment. The procedure was successful and Young became pregnant. Young was advised by medical professionals to not lift more than twenty pounds, though in her job with UPS, Young was required to lift up to seventy pounds. Due to her inability to meet this work requirement, and because Young had already used all of her family/medical leave time, she was forced by UPS to take an extended, unpaid leave in which she lost medical coverage. After giving birth in April of 2007, Young continued to work for UPS. Young then sued UPS for discrimination under the Americans with Disabilities Act and the Pregnancy Discrimination Act. UPS moved for summary judgement and argued that Young could not show that UPS made this decision based on her pregnancy and that her pregnancy did not constitute a disability. The district court dismissed Young's claim and the U.S. Court of Appeals affirmed. The Supreme Court then held an interpretation of the Act that requires employers to provide pregnant workers the same accommodation as others with similar bodily limitations.

*Tags: Pregnancy, Discrimination, Legal*

*U.S. Reports: Zubik v. Burwell, 578 U.S. (2016). Oyez. n.d. "Zubik v. Burwell." Accessed November 4, 2019. <https://www.oyez.org/cases/2015/14-1418>.*

After the 2010 Affordable Care Act (ACA) passed, companies that offered health plans were required to provide screenings and preventative care, pursuant to the guidelines created by the Department of Health and Human Services (HHS). The HHS guidelines also included contraceptive methods (among other services) for women with reproductive capacity. The regulations include an exemption for contraceptive coverage for religious employers. The petitioners in this case were religious organizations that argued the mandatory contraception coverage violated the 1993 Religious Freedom Restoration Act (RFRA). Taking into account the importance of this decision, the Court remanded ("returned") this case back to the lower courts for reconsideration. This was in

an effort to afford both parties an opportunity to seek a decision that respects the religious freedom of organizations and grants employers contraceptive coverage.

*Tags: Access, Contraception, Legal, Affordable Care Act*

## **ADDITIONAL SUGGESTED READINGS**

### *Community Organizations*

National Advocates for Pregnant Women. n.d. Accessed November 18, 2019. <http://www.advocatesforpregnantwomen.org>

New River Abortion Access Fund. n.d. “About Us.” Accessed December 2, 2019. <https://newriverabortionfund.org/about>

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Briggs, Laura. 2018. *How All Politics Became Reproductive Politics: From Welfare Reform to Foreclosure to Trump*. Berkeley: University of California Press.

Choy, Catherine Ceniza. 2013. *Global Families: A History of Asian International Adoption in America*. *Nation of Newcomers: Immigrant History as American History*. New York: New York University Press.

Davis, Dána-Ain. 2019. *Reproductive Injustice: Racism, Pregnancy, and Premature Birth*. New York: New York University Press.

Hausman, Bernice L. 2011. *Viral Mothers: Breastfeeding in the Age of HIV/AIDS*. Ann Arbor: University of Michigan Press.

Harper, Kimberly. 2020. *The Ethos of Black Motherhood in America: Only White Women Get Pregnant*. Lanham: Lexington Books.

Luke, Jenny M. 2018. *Delivered by Midwives. African American Midwifery in the Twentieth-Century South*. Jackson: University Press of Mississippi.

Nelson, Alondra. 2011. *Body and Soul. The Black Panther Party and the Fight Against Medical Discrimination*. Minneapolis: University of Minnesota Press.

Solinger, Rickie. 2005. *Pregnancy and Power*. New York: New York University Press.

Oparah, Julia Chinyere, and Alicia Bonaparte, eds. 2016. *Birthing Justice: Black Women, Pregnancy, and Childbirth*. New York: Routledge.

Oparah, Julia Chinyere, Helen Arega, Dantia Hudson, Linda Jones, and Talita Oseguera. 2017. *Battling Over Birth: Black Women and the Maternal Health Care Crisis*. Amarillo: Praeclarus Press.

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Tapia, Ruby C. 2011. *American Pietàs: Visions of Race, Death, and the Maternal*. Minneapolis: University of Minnesota Press.

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# **Rhetorics of Reproductive Justice in Public & Civic Contexts: A Toolkit**

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RHETORICS of REPRODUCTIVE JUSTICE  
in PUBLIC and CIVIC CONTEXTS  
a special issue for Reflections

*special issue*

**Rhetorics of  
Reproductive Justice  
in Public  
& Civic Contexts**

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A TOOLKIT

*Reflections: A Journal of Community-Engaged Writing & Rhetoric*  
*Fall/Winter 2020*



## DEAR READER,

During our 2019 Feminisms & Rhetorics presentation, Jenna Vinson correctly reminded attendees that rhetorical scholars have been late to facilitating community-engaged action around reproductive justice. Many other disciplines and community stakeholders have been taking up this call to action for some time. Recognizing this reality, the toolkit is one approach to overviewing tools, methodological frameworks, and key takeaways that can inform how rhetoric contributes to the coalition work already occurring around reproductive justice.

With this toolkit, we hope to offer a set of tools for *Reflections* readers in the form of information, ideas, artifacts, protocols, and inspiration for concrete future action.

Take this toolkit and become an actor in whatever space it is you occupy: the classroom, your community, or even the dinner table. Always remember that with words comes an important responsibility—practice.

The time to act has arrived.

In solidarity,

Maria Novotny, Lori Beth De Hertogh & Erin Frost  
*Reflections* Guest Editors

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# Coalition Building for Reproductive Justice: Hartford as a Site of Resistance against Crisis Pregnancy Centers

By Megan Faver Hartline, Erica Crowley, Eleanor Faraguna & Sam McCarthy

## ABSTRACT

In the midst of contemporary struggles to fight back against challenges to abortion rights, other important areas of reproductive justice work can be elided. One such issue area is Crisis Pregnancy Centers (CPCs), which are non-profit (often religious) organizations that offer services like parenting classes, religious counseling, and material goods for newborns (i.e. diapers or formula), but many CPCs also present themselves as if they are comprehensive reproductive health clinics that offer abortion services. In Hartford, the four of us have been part of a larger coalition working to curb deceptive advertising practices at CPCs, and this article outlines both why CPCs are a central reproductive justice issue and how we have addressed them in our community. We argue that tactical, flexible coalitions that prioritize lived experiences of community members are key for making rhetorical interventions that advance reproductive justice. Thus, we present multiple perspectives of reproductive health partnerships—community partner (Erica), faculty (Megan), and student (Eleanor and Sam)—to analyze the role of public storytelling in coalitional activism focused on regulating crisis pregnancy centers.

## POSITIONALITY STATEMENT

We represent multiple facets of a reproductive justice partnerships—community partner, faculty, and student. At the time of our initial partnership (fall 2017 and spring 2018), Erica was an organizer with NARAL Pro-Choice CT; Megan was Director of Community Learning at Trinity College where she taught a class on community-engaged research; and Eleanor and Sam were first-year students in Megan's class. Although our positions have shifted since that time, we are all still involved in working with various reproductive justice issues both with NARAL and through other organizations.

## TAKEAWAYS

**Public writing and storytelling can be used as both a central component in a communications strategy as well as a coalition building tool in local reproductive justice issue campaigns.** Due to the highly sensitive political and emotional nature of these campaigns, rhetorical scholars are uniquely positioned to understand, support, and engage in these campaigns as coalition partners. We offer a case study on Hartford, Connecticut where a broad coalition of community groups came together to regulate crisis pregnancy centers in the city. As authors we illustrate the importance of public writing in reproductive justice campaigns and the ways that faculty and students in higher education can build partnerships with organizations doing reproductive justice work.

## TOOLS

- [Here](#) is an example of Megan’s syllabus and two assignments for her first year students in Trinity College’s Community Action Gateway program. In their spring course, “CACT 102: Building Knowledge for Social Change” students are asked to work with a Hartford community partner on a project that includes both research and a communications product such as a white paper, print materials, a series of infographics or social media graphics, or other written content.
- Here is a [patient story brochure and infographics](#) (both examples of print materials) created by Erica (NARAL organizer) and Eleanor and Sam (Trinity students). These were used as organizing tools when meeting with coalition partners and building support for the campaign on social media platforms.
- [Here](#) is a power map that includes the list of coalition members prepared for the evening of the public hearing on Hartford’s Pregnancy Information & Disclosure ordinance. The purpose of a power map is to reveal different avenues of influence on decision makers, which in this case was the Hartford City Council.
- When engaging in organizing and advocacy on reproductive justice issues, it’s important to learn from campaigns in other places, but that kind of research takes up time that understaffed organizing groups struggle for. What follows are two examples of student generated writing that have supported NARAL Pro-Choice Connecticut’s organizing work: [Eleanor’s written report “Organizing Strategies for Comprehensive Sexual Health Education Campaigns in Connecticut.”](#) and [Sam’s research poster detailing her interactive database on 5 categories of anti-choice legislation in the U.S.](#)

## ADDITIONAL LINKS

- [Trinity College Center for Hartford Engagement & Research](#)
- [NARAL Pro-Choice Connecticut](#)
- [National Institute for Reproductive Health Moral Monday CT](#)
- [True Colors CT](#)
- [Hispanic Health Council](#)
- [John Oliver’s CPC Segment on Last Week Tonight](#)

# The Reproductive Justice Champion’s Guide to Discussing and Analyzing “Motherhood”

By Brianna R. Cusanno and Nivethitha Ketheeswaran

## ABSTRACT

In this toolkit we offer tools and guidance for critically analyzing notions of Motherhood in order to promote reproductive justice. As champions of reproductive justice we are committed to doing the work of recognizing and undoing the inevitably oppressive ways we and those around us have been enculturated into making sense of “Motherhood.” This work includes engaging in critical analysis of how those who hold authority in such constructions, such as health-care providers, may implement more racially just conceptualizations of motherhood. We developed the methodology described below through extensive research on narrative analysis and through our efforts to make sense of our interviews with reproductive healthcare providers (HCPs) who spoke about the intersections of race, policy, and health.

## POSITIONALITY STATEMENT

Our perspectives on narratives, reproductive justice, and Motherhood are deeply informed by our positions as Communication scholars, cisgender women, and patients who have personally experienced the harm that dominant narratives about Motherhood can perpetuate. Our (embodied) theoretical experiences have convinced us that stories are never just stories; stories have material consequences for the lives of patients, families, and HCPs. As such, we view critical narrative analysis as a practical tool for interrogating and transforming unjust stories and the systems they uphold. We also recognize that our daily realities are different from those of the HCPs we interviewed; the narrative approach here may not make sense in their diverse contexts. We honor the time and vulnerability HCPs shared with us and hope that this toolkit can be of some use.

## TERMS TO KNOW

**The Reproductive Justice Movement:** a mode of theory and activism conceptualized and led by women of color. It promotes the shift from individualist to systemic approaches to improving reproductive health. Reproductive Justice highlights “three interconnected human rights values: (1) the right not to have children, (2) the right to have children under the conditions we choose, and (3) the right to parent the children we have in safe and healthy environments” and particularly attends to the intersectional forms of oppression that affect women of color.

**Dominant Narratives:** the “stories that underlie, reflect, and perpetuate predominant cultural values and assumptions about how the world is constituted and how society functions.”

**Western Modernity:** a dominant narrative that situates the height of morality and progress in the hands of Western development. Western modernity patterns the strategies of European coloniality. Western Modernity valorizes scientific knowledge produced by those who claim objectivity and

neutrality, and works to delegitimize forms of knowing which recognize emotionality, subjectivity, and fragmentation.

**White Supremacy:** a dominant narrative that complements Western Modernity, by constructing white people (and attributes associated with whiteness) as superior, natural, and normal while also positioning people of color as inferior, irresponsible, and expendable. involved in working with various reproductive justice issues both with NARAL and through other organizations.

## ANALYSIS TOOLS

**Critical Narrative Analysis (CNA)** integrates thematic, interactional, and structural approaches to narrative analysis (Riessman, 2005), scrutinizing both how talk is accomplished through interaction and what meanings are produced through talk to understand how power operates and social reality is constructed through everyday narratives. Rather than examining transcripts in the aggregate and fragmenting text into thematic categories, CNA necessitates close readings of “an extended account preserved and treated analytically as a unit.”

### Steps to conducting CNA:

**1. Identify and (co)create narratives** - Narratives may be pulled from existing sources (existing scholarly literature, media, creative literature, etc.), co-created through interviews, created as a reflection of an experience, or a combination of all three. In identifying or creating narratives it is important to keep in mind what dominant narratives are being considered.

**2. Analysis of narratives** - Analyzing narratives using CNA can be done through engaging in a reflective reading of the selected narrative,

comparative reading of existing literature, and then engaging in analysis following CNA guides. Some questions may be more suited for different types of narratives and how to employ each question is dependent on one’s positioning and analytical choices.

Please refer to Table 2 for assistance when conducting a CNA.

## COUNTERSTORYING TOOLS

When conducting CNA and analyzing the role of dominant narratives, it is important to continually open one’s mind to the possibilities of counter-narratives or Counterstories. This practice allows for developing a sense of continual questioning of the dominant narrative and searching for stories that may have been silenced throughout our daily engagements. “Counterstory” is a methodology of Critical Race Theory which emphasizes that an understanding of racism must privilege the embodied and experiential knowledge of people of color. Counterstories allow for “challenging the status quo with regard to institutionalized prejudices against racial minorities.”

The following tips are aimed at cultivating a reflexive Counterstory method for healthcare providers and researchers with a commitment to championing reproductive justice in their work and daily lives. As people occupying authoritative social positions, providers and researchers hold great power over how dominant narratives are formed around Motherhood. Providers and researchers both witness stories and then bear the stories of marginalized mothers. Learning the skill of “Counterstory” can allow for providers and researchers to become more generous witnesses and therefore more just bearers of stories.

**Choose a narrative that you have heard about a patient experience with reproductive health.**

Focus on a narrative you are hearing second-hand. For healthcare providers, this may be a narrative you heard from colleagues, in a lecture, or read about. For researchers, it may be a narrative told about someone in an interview, one you’ve heard from colleagues, or a narrative you read about.

**What is the dominant story of this narrative?**

Practice: Write a 55 word story that encapsulates the story being told

**What is your Counterstory of this narrative?**

Practice: Write a 55 word story that encapsulates how your own positioning may tell a different story of the narrative

**What is another’s Counterstory of this narrative?**

Practice: Consider a relationship you have with someone who experiences a different social location and different forms of marginalization than you. Be sure to ground your understanding of your relational partner’s experiences in truths they have expressed rather than assumptions. Write a 55 word story that encapsulates what their Counterstory could be. If you feel comfortable, ask your partner to write their own Counterstory and consider the ways your constructions may be similar or different.

Table 1 is an interactive table in which to record thoughts about the CNA questions throughout the process of analytical reading, used alongside Table 2 on the following pages:

Basics (plot, place, arc, time, moral, emotions, genre, mood)	
Characters (narrator, protagonist, antagonist, relationships, tropes)	
Construction (presence, absence, level of detail, role of narrator, world of story, emotions , uptalk, pauses)	
Critique (morals, values, ideology, Discourses, interests served, goals, work done, effectiveness, silencing, colonialist practices)	
Interviews (identities claimed, local context, role of interviewer, power negotiations, story ownership)	

Table 1

<b>Aspect of Narrative Analyzed</b>	<b>Questions to Consider</b>	
<b>The Basics</b>	<p>What is the story about?            When does it take place?            Where does it take place?            Who are the characters?            What is the story arc?            What is the climax? Is there a transformation?            Temporal scaffolding? (Is there a beginning-middle-end? How</p>	<p>is time handled?)            What is the moral of the story?            What emotions are expressed?            What gives this person authority to speak on this subject?            Causality?            What is the genre of the story?            What is the mood/tone of the story?</p>
<b>Characters</b>	<p>Who is the protagonist?            Who is the antagonist?            Who/where is the narrator?            What groups are characters shown to be members of?            Who is given sympathy? Who is condemned? Who is responsible?            Who is to blame?            How do the characters stand in</p>	<p>relation to one another?            Are they describing the actions of the characters or theorizing about what this person was thinking or doing?            What tropes are used? (e.g., hero, victim, martyr, etc.)            What archetypes of patients and providers are (re)produced?</p>
<b>Construction</b>	<p>Who is shown as an agent? Who is an object?            How is Grammar being used?            Who is absent?            What is absent?            How much detail and elaboration is described for different scenes? (more detail indicates that narrator sees it as more important)            How much of a role does the teller play in their narrative? Are they mostly describing others' actions or their own?            What worlds are constructed as the settings? (E.g., family, professional, political?)            Do they say things like "bla-bla-bla"? Could that be indicative of not valuing these words or belittling them?            What aesthetic tools are used? (similes/allusion/imagery/metaphor)            How are ambiguity, irony, paradox,</p>	<p>and tone used?            How are other texts referenced?            How frequently do they discuss their own feelings or how things affect them personally?            What embodied experiences are described?            What beliefs have I suspended or kept unsuspected? What beliefs need to be suspended to "believe" this story?            Are they using "I" or "you"?            Are they using uptalk?            Are there many pauses?            Are they stuttering?</p>
<b>Critique</b>	<p>What is the speaker's moral orientation? (Helping others? Going against stereotypes?)            What are the values and goals this narrative supports?            How does the story represent a world view?            What is legitimized by this story?            What is normalized by this story?            What is taken-for-granted in this story? What is unsaid but implicit?</p>	<p>Whose interests are served by this story?            What dominant discourses are being drawn on? (Racial, gender, class, ability, sexuality, capitalism, neoliberalism, religion)            How does the process of meaning-making interact with broader institutional/cultural norms or events? What stories are difficult to tell because of tacitly under-</p>

Table 2

	<p>stood processes of social sanctioning?  How does the narrator position herself to herself—that is, make identity claims? (What identities are claimed or distanced from?)  How is the speaker creating her identity as a provider and/or moral agent through institutional, cultural, dialogic, and self-constructed discourses?  How are dominant cultural narratives being engaged with? Is this a deviant or traditional case?  What larger social narratives are embedded in this story? (How are these being accepted and/or resisted?)  What is the point they are trying</p>	<p>to get across?  What is the goal of this story?  How effective is the story in meeting its goals?  What work does this narrative do within the health care community?  Does it obscure oppression?  How does this story serve as a colonialist practice? Or resist colonization?  What is the point of the story?  What is its purpose?  What is the moral or causal claim?  What is glossed over?  How does this story erase other stories? (particularly of WoC)</p>
<b>Reflexivity</b>	<p>What do I (the reader) notice?  Why do I notice what I notice?  What words or phrases stick out to me, and why?  What interpretations am I making?  What emotions does this story bring up for me? How do I feel after reading this?  What appetite or emotion is satisfied by reading this? What bodily sensations do you have while reading this? What intellectual or emotional desires arise?  Put more simply: what is the overall feeling you have when reading this? (A related and</p>	<p>interesting question would be:  And what does this reveal about you as the reader?)  What might the teller be inclined to exaggerate or leave out based on this story relation context?  How has this story changed me?  Who do I become in reading this story?  Am I taking the position of skepticism, forgiveness, sentimentality, cynicism?  How might have this story unfolded otherwise?</p>
<b>For Interview Analysis</b>	<p>How is power being negotiated interpersonally?  How is the narrator responding to questions?  How does the narrator seek to affect the listener?  What change does the narrator seek to bring?  How did the local context and research relationship shape this account?  What questions do people answer directly? What do they answer indirectly or avoid?  Do they respond to simple, direct questions with narratives?  Was this story spontaneous or elicited?  How does the audience respond to the story?  How and when does the interview try to take control?</p>	<p>Is this a hypothetical/mythic narrative or a story of a singular event?  Whose story is this?  Why was the story told in this way?</p>

Table 2 Cont.

# The Role of Confianza in Community-Engaged Work for Reproductive Justice

By Rachel Bloom-Pojar and Maria Barker

## ABSTRACT

This article presents a narrative about community-engaged research, promotores de salud (health promoters), reproductive justice, and confianza. Confianza is often translated as trust or confidence, but this piece discusses the dynamic ways that it can function beyond the literal translation in research and community education. The co-authors discuss how they developed relationships with each other, community members, and the promotores de salud who work with Planned Parenthood of Wisconsin (PPWI).

This piece also describes how the PPWI promotores program began with a focus on community interests and how reproductive justice became a central part of its curriculum. Ultimately, we argue that confianza is an integral component to reproductive justice research, and as such, we encourage researchers to consider the role of confianza in their own work when pursuing community-engaged partnerships.

## POSITIONALITY STATEMENT

In this article, we discuss working with Latinx communities in Wisconsin, promotores de salud from those communities, and Planned Parenthood of Wisconsin (PPWI). Maria is the founder of the promotores de salud program and the Director of Latinx Programming and Initiatives at PPWI. She has more than 20 years of experience working with Latinx communities in Wisconsin, and has spent many years building confianza with Latinx community members who use Planned Parenthood clinic services and community education.

Rachel is an academic researcher who has spent the past three years building a relationship with Maria and others at PPWI. She has previous experience working and doing research with Latinx community health leaders in the Dominican Republic and interpreters in Michigan. Through focus groups and presenting at PPWI's Safe Healthy Strong Conference with Maria,

Rachel has been getting to know the promotores de salud and plans to continue building this relationship.

## TAKEAWAYS

**1. Prioritize building relationships with community partners over shared interests.** This might mean letting authentic research trajectories emerge from that rather than arriving with a research objective to direct future interactions.

**2. Recognize that funding is very important to compensate communities for their time and expertise.** It is also an essential part of accounting for the economic injustice and disparities between communities of color and predominantly white institutions. Apply for funding that can direct resources into the programs and communities you work with while being cautious of any reporting requirements that request identifying information

from individuals.

3. **Consider how confianza functions as a dynamic communicative activity that people can establish, have, enter into, and create with others.** Be reflexive about what it takes to build trust and create spaces where people are trustworthy. Then keep in mind the need to respect that trust with all future actions such as publishing, teaching, or talking about what was shared with you in a space of confianza.

4. **Researchers must think about what their research project will leave behind for the community to continue to use.** Communities are tired of just getting by. They want to help develop tools for themselves as well, that they, their family and the community can use to thrive and not just exist.

## QUESTIONS TO CONSIDER

1. How do we develop rhetorical theory and praxis that center the voices, strategies, and priorities of women of color rather than analyzing reproductive justice through a white rhetorical gaze?
2. How might studies of rhetoric and reproductive justice benefit from meaning making in languages other than English?
3. How do we navigate the politics of translation without losing the core of community-based rhetorics when communicating about them with predominantly white, English-speaking audiences?

## ADDITIONAL LINKS

- [Promotores de Salud and Health Promoter Programs](#)

# Helping Everyday Rhetors Challenge Reproductive Injustice(s) in Public

By Jenna Vinson

## ABSTRACT

In a sociopolitical context that continues to constrain reproductive agency, many organizations, media, and people construct pregnant or mothering teenagers as “things that are other than it should be” and many young mothers report being talked to as if they were a defect that must be addressed. People who experience dominant discourses of “teenage pregnancy prevention” are prompted to immediately respond to the rhetorical exigence of pregnant and parenting teen bodies. When visibly young pregnant or parenting people venture into public, they face an unpredictable and potentially hostile rhetorical arena.

In this article, I reflect on a community-based workshop I facilitated in Boston from 2015-2019 at an annual one-day event for young parents called the Summit for Teen Empowerment and Parenting Success. Drawing on feminist rhetorical theories of interruption tactics, this workshop prepares young pregnant and parenting people with researched information and scripted responses they can use to interrupt and transform everyday moments in public places when strangers read their bodies as problems to criticize or loudly bemoan. However, findings from the surveys circulated at the 2019 workshop indicate that what participants value most about this experience is the opportunity to share and relate to one another’s experiences of reproductive injustice. This article offers feminist rhetoricians, community literacy scholars, and other scholar-activists an approach to sharing research findings and facilitating discussion in a useful way with those who embody exigences of reproductive justice.

## POSITIONALITY STATEMENT

I am a volunteer workshop facilitator at the 1-day Summit for Teen Empowerment and Parenting Success (STEPS)—an initiative of the Center for Community Health and Health Equity at Brigham and Women’s Hospital in Boston, MA—and I operate in solidarity with young pregnant and parenting people (see Mia McKenzie’s “No More Allies”). I have experienced pregnancy and parenthood in the ephemeral period labeled “young” and the socioeconomic context of being “low-income” (i.e., working and using government funding for medical/food needs) and, thus, have some sense of shared experience with the pregnant

and parenting young people from the greater Boston area who attend the summit. However, in relation to the health equity practitioners who run the event and the young people who attend the event—who are, primarily, people of color—I am an outsider, a professor from a local university they do not attend, and a comfortably middle-class, single, white, cisgender woman in her 30s. Mindful of this positionality, I seek to respond to what participants state they want and need.

## CHALLENGES

As the editors of this special issue note, when the idea of a toolkit was broached at the 2019 Feminism(s) and Rhetoric(s) conference, I offered a word of caution: “we” (feminist scholars of rhetoric, writing, and literacy) are late to broader discussion about, and activism for, reproductive justice. While individually we may be working with community organizations to address the many human rights issues that fall under the umbrella of reproductive justice, as a field, we have not articulated our theories or praxis as relevant to or in service of these movements. The field is also overwhelmingly white. And, as the editors of *Radical Reproductive Justice: Foundations, Theory, Practice, and Critique* (2017) explain, “In realizing the power of the RJ movement, we move from the politics of inclusion to the politics of leadership. . . .women of color are ideologically leading the movement, centering ourselves, and transforming relationships in the process.” Mindful of this, when thinking about how theories, research, and pedagogies might become “tools” to aid the movement, I urge that we ground ourselves in the movement as it has existed and continues to exist beyond the academy. In other words, the work is already happening, tools have been crafted, communities forged, and alliances made. While ongoing injustices demand our field’s attention and our activist efforts, we should proceed by listening, learning, and positioning ourselves in solidarity with those already involved with the movements so that when a need for tools of literacy, rhetoric, and teaching arises, we can offer what the community needs. I may very well be preaching to the choir as readers of *Reflections* likely know what good community engagement looks like, but I take this opportunity to remind us to avoid what Ellen Cushman calls “missionary activism” and strive, instead, for “scholarly activism which facilitates the literate activity that already takes place in the community.”

There are many rhetorical exigencies of reproductive justice: an ever-growing prison industrial complex that takes parents and children; corporate and industrial practices that poison our air, food, and water; increasingly stringent (or nonexistent) insurance coverage that blocks people’s ability to access the healthcare they need; multiple obstacles to women’s, immigrant’s, and young people’s access to information about sexual health and healthy sexuality, etc., etc. In my own research, I have found that the tragic “teen mother” is a character constructed, in part, by people lobbying for safe and legal abortion or sex education. She is the problem “we” (non-teen mothers) are called to solve by keeping sex education in schools or by keeping abortion accessible. In telling this story, lobbyists, politicians, journalists and others have helped to create the embodied exigence experienced by everyday pregnant and parenting people.

## QUESTIONS TO CONSIDER

1. How can rhetorical scholars help to address these exigences while being mindful of not pathologizing particular bodies and reproductive experiences as always and only an urgent problem?
2. How do rhetorical scholars not reproduce pathologizing rhetoric as we stress the urgency of these human rights issues? Or, to put it another way, how do we avoid producing what Eve Tuck calls “damage centered research”? She defines such research as “. . . a pathologizing approach in which the oppression singularly defines a community.”

## TAKEAWAYS

### **Facilitating Workshops with Young Parents:**

As I write in my article, the research that challenges the idea that “teenage pregnancy” is a social problem is not well known. As a young mother, I found something liberating in the discovery that all those “facts” I had heard about women who become parents before the age of 20 were wrong—like a weight had been lifted off me, like I could quit blaming myself for whatever happened to my kids (though, honestly, I still struggle with this). If you would like to help in circulating this information by conducting workshops like the one I describe, I recommend looking for places in your communities that have youth empowerment as part of their mission: nonprofits that serve pregnant and parenting teens, schools with young parent programs, hospitals with childbirth classes for young parents, summer enrichment programs, and even programs receiving government grants to lead “teenage pregnancy prevention” efforts. Often these latter programs include initiatives to avoid “repeat pregnancies”—a phrase designed to pathologize subsequent births to parenting people under the age of 20—and, thus, serve pregnant and parenting teenagers.

### **Translating Research into Comebacks:**

As I write in my article, I hope that other feminist rhetoricians and scholar-activists think about how the research they are doing to interrogate and interrupt discourses that pathologize, shame, and blame those who are (already) marginalized could be shared in productive ways with communities beyond the academy. In support of this, [I offer the template of my workshop handout](#). Adapting the template prompts reflection on how research might be put to work in everyday encounters. Just open the file and replace the image and instructions typed in red font with your own visuals, language, and research. Imagine ways to

sum up information that confronts particular commonplaces. Be sure to consider your target audience for the handout—those who experience judgmental comments reflecting dominant discourses about “them” as a group. They will likely want creative but easy-to-say quips for these spontaneous and slippery moments. It’s okay if they get silly. When this handout is used as a talking point during community workshops, it can educate and break the ice. For example, the line in my handout “Children actually can’t have children. It is physically impossible” usually gets a good laugh from young parents.

## ADDITIONAL LINKS

- [Proud2Parent: STEPS](#)
- [Brigham and Woman’s Hospital’s Center for Community Health and Health Equity Stronger Generations Program](#)
- [Proud2Parent Blog Post](#)

# We are BRAVE: Expanding Reproductive Justice Discourse through Embodied Rhetoric and Civic Practice

By Roberta Hunte and Catherine Ming T'ien Duffly

## ABSTRACT

In this article, we share the example of our recent community-based performance project on reproductive justice, We are BRAVE, to serve as a model of how community-based performance can be an embodied strategy for social change. We draw from the work of scholars of feminist rhetoric, community-based performance, and reproductive justice. This case study examines elements of the community-created script to demonstrate how we knit together intersectional narratives of reproductive (in)justice that challenge and expand a mainstream discourse of reproductive rights and move towards a broader vision of reproductive freedom. The We are BRAVE project was a form of cultural work that went alongside other grassroots organizing efforts to persuade both legislators and constituents to think about the significance of abortion and to engage with more complexity around intersecting identities and issues that impact our reproductive lives. This strategy was used to frame groundbreaking legislative work. In sharing the example of We are BRAVE, we show how using community-centered, performative storytelling as embodied rhetoric can be an effective mode of public and political persuasion.

## POSITIONALITY STATEMENT

A close working and collaborative relationship between Western States Center and partners Roberta and Kate was key to the success of this project. This relationship was rooted in the previously established relationship that Roberta had developed over years of connection with Western States Center's organizing efforts. Roberta has been connected with Western States Center's organizing work since 2009 through her work as a board member of a partner organization of the Center. She joined their first cohort of BRAVE leaders in the fall of 2013. Her connection with the Center's work and staff was born from a long-standing commitment to its political work in the community. Participation in the cohort deepened that connection. Roberta, in partnership with staff

and other BRAVE participants hosted webinars on Reproductive Justice and co-facilitated workshops on racial justice and movement building for BRAVE and other groups. Roberta's close relationship with Western States laid a foundation of trust for working on this theatre project, trust that was extended to Kate as Roberta's collaborator, but also through the relationship developed through the embodied work of performance.

## TAKEAWAYS

- **Engagement in community must become a part of the scholar's life, not simply a component of a specific project.** When a scholar creates regular and lasting ties with community members and community groups, collaborations that arise from those relationships have deeper and multiple ties that allow for truer collaborations built on trust established durably.
- **Be prepared to adapt one's process and project in collaboration with community partners is key.** This openness to adaptation can mean adjusting one's original ideas to more closely align with the needs of the community partner, as opposed to adhering to the scholar's original plan or vision.
- The BRAVE link below is a sample storytelling workshop demonstrating our method.

## ADDITIONAL LINKS

- [Western States Center](#)
- [SisterSong Collective](#)
- [Center for Performance and Civic Practice](#)
- [We are BRAVE Toolkit](#)

## CHALLENGES

- **The work of community engagement is time intensive and highly relational.** It doesn't necessarily map onto an academic calendar, or even onto the expectations of scholarly output.
- **All of this work must be understood within its immediate context.** For rhetorical scholars who do community-based work, it is important to be able to bring that work back to their scholarly community, to make it legible in an academic context and, in so doing, undergo a process of translation so that work can be (re)contextualized within their field of study.

# Complicating Acts of Advocacy: Tactics in the Birthing Room

By Shui-Yin Sharon Yam

## ABSTRACT

This article examines the tactics doulas deploy to support birthing people in a hospital setting, where both the doulas and their clients are marginalized. In order to cultivate and preserve calmness in the birthing room, doulas mobilize what I call “soft advocacy” to avoid overt confrontation with medical staff, while promoting their clients’ preferences and interests. “Soft advocacy” entails affective management of all stakeholders in the room, strategic body positioning by the doula, and descriptive narration that holds medical staff accountable for their actions. These tactics are transferrable outside the birthing room and can be deployed by advocates who want to protect their clients’ interests, but cannot afford to overtly challenge the status quo.

## POSITIONALITY STATEMENT

I connected with doulas in my community first to conduct semi-structured interviews. Through snowball sampling, social media recruitment, and professional conferences, I interviewed 30 doulas—many of them serve primarily marginalized pregnant and birthing people. I remain in touch with several of my interviewees, and continue to attend reproductive justice conferences for activists and birthworkers.

## TAKEAWAYS

- **Employ soft advocacy when advocating.** Birthworkers who are marginalized in medical institutions deploy “soft advocacy” to support their birthing clients—namely, non-confrontational tactics that promote the interests of the birthing person through gendered affective management, strategic body positioning, and descriptive narration that holds medical staff accountable for their actions. Rhetorical scholars conducting community-engaged work can mobilize similar tactics when they must advocate for marginalized subjects while occupying

a liminal position of power themselves.

- **Attend meetings and conferences frequented by reproductive justice activists from outside academia.** Listen, learn, and cultivate relationships with participants there, even if that means temporarily decentering your research agenda or revising your research questions.
- **Honor the epistemic privilege and lived experiences of community practitioners and activists by inviting them to share stories they deem significant and transformative.** Focus less on whether these stories directly answer your research questions, and more on why your participants find them important so that the meaning and agenda of your research are co-created with your participants.

## KEEP IN MIND

...that while community activists, practitioners, and organizers may deploy common terms and concepts in rhetorical studies, in my case advocacy, we cannot assume that we share the same assumptions and interpretive framework. It is important to interrogate the different ways in which we understand and deploy these concepts, and examine how and why community practitioners and organizers enact those concepts the way they do.

...that while advocacy is commonly understood in rhetorical studies as acts of overt persuasion to shift the audiences' positions and the existing power relations, community practitioners may enact advocacy differently in ways that are more multimodal, embodied, and subtle in its effects. As rhetorical scholars, we must learn to acknowledge and recognize the power of these acts even—and especially—when they do not fulfill the canonical definitions of advocacy in our field.

## ADDITIONAL LINKS

- [Ancient Song Doula Services](#)
- [Black Mamas Matter Alliance](#)
- [Black Women Birthing Justice](#)
- [Decolonize Birth Conference](#)
- [SisterSong Let's Talk about Sex Conference](#)

# In the Fight of their Lives: Mothers of the Movement and the Pursuit of Reproductive Justice

By Kimberly C. Harper

## ABSTRACT

Reproductive justice is an all-encompassing theoretical approach for solving community needs associated with the right to have children, the right to health care, and the right to safe environments for children and families. My work as an RJ activist addresses the need for safe environments that are free of gun violence, police brutality, and access to support systems that nurture Black mothers with pre-and post-natal care. As such, my tool kit is for scholars whose primary focus is on using rhetoric to effect change in the school system as well as in maternal health.

## POSITIONALITY STATEMENT

I am a Black, Muslim woman who wears a hijab and a variety of head coverings that signify to people I am a Muslim. I use the terms Black and African-American to describe my ethnicity and use both of these terms to describe people of African descent who were brought to America as part of the system of chattel slavery. **They were not slaves.** They were enslaved and there is a difference. As such the convergence of my African- American and Muslim identities affect my world view and response to the systemic racist policies that affect Black, Brown and Muslim communities across America and internationally. In addition I earned my education at a Historically Black College/University (HBCU) and two different Predominately White Institutions (PWI)—one in the Midwest and one in the South, so my approach to teaching is rooted in those experiences—some good and some bad. Finally, I am a mother who experienced birth trauma and did not have access to resources to assist me with my trauma and ensuing postpartum depression. Consequently, I am deeply committed to working on behalf of Black women and their maternal health needs.

## TAKEAWAYS

**Scholars who engage in community-based RJ work need the following:**

- A firm understanding of the life cycle of a social movement. Understanding this can help activists position their work. Jeff Goodwin and James Jasper have a solid introduction to this topic in their text *The Social Movements Reader: Cases and Concepts*.
- Anti-racist methods/tools to assist with unpacking the privilege of white institutions, white supremacy and white privilege. Robin DiAngelo's book *White Fragility* and Carol Anderson's book *White Rage* are excellent resources.
- A clear understanding of how language affects our LGBTQ communities and the new language that people of color are using. For example, the use of pronouns matter for the LGBTQ community or how BIPOC is now being used to describe brown and Black people. My students are teaching me this every semester.

## CHALLENGES

Rhetorical scholars come from a number of perspectives and that makes for a rich constellation of opinions, experiences, and actions. However, this also presents as a problem because the narrative of what's scholarship turns into a monolith that can't be challenged or even added to—from traditionally marginalized people. I believe there are two challenges and they closely related to silence and erasure.

**Challenge 1:** Requesting that people prove racism or health conditions exist as a means to silence women. I talk about this a lot, but as a society we need to move away from people having to prove racism exists or share their trauma in order to gain access to help. If a mother tells a doctor “something is amiss,” or “she doesn't feel right,” she shouldn't have to prove it to a doctor in order to get assistance.

**Challenge 2:** Silencing the people that we are helping. In other words, rather than asking what they need, activist and scholars tell people what they need without any real consideration of the group's desired outcome for their own community. For example, telling Black women that if they have a doula it will improve their birth outcome. Well that is true, but not all Black women want a doula as a form of birth support (this is just an over simplified example).

## ADDITIONAL LINKS

- [BLM Organization](#)
- Gholdy Muhammad's book *Cultivating Genius*
- [The Trayvon Martin Foundation](#)
- [Life Camp](#)
- [SisterSong](#)
- [Women's Islamic Initiative in Spirituality and Equality \(WISE\)](#)
- [Believers Bail Out](#)



# SPREAD THE WORD

Looking for ways to spread the information provided in this Toolkit? Let's take it to Twitter. Below is a tweet for every article featured in this issue of *Reflections*.

## **HARTLINE, CROWLEY, FARAGUNA & McCARTHY**

How can we use stories in organizing and advocacy? In Hartford, organizers have used multiple rhetorical modes to build flexible coalitions around pressing reproductive justice issues. See "Hartford as a Site of Resistance against Crisis Pregnancy Centers."

## **CUSANNO & KETHEESWARAN**

How do the stories we tell about motherhood contribute to reproductive injustice? And how might we story motherhood differently? Bria Cusanno and Niv Ketheeswaran explore these questions by analyzing healthcare providers' narratives about race and motherhood.

## **BLOOM-POJAR & BARKER**

In "The Role of Confianza in Community-Engaged Work for Reproductive Justice," Maria Barker of @PPAWI & @Rachel\_Bloom discuss relationship building, community-engaged research, & the importance of promotores de salud in the pursuit of reproductive justice.

## **VINSON**

Translating Research into Comebacks: young parents speaking back to dominant narratives of teen pregnancy. See the strategies #STEPS #NoTeenShame

## **HUNTE & DUFFLEY**

We are BRAVE: Expanding Reproductive Justice Discourse through Embodied Rhetoric and Civic Practice" by Roberta Hunte and Catherine Ming Tien Duffly brings RJ stories to the stage to shift culture and support policy change #ReproductiveJustice @WStatesCenter

## **YAM**

To effectively protect their birthing clients' interests and autonomy in a hospital setting, doulas deploy a range of "soft advocacy" tactics to navigate the complex power relations in medical institutions @ancientsong7 @blkma-masmatters @sistersong\_WOC @sharonyamsy

## **HARPER**

The world is paying attention and people are making plans to follow anti-racist agendas, don't tease BIPOC with acceptance into spaces that you don't really intend on remaking @ronbett75 @spaceof\_grace

# The Role of *Confianza* in Community-Engaged Work for Reproductive Justice

**Rachel Bloom-Pojar,**  
*University of Wisconsin-  
Milwaukee*  
**& Maria Barker,**  
*Planned Parenthood of  
Wisconsin, Inc.*

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U.S. Latinx<sup>1</sup> communities face increasing challenges in a political and social climate that threatens their reproductive and human rights. Recent reports have demonstrated numerous concerns for reproductive justice<sup>2</sup>: stress and preterm births have increased for pregnant Latinas since the 2016 presidential election (Gemmill et al. 2019), immigrants are avoiding reproductive healthcare for fear of deportation (North 2019), and pregnant immigrants in detention centers are experiencing miscarriages and inadequate care (Bixby 2019). These reports signal the importance of reproductive justice research that is driven by people most familiar with the complexities of health,

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- 1 Latinx is a gender nonbinary form of Latino or Latina. We use the term “Latinx communities” to also encompass Latin American immigrants living in the U.S.
  - 2 According to SisterSong Women of Color Reproductive Justice Collective, reproductive justice is “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities” (“Reproductive”).

immigration, and family life in Latinx communities today. One group of people intimately familiar with these complexities are community-based health promoters, or *promotores de salud*. Across the Americas, the work of *promotores de salud* has attested to the importance of communicating about health in ways that reflect the values and language practices of communities. *Promotores de salud* also represent the importance of investing in the knowledge and expertise that exist within communities to improve their own health outcomes (Lechuga et al. 2015). In the U.S., *promotores* help connect immigrant communities with social services, and they make health information culturally relevant and linguistically accessible. Providing reproductive and sexual health education in culturally responsive ways is important for multilingual communities to fully engage in the pursuit of reproductive justice. Since immigrant justice is essential to reproductive justice (Gonzalez-Rojas and Glasford, n.d.), *promotores de salud* represent important stakeholders and agents of change who have the lived experiences and knowledge to address many of the reproductive health concerns facing immigrant communities today.

We (Rachel and Maria) have connected over our shared interests in reproductive justice and *promotores de salud*, although our paths to this work today have been very different. Rachel is an Associate Professor with the Public Rhetorics and Community Engagement program at the University of Wisconsin-Milwaukee. Maria is the Director of Latinx Programming and Initiatives at Planned Parenthood of Wisconsin (PPWI)<sup>3</sup>. We have known each other for three years, and in that time, we have built a relationship and research interests focused on amplifying the expertise of *promotores de salud* who work with PPWI. Our work together and the work of these *promotores* both aim to support Latinx communities in pursuing reproductive justice and health equity. An essential component to the *promotores*' work is their ability to create *confianza* with their own communities. As it has been addressed in scholarship on Latinx community literacy studies (Zentella 2005; Alvarez 2017), *confianza* is often translated as *trust* or *confidence*, but it signifies something deeper than its literal translation. In this article, we discuss *confianza*

<sup>3</sup> The findings and conclusions in this article are those of the authors and do not necessarily represent the views of Planned Parenthood Federation of America, Inc.

as an integral component to reproductive justice research, and as such, we encourage researchers to consider the role of *confianza* in their own work when pursuing community-engaged partnerships.

## PROMOTORES DE SALUD

Healthcare institutions often turn to *promotores de salud* to connect with communities that they have traditionally had difficulty reaching. *Promotores* are often lay people who have the skills and experiences to connect with Spanish-speaking communities in ways that predominantly white and English-speaking institutions are unable to. They also reflect a rich history of community-based education programs across Latin America. Planned Parenthood describes their *promotores* program as one that is:

modeled on Mexican and Central American adult peer education programs, which bring bilingual reproductive health education and information into Latinx homes and community-gathering locations. *Promotores* bring sexual and reproductive health information and resources into communities that need them, building trusted relationships and decreasing barriers to healthcare access. *Promotores* also provide critical linkages to health services, often helping community members navigate through the process of accessing health care and other needed services. (“Latinos” n.d.)

Relationships, trust, and navigating healthcare are important components to the work that *promotores* do with their communities.

One of the ways that the PPWI *promotores de salud* provide education is through Home Health Parties (HHPs), or *Fiestas Caseras*, “where a host invites several friends, family members, or neighbors to have an intimate discussion about sexuality topics” (“*Promotores*” n.d.). Based on the Avon cosmetics model, HHPs empower the *promotores* to be consultants who receive compensation for hosting and facilitating conversations about reproductive and sexual health. Sometimes the HHPs are hosted by other community members while the *promotores* lead the conversation. This model provides opportunities for the *promotores* and community hosts

to be compensated for their time and expertise while connecting with others through discussions about reproductive and sexual health. The promotores also use a curriculum at HHPs that centers reproductive justice, CCmÁS (Cuidándonos Creceremos más Sanos/ Growing Healthier Together). CCmÁS was developed in partnership with Latinx communities and the Medical College of Wisconsin. In the third module of CCmÁS, promotores talk about advocacy, self-advocacy, and reproductive justice. It is a curriculum Maria likes to say is “alive” because it is continuously modified to be responsive to the current needs and concerns of the community. The curriculum started out meeting the PPWI agenda, providing reproductive health information, but it quickly grew to center reproductive justice because that reflected what the community wanted. Once the community members had *confianza* in the health promoters, they felt empowered to ask for what they wanted and needed rather than just accepting someone else’s agenda. They began to speak up about what their agenda was. The ways educators and administrators respond to these needs and agendas reflects whether they truly have a commitment to community-driven education.

For readers to better understand the promotores program and *confianza*, we thought it would be helpful to have Maria share her story about how it all began.

*Maria:*

Seventeen years ago, I started working for the Community Education department at PPWI. At that time, we were not reaching the Latinx population, especially not the Spanish-speaking Latinx communities. I translated the English modules we were using into Spanish, and they focused on reproductive health such as birth control methods, sexually transmitted infections, and breast and cervical cancer. With the translated modules, I tried to market these sessions to local high schools but found there were too many gatekeepers telling me that parents did not want Planned Parenthood to talk to their children about sex. I decided to eliminate the gatekeepers and go directly to the parents. I knew many parents in the local community, as I had previously been working in our health centers for nineteen years in various roles, and many moms accessed our health care services. I reached out to them and asked if they would be interested in having

me come to their house and talk to their family about birth control methods, and they said yes.

Our first gathering included: a grandmother who was likely over sixty-five years old, two moms about twenty-five to twenty-eight years old, a couple teenagers, and a few children. No one really talked except for me, but they invited me back. At the second session, I brought samples of birth control methods, and while showing the methods, they noticed a tampon in the kit. All of a sudden, the whole session shifted from me talking to the participants about birth control methods to the participants talking and asking all sorts of questions about tampons. Adults and youth alike were so inquisitive of something I considered so normal. This was the interaction I was looking for: participation, honesty, interest, and fun. We started calling the sessions “Home Health Parties” because they were as fun as a party with food and laughter while we were all learning from one another. This opened my eyes to the importance of not just sharing information that we, as the agency, want to give but also providing the information our participants want since they are the experts of their own lives.

After a year of facilitating these sessions on my own and reaching approximately 800 Spanish-speaking individuals, I could see there was room for growth. I noticed a few participants were coming to repeat sessions, and I approached them to see if they had any interest in doing this type of work. Three said yes right away, and I had to coach two of them because they felt they would not be able to do the job since they only had a third-grade education. I assured them we are all capable of learning at any time in our lives, and I would train them to do the work by following lesson plans; plus, they could earn money for doing the work. The individuals I approached were interested, but their husbands were very distrusting of the work. All they knew about PPWI was we did abortions, and they told the interested individuals they were crazy to get involved with us. How could someone possibly pay them to do work considered to be work for nurses or doctors? The interested individuals were intrigued because they were hungry to learn and very much liked the idea of earning money, which was something they had not done before. Prior to working with us, they had only volunteered at their kids’ school

and tended to the household needs without any pay or recognition. All of the five people I approached decided to participate, and we started the training by focusing on following the translated modules and the role of the health promoter. For us, (PPWI), to be a health promoter means being an expert in creating trust and knowing reputable community resources to connect people to, and NOT to be doctors, nurses, or lawyers. Health promoters have an important role in the pursuit of reproductive justice that is unique from that of other professionals.

Nurses, doctors, lawyers, and other professionals often make you feel like they care, but they care only about the part of you that impacts their contractual work. They often do not want to hear your story, nor do they have time to sit and just talk to you. The days when professionals really took the time to know you and your family are long gone. This is now the space that health promoters occupy. Much of the time health promoters spend with families is just listening to the challenges of life and showing the family the light at the end of the tunnel to instill hope. It is amazing how much information one can gather by simply listening with an empathetic ear. Professionals are also bound by rules, regulations, policies, and structural barriers that lead to them not wanting to hear that you are undocumented. If professionals do not want to hear someone is undocumented, how will they be able to treat them? Undocumented is not all that a person is, but being undocumented plays a huge role on how one is treated.

## **REPRODUCTIVE JUSTICE**

*Maria:*

Our program's focus on reproductive justice is about ensuring women have all they need to be safe, healthy, and strong and, thus, create safe, healthy, and strong families and communities. This means not only having access to reproductive health care but also to livable wages, housing, education, safety, and more. Explaining this concept of reproductive justice to the health promoters and our community took years to accomplish. At first, our health promoters could not understand the reproductive justice movement because they had always put others first, and they always came second, third, or fourth. The concept of needing to take care of themselves first was not

anything they had considered, but when told how important it is for them to be well so they can take care of others, it made sense to them.

The first promotoras were also encouraged to try this work because being financially independent was something they were interested in, as they had always been dependent on a man—first their fathers, then their husbands—to provide them with the basic needs of food, shelter, and housing. They talked about how degrading it was to always have to ask their husbands for money to buy their toiletries. Even though they were interested in this work, they were afraid of their husbands finding out about the reproductive justice movement because it is a movement that lifts up women. They were afraid their husbands would think they were trying to take over and be the bosses of the household. It took about two years for the health promoters to fully understand reproductive justice, but after they understood it, it was time to bring this concept to the community. At one of our yearly community gatherings, we introduced the reproductive justice movement. Sure enough, what the health promoters thought would happen, happened. The men who were present told us we were trying to brainwash women into thinking they were the family boss and that they would soon want to tell their husbands what to do. Since we had anticipated this would happen, we were prepared and explained how, throughout history, women have been second, third, or fourth to men. We explained that all we wanted was to walk through life side by side to men—NOT in front, but also not in back. The men who were present at that first gathering understood, and this gave the health promoters the liberation they needed to go off and speak on the importance of reproductive justice.

*Rachel:*

The ways that Maria has built the health promoter program required *confianza* with local communities. Part of my research study with this program aims to capture how dynamic *confianza* is for the health promoters and their communities. I also wanted to learn what reproductive justice means to them. In my four focus groups with the *promotores de salud*, I heard a variety of perspectives on reproductive justice. Many emphasized how reproductive justice represents equality for women and men, while others explicitly referred to access to healthcare services like abortion, birth control, and primary

care. I asked the promotores about what needs to be done to achieve reproductive justice in Wisconsin, and many discussed how far we have come despite how far it still seems we have to go given the current political administration and social environment. The diverse regions where the promotores live also highlighted the different barriers to access that their communities face. For example, the promotores in Platteville, a rural town in southwestern Wisconsin, face challenges with bringing people together for HHPs and gatherings because their community members live far from each other and often work multiple jobs that present conflicting schedules. Since many also do not drive or are afraid to, the promotores in Platteville explained that their local context impacted the implementation of their model for education. The distance that individuals need to travel for healthcare services was also much more than individuals living closer to Madison or Milwaukee. However, proximity and access to services did not always mean that people were experiencing high quality care. Promotores shared that their communities faced a variety of challenges with feeling comfortable and trusting in their healthcare interactions. *Confianza*, trust, and relationships were brought up again and again as important aspects of their work as promotores and what people felt were missing from their interactions with health professionals.

## **CONFIANZA**

*Rachel:*

When the promotores talked to me about *confianza*, I was struck by how many different ways they discussed its role in their work. In Maria's and my early conversations, I remember her saying that the promotores were experts in *creating* *confianza*. During the focus groups, individuals shared stories about distinct moments during the HHPs when they *entered into* *confianza* with others. They talked about *establishing* *confianza* with someone who was getting to know them. And, of course, many of them shared stories that demonstrated *having* *confianza* with people. It was much more dynamic than simply talking about whether someone trusts another person or not. It is not something that can be accomplished in one interaction, nor is it something that the promotores simply have with others because of how they look or talk. It is something that the promotores have developed an expertise with as they continuously work to build relationships and genuine connections with their communities.

Confianza comes with great responsibility and, at times, additional pressure to help people, such as when individuals call the promotores late at night or request help in a multitude of ways that are not reflected in the health promoter job description.

Confianza is also important for researchers to establish, enter into, and create with their community partners. Researchers need to recognize that confianza takes time and needs to extend beyond any specific project, grant, or interaction. It must be built up through consistent and genuine interactions that center relationships and mutually beneficial goals. Each researcher must commit to consistently reflecting on and aiming to improve their commitments to community, and they must consider how those commitments might complement or clash with their commitments to their profession, institution, or individual goals. Researchers won't always be able to enter into confianza with community partners, but they need to be genuine in trying to make connections with others and be open to where that might lead them.

*Maria:*

One may translate confianza into its literal English translation “trust,” but in Spanish, it goes further than just trust; it is about trust, confidence, loyalty, having someone’s back, humility, helping, being there no matter what, doing what is best for a person—it is all that and even more. Confianza is something you earn over time by all the good deeds you do, not only for one person but for a family and a community, and not to gain notoriety but to simply help. It does not have much to do with how nice you are; niceness is part of it but not the main piece. Respect for someone else’s humanity is much more involved in confianza than niceness. Respect is something in confianza that does not come from titles or degrees; it comes from “being part of” something with others.

If I were to explain what I mean about confianza using my life experiences, I would go back to my story of how I gained the trust of parents to have them invite me into their homes, facilitate home health parties, and have access to talking about a taboo subject like sexuality with entire families. I was able to do this because the community had already known me for nineteen years. Before I started

working for the Community Education department, I had already worked in Planned Parenthood health centers for nineteen years in various roles. I started as a receptionist, moved onto a medical assistant position, took a center manager job, and ended up being a regional director for four of our busiest health centers. In all those roles I worked in the health center and saw patients. Patients did not know my title, but they knew I worked there and tended to their needs every time they visited. Prior to working for PPWI, I was a cashier for four years at a well-known community grocery store, and I helped clients with whatever they needed in that environment. This time spent with others, the respect I brought to our interactions, and all the ways people saw me being there for them in a genuine and caring way are what gained me the trust I needed to implement Home Health Parties and our health promoter model.

Confianza is of absolute necessity in the reproductive justice movement because confianza is the very opposite of oppression. When you are trustworthy, people will tell you what is ailing them and what makes them happy and safe. When you want people to embark on a movement with you, you must be a trustworthy individual who not only says they are trustworthy but also has shown that trustworthiness. How does one show that you are trustworthy? For the undocumented, marginalized community I work with, it is about having similar or shared experiences and being willing to share your lessons learned, failures, and successes. It is about your willingness to share reputable resources that have helped you and an understanding of life circumstances like being undocumented in a country that says you are essential and uses you for their benefit, but still does not give you access to resources available to American citizens. For these very simple, yet complicated reasons, health promoters need to come from their own communities. This is essential for confianza and reproductive justice, which centers community concerns and experiences.

## **RELATIONSHIP BUILDING AS COMMUNITY PARTNERS**

To demonstrate some of the concepts we think are important for researchers interested in community-engaged research with reproductive justice, we thought we would share a bit about our own experiences with relationship building as/with community

partners. Ultimately, we believe that institutions, and the individuals representing them, should identify ways that they can be resources for their community partners and be sure that all stakeholders have equal respect and input when sitting “at the table” to make decisions about a research study.

*Maria:*

Finding funding to pay health promoters for the work they do is often difficult. Funding for health promoter programs has come from a diverse pool: grants, institutions, private donors, and more. I’ve been lucky to have people associated with these entities approach me because they hear from others about the work the health promoters are doing, and they come to me to learn more about our programming, training, and process. I have always been transparent with this work and have shared our lessons learned with anyone who is interested. Many of the people interested are researchers, and we start our relationship by learning about each other’s work and finding connections where we can partner. If we are all interested, we start the relationship process of getting to know each other and looking for opportunities for grants to create curricula, evaluate programs, or research hypotheses. Sometimes, the relationship is at a standstill, at other times it is super exciting; sometimes it is challenging, but there is always progress in trying and learning. Relationships cannot just be about the money and only for the duration of the grant or project. It must be for the long haul—for a lifetime, if possible. I am still connected and in touch with researchers and previous health promoters who have left Wisconsin and even moved outside the country. The more you stay connected with people, the more opportunity there is to diversify the pool of interest because they will connect you to others. Connection to the population at large will give you access to what people need and want, and connection with researchers gives you the clout and the ear of people “higher up” who have the money and the expertise to help but not take over.

One of the challenges we have had in working with health promoters, employees, and researchers is leveling the playing field so all parties are equal in how their input is valued and in how they are seen as equally important partners. When you live in a community you value, you value every person who lives in it and impacts it. A

community does not just need PhDs, doctors, lawyers, nurses, and teachers. Yes, these people and professions are important but so are the “workers”: the farmers, the janitors, the cooks, the housewives, the crossing guards. Laypeople are as important as those who our society considers “professionals,” and they should be treated with the same respect and value. I learned this as a child living in Mexico where my grandmother was the *partera*, or midwife, and my uncle was the medicine man who collected herbs for her. We need to value laypeople’s life experiences and their ability to survive under adverse living conditions so that we might be as resilient as they are.

*Rachel:*

This shared value that Maria and I have for recognizing laypeople’s experience and expertise is the foundation for my research. When I moved to Milwaukee in 2017, I knew that I wanted to make connections to pursue research that would be meaningful to communities and that would build on my previous work. For my dissertation research, I worked closely with health promoters in the Dominican Republic, and I was interested in studying further how health promoters help their own communities navigate healthcare systems. My first online search for “promotores de salud AND Wisconsin” led me to PPWI’s Education website and a meeting with Maria. I sent an email saying that I wanted to learn more about their program and went into that meeting with no research agenda other than making a connection. Maria and I had a great conversation and said we hoped to see each other around. Then, we reconnected about a year later at a workshop on cultural humility. After reconnecting, we agreed to meet again to talk more one-on-one. As I sat down in January 2019, Maria said what many researchers hope to hear outside the academy: “I’ve been thinking about you and your research lately.” She proceeded to share stories about multiple instances in which she thought about my research on language access while she was seeing firsthand the challenges that various Latinx community members faced with navigating both the legal and healthcare systems. We discussed major issues that Spanish-speaking immigrants in Wisconsin face with healthcare access and how we might design a qualitative research project to highlight the expertise of the promotores de salud for helping people navigate these issues.

When I think of how I have tried to build *confianza* with the *promotores* and Maria, it is something I see as “still-in-process,” and yet it consists of many little moments and decisions along our path thus far. When we discussed methods for the focus groups with my research study, Maria was curious about where I might conduct them, and we both agreed that the cities and towns where the *promotores* work would be best. Maria shared that the health promoters are often invited to focus groups in Madison, but that this prevents some of them from participating. I had already planned on doing that since it would help for me to visit where the various groups lived to start to understand their contexts a little better. Scheduling the focus groups led to a packed weekend road trip as I drove across southern Wisconsin with gatherings in Madison on Friday night, Platteville on Saturday morning, Lake Geneva on Sunday, and Milwaukee on Monday evening. We met at locations that worked best for the *promotores* in each region: community spaces in or next to the public libraries, a *promotora*’s home, and a group meeting space at a PPWI office. I used research funds to compensate them with gift cards for their time, and I set up my Institutional Review Board documents so that these gift cards could be shared without collecting confidential information that might be required by my state university funds. This was important to set up from the start since I did not want to make anyone uncomfortable with sharing personal information that may have revealed or risked their residential or citizenship status.

I was aware of the fact that the *promotores* have participated in lots of research studies, whether conducted by researchers at the major universities in Madison and Milwaukee or through various grant programs with healthcare institutions across the state. I was nervous about coming off as “just another researcher” asking for their valuable perspectives. When starting the focus groups and explaining the study, the *promotores* asked excellent questions about how the information would be used, what my goals were with all this, and whether I planned to follow up with them about the study since they often do not hear what happens with the studies that they participate in. I shared that I hoped we could work together to figure out future steps and that I definitely planned to share things along the way with the study. While *confianza* may have been present during the focus groups while they cultivated safe spaces to discuss the details of their work, I know it will take many future steps and

genuine interactions outside of research settings for me to really enter into *confianza* with the *promotores*. With the support of a Mellon/ACLS Scholars and Society fellowship, I will be spending the 2020-2021 academic year working full-time on this research and program evaluation with Maria and the *promotores*. That fellowship also provides funding that will support the PPWI Latinx programs and community participation in future research activities with my project.

## **RECOMMENDATIONS**

*Confianza* has been integral to our relationship and to the daily work of *promotores de salud*. We also believe that *confianza* has long been part of the reproductive justice movement through the tireless work and advocacy of many Latina/o/x activists and organizations, such as the Latina Feminist Group (Zavella 2020, 80), the Latina Roundtable on Health and Reproductive Rights, and the National Latina Institute for Reproductive Health (Strickler and Simpson 2017, 50-55). We encourage researchers interested in reproductive justice to center, support, and sustain the expertise and priorities of Latinx communities and *promotores de salud* who work with reproductive healthcare. Identifying ways to prioritize *confianza* in reproductive justice research will enhance the work that gets done and the progress toward a more just society for all to parent, not parent, and live in healthy and safe communities. With this in mind, we recommend that researchers invested in reproductive justice:

- center community and collaborator needs and voices throughout the design, implementation, and publication process;
- invest in financial support for community time and expertise, but also be aware of the risks that may come with sharing identifying information with institutions;
- explicitly discuss options for publication and authorship when community partners help set up and advance research; and
- empower patients and communities to advocate for themselves. Then, be receptive and open to change when that advocacy may critique you or your institution's actions.

These actions have been taken up by multiple researchers in rhetoric and technical communication (Gonzales 2018; Walton, Moore, and Jones 2019; Rose et al. 2017), and we hope to continue seeing more community-focused rhetorical research that builds coalitions across sectors to advance reproductive justice.

Any community-engaged research for reproductive justice must begin with the recognition that the communities most impacted by injustice have long been advocating for their own rights to improve reproductive health and social conditions. Researchers must look to these people as experts and consider how each step of the research process will define their definition of, and commitments to, community. Additionally, community leaders can look to researchers and institutions to serve as resources and connections to further advance their work and publish in ways that promote accountability rather than individual agendas. Finally, individuals who work with institutions must consider how their institutions can serve as community resources and how they can leverage their own privileges to support community work around reproductive justice.

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# ***We are BRAVE:***

## **Expanding Reproductive Justice Discourse through Embodied Rhetoric and Civic Practice**

**Roberta Hunte, Ph.D.,**  
*Portland State University*  
& **Catherine Ming T'ien**  
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*Reed College*

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*In this article, we share the example of our recent community-based performance project on reproductive justice, We are BRAVE, to serve as a model of how community-based performance can be an embodied strategy for social change. We draw from the work of scholars of feminist rhetoric, community-based performance, and reproductive justice. In sharing the example of We are BRAVE, we show how using community-centered, performative storytelling as embodied rhetoric can be an effective mode of public and political persuasion.*

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**A**ziza and Charlie begin their movement piece on the floor. Charlie rises to assist Aziza into a backbend. She then assists Aziza into a fully standing position. They move in focused silence with intention and grace, now leaning on each other, now leaning away, now facing each other, right arms interlocked, eyes raised to the ceiling. They end their sequence and

move to rejoin the circle of watchers who will describe what they have just seen.

We are in a workshop, early in the process of creating a community-based theatre piece about reproductive justice. For this workshop, we spent the first bit of our time discussing and creating lists—one with definitions and phrases about reproductive justice, one with images that spring from those definitions. Watching Aziza and Charlie's movement sequence, the group makes connections to those earlier lists—seeing in their movement sequence images like “support,” “power,” “connection” and “dignity.” Reproductive Justice has been defined by the leading national women of color collective, SisterSong, as the human right to maintain personal bodily autonomy, have children, not have children, and to parent one's children in safe and sustainable communities. Our project has begun to think together about how to translate these concepts of a political movement into embodied stage representations. This early workshop is the beginning of a year-long process that lead to the development of an hour-long performance, *We are BRAVE*, created for a community organization, Western States Center, as part of their ongoing effort to organize around abortion access for all in Oregon.

From 2016 to 2017, we—authors and collaborators Roberta Hunte and Catherine (Kate) Ming T'ien Duffly—partnered with Western States Center, a progressive political advocacy resource for non-profits in the Pacific Northwest, to create a community devised performance about reproductive justice. The Center had an initiative focused on reproductive justice movement building among organizations of color in our region. This organizing work was a catalyst for one of the country's most progressive pieces of reproductive rights legislation to support abortion access, all gender reproductive care, and postpartum services for all postpartum people regardless of citizenship. Notably, this legislation was led by people of color in collaboration with mainstream reproductive rights organizations, including Planned Parenthood and NARAL Oregon.

We set out to devise a forty-five to sixty minute performance based on story gathering workshops with Western States Center constituents and students from our respective universities, Portland

State University (PSU) and Reed College. *We are BRAVE* reflected on participants' personal experiences and included stories about trans pregnancy and health care, racism and xenophobia in maternal care, a timeline of reproductive justice history, family separation and domestic violence as a reproductive justice issue, as well as about abortion. In line with SisterSong's guiding definition of reproductive justice, our project sought to move the conversation beyond limited discursive lenses focused primarily on women's rights to abortion, to a focus on bodily autonomy especially in queer, trans, immigrant, and people of color narratives.

This article is a case study of *We are BRAVE*, which used performative storytelling as a tool for activists and educators to expand the discourse of reproductive justice in Oregon. We draw from the work of scholars of feminist rhetoric, community-based performance, and reproductive justice. In sharing the example of *We are BRAVE*, we aim to show how using community-centered, performative storytelling as embodied rhetoric can be an effective mode of public and political persuasion. This case study examines elements of the community-created script to demonstrate how we knit together intersectional narratives of reproductive (in)justice that challenge and expand a mainstream discourse of reproductive rights and move towards a broader vision of reproductive freedom. The *We are BRAVE* project was a form of cultural work that went alongside other grassroots organizing efforts to persuade both legislators and constituents to think about the significance of abortion and to engage with more complexity around intersecting identities and issues that impact our reproductive lives. This strategy was used to frame groundbreaking legislative work. We will explore how this embodied rhetorical strategy could be a model of productive political change.

## **EMBODIED RHETORIC AND CIVIC PRACTICE IN CONVERSATION**

Embodied knowledges—the way a body carries meaning through discourse and the ways in which bodies are positioned vis-à-vis distributions of power across groups—impact and inform the body's rhetorical power. Embodied rhetoric, as defined by A. Abby Knoblauch (2012), is “a purposeful decision to include embodied knowledge and social positionalities as forms of meaning making within a text itself” wherein “embodied knowledge” is the experience of “knowing

something *through* the body” (52). Maureen Johnson et al (2015) further develop the concept of embodied rhetoric through a feminist rhetoric lens, arguing that rhetoric and bodies are inextricably linked. They argue that “our bodies inform our ways of knowing,” and that “the body carries signifying power” (Johnson et al. 2015, 39-40). Not only do we make sense of the world through our bodily engagement with it in a phenomenological sense, but also that bodily signification connects the individual “to others in complex arrangements characterized by power distribution, access, and mobility” (Johnson et al. 2015, 40). Embodied rhetoric can bring together multiple ways of knowing as an important mode of engaging marginalized communities through the experiential, participatory, and embodied commitments of both performer and audience. As Knoblauch (2012) writes, “an embodied rhetoric that draws attention to embodied knowledge—specific material conditions, lived experiences, positionalities, and/or standpoints—can highlight difference instead of erasing it in favor of an assumed privilege discourse” (61). An embodied rhetoric includes not only text, or words spoken, but also physical gesture and movement that convey meaning and influence on top of and in addition to words.

*We are BRAVE* enacted an embodied rhetoric through the content of the performance, which was rooted in a politics of reproductive justice that relies on respect for bodily autonomy and a body’s inherent knowledge. The project also enacted an embodied rhetoric through its creative approach, which was rooted in the embodied knowledge and experience of the ensemble members. In this section we detail our working process as well as the goals of Western States Center and how our process and their goals intersected.

Over the course of a year, Roberta and Kate met with a group of participants that fluctuated in size. While a total of fifteen people contributed to the project (including the directors, a designer, and a dramaturg), there were usually no more than nine people in the rehearsal room on a given day, and six performers in the piece. Of the collaborators on the project, several had little to no experience as performers or creators of performance. Most of these were the Western States affiliated members of the group (including participants Eugenio, Charley, Marina, Marilou, Carina and Roberta). Some

participants were Reed College and PSU students with an interest in community-based work but little knowledge of the reproductive justice movement (Juliana, Aziza, and Jasmin). At least one member (Trystan) had training as an actor and is a transgender rights activist focused on transgender families. Roberta, an assistant professor at the School of Social Work at PSU, had participated in Western States' BRAVE organizing efforts for multiple years. Kate is an associate professor of Theatre at Reed College. She is a community-based theatre scholar and practitioner who was new to reproductive justice as a movement and had no prior relationship with Western States Center. Given the makeup of our group, our process was structured with two goals in mind: 1) create an ensemble of collaborative artists who were both well versed in the tenets of reproductive justice and trained in the craft of devising and performing; 2) collectively create a performance piece that was rooted in the embodied knowledge and experiences of the ensemble and responsive to the needs of Western States Center. These needs were complex, and it is worth detailing them here to demonstrate their investments in reproductive justice, their commitment to cultural work as an aspect of their organizing, as well as to give a sense of some of the challenges and successes within our collaboration.

Western States Center launched the initiative, BRAVE (Building Reproductive Autonomy and Voices for Equity) in 2013. As an organization that provides resources and builds connections among community-based groups working for racial, gender, and economic justice, Western States Center wanted to change the conversation in Oregon about reproductive rights by centering the voices and policy concerns of people of color. They launched BRAVE as a way to proactively connect reproductive justice issues with issues of immigrant rights, transgender rights, youth movements, and health equity. In contrast to *pro-choice* movements that have a narrow focus on abortion, *reproductive justice* is an intersectional movement that seeks to address the myriad ways in which race, gender, class, ability, and sexuality intersect. This shift creates an “inclusive vision of how to build a new movement,” writes Loretta Ross (2007, 4). This intersectional concept of reproductive justice was central to the mission and organizing framework of BRAVE. Western States Center created a cohort of people of color and people of color led organizations who came together for over three years to talk about

how abortion and other reproductive justice issues affected their lives, communities, and organizations' work. Their agenda worked at the level of policy change, community organizing, and cultural change. Thus, they intentionally sought out a collaboration with artists to enhance their cultural change efforts.

A close working and collaborative relationship between Western States Center and partners Roberta and Kate was key to the success of this project. This relationship was rooted in the previously established relationship that Roberta had developed over years of connection with Western States Centers' organizing efforts. Roberta has been connected with Western States Center's organizing work since 2009 through her work as a board member of a partner organization of the Center. She joined their first cohort of BRAVE leaders in the fall of 2013. Her connection with the Center's work and staff was born from a long-standing commitment to its political work in the community. Participation in the cohort deepened that connection. Roberta, in partnership with staff and other BRAVE participants hosted webinars on Reproductive Justice and co-facilitated workshops on racial justice and movement building for BRAVE and other groups. Roberta's close relationship with Western States laid a foundation of trust for working on this theatre project, trust that was both extended to Kate as Roberta's collaborator, and also through the relationship developed through the embodied work of performance.

When we embarked on the project, we decided to use a devising process, rather than working with a playwright and performing from a preexisting text because we wanted to include the input from our community collaborators from the beginning and throughout the process. With one Western States' staff member and six other participants who had been active within the BRAVE organizing efforts for abortion access, we hoped to remain in touch with the vision and the needs of Western States Center as we moved forward in our process. As co-directors, Roberta and Kate structured rehearsals as workshops in which we started with a key idea and a testimony or story shared by the participants. We then gave the participants prompts to guide their creation process (often we participated in these as well). Each of the scenes was created from a testimony told

by or selected by the participants, and all of the choreography of the scenes was generated by the participants. The final piece included a series of varied scenes that dramatized different issues pertaining to reproductive justice. The piece consisted of *ensemble scenes* and what we have called *testimonial scenes*. The ensemble scenes involved the entire ensemble and addressed the discourse around abortion and Reproductive Justice. These scenes set up some of the larger stakes of the performance—they included the staging of a timeline of reproductive history in the U.S. The *testimonial scenes* provided individual accounts based on the experiences of the members of our group. We will examine two of these scenes in the following section. In selecting these scenes, we sought to demonstrate the intersectionality of reproductive justice issues and showcase the expansiveness of reproductive justice beyond a narrow focus on abortion. Thus, the rhetorical tactics of *We are BRAVE* included both the words spoken by the cast and also the physicality and movement of the cast. That is to say, the cast's performance included both spoken words and physical movement, and it was the combined signification of these words and actions that imbued *We are BRAVE* with its rhetorical power. The cast of *We are BRAVE* embodied the lived experiences they were representing, while the experiences they were sharing were also lived by those performing bodies.

Ultimately, we created an hour-long performance that was performed at three Western State Center events: a reproductive justice conference—an event intended to educate and build up Western States' legislative day of action in support of their proposed policy—and at their annual community organizing conference. All of the events had organizers, constituents, and policy makers in attendance. None of the performances took place in theatre spaces. The responses were resoundingly positive. Western States Center representatives expressed their enthusiasm about the work and shared positive responses from community members and policy makers.

*We are BRAVE* had the rhetorical goal of shifting reproductive justice discourse as well as specific policy change. Knoblauch writes, “[e]mbodied rhetoric, when functioning as rhetoric, connects the personal to the larger social realm, and makes more visible the sources of all of our knowledge” (2012, 62). The work of *We are BRAVE*

was to bring individual embodied stories of reproductive injustice out of the individual experience and link them to the collective for the purpose of movement building. Through our intimate, embedded lens of collaborating artists, we sought to make connections between the embodied experiences of the participants, paired with Western States Center's policy goals, to shift the consciousness of what is possible for both reproductive communities and within the dominant discourse of reproductive justice. Now, with the critical distance and vantage point of scholarship, we reflect back on the ways in which we were successful at this and where we faced challenges. In particular, we look at the ways these embodied rhetorics were in conversation with our community-based performance model of civic practice.

We based our approach on Michael Rohd's model of civic practice which he defines as "projects that bring artists into collaboration and co-design with community partners and local residents around a community-defined aspiration, challenge or vision" (Center for Performance and Civic Practice, n.d.). Rohd distinguishes civic practice from social practice. Social practice is an umbrella term that can cover an array of varied approaches to creating artistic work through a collaboration between artists and non-artists. As Rohd has articulated, "the useful distinction between social practice and civic practice is the starting action of a project and the relationship between artist and (self-defined) non-arts partner" (September, 2012). For Rohd, and for us as we embarked on this project, this distinction is crucial. As Rohd argues, when "the initiating impulse—the voice that puts out the call, so to speak—is the artist [...] [t]he non-arts partner has a choice—listen, respond, or not." But, he claims, in social practice work, as opposed to civic practice work, "rarely does the invitation to conversation, to co-creation, come from the partner" (Rohd July, 2012). With the project, *We are BRAVE*, we sought to engage a civic practice approach in which we developed a collaborative project rooted in a relationship with Western States Center and founded on deep listening to our partners' desired outcome.

As Western States Center worked toward policy change through their organizing efforts with BRAVE, they wanted to simultaneously employ a cultural organizing tactic. They asked us to create a theatre piece based on the gathered testimonies, interviews and

workshops with members of BRAVE. For our part, we sought to create a performance grounded in a reciprocal relationship with the Western States Center. Because the performance was to be rooted in the intersectional concept of reproductive justice, we knew that we wanted to share reproductive stories that were rooted in the embodied experiences of our performers—whether directly through their own experiences or through experiences of others with the same or similar “material conditions, lived experiences positionalities, and/or standpoints” (Knoblauch 2012, 61). The act of performing reproductive stories functioned as a kind of public, embodied rhetorical device that enabled storytellers to activate their stories, to be heard, and to see themselves as part of a broader social justice movement. It simultaneously engaged audience members through empathetic connection during the performance and via talkback discussion.

### **EXAMPLES OF EMBODIED RHETORIC IN *WE ARE BRAVE***

The four *testimonial scenes* in *We are BRAVE* included the story of a Latina immigrant navigating the US health care system as she has her first baby and the ways a lack of language access limited her options during childbirth; the story of a mother navigating the judicial system to try to retain custody of her kids while fleeing domestic violence, through the perspective of her child; a black woman’s late term stillbirth due to medical neglect; and a trans man’s experience with pregnancy and miscarriage. In a later iteration of the performance, due to a change in our cast, we swapped out the story of a trans man’s experience with pregnancy for a trans man’s experience with breast cancer. To demonstrate some of the ways embodied rhetoric was enacted through our relationships with participants and through the performance of reproductive justice narratives, in this section we look at two of the four testimonial scenes we included in the performance.

When we began working on the *We are BRAVE* project, Western States Center specifically asked that we include narratives that centered trans people. The organization had worked to center the experiences of people of color in reproductive justice movements from the beginning, and in the second year of this work, they expanded the scope of the project to include reproductive justice for

trans and gender nonbinary people. As we were in the early stages of our process, one of our group members shared a podcast with us that introduced us to the story of Trystan's journey as a parent. Trystan and his partner, Biff, first choose to adopt Biff's sister's daughter and son, and then decide for Trystan to become pregnant, ending with his experience of miscarriage (*The Longest Shortest Time* 2015). He has since had a beautiful baby.

From the podcast, we crafted a monologue about Trystan's experience of miscarriage and his desire to have a child. We then met with Trystan and Biff and received permission to include their story in our piece. The monologue discussed Trystan's desire to become pregnant and his grief at the loss of the pregnancy. Trystan, a trained actor and storyteller, was so enthusiastic about our project that he joined our ensemble and reworked the monologue into something that brought out the nuances of his story. Trystan's rhetoric brought forward the personal process of becoming pregnant, the need for gender affirming reproductive care, and challenged misperceptions about transpregnancy. His embodied rhetoric normalized an experience that for many is invisible. Speaking of the pregnancy and subsequent miscarriage in his monologue, Trystan says:

Turns out taking testosterone doesn't stop you from ovulating, it stops you from menstruating. I thought there was no way I was fertile unless my period came back at least once. Nope. I ovulated. I conceived. I was pregnant.

I'm scared that people will think I lost the pregnancy because of testosterone. I didn't. 1 in 4 pregnancies end in miscarriage. There's no reason to not expect a healthy pregnancy next time. You know, after the miscarriage, a nurse said to me, "When you're ready, I invite you to let yourself feel grateful for your body, for recognizing that something wasn't working and for not putting you or your future child in danger." After a lifetime of feeling like my body had betrayed me, that was a powerful thing to hear. I was able to hear what she was saying to me in that moment and it was the first time I was grateful for my body (Duffly et al. 2017, 21).

Co-author Roberta wrote a monologue about her experience of medical neglect as a black woman, which resulted in unmitigated preterm labor at twenty-two weeks, placental abruption, and stillbirth. While the monologue was being written, Roberta was also in her second pregnancy and was pushing the hospital where she experienced fetal loss to reconsider its medical procedures that missed her preterm labor. The day before the opening performance of *We are BRAVE*, Roberta had an emergency surgery to prevent preterm labor of her son at eighteen weeks. With appropriate care, she was able to successfully deliver her son at thirty-seven weeks. As an artist, the creation of the monologue was an embodied experience. It was the complex experience of creating something on stage that she had experienced, and, in some ways, was in the midst of for a second time. Reworking the script and working with actors to dramatize the experience around the stillbirth externalized grief that she struggled to articulate. The piece is written as a conversation with her daughter about her birth story:

Do you remember the night you were born? I didn't know the aches in my legs and the burning in my bladder were signs of labor. Labor isn't supposed to come at 22 weeks. At the hospital, the doc didn't come see us. The nurse said I was fine. You were fine. She said, "It's normal." They gave me pain meds to calm the aches. They said, go home. We went home, I fell asleep. When I woke up a few hours later, I knew something was wrong. I called the emergency doc again. She said: "You're fine. You don't need to be here. You have gastrointestinal distress." [chorus: SLAP] I can barely talk. I say: "No... I am hurting. I need to come in." "Is there a 24 hour pharmacy near you? I can order more meds." [chorus: SLAP] "No... I need to come in." "Fine, come in. Don't come up to maternity. Your problems aren't with your pregnancy." [chorus: SLAP] [chorus gesture: wake up with intake of breath and three quick outbreaths] [...]

I made it to the ER desk. I was collapsing. I remember nurses. Vomit. Being run upstairs in a wheelchair and then blood. [chorus gesture: repeatedly but slowly brings hand up from crotch to see that there is blood on the hand, breath in.] My seat was blood. Chunky blood. I was having a placental abruption. I saw the doc

for the first time then. She checked my cervix and saw my sack falling through. “This pregnancy is unviable.” That was it (Duffly et al. 2017, 14).

In reworking ideas, Roberta tried to capture nuanced personal moments while giving the experience a political context that framed key political concerns. Externalizing the story meant that Roberta did not have to embody those emotions. Her personal story on the stage became a story that could be related to by other black women, other women of color, and others who had experienced pregnancy loss and medical neglect.

The *testimonial scenes* in *BRAVE* brought up questions of bodily autonomy, medical ambivalence, differential access to care, family protection, and calls for greater inclusion in the medical process from different vantage points. These choices offer rhetoric that is both intersectional and nuanced. We wanted to bring experiences into conversation with each other while at the same time move beyond an essential universal narrative. These narratives were contrasted with different abortion related vignettes that discussed public opinions about abortion and personal realities of the experience. The effort was to dramatize how people encounter oppression in the bodies they are in when accessing care to bring children into the world, to access care to not have children if they are pregnant, and to protect their children.

Our approach in the creation of *BRAVE* and the establishment of relationships through workshop and rehearsal was similar to what scholar Dwight Conquergood (2013) advocates for in embodied research, an approach “grounded in active, intimate, hands-on participation and personal connection” (33). As we described at the beginning of this essay, our workshops and rehearsals with participants centered around their experiences and translating those experiences into embodied representations. An early rehearsal invited participants to brainstorm together around issues surrounding reproductive justice, and then create embodied tableaux, and then small scenes based on these issues. We gave short writing prompts such as, “What is one message you remember having received about bodies and reproduction?” and invited participants to work in pairs

to stage to their partners some aspect of their response. Our goals were to find a semi-structured way to invite participants to share their own experiences and experiences of loved ones to get a sense of what kinds of questions the group felt were important to ask and what kinds of stories are important to be told about reproductive justice. We had participants “give” their stories to other participants to find new ways of representing those stories. Thus, the experiences and stories were shared across bodies within the group. In this way, the group, not solely Roberta and Kate, painted a picture of the whole field of reproductive justice through devised movement, monologues, and scenes.

This approach resonates with the work of scholars who advocate an embodied, engaged approach to scholarship as a means of understanding another. For example, Black Feminist performance scholar, Omi Osun Joni L. Jones (2002), has written about the embodied approach of performance ethnography: “[t]his method builds on two primary ideas: 1) that identity and daily interactions are a series of conscious and unconscious choices improvised within culturally and socially specific guidelines, and 2) that people learn through participation” (7). To participate in a practice of embodied research is to value ways of being in the world that fall outside of the logocentric approach valued in academia. By participating bodily in the practices of another, one learns about those practices in a way one could not understand through less embodied modes of research. Throughout our rehearsal period, we worked hard to participate in the humble, open manner that Conquergood (2013) advocates for scholars: “placing oneself quietly, respectfully, humbly, in the space of others so that one could be surrounded and ‘impressed’ by [their] expressive meanings” (36). In bringing bodies to the center of our project, we cultivated temporary community around a shared embodied experience. Each participant brought their unique knowledge and way of thinking into conversation with the unique embodied knowledge of the other members of the group.

## **PROJECT LIMITATIONS AND IMPACT**

Despite our success in achieving our goal of creating a deeply embodied ensemble of mixed experience and a piece that seemed to serve the needs of Western States Center’s campaign, as we reflect

back with critical distance, we note that we did not succeed in creating a truly civic practice in the mode of Michael Rohd. Western States had asked us to create a performance, but we were not able to get clear guidance from them on what they wanted that performance to look like or do. We knew that to be successful we needed to be able to work closely with Western States but feared overburdening their already overworked staff. In response to this concern, we used a devising process that we hoped would allow ourselves to be nimble and to evolve as we learned more from our non-arts partner about what they wanted and needed, and they, in turn, learned more from us about what we could offer. With a non-arts partner who did not share our artistic commitments, nor our knowledge about civic practice, we were ultimately not full partners in the creation process.

While Western States Center desired cultural organizing, their capacity to join in the collaborative process was limited due to understaffing and the demands of pushing a bill through the legislative process. Nevertheless, we wonder now how the process might have been different had we been able to collaborate more deeply in the process. For example, the project did not need to be a theatre piece. But with a more intensive planning process, the work could have taken on any number of forms: we might have created a workshop that could be reproduced in multiple contexts, geared toward the audience/participants telling their own reproductive justice story; we might have created video content for their website; or even structured or facilitated meetings with their stakeholders and policy makers. Further, we were also learning our craft. We have developed more of a workshop method for devising that increases the efficiency of our process. Non-profits do not have a wealth of excess time to develop new ways to tell their stories. Learning to do devising work effectively and in less time is an important part of the process. Roberta's close participation in the BRAVE cohort and participation of a Center staffer in the first iteration of the project were necessary to help bridge our growth curve in this project and limited time available from the Center.

We focused on creating a collaborative, embodied process that drew on the lived experience of our individual participants. The piece we created was a democratic process in which the voices of

the participants were heard, their stories incorporated, and the embodied knowledge highlighted in the creation of the work. While we weren't able to fully collaborate with Western States Center in a dialogic way, we did succeed in including the embodied knowledges of reproductive justice stakeholders, creating a piece that ultimately did live up to Western States' expectations and assist their policy change goals.

For the Western State Center's BRAVE project, the performance was one part of a much larger organizing campaign to secure abortion access for more people in Oregon. This organizing effort was ultimately successful. In 2017, their efforts resulted in the passage of the Reproductive Health Equity Act, which *Mother Jones* magazine referred to as "one of the most progressive pieces of health legislation in the country" (Lockhart 2017). The measure "requires health insurers to cover a range of reproductive health services—including abortions and contraception, prenatal and postnatal care, and screenings for cancer, sexually transmitted infections, and gestational diabetes—at no cost to patients, no matter their income, citizenship status, or gender identity...Should *Roe v. Wade* be overturned, the measure also prepares to insulate the state from repercussions by codifying a woman's legal right to an abortion in the state" (Lockhart 2017). It would be hard to point to the ways in which the *We are BRAVE* performance directly contributed to BRAVE's policy win. However, there are ways in which the performance indirectly contributed to their campaign. For example, the piece was performed at key events for the BRAVE campaign, contributed to the momentum of their organizing, and provided both substantial, meaningful content and a reason to gather supporters during their campaign. It provided a touchstone that gave people something to resonate with emotionally, to see their stories being represented, inspiring their further commitment to the efforts of the organization.

Finally, for the actors and creators of *We are BRAVE*, it also had a lasting impact. The group of participants were coming at this work from diverse vantage points. For some, their participation in the project was eye-opening in the ways it educated them about reproductive justice. For others, participating in a creative process was a new means of addressing an issue. For those group members

who were able to share their own stories, it was powerful to have those stories heard, and in being heard, validated by audiences. For all participants, approaching the subject of reproductive justice and expanding the conversation far beyond abortion allowed for a nuanced and expansive engagement in the subject.

## CONCLUSION AND TAKEAWAYS

The *We are BRAVE* project was, in some ways, particular to the Portland, Oregon political and cultural landscape. In the Midwestern or the Southern regions of the United States, it is possible that the reception of performances like *We are BRAVE*, not to mention participation in such performances, may be viewed with more skepticism or hesitancy. However, aspects of the project are applicable in other contexts. Multnomah County does have a strong reproductive health mandate and a pro-choice movement. It is the most progressive county in Oregon. That said, Oregon is a state that regularly has anti-choice, anti-queer, and anti-immigrant measures on its ballot. The reproductive rights movement in Oregon also needed to diversify and unify within the state's diversity around common objectives. To do that required organization across communities. The purpose of *We are BRAVE* was to engage Western State Center's base in broader conversation at the emotional and intellectual levels. Theatre is excellent at facilitating that connection. Storytelling was an initial part of the Center's organizing, and the theatre piece was an extension of this. This project was used to educate the Center's base and potential legislative allies on how experiences knitted together across communities of color and genders. They were trying to connect the stories in a new way for people to understand why this matters and to support mobilization efforts. Furthermore, the Center was not trying to move everyone with these stories. They were trying to strategically connect with and affect the people they *needed*; in this case, that meant legislators and Western States Center constituents who didn't yet see reproductive rights as "their issue."

BRAVE leaders wanted members of the cohort on the stage. Doing so further contributed to the collective and personal impacts of the narratives. Using actors could give a level of confidentiality and emotional resonance that one could want in doing broader outreach work in different contexts. However, professional actors are often

not performing their own testimonies. Our community actors were also powerful advocates off the stage, and the process offered complimentary ways to advance their organizing efforts.

While this project was site-specific and rooted in the experience of the group that created it, there are several recommendations that we can make for scholars interested in a community-centered approach to address issues of reproductive injustice, drawing upon rhetorical training. The work of community engagement is time intensive and highly relational. Being prepared to adapt one's process and project in collaboration with community partners is key. This openness to adaptation can mean adjusting one's original ideas to more closely align with the needs of the community partner, as opposed to adhering to the scholar's original plan or vision. Furthermore, because this work is so relational, it is time intensive and doesn't necessarily map onto an academic calendar, or even onto the expectations of scholarly output. This project took authors Kate and Roberta over two years from initial conception to final performance, and this article will be published around five years after the start of the project. For rhetorical scholars who do community-based work, it is important to be able to bring that work back to their scholarly community, to make it legible in an academic context and, in so doing, undergo a process of translation so that work can be (re)contextualized within their field of study.

Finally, our key observation and recommendation for other scholars undertaking this work is that, to most successfully bring together scholarship with civic engagement, engagement in community must become a part of the scholar's life, not simply a component of a specific project. When a scholar creates regular and lasting ties with community members and community groups, collaborations that arise from those relationships have deeper and more numerous ties that allow for truer collaborations built on trust established durationally. Thus, we might more appropriately view the efforts of the community engaged scholar as a durational practice, one which includes a view from the ground level and the practice of mundane and daily efforts to make community engagement a part of the scholar's life that both precedes and succeeds the individual instances of scholarly output expected of us by our institutions.

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# Coalition Building for Reproductive Justice: Hartford as a Site of Resistance against Crisis Pregnancy Centers

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*Trinity College*

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*In the midst of contemporary struggles to fight back against challenges to abortion rights, other important areas of reproductive justice work can be elided. One such area concerns Crisis Pregnancy Centers (CPCs), which are non-profit (often religious) organizations that offer services like parenting classes, religious counseling, and material goods for newborns (i.e. diapers or formula), but many CPCs also present themselves as if they are comprehensive reproductive health clinics that offer abortion services. In Hartford, the four of us have been part of a larger coalition working to curb deceptive advertising practices at CPCs, and this article outlines both why CPCs are a central reproductive justice issue and how we have addressed them in our community. We argue that tactical, flexible coalitions that prioritize lived experiences of community members are key for making rhetorical interventions that advance reproductive justice. Thus, we present multiple perspectives of reproductive health partnerships—community partner (Erica), faculty (Megan), and student (Eleanor and*

*Sam)—to analyze the role of public storytelling in coalitional activism focused on regulating crisis pregnancy centers.*

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On the evening of November 20th 2017, NARAL Pro-Choice Connecticut (hereafter NARAL), a reproductive rights organization, led hundreds of activists, community organizations, elected officials, healthcare providers, college students, social workers, lawyers, researchers, and young people as they flooded Hartford, Connecticut's City Hall to testify on Hartford's Pregnancy Information, Disclosure, and Protection ordinance in front of the City Council. This moment and this piece of legislation was the result of a year's worth of policy work and in-the-trenches organizing around reproductive healthcare access in Hartford, led by NARAL's Community Organizer, Erica Crowley. This organizing began early in 2017 when a crisis pregnancy center, formerly known as St. Gerard's Center for Life, moved into the South Green section of Hartford and opened doors as "The Hartford Women's Center" in the same condo complex as and just twenty feet away from Hartford GYN Center, Connecticut's only independent abortion clinic. NARAL partnered with the National Institute for Reproductive Health<sup>1</sup> and the Hartford GYN Center to pass an ordinance regulating advertising practices by crisis pregnancy centers in the city of Hartford. Following Erica's leadership, Megan, Eleanor, and Sam were a part of that coalition built by NARAL in the fall of 2017, and the four of us have continued partnering on reproductive justice projects since that time. In this article, we present multiple perspectives of reproductive health partnerships—community partner (Erica), faculty (Megan), and student (Eleanor and Sam)—to analyze the role of public storytelling in coalitional activism focused on regulating crisis pregnancy centers. We argue that tactical, flexible coalitions that prioritize lived experiences of community members are key for making rhetorical interventions, including the public hearings and student research and writing projects that we discuss, that advance reproductive justice.

In the midst of contemporary struggles to fight back against challenges to abortion rights, other important areas of reproductive

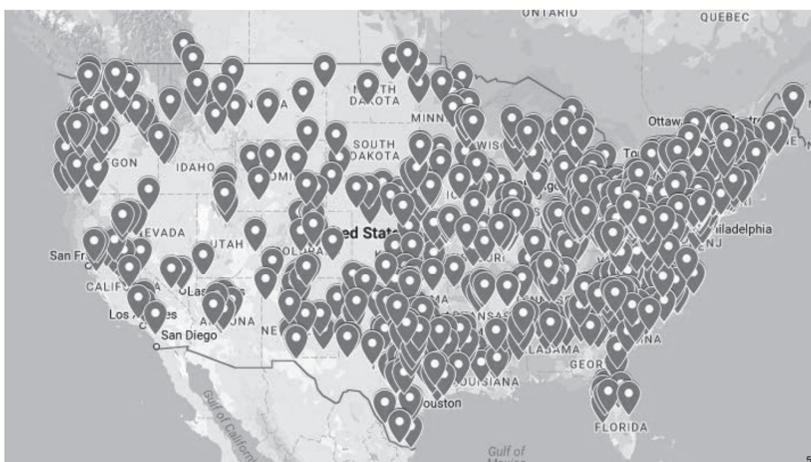
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1 A legal organization focused on reproductive rights legislation that drafted the city ordinance.

justice work can be elided. SisterSong’s definition of reproductive justice—“the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities”—requires that we protect the right to safe and legal abortion as well as consider broader issues in our activist and scholarly work (“Reproductive Justice”). Despite near constant attacks on abortion rights in states and cities around the country, Connecticut’s long-term status as a pro-choice state has uniquely positioned it to move forward on statewide and local proactive reproductive justice legislation, making our work there an ideal case study for this piece. For example, in 2019, Connecticut passed the strongest paid family medical leave act in the country and a \$15 minimum wage, and in 2017, Hartford was the second city to pass a crisis pregnancy center ordinance that survived the 2018 *NIFLA v. Becerra* decision (16-1140, Supreme Court).

NARAL, though primarily a reproductive rights organization, has been a key partner in research, public education and organizing, and coalition building around the regulation of crisis pregnancy centers (CPCs).

## **THERE ARE ABOUT 2,500 ANTI-CHOICE CRISIS PREGNANCY CENTERS IN THE UNITED STATES**



*(“Crisis Pregnancy Centers: A Threat to Reproductive Freedom” 2018)*

CPCs are widespread (see above image) non-profit organizations, often religiously-affiliated, whose mission is to counsel people facing unplanned pregnancies away from choosing abortion. These organizations continue to be prevalent even as licensed family planning clinics close across the country due to increased abortion restrictions. CPCs are often located in low-income communities, communities of color, and medically underserved communities where many people do not have regular access to reproductive healthcare providers. While many CPCs offer services like parenting classes, religious counseling, and material goods for newborns (i.e. diapers or formula), CPCs also often present themselves as if they are comprehensive reproductive health clinics that offer abortion services.<sup>2</sup> For example, many CPCs purposefully use misleading advertisements, webpages, and signage to confuse people who are seeking medical services for their pregnancy, especially abortions—labeling themselves “Women’s Centers” rather than using their full legal name, such as St. Gerard’s Center for Life. Combining changed names with advertising phrases like “Thinking about abortion? Swing by our Center,” makes it easier for women to assume they are visiting a full reproductive health center, as opposed to a CPC. This becomes even more confusing when CPCs purposefully choose locations next door to or within the same plaza as clinics that offer abortion services. In Hartford, St. Gerard’s Center for Life re-labeled themselves the “Hartford Women’s Center” and opened a location directly across the sidewalk from Hartford GYN Center, the only independent abortion clinic in Connecticut. Through a combination of intentionally deceptive advertising, signage, and strategic locations, CPCs effectively target people who already face significant barriers to reproductive healthcare; thus, activists should ensure that they are aware of the ways CPCs can diminish people’s ability to make informed reproductive health decisions, both nationally and locally.

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<sup>2</sup> For more on CPCs and the tactics they use, please see NARAL Pro-Choice CT’s report: “Crisis Pregnancy Centers: A Threat to Reproductive Freedom.” 2018. *NARAL Pro-Choice Connecticut Foundation*. <https://connecticut.prochoiceamericaaffiliates.org/wp-content/uploads/sites/17/2018/03/2018-CPC-Report.pdf>.

To share our stories of reproductive justice coalitions aimed at regulating CPCs, we draw on and extend scholarship that discusses relationship building for community engagement. In Paula Mathieu's (2005) foundational work on tactical partnerships, she urges scholars toward "rhetorically responsive engagement that seeks timely partnerships, which acknowledge the ever-changing spatial terrain, temporal opportunities, and voices of individuals" (xiv). She argues that, as people seek to institutionalize their community engagement work and keep it on the schedule of the university, we are less able to partner reciprocally because the university inevitably becomes the controlling force determining the goals and parameters of the project. Mary P. Sheridan (2018) offers a "knotworking" approach to collaborative work that aligns well with Mathieu's argument. Knotworking refers to "braided activities when people collaborate on an issue or project, bringing together their own (often disparate) agendas, histories, tools, and goals, to form a stabilized-for-now group" (Sheridan 2018, 219). Sheridan is examining how faculty and graduate students come together on a shared project and weave in and out of multiple engagements together, but knotworking collaborations are also an important way to think about community collaborations, considering how partners can come together and apart through multiple projects over time. A key element of knotworking is "helping participants interrogate power, knowledge making, and relationship building within their collaborative partnerships" (Sheridan 2018, 214). These flexible approaches to partnerships make possible many of the best practices for partnering with community members being articulated by scholars today. Additionally, Steven Alvarez (2017) argues for *confianza*, a "reciprocal relationship in which individuals feel cared for," which involves "mutual respect, critical reflection, caring, and group participation" (4). Rachel Wendler Shah (2018) urges us to consider "the emotional dynamics of engagement for community members," not only for the sake of our students or staff at nonprofit organizations, but also to promote healthier direct partnerships with community members (90). And Andrea Riley Mukavetz (2014) details an approach to knowledge making that relies on "relationality" and "there-ness," which "address[es] how unseen labor is crucial to how projects are organized, sustained, and analyzed," letting us "make the unseen and difficult to articulate visible and intellectual" (122). Riley Mukavetz and other indigenous scholars (Angela Haas 2007; Malea Powell 2012; Cana Uluak Itchuaqiyaq 2019; Linda Tuhiwai Smith

2014; Kim TallBear 2014) have forwarded research methodologies that rely on speaking “with and alongside” our research participants (Riley Mukavetz 2014, 122). Each of these scholars articulate different elements of flexible and tactical relationship building and knowledge making practices that help us de-center the academy and prioritize community needs as residents articulate them, an approach that we forward here in our discussion of how we led (Erica) and participated in (Megan, Eleanor, Sam) coalition work for reproductive justice that centered the stories of those most affected by CPCs.

In this article, we focus on our partnerships with NARAL and offer multiple perspectives—community partner, faculty, and student—on coalition building and public storytelling for reproductive justice. After a brief synopsis of our projects together, we showcase three different perspectives on what we have done and learned together through tactical partnership building: (1) Erica’s organizing model for NARAL, focused on the work of building a flexible coalition for a public hearing, (2) Eleanor’s experience testifying as a student at both city and state hearings, and (3) Sam’s behind-the-scenes writing work building a research database for NARAL to continue their work to advance reproductive rights in Connecticut. Each of these sections examines how different knowledges, writing, and unseen labor go into multiple kinds of projects and partnerships that make up the work of reproductive justice. By layering our own narratives and telling multiple stories of our work together, we model the multivocal storytelling tactics focused on lived experiences used within the Hartford coalition to win reproductive justice gains in Connecticut. Centering storytelling in our collaborative work allows us not only to resist challenges to abortion rights, but also to imagine and enact reproductive justice for all.

## CREATING TACTICAL PARTNERSHIPS

*Megan*

In my three years as Director of Community Learning at Trinity, my goal was *always* to follow the lead of community leaders.<sup>3</sup> In Hartford, I never wanted Trinity to be leading conversations about

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3 As we finalize our revisions on this piece, Megan is transitioning from her role at Trinity to a new position as an Assistant Professor of English at University of Tennessee at Chattanooga.

where our city should be heading (largely because very few members of our faculty and staff are residents here and few students are from Hartford). Instead, I aimed to find the good work that others were already pursuing and determined how I could use institutional resources and a variety of rhetorical strategies to amplify and extend it. Because most of my work was based on curricular partnerships, connecting the university and community often looked like engaging multiple courses or programs in working with the same partner to extend our collaborations over time. Additionally, because my training is in writing studies, I often spent time helping faculty create community-engaged public writing projects that fulfilled course goals and provided their partners with communication materials across modes that met their rhetorical needs. Our long-term partnership with NARAL is one example of what community-engaged public writing projects can look like.

In Sheridan's (2018) discussion of knotworking collaborations, she speaks of the "braiding and re-braiding" of "deep-learning projects" for faculty and graduate students as they learn how to be feminist community-engaged scholars (230). Here, I want to think of knotworking collaborations as a model for moving in and out of community partnerships responsively, showing up to help without overburdening and being a part of multiple kinds of rhetorical interventions. As described above, our partnership began with showing up at the fall 2017 public hearing on crisis pregnancy centers both to speak and to participate in other tasks (e.g., handing out pamphlets, signing up others to speak, and saving seats) to ensure that the lived experiences of Hartford residents could be shared. Not long after, I approached Erica and her colleague Brenna in January about the possibility of a course project, for which Eleanor and Sam had advocated. In my "Building Knowledge for Social Change" course, students work in groups on a semester-long community partnership project that includes a research and writing component, and Eleanor and Sam identified NARAL as a potential partner early in November. Because we had attended the public hearing and had connections to other people at Trinity who had met and worked with Erica and Brenna, they were amenable to a project with us. However, they asked us to shift focus from sex education (Eleanor and Sam's original proposal) to work that was more of a priority for them—

further research on CPCs<sup>4</sup> and writing across genres to share that information broadly.

Following this successful semester-long project, we have continued to move in and out of work together, braiding and re-braiding our partnership. Sam and Eleanor have each served as interns at NARAL and have done individual research projects through the [Community Learning Research Fellows](#) program, advised indirectly and directly by Erica and Megan. Erica has joined Megan as a staff member at Trinity's Center for Hartford Engagement and Research but remains highly involved in reproductive justice work in the city, most notably as a member of the Permanent Commission on the Status of Hartford Women. And we have all continued to show up for protests, hearings, and meetings to advance NARAL's work in the city.

Knotworking collaborations also give us a frame to think about the broader reproductive justice work that we are doing with, but which is not always led by, NARAL. Erica, as a member of the Hartford Women's Commission, has spent most of 2019 and 2020 pushing for stronger sexual harassment guidelines for city employees and for justice in multiple cases where male police officers were harassing female colleagues. Megan has been a part of calling for investigation into racist policies and procedures by the police in a nearby suburb after an officer killed a Latino teenager during a traffic stop, and she and Erica led a spring 2020 student group in researching and writing a report analyzing how outside groups can intervene in police union contract processes. Sam has been a student leader of the Green Dot initiative to address sexual assault on campus. And Eleanor played a large role in student efforts to stop a thinly veiled white supremacist group from gaining official status as a "student group" on campus. In each of these efforts we find ourselves braiding in and out of our work with each other, NARAL, and other activists, combining rhetorical and in-person interventions to pursue safe and sustainable communities for all—a key element of reproductive justice.

Where we started though, was in Hartford City Hall, coming together under the guidance of Erica and her colleagues at NARAL

<sup>4</sup> Sam and Eleanor's group made multiple infographics to share information about CPCs with audiences across Hartford. These infographics are featured in the toolkit at the end of this issue.

to publicly advocate—primarily through sharing stories of people’s lived experiences—to regulate the malicious rhetorical practices CPCs use to deceive people in need of reproductive health services. Through that foundational moment, we were able to build out our long-term partnership where we have braided in and out of projects together over the last three years. Each different element of our work has shaped our thinking about coalitional partnerships that use writing to enact social change—whether that’s seeing how storytelling is key for changemaking (discussed by Erica and Eleanor below), how organizational writing projects can be just as impactful as public storytelling (the focus of Sam’s section), or what it means to work collaboratively to enact reproductive justice in our city. Below, Erica, Eleanor, and Sam tell stories of coalition building, writing, and reproductive justice, discussing how partnerships are formed and how centering lived experiences through narratives is key to enacting social change for reproductive justice.

## **ORGANIZING STRATEGY AND BUILDING A HARTFORD COALITION**

*Erica*

While I was completing my Master’s in Social Work with a focus in Community Organizing, my classmates and I spoke often about the importance of building coalitions, or flexible partnerships, and the importance of storytelling to create social change. Some of the first lessons I learned in the classroom were on macro social work theories like networked and nested systems theories (Neal and Neal 2013); mid-range theories of community organizing; and the ways that race, ethnicity, social class, and gender impact organizing efforts (Gutiérrez and Lewis 2012). As I put these theories into practice in 2017 as an Organizer at NARAL Pro-Choice Connecticut, I framed my efforts around how a woman living in Hartford experiences targeting by a national anti-choice movement. I was asking myself, “Where does she live and what’s the history in that community? Where does she go to the doctor, if at all? Where is her church? What does her family and support system look like?” As I learned about the answers to these questions, these women’s experiences guided my partnership building and storytelling.

As I began gathering a coalition of people to address CPCs in Hartford, I would describe the issue, and the most common response

I received was, “Seriously? In Connecticut? I can’t believe this is happening here.” And this makes sense—Connecticut has long been considered a pro-choice state and codified the right to abortion in state law in 1990 through the Freedom of Choice Act. However, these legal protections on the right to choose did not exempt Connecticut from the influence of a national anti-choice movement. Organized conservative religious groups were funneling funds and time into setting up an increasing number of CPCs across the state, and just steps from our office and the Hartford GYN Center, the “Hartford Women’s Center” was employing every deception and delay tactic in the book to target Hartford residents seeking abortion and emergency contraception. At this particular moment, there was an opportunity to protect Hartford residents from real harm and also to set up Hartford as a successful example and case study for other places in the country looking to regulate CPCs, particularly at a time when the rights to abortion and other reproductive healthcare services are under political attack. As we said previously, Hartford was the second city to pass a proactive ordinance of this kind that survived the 2018 *NIFLA v. Becerra* decision (16-1140, Supreme Court). Since its passage, Connecticut has been positioned to pursue similar proactive statewide legislation and raise CPCs as a real political issue in a pro-choice state.

The crux of this campaign’s success was a strong and flexible Hartford coalition. Our members were dedicated to understanding and lifting up the stories of women that had been negatively impacted by “The Hartford Women’s Center.” While NARAL is a reproductive rights political organization that advocates on a variety of issues, addressing CPCs and moving into reproductive justice work was something we could only do as part of a Hartford coalition. CPCs disproportionately target poor women, women of color, medically underserved communities (like Hartford), people without health insurance, LGBTQ+ individuals, immigrants, young people, college students, and other marginalized populations and experiences addressed in the reproductive justice framework. Drawing on Rinku Sen’s best-practices for coalition building (2003, 135-137) my goals in building this coalition were: (1) to have a coalition familiar with and able to present both key messages and the stories of people who were impacted by a Hartford CPC first hand; (2) to include individuals and organizations representative of the broader Hartford community;

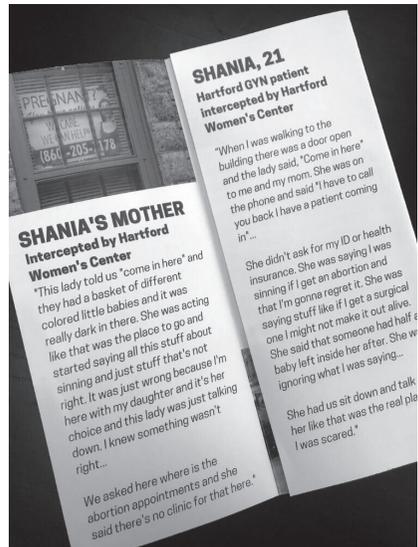
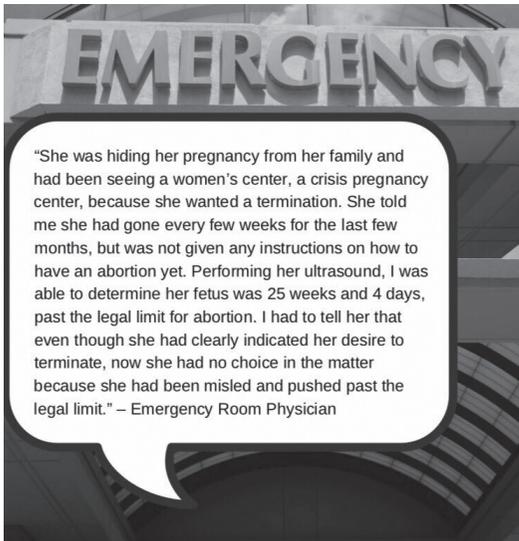
and (3) to have a flexible group of people and organizations I could call on as “rapid responders” while heading into this highly contentious local issue campaign with heavy opposition from various anti-abortion groups across the state and the country.

Some of our primary organizing goals were centered around storytelling. My short list of goals included: gathering personal stories from Hartford residents impacted by the CPC; using those stories to educate community residents and groups about the issue; and turning out those stories, people, and groups to Hartford City Hall for a public hearing on the proposed ordinance. To collect stories from Hartford GYN Center patients who had been intercepted or otherwise deceived by the neighboring CPC “Hartford Women’s Center,” I worked with a number of college students and clinic escort volunteers to train them as bilingual story collectors in the clinic, and, for over four months, we spent every Saturday from 7:00 A.M. to 1:00 P.M. in and outside the clinic.



The stories we collected came mostly from young Black women who were targeted and tricked into entering the CPC on their way to their scheduled abortion appointment at the Hartford GYN Center. To maintain anonymity of storytellers, the volunteers who collected stories in the clinic asked the women if they could write down their stories and read them under a pseudonym at public hearing, to which most agreed. Because of the stigma around abortion, particularly in Black communities in Hartford, none of the women felt comfortable

publicly testifying. When discussing this reluctance to testify with one of our coalition members, who is a longtime Black Hartford activist, she said, “that doesn’t surprise me. It took me a lifetime to be able to talk about my body. For Black girls, we don’t get to be proud of our p\*\*\*y like white girls, because when we are, bad things happen to us. We’re called ‘fast’ and people hurt us. History shows us that.” To protect the identity of the storytellers, I worked with college interns to create a print brochure with excerpts from each of the stories. While these stories existed in the experiences of what happened to these women, it was not until we put them in print and digital form that they existed for other people, including our political leaders. This brochure was a critical piece of writing which I used as an organizing tool when bringing others into the coalition.



*Excerpts from patients, providers, and others impacted by the CPC.*

After collecting a number of first-hand stories and capturing photos of the courtyard shared between Hartford GYN Center and the CPC to illustrate the issue, I knew I had enough material to move into building a coalition representative of the populations most likely to be impacted by CPCs in Hartford. I connected with reproductive rights organizations and health providers like Planned Parenthood of Southern New England; Hartford GYN Center; UCONN Medical

School, Hartford Hospital; Hartford-based nurse midwives, doulas, and clinic escorts; and the American Congress of Obstetricians and Gynecologists. It was also important for us to work with a broader local coalition, including but not limited to: racial justice groups like Moral Monday CT; LGBTQ+ advocates like True Colors CT; Hartford-based social workers; Hartford area clergy members, including those from the Religious Coalition for Reproductive Choice; as well as long-time and well-respected Hartford community leaders. In turn, my agenda for all of my one-on-one organizing meetings was to help individuals and organizations recognize their stake in the issue, identify people already on board with whom they have relationships, and ultimately help them see how their work connects to a broader understanding of reproductive justice and a commitment to Hartford. As Lorraine Gutiérrez and Edith A. Lewis (2012) explain, uni-directional outreach approaches are particularly problematic when organizing with women of color, and they instead emphasize integrating personal and political issues through dialogue (217). One of the ways I was able to do this was by sparking an emotional reaction when sharing the stories of young women who had been unknowingly intercepted by the “Hartford Women’s Center” and by leaving written versions of those stories with coalition members.

As the central organizer on this issue, the stories I collected and shared allowed me to build trust with these well-known Hartford community members and organizations, which was critical in establishing a “stable-for-now” and politically powerful coalition. We built up a group of people who would drop everything and show up for us at the last minute or late into the evening if we needed it because they trusted us, and they cared about Hartford. They knew I had been on the ground working with patients at the local clinic as well as training clinic escorts to deal with an increasingly aggressive presence of anti-choice sidewalk protesters. Additionally, I had been building relationships with Hartford activists in the movements for Black Lives and LGBTQ+ rights for the past two years while enrolled in graduate school in the City. This level of personal trust among a diverse coalition of individuals and organizations lent NARAL credibility in the community and with City Council, which was especially important for a historically white organization doing work in a community of color. Thus, the coalition was able to remain

flexible enough to respond to organized, loud, and unpredictable opposition groups. Each coalition member was asked to provide written and/or spoken public testimony at the November 2017 public hearing on the proposed ordinance. Beyond that, I also asked everyone to be ready to counter ways the opposition would try to destabilize votes after the hearing, like when they showed up to other Council meetings unexpectedly or flooded the Council members with thousands of emails and phone calls. Because we asked the coalition to be ready for this, we were all able to act quickly to reassure City officials of the priorities of Hartford residents.



*City Hall Function Room for public hearing*

At the very crowded public hearing, Hartford City Hall was packed, largely with people from out of town. The majority of people opposed to the CPC ordinance were white non-residents who traveled in large numbers from across the state to stand against Hartford-specific legislation. The opposition's strongest asset was their size in numbers, whereas our coalition was tight-knit, well-prepared, and flexible. That evening, there were well over 300 people opposed, which caused the Council to stray from their regular process for public hearing and our coalition had to make some key in-the-moment decisions to ensure a win. As organizing expert Eric Mann (2011) reminds us, "tactically agile organizers" must learn to master quick-thinking, in the moment decisions "because things rarely go according to plan"

(137). Because of the strong degree of trust and the different roles of our coalition members, we were able to be flexible and immediately respond to a few unexpected changes. For example, twenty minutes before the start of the hearing, the chair informed the crowd that Hartford residents would be allowed to testify before non-residents, which completely changed our intended order of testifiers to frame the Hartford story. In that moment, I decided to call over clinic escorts, Trinity College students (including Sam and Eleanor), some of our medical providers and social workers, and other Hartford residents to sign themselves and other coalition members up to testify. Additionally, I asked other coalition members to begin passing out our printed patient story brochures in the crowd and to city council aides, as we needed to ensure they could see the first-hand stories early on in what would be a seven hour public hearing.



*Hartford Councilman John Gale addresses the crowd before they are allowed to enter the hearing room.*

Throughout the public hearing, the members of our coalition testified and hit on key points relevant to the proposed policy, and the depth and diversity of supporters in the room was felt. This multivocal approach was intentional to ensure the arc of testimony was rooted in the opening statements of our on-the-ground organizers and volunteers who collected stories from impacted patients. We then had lawyers discuss the reasoning and constitutionality of the language, doctors who shared stories of their own patients, and pro-choice faith leaders, racial justice organizers, and LGBTQ+ advocates who voiced their support. Our testimony and media strategy focused on specific stories as well as statements like, “No matter what your personal



*Trinity students participate in the Nov. 2017 public hearing for the CPC ordinance*

feelings are on abortion, I think we can all agree that no one should be allowed to lie to women in Hartford.”

One of the threads throughout public testimony that was picked up by the media was the clear divide between Hartford residents who felt protective of their city and the non-residents from all over Connecticut who felt they could come into the City and tell people what to do with their bodies, their lives, and their City—an all too familiar process in Hartford and nationwide, especially when it comes to reproductive justice issues (Ross 2017; Ross 2016). The messages from the testimonies went far beyond the right to choose and moved seamlessly into a narrative about the dignity and safeguarding of Hartford residents from outside forces.

For example, Hartford nurse midwife Polly Moran testified:

“Too often, communities of color and higher poverty concentrated areas have been the target of misrepresentation, outright lies, and human rights abuses by organizations and authorities who operate under the guise of helping them. I strongly support the City’s efforts to safeguard women in our community from entities such as these crisis pregnancy centers.”

Hartford activist Bulaong Ramiz-Hall testified:

“It’s important that we listen to stories of women, that we hear their voices, that we hear their truths... and to make sure that women in our community, especially low-income Black and Brown women who this primarily impacts, and residents of Hartford who this primarily impacts, are at the center of this conversation.”

And Hartford activist Kamora Herrington explained:

“I just want to say I am astonished by how many non-residents are here tonight... To listen to you come into my city, and say you people are too ignorant to make your own decisions? It’s offensive. Council—Thank you. We voted for you to represent us, not to represent East Granby.”

By the time the ordinance passed in December of that year, we had done enough debriefing and processing of the campaign to understand that it was a combination of years-long planning and relationship building combined with a whirlwind, flexible, “doing-this-by-the-seat-of-our-pants” style organizing that was the reason for success. By centering the first-hand stories of impacted Hartford residents and using storytelling as an organizing and public testimony tool, we were able to build deep, trusting relationships with a diverse coalition. Combining the personal and political through public dialogue and storytelling (Gutiérrez and Lewis 2012) allowed our coalition to raise CPCs as a real political issue and public health concern in Hartford, which had not been done before.

## **STORYTELLING AS AN INSTRUMENT FOR ACCESS AND JUSTICE**

*Eleanor*

My work as an undergraduate student with a coalition that was tactical and flexible in nature and that prioritized storytelling as a means of providing access to historically disenfranchised communities was not only successful at a local level (and will hopefully be replicated soon at the state level), but also personally meaningful as I have continued learning about the work of reproductive justice. In my work with

NARAL, I have seen firsthand that coalitions and alliances that center multivocal storytelling and rhetorical interventions in their campaigns can yield successful results and are thus fundamental to the reproductive justice movement as a whole. I specifically worked with NARAL in the fall of 2017 to pass a local ordinance to limit and regulate the misinformation disseminated by CPCs in Hartford, and then in the spring of 2018, we took the same issue to the state legislature. In both instances, public storytelling was central to the campaign and allowed me to engage in this tactical partnership in meaningful ways. At the Hartford City Hall meeting, Erica encouraged the group we had gathered from Trinity College to provide testimony at the hearing. Our influence was multifaceted: we were college students and therefore represented a population targeted by CPCs, and we were Hartford residents who could speak about how this issue has impacted the community we all live in. A number of us signed up to speak and anxiously waited as we heard speaker after speaker until it was our turn. My testimony was clear and brief, though my voice wavered slightly as I felt all eyes upon me. I spoke of how CPCs pose a threat to choice and access for many populations, and as a person who could potentially be in need of reproductive services and as a Hartford resident living less than two miles away from a CPC, I could provide a perspective on who this issue actually impacts. After I talked, I listened to other people discuss their own experiences and fears about CPCs and their manipulative practices. The public hearing as a whole brought this issue into a frightening perspective for me, as this was the first time I had heard in depth about the practices of CPCs, even though I had engaged with the issue of reproductive justice before and considered myself informed about the topic. I recognize now, as I did in that moment, the power of telling these stories, which were ultimately responsible for the coalition's victory at City Hall.

In the next braided layer of my working relationship with NARAL, Sam, Megan, and I returned in the spring of 2018 to support NARAL by providing our time, energy, and resources to their statewide campaign against CPCs. This time, part of that support came in the form of sitting through hours of testimony in the Legislative Office Building, as I waited to read public testimony on behalf of women not present in front of the Committee on Public Health to support the proposed bill. There were a number of reasons why some women

could not present their stories at the public hearing. Firstly, the nature of these accounts is highly personal and sensitive, and not all women are comfortable sharing their stories in such a public manner. It takes incredible strength to share these stories on an individual level, let alone stand in front of a group of strangers and divulge private medical information and personal accounts of manipulation. Secondly, other barriers to participation exist that hinder access to the legislative process for specific groups of people. Certain populations targeted by the CPCs, such as working-class communities, are also systematically disenfranchised in legislative proceedings because of the time, access, and privilege needed to navigate this system. Here my positionality and privilege as a white person and a college student provided me access to a process that other people are denied. I stayed in the building for extended hours and testified without great risk to myself, but that is not the case for many others, which is an essential shortcoming of this system of justice.

Working with NARAL during my first year of college made an enduring impact on not only my career aspirations but also on my fundamental understanding of a safe and sustainable reproductive justice campaign. Through the semester, I tangibly experienced the importance of including a diversity of voices and lived experiences within a coalition, especially ones that concern intersectional issues such as reproductive justice. While I was a part of the coalition because, as a college student, I'm a potential target of CPCs, I saw firsthand how this issue becomes inherently more oppressive to those with multiple marginalized identities, including race, disability, and socioeconomic status. These movements need expansive perspectives in order to convince legislators that these issues are pervasive and to explain how they impact many different communities, but the current system of legislation does not always support this diversity and can prioritize the voices of some over those of others. Because of the logistical privilege of my flexible schedule as a college student and my white skin privilege, I was able to challenge this inequity by using my time to give voice to concerns of those excluded from the process so that injustice rooted within the system would not be forgotten. Organizations must not forget their positionality; communities that organize, advocate, and testify must always include people most directly impacted by the issue because those closest to the issue are also closest to the solution. It takes access and institutional privilege

to know when your rights are being violated and to fight to right this wrong. Therefore, we must work to create advocacy models that bring together a multitude of voices, particularly those who are directly affected and often left out of advocacy, to brainstorm solutions. Working with NARAL enabled me to experience an inclusive campaign that recognized the positionality of its organizers and, because of this, was able to navigate an unjust system to forward reproductive justice work within affected communities.

I also remember experiencing validation and elation in this process which allowed me to feel as though I made a tangible contribution to a larger movement that I cared deeply about. This project not only reaffirmed my desire to pursue work surrounding reproductive justice but also allowed me to develop a deeper understanding of myself. I walked away from my first year of college having a direction and a priority about the kind of work that I wanted to engage in for the next three years at this institution. I was hooked, and there was no going back. I came away from this experience understanding that I can make an impact, not only in the future, but especially now, as a college student. It provided me with achievable goals for outcomes of community engagement and, most importantly, with a sense of belief in myself that has enabled me to continue furthering reproductive justice in my communities. It was important to celebrate the wins and see the results of our contribution, but it was also important for me to understand the extremely high expectations this project set for my future partnerships. Those expectations compel me to continue to fight to make every organizing experience as successful as my projects with NARAL and to one day strengthen reproductive justice to an extent where organizations like NARAL are not needed. Before that can happen, coalitions and alliances must continue to create tactical and flexible partnerships and to incorporate multivocal rhetorical interventions and public storytelling in their fight for reproductive justice.

## **CONTINUING PARTNERSHIPS AND ADAPTING TO ORGANIZATIONAL NEEDS**

*Sam*

Through my work with NARAL as part of the Community Action Gateway at Trinity College and the continued work with them that

followed, I have seen both the excitement that comes from a “big win” and the foundational work that comes before direct change. This section will discuss the types of work that I have done with NARAL, how that work was in direct response to their organizational needs at the time, and the different but equally important outcomes of both projects. The ultimate goal throughout our collaborations was to maintain a lasting and flexible partnership with NARAL that helped advance their mission while making sure each writing project was conducive to the circumstances and endeavors of the organization at the time.

As Eleanor, I, and other students were planning to propose a project with NARAL for Megan’s Spring 2018 class, we heard about crisis pregnancy centers and the city ordinance NARAL was pushing in Hartford. My project group and several other students in our “Envisioning Social Change” class attended the hearings, and many of us testified in favor of the ordinance. Not only were we passionate about testifying because of our impending partnership, but we had learned that CPCs often situate themselves near colleges and universities to actively target college-aged women. The city council ultimately voted in favor of the ordinance, and the beginning of our work with NARAL could not have felt more exciting and important. Following the ordinance passing, we began our spring class project. While Eleanor focused on part of the project that involved her publicly testifying at a state hearing, I am focusing on some of our research and writing work that focused on regulating crisis pregnancy centers and creating buffer zones around licensed clinics to protect patients. Our research was guided by both Megan and by NARAL through regular meetings and check-ins. We came to the consensus of creating a presentation on buffer zones for NARAL to view and use in the future as well as creating multiple infographics about CPCs for a variety of audiences. The infographics were to be used to educate various groups in the community on the goals and effects of these centers and were written in different formats and tones to do so most effectively. Our work on these writing projects is another form of storytelling: the presentation provides NARAL and their partners with information on a tactic aimed at protecting the broader landscape of reproductive justice while the infographics help NARAL to tell the truth about CPCs to the greater Hartford community. Both writing projects help to build a foundation from

which NARAL can develop their public storytelling advocacy that centers the experiences of Connecticut women, as described above by Erica and Eleanor.

Leading into my sophomore year, I applied for another program at Trinity College called the Community Learning Research Fellows with plans to partner with NARAL once again. This program combines community-based work in the form of an internship or thesis project with a course focusing on community partnerships. I reached out to NARAL with the hope of continuing my work with them in whatever way they needed, and they took me on as an intern. Experiencing a win early in our experience with community-based research is perhaps one of the reasons that both Eleanor and I felt the desire to further our partnership with NARAL after our first year as undergraduates. My new project was intended to focus on sex education in Connecticut schools. However, due to the organization's needs at the time, the project's focus later shifted to research on factors that impact abortion access in the United States. While it can be somewhat disappointing to change the entire focus of a project, the sex education work I hoped to do was not conducive to the goals that NARAL had at the time. Remaining flexible within community partnerships can be a challenge, but prioritizing the goals of the organization ensures that the partnership is useful for both parties. The work that we were doing the previous spring semester helped create obvious, concrete changes in the community, but as I learned through my internship, the outcomes of these collaborations can vary in scale and visibility.

When I met with NARAL at the start of my internship, we discussed what would be most valuable to them, and we arrived at the idea of a research database compiling information on five significant barriers to abortion access in the United States including: parental notification/consent laws, physicians only laws, mandatory waiting periods, cost/insurance barriers, and targeted regulation of abortion provider (TRAP) laws. The goal of the research was to help situate Connecticut nationally in terms of reproductive healthcare access. When our tactical partnership reformed that fall, NARAL had recently experienced significant staff turnover, and they simply did not have the time or resources to work as closely with my research

project as they did the semester before. Rather than taking the time to meet weekly or biweekly about my progress, I often updated the NARAL staff through email, and we made adjustments to my tasks that way. With only a few in-person meetings, this collaboration differed immensely from the initial group project we did as first-year students. The flexible nature of the partnership allows for drastically different types of collaborations that still ultimately yield useful products and successful outcomes that advance reproductive justice.

The database that resulted from my research internship is not only a writing project itself; it provides the data and information that foregrounds many of the stories that NARAL tells. Throughout the semester of compiling sources, many of the technology specialists at Trinity College and the Community Learning Research Fellows team suggested that I use a variety of software systems to compile my research into a database. While these systems make sense to many of us immersed in academia with institutional subscriptions, NARAL does not pay for these systems, and they can be unnecessarily complicated. Utilizing a system they have access to and are familiar with, I created the database through Google Sheets with separate folders for each topic, hyperlinks to accessible PDFs, and short summaries of each source to easily guide NARAL to the source most

My Drive > Research Fellows Deliverable > TRAP Laws Research

Name	Owner	Last modified
TRAP Laws Source Links	me	Nov 28, 2018 me
TRAP Laws Research Sheet	me	Dec 1, 2018 me

	A	B	C	D
	Title	Date	Type	Summary
1	<a href="#">Targeted Regulation of Abortion Providers</a>	2018	Online Article	This article provides a table compilation broken down by state and which TRAP laws they have. It also provides some background information on what these laws consist of and highlights how many states have what types of restrictions.
2	<a href="#">14 States Have Passed Laws Making It Harder to Get an Abortion Already This Year</a>	2016	Online News Article	This news article was published in June of 2016 and it discusses a variety of different laws that had recently been passed to limit abortion access. In some of TRAP laws, they provide a graphic that demonstrates which states have laws about ambulatory surgical center standards and admitted privileges. They provide a general idea of where the entire country is with access.
4	<a href="#">Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas</a>	2016	Study in a Scholarly Journal	This study examines the negative impacts on women that exist as a result of a TRAP law that was recently passed in Texas and resulted in multiple clinic closures. Using residents of Texas who are seeking abortion care at 10 different clinics in Texas, the survey administered reveals multiple burdens that women faced as a result of the closures. These include travel, cost, appointment delays and more. The study ultimately finds that TRAP laws and the closures that occurred as a result have significant negative effects on women in Texas.
5	<a href="#">State Abortion Policies, Targeted Regulation of Abortion Provider Laws, and Abortion Demand</a>	2010	Study in a Scholarly Journal	A study that is meant to determine whether TRAP laws have an impact on demand for abortion. Only looking at licensing fees and planipersonnel laws, the study uses information from various different sources that track abortion data as well as socioeconomic data. They found that there is no independent effect of on demand when looking at these laws.

*A portion of my research poster “Effectively Communicating Research on Factors that Impact Abortion Access” presented on December 10th, 2018 (McCarthy 2018).*

pertinent to their present focus. Providing NARAL with a deliverable that was usable and relevant to their needs while being cognizant of their time throughout the semester was the main priority for this project.

A project like this one does not necessarily yield change as tangible as the ordinance passing, but after working on multiple projects with NARAL, I have come to understand that a win like that only occurs after copious amounts of preparation. The tool I created for NARAL is one that can help them establish the groundwork for future advocacy endeavors again and again, providing the foundational research needed to ensure reproductive justice across our state. I have seen firsthand multiple levels of reproductive justice work, from foundational organizing to monumental wins, and through that time, I have developed a strong understanding of why it matters to follow the lead of organizers who are listening to those most affected by reproductive justice issues. Creating flexible, tactical partnerships that prioritize the organization and, ultimately, Hartford residents is what has created the lasting nature of our collaborations with NARAL. During our time together, I have seen that, regardless of the type of project, when it occurs, and how often it changes, NARAL's needs and goals have to remain the priority of the partnership, as NARAL has the insight and on-the-ground knowledge to know what steps need to be taken to enhance reproductive justice for all.

## **CONCLUSION**

*Megan*

Through each of these stories/sections, we share how writing and storytelling enable activists to center the lived experiences of people who have been affected by CPCs in their changemaking work, even when these people may not feel comfortable sharing their own stories publicly. Erica and Eleanor share how gathering and sharing stories is key for public advocacy that can lead to political wins and safer communities—including the many factors indicating why Erica's slow, methodical approach to ethically collecting and sharing stories was necessary—and Sam shows the kinds of research writing and data organization needed to provide a foundation and frame for that storytelling. Rooting reproductive justice coalitions in the stories of people's lived experiences involves thoughtful, long-term work that

can be done collaboratively, but it must be led by those closest to the issue, which means that higher education partners are likely to be members, but rarely leaders of the coalition.

Higher education's community engagement efforts do not work when people enter community space assuming they know what is best and try to take the lead in addressing local issues. What we have seen again and again is that the best way forward is to work in coalition with those who deeply understand community issues: organizations and groups of residents who are in touch with people about what they need, know what has already been tried, and understand the best approaches for working with community members. The partnerships between NARAL and Trinity we describe above work *because* the three of us at Trinity always foregrounded the needs of NARAL over our own interests, and NARAL was in turn foregrounding the needs of women in Hartford. Had Eleanor, Sam, and I tried to move forward with Eleanor and Sam's specific interests in sex education, assuming we knew what was most needed for reproductive justice, we might have completed a one semester project on the topic, but we likely would not have formed the long-term partnership that has enabled us to continue this work over time. By trusting that NARAL knew best what was needed, we were able to form knotworking collaborations, moving in and out of reproductive justice work together. Through working with this coalition for reproductive justice, led by NARAL, we were able to gain more breadth and depth in our understanding of these issues while doing research and storytelling work that expanded reproductive justice across the city.

We end by urging our readers to consider a few questions on *how* to take action: What are the reproductive justice issues beyond abortion rights that need your attention in your community right now? How and where can you keep learning about these broader issues? Who is already working on this, and how can you join their coalitions? Whose stories are others telling about reproductive justice, and who might be left out? How can you advocate for and share diverse stories about reproductive justice within your own community and more expansive networks? Consider that your path forward might be foundational, organizational work like Sam's research and database building. It could be sharing your own story or stepping up to read other's words

like Eleanor did. Or it could be finding folks like Erica who are on the ground gathering stories and building coalitions to take political action. Telling stories that can foster change in our communities is a long process that involves many people and actions, and writing is woven in and throughout the work. To enact reproductive justice, we must be willing to braid and unbraided within flexible coalitions that center the lived experiences of community members who deal with these issues every day, using multiple modes of organizing, writing, and public storytelling to create change in our communities.

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**Eleanor Faraguna** is a senior Educational Studies and Psychology major with a Community Action minor at Trinity College in Hartford, Connecticut. They grew up in Houston, Texas where their interest in reproductive justice began and has expanded throughout college. This is Eleanor's third collaboration with NARAL Pro-Choice CT, beginning as an intern in the Community Action Gateway in 2018 and continuing the partnership in 2019 as a Community Learning Research Fellow. As a Research Fellow, Eleanor created an organizing strategies report for more comprehensive sexual health education in Connecticut, a tool for the Healthy Youth Coalition, which NARAL is a member. Eleanor will graduate in May 2021 and plans to continue fighting for reproductive justice in Hartford through graduate education and beyond.

**Sam McCarthy** is a senior Sociology major and Community Action minor at Trinity College who grew up in Vancouver, WA. She began working with NARAL as part of the Community Action Gateway in 2018 and continued that work through an internship as part Community Learning Research Fellows. She researched and compiled a database for NARAL on factors that impact abortion access while in her position as a Research Fellow. She has continued to be involved with NARAL and other community action and reproductive justice projects in Hartford. Sam is planning to attend graduate school after finishing at Trinity and hopes to then pursue a career with a reproductive justice focus.

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# Helping Everyday Rhetors Challenge Reproductive Injustice(s) in Public

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**Jenna Vinson,**  
*University of  
Massachusetts Lowell*

A school security guard stops a visibly pregnant young woman leaving school grounds to ask, “Do you even know who the father is?” A fellow shopper steps in front of a young mother’s grocery cart to point out, “Well, your life is over before it has even really begun isn’t it?” An Uber driver turns around to inform his passenger, “You look too young to be having a baby! What are you going to do?” In a sociopolitical context that continues to constrain reproductive agency, many organizations, media, and people construct pregnant or parenting teenagers as “things that are other than it should be” (Bitzer 1968, 6), and many young mothers report being talked to as if they were a defect that must be addressed. People who experience dominant discourses of “teenage pregnancy prevention” are prompted to immediately respond to the rhetorical exigence of pregnant and parenting teen bodies. I call these moments when bodies are misinterpreted as urgent problems impelling

commentary, criticism, or other means of human intervention, embodied exigence. Young pregnant and parenting people experience embodied exigence as they are approached in public spaces such as sidewalks, stores, shelters, and church.

I imagine readers who are advocates of feminism are already shaking their heads at these comments, hearing in these strangers' rebukes the ongoing and everyday public scrutiny of women and trans people—of their bodies, of their sexual and reproductive decisions, and of their behaviors and demeanor while carrying a pregnancy or raising a child. I urge us to also consider this: advocates of reproductive justice argue that people should have the “(1) right *not* to have a child; (2) the right to *have* a child [in any circumstance—age and income be damned], and (3) the right to *parent* children in safe and healthy environments” (Ross and Solinger 2017, 9). Encounters like the ones I am describing obstruct the right to parent children in safe and healthy environments, making them moments of reproductive injustice. When a young pregnant or parenting person goes outside, they are often moving into an unpredictable and potentially hostile rhetorical arena. In this article, I encourage feminist rhetoricians to consider how we are uniquely equipped to help those who embody exigences of reproductive justice, like young parents, to invent effective ways to rhetorically respond. I hope to inspire other scholar-activists to think about how the research they are doing to interrogate and interrupt discourses that pathologize, shame, and blame those who are (already) marginalized can be shared in productive ways with communities beyond the academy.

In the field of rhetoric, we have deconstructed pregnancy and motherhood as discourses that (re)produce unjust power relations and problematic experiences for women (Adams 2017; Koerber 2006; O'Brien Hallstein 2015; Siegel 2014). We have researched how women attempt to balance higher education and mothering work (Cole and Hassel 2017; Cucciare et al. 2011; Marquez 2011). We have also explored how motherhood produces unique constraints and possibilities for women writing, speaking, or doing activist work (Buchanan 2013; Hensley Owens 2015). Yet we are late to the conversation around reproductive justice (RJ)—an intersectional, human rights-based framework created by women of color activists

in the 1990s to bring attention to the structures, social practices, and material realities obscured by the narrow focus on individual reproductive “choice.”<sup>1</sup> As RJ scholars teach us, discourses around choice often focus on resources needed to choose *not* to become or continue pregnancies, overlooking the longstanding battle for women in the U.S. who are poor, young, indigenous, non-English speaking, queer, migrant, institutionalized, living with a disability, single, brown, or black to have healthy and happy pregnancies and/or lives with children. In fact, mainstream public discussions of reproductive politics often presume that some people should not be pregnant or parent; if they do, they are cast as bad choice makers (Kelly 2000, 61; Solinger 2005, 248).

These “bad choice makers” experience unique and upsetting everyday rhetorical encounters that prompt consideration of what, if any, means of persuasion are available to them. What I have been exploring in my research is how the visibly young pregnant or mothering body produces unexpected and unruly rhetorical situations that many may dismiss as interpersonal moments that one really cannot do much about.<sup>2</sup> I theorize that moments of embodied exigence hold rhetorical opportunity for the one who is seen as embodying the exigence (Vinson 2018, 136). After all, people who are constructed as being urgent, objectified “needs” to deal with are often the same ones who lack a public platform for voicing their perspectives. But how could those who embody exigence speak to dominant (mis)perceptions?

Well, just as activists and rhetors have always done, they would need time and places to play and discuss, to conjure comebacks and create moves for those unpredictable rhetorical moments in which

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1 A notable exception is Jessica Enoch’s “Survival Stories: Feminist Historiographic Approaches to Chicana Rhetorics of Sterilization Abuse” published in *Rhetoric Society Quarterly* in 2005.

2 A note on terms: I use the phrase “young pregnant and parenting people” throughout this article to refer to those who appear “young” while they are pregnant and parenting (and, thus, may encounter the stigma of teen pregnancy and parenthood). I mean to be inclusive of all genders by doing so. However, my research for *Embodying the Problem* focused on representations of, and rhetorical strategies used by, cisgender pregnant and mothering women so I often use the phrase “young mothers” to describe those findings. Future research could explore the unique everyday rhetorical encounters experienced by trans young pregnant and parenting people.

they are addressed. Jay Dolmage (2014) writes about the importance of developing *mētis*, a “cunning and adaptive intelligence” that uses “embodied strategies” to “transform rhetorical situations” to be what the rhetor needs them to be (17). In this article, I share my reflections on a community-based workshop I designed to do just this—one I have facilitated in Boston since 2015 at an annual event called the Summit for Teen Empowerment and Parenting Success. Inspired by feminist rhetoricians’ belief in being accountable to the communities we write about/with (Royster and Kirsch 2012, 147), as well as the value of marginalized rhetors’ tactics of interruption (Licona 2012; Reynolds 1998; Ryan et al. 2016, 23), I created this workshop to respond to a community-identified need and to prepare young parents with researched information and scripted responses they can use to interrupt and transform everyday moments in public places when strangers read their bodies as problems to criticize or loudly bemoan. I will discuss how I facilitate these workshops with young parents and reflect on what I have learned from post-workshop surveys I distributed at the 2019 STEPS.

## BACKGROUND ON STEPS

My research interrupts dominant narratives about teenage pregnancy and investigates counter-narratives written by young mothers seeking to challenge the idea that they are problems. When conducting focus groups for my book project, I found that young pregnant and parenting people—as well as their teachers, parents, and mentors—had no idea that the so-called facts about the consequences of “teenage pregnancy” have been consistently questioned and challenged by researchers since it was constructed as a cause for public concern in the 1970s.<sup>3</sup> I also discovered that young pregnant and mothering women appreciated the focus group sessions because these gatherings were opportunities to exchange stories about the everyday comments most receive in public. As one young mother put it, having a support group during which they “just tell what has been

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3 I review this research in my recent book (Vinson 2018, 17-20) but highly recommend the following additional recent resources on the myths and misperceptions of teenage pregnancy and parenthood: Young Women United’s research brief on “[Dismantling Teenage Pregnancy Prevention](#)” (Cadena et al. 2016), Clare Daniel’s *Mediating Morality: The Politics of Teen Pregnancy in the Post-Welfare Era* (2017), and Mary P. Erdmans and Timothy Black’s *On Becoming a Teen Mom: Life Before Pregnancy* (2015).

said to us so we can be like ‘Oh yeah? Well this happened to me’ and relate to each other” helps to build confidence (Vinson 2018, 166-7).

With this in mind, when I came across a call for empowering and educational workshops for the Summit for Teen Empowerment and Parenting Success (known as STEPS), I applied to deliver a workshop like this. STEPS is an annual, youth-led, one-day event that takes place at a college located in the city of Boston.<sup>4</sup> For example, in 2015, the summit took place at Northeastern University, but in subsequent years, we gathered at Simmons College. The event is sponsored by the Center for Community Health and Health Equity at Brigham and Women’s Hospital with the goal of bringing “young families and community agencies together in one space, providing a safe and empowering forum for young parents to expand their knowledge and access resources to help them accomplish their goals” (About Us, n.d.). There are two sessions—one in the morning and one in the afternoon—with four to five workshops running concurrently. The event features a keynote speaker, often a formerly young parent and/or progressive political figure in Boston, who delivers a motivational speech during the buffet-style lunch break. Nonprofit organizations

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4 When I moved to the greater Boston area in 2013, I looked for opportunities to engage with young parents in my new community as I had back home in Tucson. There, I had volunteered time and resources at a nonprofit called Teen Outreach Pregnancy Services. It has always been important to me to stay grounded in the material realities of young pregnancy and parenthood, as it was a formative experience in my own life, and I publish about the topic. When I moved Massachusetts, I was also working on my book and hopeful to add another chapter highlighting the rhetorical work young parents do to challenge dominant discourses. As with most community-based research, I began by just getting out there, beyond the university, volunteering at events that focused on the rights of, or resources for, young parents. I discovered that each year, the nonprofit MA Alliance on Teenage Pregnancy would sponsor a “Teen Parent Lobby Day” at the MA State House. This event brought young parents served by schools and nonprofits in the area together to advocate for funding and awareness of their needs, rights, and potentials. As an outsider, I contacted the MA Alliance and asked if I could help. The organizers put me on “check-in” duty in 2014 and 2015, checking in the lawmakers, press, and young parent groups that would attend. Once people were settled, I had the opportunity to hear the stories of young parents who spoke at the podium and lawmakers who spoke in support of their efforts. After the speeches, I would network with young parents and those who worked to support them. It was here I met Ariel Childs and learned about STEPS.

and educational institutions offer free goodies and information about their services throughout the day at booths in the resource fair area. The atmosphere is lively and festive with children, elders, parents, balloons, decorative centerpieces, a photo booth, interactive art stations, social media components, and a raffle. The summit is organized and facilitated by program coordinator Ariel Childs and participants of the Young Parent Ambassador Program—a “leadership development program” comprised of young parents that “focuses on public health outreach, education completion, job readiness, and parenting/life skills” (About Us, n.d.).

To participate in STEPS, potential workshop facilitators and nonprofit organizations have to complete an application. The form prompts applicants to describe the goals, content, and style of their workshops so that the young parent ambassadors can collectively decide whether or not they want that workshop to take place that year. Here is what I wrote on my application for the 2019 STEPS:

People often claim that young parenthood is a “problem” because it leads to negative outcomes like poverty and dropping out of school. But do you know that many researchers do not think this is true? Do you know that some researchers even argue that having babies at a young age actually improves the possibility for healthy outcomes for women born into poverty? Do you know that the highest rate of teen births actually happened in the 1950s when no one really talked about “teenage pregnancy” being a problem? Attend this session to learn myth-busting, empowering information about the so-called problem of teenage pregnancy. Then, participate in a critical discussion of the everyday comments young pregnant and parenting people receive from strangers in public places. Participants will brainstorm creative and effective ways to deal with confrontational strangers in their everyday lives.

The form then prompts applicants to answer the following question: “If you could summarize your message to young parents in one sentence, what would it be?” I answered this question with declarative and emphatic phrases meant to attract those who feel blamed, shamed,

and ready to do something about it: “Don’t let others blame you for societal problems! Voice your truth!”

The young parent ambassadors voted to accept my proposal for the 2015, 2016, and 2019 summits. In 2017, at the request of the program coordinator, I delivered a different version of the workshop designed for allies and other older people who attend the summit to promote local resources during the resource fair portion of the event. Specifically, the organizers sought my help to create something in response to people saying judgmental or insensitive things during the event. As a participant of my 2016 workshop wrote during her freewrite, one of the nasty comments she received was at STEPS when someone told her, “we need more events like this to prevent *that*, ya know,” and gestured to her child.

## **THE WORKSHOP: GUIDING EVERYDAY RHETORS**

The goals of my workshop are to share myth-busting information I have learned about teenage pregnancy and parenthood, to exchange stories with each other about times strangers may have said something negative, and to brainstorm effective ways to respond during these moments while staying mindful of issues of safety and wellbeing. Over the years, varying numbers of people have attended the workshop: from seventeen attendees (plus one baby) in 2016 to six attendees (plus four babies) in 2019. Participants include young mothers, young fathers, and older allies like family members of the parents. Considering the goals and varied attendance, I design the sixty-minute workshop like this:

<b>Workshop</b> “Aren’t you too young to be a parent?” Dealing with confrontational strangers and the myths of teen pregnancy”	
5 minutes	<b>Introduction</b> <ul style="list-style-type: none"> <li>• Review workshop objectives</li> <li>• Distribute materials (writing utensils, handout, and paper)</li> </ul>
10 minutes	<b>Participant Freewrite to these Prompts:</b> <ol style="list-style-type: none"> <li>1. Have you ever been confronted by a stranger who said something negative about your pregnancy or the fact that you are a young parent?</li> <li>2. Where were you? What did you say?</li> <li>3. Why do you think they said that?</li> <li>4. Why do many people have such a negative view about “teenage pregnancy” and young parenthood?</li> </ol>
20 minutes	<b>Large Group Discussion of Experiences</b> <ul style="list-style-type: none"> <li>• Ask “By show of hands, how many of you have been approached by someone you do not know who had something to say about the fact that you were pregnant or parenting?”</li> <li>• Ask volunteers to share their own experiences</li> <li>• Use information on handout to supplement theories</li> </ul>
10 minutes	<b>Large Group Brainstorming Session</b> <ul style="list-style-type: none"> <li>• Ask “How do you usually respond in situations like this?”</li> <li>• Together, brainstorm the “best” responses.</li> </ul>
5 minutes	<b>Review possible Counter-point Comebacks</b> <ul style="list-style-type: none"> <li>• Review the handout to suggest other comebacks they could use.</li> </ul>
10 minutes	Further discussion? Collaborative manifesto-writing?

The first large group discussion makes immediately visible that most of the attendees have had experiences of confrontations with

strangers, a comforting moment for those who have experienced it but an alarming moment for the attendees who are not yet (or cannot be) visibly pregnant. I share my own experiences with public confrontations and then ask volunteers to describe their experiences.

Since they have already written about their experiences, participants are often excited to share what they wrote about and the group builds a sense of community by building on each other's stories. Once everyone who wants to share has had their turn, I ask them to reflect on *why* people tend to say these things. As participants theorize possible explanations, I contribute to the discussion researched information from a handout I provide that phrases the research findings as counterpoints to commonplace comments directed at young parents. For example, one thing young parents often hear is "Children shouldn't be having children! You look too young to be a parent!" Under that statement I list several facts, phrased as quips, meant to challenge that perspective such as, "Did you know that the majority of teenage mothers are 18-19 years old? (75% according to the latest data). This means they are legally adults! Many have already finished high school," and "Many children already help to raise younger family members and friends. Young people are capable of great things." As another example, under the commonplace statement, "Your life is over now! You and your child will be poor and suffer. You are just a statistic," I list several possible responses including:

Did you know that research actually shows that the timing of a woman's first birth does not determine her outcomes in life? In the 1970s and 1980s lobbyists and politicians spread sloppy research that inaccurately presented many negative outcomes as the consequences of teen pregnancy. But people's life outcomes are mostly determined by the socioeconomic status (i.e., money and unearned privileges) they inherited when they were born.<sup>5</sup>

5 Next to each counterpoint I include an endnote that explains where I got this information from. I try to use resources the young parents and their allies could get online or check out from the local library, though I do end up citing privileged (that is, not easily accessible) scholarly sources as well since that is where the information hides. Here I directed readers to sociologist Mike Males' (2010) book *Teenage Sex and Pregnancy: Modern Myths, Unsexy Realities* (21), sociologist Kristin Luker's (1996) book *Dubious Conceptions: The Politics of Teenage Pregnancy*, Arline Geronimus' (2003) article "Damned If You Do:

As we discuss potential rationales for stranger comments, I tell them that young pregnancy does not cause poverty, educational failure, incarceration, or other poor outcomes for the parents or children. Connecting their personal experiences and reflections to broader structures and discourses, I share that early researchers did not control for important pre-pregnancy variables, that numerical calculations are subjective, that there is not money or time for the type of studies that would actually get people more valid information about young parents, and that the statistics they read are de-contextualized numbers that don't really tell us *why* these outcomes exist. I emphasize that numbers are often accepted as ultimate truths so that young people even feel compelled to "beat them."

During the portion of the workshop when we brainstorm possible responses to such comments in public, participants typically note that they usually walk away, avoid the stranger, or tell them to mind their business. I compliment these strategies and share what I have learned from other young parents: they, too, walk away, draw attention to infractions on personal privacy, lie or tease in response, or take the opportunity to share counterpoints with the stranger. I explain that

few young parents know about the information that could become counterpoints to strangers' comments, so my goal is to share what I have learned with them. We then review the handout together in further detail, as I read potential ways that they could challenge the

### IMPORTANT!

Before responding to a stranger, take time to reflect on the following questions:

- Is it safe to respond? Think about where you are, what time it is, and whether the stranger seems emotionally stable.
- Do you feel emotionally and physically ready to speak back?

Remember, you do not *have* to say anything at all.

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Culture, Identity, Privilege, and Teenage Childbearing in the United States" and nursing researcher Lee SmithBattle's (2007) "Legacies of Advantage and Disadvantage: The Case of Teen Mothers." I do provide my email on the handout and encourage them to reach out to me if they want me to send them any of the resources.

strangers' assumptions—usually garnering laughter and smiles as I use dramatic voices and play scenarios out.

Once I review the possible responses, I gesture to a large stop-sign warning I put on the first page of the handout to emphasize the importance of reading the situation before responding; they don't have to respond, and they should trust their intuition. Acutely aware of where the workshop takes place (a busy city) and who the participants are (primarily younger women, many of whom are people of color), I encourage participants to think about the culture of street harassment and white supremacy before engaging the situation at all. Typically, participants nod along with this advice, and, in the past, several female attendees have shared their experiences with harassment in Boston. I say, in chorus with the activists I have interviewed over the years, "There is no wrong way to respond. Do what feels right in the moment. If you still have that adrenaline-pumping 'I wish I would have said' energy, then write! Write to an authority of the space in which you were confronted. Write an article for a supportive blog. Write an op-editorial for the local newspaper. Call a friend and vent."

The ending of the workshop varies depending on the vibe or need. In 2016's workshop, we ended up collaboratively authoring an open letter to the "The Busybody on the Bus Who has Something Mean to Say." We published this on the STEPS blog. In 2019, I did not have time for a group writing activity because I wanted to distribute a survey to formally evaluate what participants get from a workshop like this. Are they leaving with the confidence and comebacks they need for their next encounter? Are they learning things about "teenage pregnancy and parenthood" that they didn't know before and that affirms their right to have a child now and/or whenever they feel ready to?

## **DISCUSSION OF RESEARCH FINDINGS: WHAT DO YOUNG PARENTS GET FROM THIS?**

In the survey, I prompted participants to reflect on the main things they took away from the workshop, what they learned from the handout, and how often they received comments about their pregnant

or parenting status (see Appendix). Here is what I learned: All six participants who filled out the survey that summer “strongly agreed” or “agreed” that they **would recommend the workshop** to friends, that this workshop provided them with **new information**, and that this workshop helped them **feel more prepared** to deal with hostile strangers and negative comments. Four out of five of the young parents who attended the workshop in 2019 said they experience these encounters “sometimes”—highlighting the unpredictability of these encounters—noting that these moments of confrontation often take place when they go into stores, when they use public transportation, or while they are walking on the street. Thus, I count the workshop as a success in that they report feeling better prepared for such sporadic situations.

While I design the workshop with this major goal in mind, the experience of the workshops and the participants’ responses to my question about the major takeaway of the experience suggest that my rhetorical objectives are not necessarily what matters. In other words, although I titled this article “Helping Everyday Rhetors Challenge Reproductive Injustice(s) in Public,” I am not so sure that is what I am helping them to do. Here are the comments respondents wrote in response to the survey question asking what they got from the workshop:

- People will talk, just let them. Just don’t let it bother you.
- Getting to talk about similar experiences with other young moms.
- Support/knowing I’m not the only one experiencing this (heart symbol).
- Connecting with others who had the same experience.
- I could relate to what my group was talking about.
- I have heard a lot of experience from other young parents.

This, in comparison with the response to the handout I provide—a kind of DIY of rhetorical responses to stigmatizing commonplaces—demonstrates that, while I may set up the session to be a training in how to respond to everyday rhetorical situations, what matters most is setting up a moment to share and relate to one another’s experiences with reproductive injustice. In fact, when I asked how the

participants might use the handout I provided, many were not sure: one respondent said “I don’t know,” another left that question blank, another (a mother of a participant) said she might use it to remind her daughter of important information, and another said it would help her to remain calm during these moments with the knowledge that these comments are just opinions. Only one reported, “Now I know how to deal with negative comments that strangers would say. Like if they say something negative, just ignored them or play it off.”

I think the major takeaways, the diverse responses to the handout, and the way the workshops tend to go demonstrate that something else happens here. These workshops are always unpredictable in that they are participant-centered and involve multiple players: dads, moms, moms-of-moms, babies who cry and eat. Storytelling, or consciousness-raising, is the primary part of it; participants write about and then share the things people have said to them, building a greater understanding that their personal experience is actually shared experience that is politically structured (hooks 2014, 7). But, more often than not, it is not the random stranger they want to talk about but those they *do* know and those in the medical/social institutions that they have to navigate: the social worker, the nurse, the doctor, the judgmental family member.

This was readily apparent during the workshop I ran in the summer of 2019 when the initial discussion about strangers’ comments primarily focused on nurses and doctors at a local hospital who did not listen to what the young mothers wanted or needed because, the participants maintained, the medical staff thought they were young and stupid. Participants told stories of nurses and doctors ignoring or rejecting what the young mothers said about their allergies to medicines, desires to breastfeed, aversions to painkillers, or plans to take the baby home. The group discussed a different hospital in the area that may be a better place to give birth (because one young mother had a positive experience there) and shared knowledge about how to remain firm in requesting the medical procedures they wanted, such as asking for a supervisor if a staff member refuses to do what the young parent wants. During this urgent exchange I remained in the background, bouncing a child of a participant in my arms and jumping into the conversation only to reflect back how

a participant's way of handling the medical staff might be applied by others in the room. I also made a point of praising rhetorical tactics as I heard them. The participants were guiding each other in how to respond to instances of reproductive injustice, after all, as these medical staff were compromising their rights to have access to adequate and respectful care during childbirth and, in the case of the young mother wanting to take her infant home after giving birth, their right to parent the children they give birth to.<sup>6</sup>

I now understand that the handout I have created, including a series of varied and evidence-based comebacks to commonplaces, functions only as a workshop talking point to supplement what the participants already know: these encounters are wrong. But they often do not know that these situations are also wrong because the “facts” about young pregnancy and parenthood are wrong. It is not only that judgmental and nose-y people are “not minding their business,” as participants often theorize, but also that official and powerful people continue to spread misinformation. The handout emphasizes this. There is not enough time during these sixty-minute sessions to review the counterpoints in great detail, so I always feel good about leaving participants with something to read later or to share with a family member. Part of what makes me, as a rhetorician, feel good about this is that I leave a thing—a tangible item—with participants. As Jeff Grabill (2010) reminds us, “rhetoric is always material, and it is most powerful when it makes things that enable others to perform persuasively” (201). While I do not have concrete evidence that this handout or workshop experience enables participants “to perform persuasively” in the everyday rhetorical situations they will have to navigate, my findings and observations demonstrate that they do create a framework for a communal performance of sorts—sharing stories, listening to varied experiences, providing new ideas for how to deal/respond, and laughing together at the possibilities of shooting down pathologizing rhetoric(s).

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6 The mistreatment of young pregnant and parenting people by medical professionals is a continuing problem to address (see Breheny and Stephens 2007). In fact, in 2018, the Center for Community Health and Health Equity at Brigham and Women's Hospital asked me to give a professional development seminar for medical personnel focused on how to improve the care they give to young families. This was not the hospital that participants were discussing in the 2019 workshop.

I do not prompt “role-playing” due to time constraints, but people who see the handout typically think that is what it is designed for, and I do wonder if that would be effective. As I wrote in the introduction, I am inspired by Dolmage’s (2014) emphasis on the classical rhetorical concept of *mētis*, that honed ability to “transform rhetorical situations” in the moment (17). I imagine that we could practice these scenarios in a longer workshop or a series of workshops, using the counterpoints as means of transforming the situation with a stranger who reads the young pregnant or parenting body as a problem to prevent—deploying language and information to shift the tone of the encounter, to shift the one-who-embodies-exigence into the one-who-educates-the-misinformed or, perhaps, the one-who-shuts-sexist/ageist/racist/elitist-shit-down. Yet, even Dolmage (2014) acknowledges that *mētis* is not something a teacher necessarily trains a student to “master” but, instead, an openness and “sensitivity” to possible encounters (162).

And role-playing scenarios with strangers is not where the energy needs to be. I feel it every summer when the workshop begins. It needs to be in the venting, in the connecting, in the cackling at the absurdity of people’s comments. That is what people value in the workshop. That is what I feel really gets “done.” Youth participatory action researchers Londie T. Martin and Adela C. Licona (2018) find something similar when reflecting on a summer workshop they helped to facilitate to confront limited and limiting sex education mandates in Arizona. They write participant-led, playful moments of creation are opportunities for relationship building via “a responsive reciprocity of engagement that calls for us to be both recognized and recognizing, loved and loving” (Licona and Martin 2018, 126). The young parents in the STEPS workshop report feeling recognized and appreciative of a moment to recognize the experiences of other young parents—even as those experiences vary from their own.

Finally, I think my role as someone who has researched this, and as someone who knows that the public does not have access to correct information about “consequences” and “teenage pregnancy,” is to provide that information—to circulate it in a world that does not want to.

## CONCLUSIONS

While the social, political, and legal changes reproductive justice demands require largescale collective action, I agree with Ellen Cushman's (1996) assertion that social change also includes "the ways in which people use language and literacy to challenge and alter the circumstances of daily life" (12). Social change, she writes, takes "place in daily interactions when the regular flow of events is objectified, reflected upon, and altered" (Cushman 1996, 12). Workshop participants are altering an otherwise regular flow of events when they critically reflect on moments with strangers (as well as family and medical personnel), objectify these events as unnatural or problematic, and strategize new ways to respond. My role as a rhetorician in this workshop is to facilitate discussion, prompt writing, and offer language drawn from my privileged access to researched information (Cushman 1996, 14).

I do these workshops because I agree with those interested in public rhetoric, community literacy, and feminist rhetorics that we are in a field that has prepared us to facilitate discussion on matters of civic importance. I wrote a book about discourses about "these women," which scored me points for tenure and promotion and gains me an audience in my field, but I wrote that book to make a difference in the rhetoric and material realities entwined in it, all the while knowing that this is not how information spreads. Thus, I do the workshop to feed that innermost desire, to open myself to the ones experiencing this now, to be accountable to them, to spread information and help in a small way. I have done it for five years and will continue to do so because these situations are everyday rhetorical encounters, likely shared by others who embody exigence. I do feel that feminist rhetoricians are uniquely equipped to help those who embody rhetorical exigences to invent effective ways to rhetorically respond.

Why feminist rhetoricians? Feminist rhetoricians are scholars who research and write about meaning-making symbols that support and/or resist what bell hooks (2014) calls the white supremacist capitalist patriarchy. As people who participate in feminist movement(s), we see our scholarship as an opportunity to make visible otherwise insidious means of sexist oppression—often diving into the "damage centered" research that pathologizes precarious communities (Tuck

2009). Critically aware that, as scholars, we most often speak and work with those who are privileged by the current order, we strive to be accountable and responsible to those we write with and about. Moreover, as rhetoricians, we understand that our theories, practices, and concepts stem from civic and everyday uses of language. In other words, the field exists only as it was and is useful to those who must use meaning-making symbols to function—to claim rights, to determine courses of action, to access resources, to heal, to survive.

If this is our origin story and these are our agendas, then I maintain that we are uniquely impelled and equipped to work with everyday people experiencing reproductive injustice, using language and sharing the research that we have privileged access to, in an accessible way and in response to community-identified needs, to ensure that we are marching toward a more just and joyful future. In her book, *How All Politics Became Reproductive Politics* (2017), historian Laura Briggs makes clear that our current neoliberal political and economic context makes the reproductive labor necessary to continuing human life nearly impossible. She writes that those of us charged with reproductive labor experience “impossible stress storms because only a very few of us any longer have the time or resources to do reproductive labor while also earning the wages it takes to keep us all alive, never mind thriving” (Briggs 2017, 10). In this article, I described my attempt to engage a particular community in a problem-solving and meaning-making discussion of everyday encounters they have with strangers. When considering that the lives of reproductive laborers—particularly those who are young, low-income, people of color—are riddled with impossible stress storms (along with sparkling moments of happiness, for sure) these workshops seem all the more important. Together we may learn how to weather one element of this storm.

## APPENDIX: WORKSHOP EVALUATION

The following questions ask you about the workshop you just attended, facilitated by Jenna Vinson, called “Aren’t You Too Young to Be a Parent?’ Dealing with Hostile Strangers and the Myths about Teenage Pregnancy and Parenthood”

What was the main thing you got from the experience of this workshop session? Please explain.

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**How do you think you might use the information on the “Dealing with Confrontational Strangers: Counter-Points about Young Parents” handout?** For example, you could share the information on it with friends or you could use the counter-points to speak back to people who say mean things to you.

--

Before today, had you ever been approached by someone you did not know who made negative comments about your pregnancy or parenting status in a public space?

Yes	No
-----	----

How frequently do you receive such comments? (Circle One)

A lot	Sometimes	Rarely	Never
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Where do people tend to make these comments? (Check all that apply)

Stores	Buses/Subways	Work
Sidewalks/Streets	Taxis/Ubers	Other
School	Parking lots	

**Before this workshop, were you familiar with the research/information provided on the handout (titled “Dealing with Confrontational Strangers: Counter-Points about Young Parents”)?**

No	Yes	Some of it
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If you checked “yes” or “some of it,” where had you learned this information?

How much do you agree or disagree with the following statements?  
 (Place an X in the box)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I would recommend this workshop to others					
This workshop provided me with new information					
This workshop helped me feel more prepared to deal with hostile strangers and negative comments					

The following questions are **OPTIONAL** but helpful to know:

**How would you describe yourself?** *Check all that apply.*

Pregnant
A Parent
A Young Parent
An Older Parent
An Ally or Aspiring Ally to young parents
A friend to a particular young parent
A Parent or Guardian of a young pregnant or parenting person

How old are you today?

What is your gender identity?

What is your ethnicity/race?

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# In the Fight of their Lives:

## Mothers of the Movement and the Pursuit of Reproductive Justice

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University*

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**O**n December 15, 2019, I sent this article to the editors. On February 23, 2020, Ahmaud Arbery was followed and murdered as he jogged in Brunswick, GA by two white men who believed him to be a robbery suspect. On March 13, 2020 former EMT Breonna Taylor was shot at least eight times when Louisville Metro Police executed a no-knock warrant. When her boyfriend Kenneth Walker, who is licensed to carry, returned fire, he shot one of the officers in the leg. Walker was arrested and charged with attempted murder; however, the charges were later dropped. On May 25, 2020, George Floyd died in police custody. He was heard pleading with the arresting officer that he couldn't breathe for eight minutes and forty-six seconds, and he could be heard saying, "Momma. Momma, I'm through."

Today is June 1, 2020, and America is on fire. Protests are happening all over the country because people are fed up with

police-sanctioned violence against Black people. COVID-19 has forced Americans home for weeks, and hundreds of thousands of people are in economic and emotional limbo while the country slowly reopens. As I revise this paper, my five-year-old son, Amir, is playing with his Beyblade. Amir is seven years younger than twelve-year-old Tamir Rice when he was killed by Cleveland police officer, Timothy Loehmann. He is twelve years younger than seventeen-year-old Trayvon Martin and Jordan Davis, both of whom were shot by White, vigilante citizens with guns. He is thirteen years younger than Michael Brown who was shot by Darren Wilson, a Saint Louis police officer. He is twenty-one years younger than twenty-six-year-old Botham Jean who was shot in his own home by off-duty cop Amy Guyger. Amir is twenty-seven years younger than thirty-two-year-old Philando Castile who was shot by Jeronimo Yanez, a Minnesota police officer conducting a traffic stop.

At every stage of life, Black people are in danger, and that makes me wonder what Amir's life will be like if America fails to bring an end to the use of systemic racism, excessive force, and unnecessary, racially charged 911 calls in this country. Originally, I wanted to write about the visual rhetoric of Black motherhood and how the negative stereotypes of the mammy, breeder, matriarch, jezebel, welfare queen, teen mother, and crack-addicted mother affect the implicit bias of medical providers. However, as is the case with writing, sometimes you give up control and let the research lead you to higher ground. In my preliminary research about the image of Black mothers and reproductive rights, I realized that Black mothers, who lost their children to violence, were engaging in reproductive justice (RJ) work by forming grassroots organizations to make purposeful the loss of their children's lives.

At first glance, one may wonder how losing a child to police or gun violence is part of reproductive justice—but it is. According to Ross et al. (2007, 14), “reproductive justice is defined as the right not to have children using safe birth control, abortion, or abstinence; the right to have children under the conditions we choose; and the right to parent the children we have in safe and healthy environments.” Ending reproductive injustice happens across three separate but related categories: reproductive health focuses on healthcare and access,

reproductive rights concentrate on the legality of contraceptive and abortion restrictions, and reproductive justice focuses on movement building and using global human rights standards (Ross et al 2017, 15). In this article, my goal is to examine how women from *Mothers of the Movement*<sup>1</sup> rebuff the negative ethos of Black motherhood to engage in reproductive justice activism. I start with a brief description of my methodology which includes ethos, counterstory, and Nommo. Next, I discuss several high-profile cases involving Black youth being killed and/or assaulted by police and regular citizens. Then, I discuss how Black mothers have been propelled into public engagement and activism that can be centered within reproductive justice theory. Finally, I would like to note the multi-modality of this piece. All hyperlinks are meant to provide you, the reader, with easy access to the resources I used while researching and writing this article. The links are found within the body text and in some footnotes.

## METHODOLOGY

Centering the needs of Black mothers goes beyond repeating the often-quoted statistic that “Black women are three times more likely to die from complications of childbirth than white women in the U.S.” (Martin and Montagne 2017). Centering the needs of Black mothers means acknowledging the false narrative and oppressive relationship between Black communities and America’s racialized system(s). To do this, I engage in a mixed methods approach when analyzing Black mothers and reproductive justice activism. I start with the ethos of Black mothers and then turn my attention to the methods of counterstory and Nommo as part of the Black rhetorical tradition.

## THE IDEOLOGY AND ETHOS OF BLACK MOTHERHOOD

Ideologies are belief systems that dictate how people make meaning of symbols. My own view is that rhetorical practices are key components of ideologies, and ethos is one of the most important

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1 Mothers of the Movement is the name given to a group of women who lost their children in high-profile police involved cases. They include: Gwen Car, mother of [Eric Garner](#); Sybrina Fulton, mother of [Trayvon Martin](#); Maria Hamilton, mother of [Dontre Hamilton](#); [Lucy McBath](#), mother of [Jordan Davis](#); Lezley McSpadden, mother of [Michael Brown](#), Cleopatra Pendleton-Cowley, mother of [Hadiya Pendleton](#); and Geneva Reed-Veal, mother of [Sandra Bland](#).

because it shapes the identity of community members. The maternal ethos of Black mothers in American culture operates differently from that of white mothers. To illustrate this difference, I borrow from [Lindal Buchanan's](#) (2013) woman/mother continuum theory. She theorizes motherhood through the lens of *god terms* where the word **woman** has a negative value and meaning, and the word **mother** has a positive value and meaning. Buchanan's research shows how language exists on a sliding scale of comparison in order to "diminish the force of other terms" (Buchanan 2013, 8). In my version of the table, I add a column for the phrase "Black mothers" which I consider a god term. I then apply the same adjectives and adverbs to "Black mothers" and include a column that provides a corresponding image with the experience and emotional qualities listed in the table.

Woman (Devil Term)		Mother God Term	Black Mothers in society (God Term)	Corresponding image
childlessness		children	children (multiple)	Breeder woman
work		home	Single parent and fatherless homes which disrupt patriarchy	Matriarch
sex		love	Her love is seen as sexual and immoral due to her unrestrained sexual appetites	Jezebel
self-centeredness		empathy	She has <u>empathy</u> (for white families via mammy)	Mammy
materialism	Rhetorics that combine elements of the Woman and Mother	protection	She does not <u>protect</u> her children because of her poor choices.	Crack addicted mother
immorality		religion	She is <u>religious</u> but not pious b/c she has sex and children outside of wedlock	Matriarch Teen mom
hysteria		nourishment	She cannot <u>nourish</u> because she is unable to provide financially for her family, and she is immoral, so she is not able to provide a moral foundation for her children	Welfare mother
irrationality		altruism	altruism: she is not self-sacrificing	
extreme emotion		morality	She lacks <u>moral</u> training from her mother which ends up making her a teenage mother.	teen mother
weakness		self-sacrifice	She does not sacrifice for her children	

Woman (Devil Term)		Mother God Term	Black Mothers in society (God Term)	Corresponding image
the sensual body	Rhetorics that combine elements of the Woman and Mother	strength	She is seen as <u>strong</u> and overly masculine when necessary.	Slave field hands
the public sphere		the reproductive body	Her reproductive body is only valid if it supports the American economy; thus, reproducing for slave owners or curtailing her reproduction post slavery.	Breeder, jezebel, teen mother
		the private sphere	The private sphere does not exist for her because black bodies are policed, watched, and controlled. She will work and have her sexuality and body on display for the world	All images
		the nation	She is not of value to the <u>nation</u> unless her wombs are controlled	All images

Adapted from Lindal Buchanan's *The Woman/Mother Continuum* (2013, 9)

Like white motherhood, Black motherhood is rhetorically constructed and “provides readers with immediate and recognizable (and) culturally resonate stereotypes, each comprised of well-known qualities and associations” (Buchanan 2014, 8). The stereotype of the bad Black mother is embedded within the topoi of motherhood and strategically used when politicians and media want to create a specific image of motherhood. What I find most interesting about the rhetorical construction of motherhood is that people never overtly say Black mothers are bad. Instead, coded language is used, and people are left to use their community memberships and cultural common places to infer the meaning and intent. So, when language like *single-parent home*, *ghetto*, *thug*, *inner-city*, *inner city youth*, *fatherless*, *welfare mother*, *welfare queen*, *welfare babies*, *crack babies*, *crack mothers*, *teen mom*, *culture of poverty*, and *urban poor* are used, people almost intuitively apply these terms to Black mothers and communities.

The ethos of Black motherhood developed out of America’s need to develop a national discourse that could justify chattel slavery, explain why Black bodies and minds were inferior, and support racist political policies. After chattel slavery ended and reconstruction failed, America continued using images (mammy and breeder) from slavery to dehumanize and hypersexualize Black women. During America’s industrial revolution, Black women were stereotyped as matriarchs and jezebels. During the Civil Rights movement, they were welfare queens and unwed teen mothers responsible for draining the resources of America with their fatherless children and welfare entitlements. In the late 80s and early 90s, they were criminalized as crack addicted mothers. These images cemented a particular image of Black women in American’s cultural discourse, and although Black women have made great strides in breaking free from these images, they are still deeply embedded in America’s racial conscious.

In Buchanan’s distinction between the negative god-term **woman** and the positive god-term **mother**, we can see how the word woman can be synonymous with Black mothers. It is my argument that these god-terms and stereotypes control who is allowed to be a legitimate mother in American society. The institution of motherhood is viewed through the experiences and expectations of white, heterosexual, middle class women. To this end, Black mothers and anyone outside

of this narrative are erased. If we understand motherhood as the goal for a woman (hypothetically speaking), and white women are the standard bearers, then where does that leave Black women and other women of color. It leaves them outside of the protections afforded to white women and children; thus, Black lives do not matter because Black wombs do not matter (Harper 2018).

## **COUNTERSTORY, NOMMO & THE BLACK RHETORICAL TRADITION**

Like women orators of the 18<sup>th</sup> and 19<sup>th</sup> centuries, Black women use motherhood as a *topoi* while defining the purpose of their activism. In doing so, the use of storytelling, which is part of the human experience regardless of ethnicity, is key for Black mothers because they've not had the pleasure of controlling their ethos. As such, I offer that counterstory is an essential rhetorical tool of Black women/mother rhetors. According to Martinez and Broussard (2018), counterstory is a theoretical approach that “serves to expose, analyze and challenge stock stories of racial privilege and can help strengthen traditions of social, political, and cultural survival and resistance” (32). For bereaved Black mothers who find themselves thrust into the national spotlight as a result of gun violence, part of their activism is rooted in the use of counterstory. Counterstory allows them to take control and reclaim their children's narrative from the media who use cherry picked pictures of a criminal past, mugshots, or images pulled from social media accounts to dehumanize the victim.

These counterstories are also a form of resistance to state sanctioned violence, erasure, and victim criminalization. For example, the media attempted to stereotype Trayvon Martin as a *thug* by sharing he was on a ten-day school suspension for having trace amounts of marijuana in his book bag. Media outlets posted pictures of a young Trayvon giving the middle finger to the camera, wearing a hoodie, and wearing gold fronts. All reasonable things that young adults do as they grow up and none of which had ANYTHING to do with him being shot. In an excellent example of counterstory, Trayvon Martin's family, in conjunction with rapper Jay-Z, created [Rest in Power: The Trayvon Martin Story](#). Martin's family used this documentary to refute the media's suggestion that Trayvon was a troubled teen and presented a counterstory that focused on Martin's growth into a young man. In the documentary his mother states, “I just remember Trayvon being

so affectionate. It felt like everybody was his friend. He was seventeen years old transforming from a boy to a young man.” While I cannot list all of Ms. Fulton’s comments, her story and that of her ex-husband humanize Trayvon, thus allowing the audience to see him as a victim and not a criminal aggressor. In another example, the media, without any regard for the loss of life, released Terence Crutcher’s mug shot and criminal record to demonstrate that he was, in fact, “a bad dude.” The rhetorical intent was to criminalize Crutcher, the victim, in the court of public opinion. The mothers left to grieve are often seen in the media asking what happened to their children, and it is my argument that they represent the stereotypical matriarch who did not raise her children to have deference for white America’s social structures—specifically law enforcement, and that’s why their child was shot (Collins 1991).

Counterstory is also important to the Black community because it is how America receives its periodic shock from racial slumber and forces the law enforcement to do their job when Black people are victimized. When Emmett Till’s mother Mamie Till requested her son have an open casket funeral, she shocked the world and showed the brutality of white supremacy. While his killers were acquitted, the image of fourteen-year-old Till and his story has remained in America’s conscious for sixty-five years. In addition to the racial shock, which usually wears off, counterstory helps families demand a response from a broken legal system that typically refuses to investigate officer-involved shootings or white citizen shootings of Black people properly. Often, in these cases, the Justice Department declines to file charges against the shooter, or the family has to publicly protest to get district attorneys to press charges. In some instances, charges are filed, but the shooter is not convicted, as was the case of Betty Shelby, who shot unarmed Terence Crutcher after he left his car idling in the middle of the street. Shelby’s defense team argued that Crutcher would not comply when ordered to stop walking, and he reached back into his car, which prompted Shelby to shoot; however, video evidence appears to contradict the officer’s story. After being acquitted, Shelby found work in law enforcement in the Oklahoma Sheriff department and teaches a class titled, “How to Survive the Aftermath of a Critical Incident,” which focuses on being victimized by anti-police groups and the Ferguson effect.

[Shelby \(Shelby, 2018\)](#) defends her class by suggesting the four-hour course is her way of helping officers live through the challenges of officer-involved shootings. Crutcher's family argues that Shelby's course does not focus on teaching officers to identify their own implicit biases when dealing with communities of color. While the Sheriff stands by Shelby's class, another organization rescinded an invitation to have Shelby speak when Crutcher's family pressured the group. Crutcher's twin sister, Dr. Tiffany Crutcher, along with her parents, Rev. Joey and Mrs. Leanna Crutcher, founded the [Terence Crutcher Foundation](#) to amend policy and change the narrative about Black men. This holds significant importance because, in the helicopter video (Chappell 2016) of Crutcher's shooting, an officer can be heard saying, "he looks like [a] bad dude." Instances like this keep MOMs involved in the political process and committed to holding elected officials accountable. Our current legal system appears incapable of arresting officers when they are involved in shooting civilians—especially when it involved a police mistake. Recent events in our country exemplifies this challenge.

As of today, June 12, 2020, the Louisville Metro Council voted to ban no-knock warrants, but the officers who shot Breonna Taylor still have not been arrested. The officer who shot Atatiana Jefferson was arrested and indicted days after shooting Ms. Jefferson, which is rare for officer-involved shootings. The cop who held his knee on George Floyd's neck for eight minutes and forty-six seconds was originally placed on administrative leave before being arrested and later released on a \$750,000 bond (Hanna 2020). America's track record for arresting and prosecuting officer-involved shootings is poor and even less solid when white citizen police kill Black people, which is deeply problematic. Arrest warrants for the McMichael's were not secured until May 7, some three months after they shot Ahmaud Arbery on February 23, 2020. George Zimmerman was released after being questioned the night he killed Trayvon Martin.

While counterstory is an effective rhetorical tool, I also suggest that it is connected to the African rhetorical concept of Nommo and the African-American oral tradition that places a high esteem on the spoken word. Nommo acknowledges the power of the spoken word

and its ability to bring about good into the world. Smitherman (1977) writes,

“The preslavery background was one in which the concept of Nommo, the magical power of the Word, we believed necessary to actualize life and give man mastery over things. All activities of men, and all the movements in nature, rest on the word, on the productive power of the word, and the awareness that the world alone alters the world...” (78)

Nommo and counterstory provide a space for Black mothers to assert control and correct blatantly wrong about details their children. Documentaries like Martin’s and Dontre Hamilton’s [The Blood Is at the Doorstep](#) (Ljung 2017) along with grassroots organization like [Mothers for Justice and Equality](#) (Mothers 2019), and [Mothers of Black Boys United](#) (MOBB 2019), are examples of mothers changing the discussion about excessive force and violence in our communities.

## **WHAT DOES REPRODUCTIVE JUSTICE LOOK LIKE FOR BLACK WOMEN?**

Black women have long done the work of reproductive justice, and I suggest the work started in 1831 when northern, free Black women set out to upend slavery, racism, classism, gender oppression, and violence. Their work was purposed as a response to the negative ideology of Black motherhood that was created by the white men who controlled America’s slave economy. In response to this ideology, free Blacks in the North developed their own narrative. Publications like the *Christian Recorder* suggested Black mothers held the power to “guide their children to success” and embodied the ideals of Christian morality and domesticity (Webster 2017, 434). After slavery ended, Black women rhetorically constructed their own view of motherhood, and they used racial uplift as a major part of the topoi. They believed it was their job to lift the race and reclaim their narrative. One of the most comprehensive examples of Black women writers, feminists, and rhetors reclaiming their narrative is [Words of Fire](#), edited by [Beverly Guy-Sheftall](#) (1995). The collection shows Black women from every time period using discourse to dismantle all forms of oppression. These women redefined motherhood, created their own ethos, and subverted the Bad Black mother trope used to devalue their reproductive needs.

The work of Black mother activists is reminiscent of what Jaqueline Jones Royster (2000) describes happened to African women and girls who lived through the Middle Passage. The displacement of the Middle Passage coupled with the trauma of chattel slavery forced these women and girls into a situation from which a “newly constructed community developed, largely because of their collective efforts to recover balance and stability in their lives” (Royster 2000, 99). Like their ancestors, Mothers of the Movement and other Black mother activists have constructed communities to support their ability to move forward in the face of devastating gun violence.

Today, Black women continue to work on all fronts of RJ. But for a small group of Black mothers, RJ work is helping families deal with their grief and reforming a broken justice system that unfairly targets Black people, allows police shootings to go un-investigated, and permits regular citizens to harass and even kill African-Americans. While these women might not see their work as reproductive justice, I do. [Sybrina Fulton](#), Trayvon Martin’s mother, and her ex-husband Tracy Martin started the [Trayvon Martin foundation](#) and created the programs [Circle of Mothers](#) and [Circle of Fathers](#) to help parents heal from the loss of a child. In a [powerful clip](#) shared on [Circleofmothers.org](#), Ms. Fulton discusses how she refused the job, but finally accepted that she was being called to do more with the tragedy that changed her life forever (Circle of Mothers 2018). In my estimation, helping families through the grieving process of gun violence is a huge part of RJ that is not discussed enough. Erica Ford, founder of the [Peace Mobile and Life Camp](#), also works to help families of gun violence heal. The need for mental health services that assist parents with grieving is of the utmost importance when dealing with the post-traumatic stress of gun violence.

While Fulton’s work initially focused on the restorative process necessary for emotional healing, she, along with Lesley McSpadden, mother of Mike Brown and [Lucia McBath](#), mother of Jordan Davis, decided to run for political office. They are actively pursuing political action to ensure that Black mothers can raise their children in safe environments, which is a key concept of reproductive justice, and they are constructing communities of support. Many of these moms are running for political office because they see changing the

structure of the justice system as part of saving lives. Fulton lost her bid for a seat on the 2020 Miami-Dade County Commission, and [Lesley McSpadden](#) recently lost her bid to join the Ferguson, MO, 3<sup>rd</sup> Ward City Council. McSpadden cites the death of her son as the reason for seeking election when she stated, “I wanted to go back and do something right in a place that did something so very wrong to my son, and I think that’s what my son would want as well” (Eligon 2019, 365). Despite McSpadden’s loss, the citizens of Ferguson recently elected Ella Jones as its first Black mayor, and she happens to be the first woman mayor of the Saint Louis, MO suburb.

In their pursuit of justice, all three mothers contextualized their activism as a part of parenting their murdered children. Lucy McBath lost her son, Jordan Davis, at the hands of a vigilante citizen who shot into his car ten times over an argument about loud music in a parking lot. Jordan’s killer was convicted of first-degree murder and sentenced to life in prison. McBath’s motive for running speaks directly to the topoi of motherhood and the need to have better gun control in our society, for she stated, “it’s just not enough to have the marches and the rallies and the speeches and the remarks. Championing for them in Washington is still championing for my child. I’m still a mother; I’m still parenting. That’s why I believe this was the time to stand up” (Chiu and Schmidt, 2018). McBath’s admission speaks volumes about the work of women across the country and how they use motherhood as part of their rhetorical appeal when fighting for reproductive justice. The need to hold bad cops and vigilante citizens accountable is a life and death matter for Black families in the fight for reproductive justice because, in addition to excessive force, white citizen police and racial micro aggressions also threaten black life in America.

Racial micro aggression has become so widespread that Black Twitter creates a new hashtag and works to identify the accuser every time a video goes viral. Even popular comedienne Niecy Nash created a satire (2018) based on the topic of [white fear](#). These racial micro aggressions result in police interactions sometimes leading to the arrest of Black citizens for no other reason than being Black in *so-called* white spaces. For example, a Starbucks employee called the police on Dontre Hamilton who was sleeping in Milwaukee, Wisconsin’s

popular Red Arrow Park. Unbeknownst to Hamilton and the officer who shot him, two officers responded to an earlier call to check on the sleeping Hamilton. The first two officers determined that he was not doing anything illegal and did not wake him. A second call made by the Starbucks employee precipitated Hamilton's interaction with officer Christopher Manney who conducted an illegal stop and frisk of the sleeping Hamilton. As a result, the two struggled over the officer's baton, causing Manney to shoot Hamilton fourteen times. It was later discovered that Hamilton suffered from schizophrenia. Hamilton's family believed he was confused and possibly feared that he was being attacked when the officer began to frisk him while sleeping. Manney was fired from the police department for the illegal stop and frisk, but he was not charged in Hamilton's death. Hamilton's family sued and was awarded 2.3 million dollars from the City of Milwaukee.

Hamilton's death is a prime example of white citizens calling the police on black people and the dangerous, sometimes fatal repercussions that happen. Another example of police misconduct is an incident involving the arrest of a six-year-old girl who



was arrested and charged with misdemeanor battery charges in Florida for having a severe tantrum at school. The arresting officer was a Black man, and I mention his ethnicity to make the point that excessive force with Black Americans is so engrained in American culture that the race of the arresting officer does not matter. These stories remind me that Black lives are not safe at in school or work or in public, and they are often subjected to dangerous race baiting in public places. For example, on September 24, 2019 Adrene Ashford was [verbally assaulted](#) by Heather Lynn Patton in a California CVS. Captured on video (Cleary 2019), Patton yells the word nigger fourteen times during the video and states she would kill a nigger if she could, but she cannot because it is illegal to kill niggers (Ashford 2019). The most recent example of racial micro aggression is the 911

call Amy Cooper made when Christian Cooper (no relation) asked her to leash her dog while he bird watched in the Ramble section of Central Park. In the video posted to Cooper's Twitter and reposted all over social media, Amy Cooper can be heard saying "I'm taking a picture, and calling the cops" (Cooper 2020). Cooper's threat is indicative of the power White women have over Black bodies, of which Cooper was keenly aware when she went on to say "I'm going to tell them there's an African American man threatening my life" (Cooper 2020). I suggest, as do others, that Cooper knew she would be believed in a police encounter between herself and a Black man, which speaks to the adage circulated in the Black community, "When a White woman cries, a Black man dies." Incidents like this demonstrate the fear Black mothers face as we struggle to raise our children in safe environments and ensure that our family members make it home at the end of the day.

## **WHO'S GOT NEXT? WE ALL DO!**

As we work to dismantle existing systems of oppression, there's much that can be learned from Black mother activists. Considering that we are on the cusp of what I hope to be real change in American society, scholars of rhetoric, educators, and administrators across the spectrum of education are really at the forefront of helping a new generation discover and use their voice for equality. I suggest the following:

1. Amplify marginalized voices and grassroots organizations, and be open to sharing space with others;
2. Do not resist the disruption of the status quo narrative, stop asking for proof of racism, and be a proactive and responsible ally.
3. Organize voting campaigns and provide our youth with a civic education;
4. Accept one's privilege, and find ways to share access to systems of power.

This is a tall order, but it can be done.

## **AMPLIFICATION**

Amplifying the work of grassroots organizations where Black women have been doing the work for years helps to broaden their network of supporters, and we have to be careful not to ignore the people who were first on the scene. For example, when Kim Kardashian got involved with prison reform, she was amplified for doing something Angela Davis, Michele Alexander, Patrice Cullors, and many others were already deeply involved with—in some cases for years. Amplification is particularly important to “feminist” organizations who claim to work on behalf of all women. I bring this up because Black women and other women of color often create their own organizations because mainstream white feminists do not recognize the intersectionality of their experiences. For example, when BlackLivesMatter-LA was not invited to speak at the 2002 Women’s March, organizers cited the desire to go in a different direction and focus on voting rights. This misstep suggested that voting wasn’t an issue that affected the work of BLM. But I argue it was, because voting for local officials is what will change the criminal justice system—change will need to happen at the state and local level because the federal government is led by an ultra-conservative attorney general. Additionally, amplification must go beyond slogans and social media posts. It must include support in the form of resources. Financial support, which is a constant need for most grassroots activist groups, is obviously important, but having conversations with family and friends about why reproductive justice and police reform play a key role in America’s growth is necessary.

## **RESISTANCE, PROOF, AND BECOMING AN ALLY**

After we amplify each other, do not resist the disruption of narratives that do not align with your own personal experiences, and, for white people in particular, do not ask for proof of racism. It is waste of time, and as Toni Morrison (1975) explained in a speech given at Portland State, racism is a distraction. She said,

The very serious function of racism ... is distraction. It keeps you from doing your work. It keeps you explaining, over and over again, your reason for being. Somebody says you have no language and so you spend twenty years proving that you do. Somebody says your head isn’t shaped properly so you have scientists working on the fact that it is. Somebody says that you

have no art so you dredge that up. Somebody says that you have no kingdoms and so you dredge that up. None of that is necessary.

Finally, do not lecture people on how they should react to their experiences with racism, sexism, homophobia, Islamophobia, and all the other *isms* and *obias* of inequity. A true ally does not sit in a position of privilege while simultaneously telling the oppressed how they should respond. Being an ally means leaving the stock story of privilege behind and engaging in meaningful support that requires action (Martinez and Broussard 2018). So, rather than saying “I support you,” speak up to the person who is creating and maintaining the oppressive space, especially if you have any power.

## **VOTING & EDUCATION**

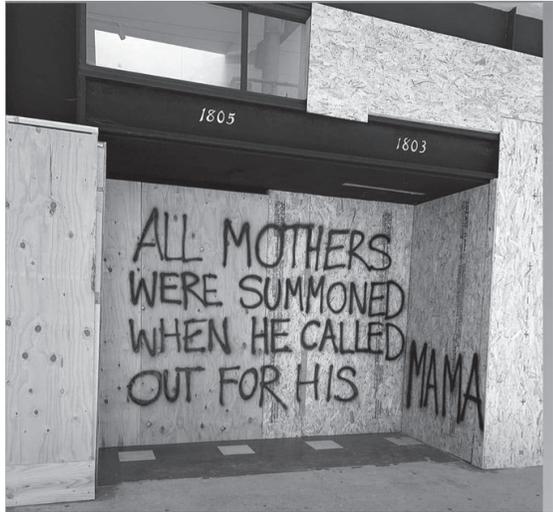
Black mother activists have shown us what to do. We must organize and utilize our political systems at the levels of state and local government. We can do this by pushing our communities to vote beyond the Presidential election, educating our children about the political system, and teaching them that social media is only part of an activist’s tool kit. For starters, I believe we need a major voting campaign. There’s so much emphasis on the presidential election in the Black community that we fail to elect officials that serve our needs at the state and local level. If we are to redirect funds from police departments back into social programs, then we need elected officials who are willing to carry out these agendas. In addition to voting and encouraging Black and Brown people to run for elected office, educators and parents need to teach their children about colonialism, imperialism, and its effects on people’s lives. We’ve allowed history to be disconnected from the present, and our children need to understand basic elements of civics, government, and policy. They need to understand how public policy is made, so they can become part of and eventually develop and maintain a new system that is equitable. We are all responsible for remaking America.

## **PRIVILEGE**

Finally, people need to address their privilege. I do recognize that almost all people have some form of privilege in their own subcultures; however, white, male privilege is the most powerful in American

society. But, I assert that men of all ethnicities need to check their privilege. Heterosexual and cis-gender people of all ethnicities need to check their privilege. White women need to check their privilege, and other non-Black people of color need to acknowledge that their desire to be in close proximity to white privilege can also push them to be anti-Black. Now, if you are wondering, well, what about Black men and women, it is my argument that, within the context of American society, the privilege that Black men and women have does not create or sustain large scale systems of oppression.

The work of remaking this country and ultimately the world into a space where people are able to raise their children in environments that are



free of racism, gun violence, and police brutality is a dream that I hope to witness. As protesters have suggested all across social media in a variety of protest signs, George Floyd's death has unleashed a wave of emotion that could not be held back, and his cry for his mother broke the hearts of mothers around the world. The fate of America depends on our ability to give up what is comfortable for what is right.

## AFTERWARD

*My son asked me what happened to George Floyd and why people were outside during COVID-19. So, I explained to my six-year-old that "Mr. George Floyd died, so that you can have a better life, and people are outside because America has work to do." My daughter asked, "why would a police officer kill someone begging for help, and why didn't he stop hurting Mr. Floyd?" Through her eight-year-old eyes, even she knew the officer was using excessive force. I told my daughter that police are sworn to protect everyone, but sometimes they don't. She was not satisfied with my answer, and neither was I. These are the questions we must answer for our children.*

*This work is deeply emotional, and I can only image the depth of the loss and stress these families feel when they engage in activism for the sake of their loved ones and our communities. I've walked away from this article several times because it's emotionally taxing. I could not finish watching Rest in Power: The Trayvon Martin Story; therefore, I did not watch The Blood Is at the Doorstep. This work reminds me that we must all practice self-care so that we can continue the fight for justice. I pray this article helps, in some small way, bring about the change we need to rectify this unjust world. Rest in Power Ahmaud, Breonna, and George.*

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# Complicating Acts of Advocacy: Tactics in the Birthing Room

**Shui-yin Sharon Yam,**  
*University of Kentucky*

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*“Yeah, so yelling at the nurse very clearly does not make this right. She’s just a messenger. There is a way to be diplomatic about it. I like to play the dumb part a lot: ‘You know, I really don’t understand... could you clarify this for me?’ That used to work a lot better as a work-around.”*

—Emily

*“Sometimes it’s more talking to myself and talking to the client, like telling them what I see is going on because I guess in that case, my hope is that the provider is hearing it and even if they are not responding, that they are aware that I see what’s going on, and I’m making my client aware of what’s going on. ... I know they hear me: the provider can hear me, and the nurses can hear me.”*

—Margaret

*“My client is completely bewildered, she is in pain. So me in that moment, I just put my hand on the nurse’s hand that had her breast, and said, ‘could you please not do that?’ And that’s*

*all I said in that moment. And the nurse, she looks at me and she rolls her eyes, but she let go, which is what was important to my client. Afterwards my client said, 'thank you for that.'*"

—Malika

These were the stories told by three different doulas when I asked them for examples of the tactics they deployed to help their marginalized birthing clients achieve an empowering birth experience—namely, to help their clients maintain and exercise bodily autonomy and the right to make truly informed and uncoerced medical decisions in the hospital.<sup>1</sup> Doulas, also referred to as birthworkers, are trained, non-clinical professionals who “provide continuous physical, emotional and informational support to [the gestational parent] before, during and shortly after childbirth to help [them] achieve the healthiest, most satisfying experience possible” (DONA 2020). Numerous clinical studies have demonstrated that doulas effectively improve the health outcomes for both the birthing person and the infant (Gruber, Cupito, and Dobson 2013; Hodnett et al. 2012). Given recent attention on the US maternal mortality crisis, especially the high rate of mortality and morbidity among black women and infants, state governments, researchers, and the news media have turned to doulas as a potential solution to improve birth outcomes (Quinn 2018; Simmons 2017; Gruber, Cupito, and Dobson 2013).

While mainstream news reports and childbirth education materials often describe doulas as advocates for their clients, many of the thirty doulas I interviewed did not identify as advocates for their clients in the birthing room based on the term’s conventional definition (American Pregnancy Association 2012; Murkoff 2019). Rather, doulas, attuned to the power difference between them, their clients, and the medical institution, engage in complex performances that do not fit the conventional definition of advocacy as overt lobbying or persuasion. They deploy what I term “soft advocacy” to center the interests of their birthing clients while ensuring that the birthing room remain a calm environment for all. Doulas’ enactment of soft advocacy is transferrable to community-engaged researchers

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<sup>1</sup> Interview with Emily, Oct 1, 2018; Interview with Margaret, Aug 27, 2018; Interview with Malika, Aug 30, 2018.

who want to advocate for their participants' interests, but due to constricting factors, cannot afford to overtly challenge the status quo.

In this article, I first situate the work doulas perform for pregnant and birthing people within the context of birth and reproductive justice. I then offer an overview of the definitions and connotations of advocacy at the intersection of rhetorical studies and birthwork. To amplify the experiences and embodied knowledge of doulas, I then analyze three tactics of soft advocacy they deploy to support their clients to help protect their autonomy and agency during labor and birth: creating deliberative space, cultural and knowledge brokering, and spatial maneuvering. By doing so, I demonstrate that advocacy can be reframed as affective embodied practices that subtly shift the existing power dynamics to make room for marginalized stakeholders and interlocutors. While this article spotlights the tactics birth doulas deploy in hospitals, community-engaged researchers and activists who navigate uneven power relations and institutional terrains across stakeholders may invent new soft advocacy tactics that best suit their rhetorical situations.

## **BIRTH JUSTICE**

Situated within the broader framework of reproductive justice, birth justice emphasizes the bodily autonomy, agency, and empowerment of pregnant and birthing people, focusing primarily on the decisions they made for themselves and their babies during pregnancy, labor, and postpartum (J. Oparah and Bonaparte 2016). Like the reproductive justice framework, birth justice calls for an attunement towards intersecting systems of oppression that lead to disempowering or traumatic birth experiences, particularly among poor women of color, queer and trans people, immigrants, and survivors of sexual violence (J. C. Oparah et al. 2018). As the research collective Black Women Birthing Justice (2019) posits:

Working for Birth Justice involves educating the community, and challenging abuses by medical personnel and overuse of medical interventions. It also involves advocating for universal access to culturally appropriate, women-centered health care. It includes the right to choose whether or not to carry a pregnancy, to choose when, where, how, and with whom to birth, including access to

traditional and indigenous birth-workers, such as midwives and doulas, and the right to breastfeeding support.

Birth justice differs from the choice framework in that it emphasizes the birthing person's bodily autonomy and their right to self-determination, rather than commodifying birth alternatives and positing them as part of consumer rights (J. C. Oparah and Bonaparte 2016).

This framework centers the lived experiences of marginalized pregnant and birthing people, taking into account the intersecting systems and histories of oppression they face. Pregnant and birthing people who do not fit the standard of the "ideal mother" (i.e. women who are not cis, straight, thin, white, in their late 20s-30s, and middle-upper class) are often diminished, demeaned, and/or coerced by medical providers into treatments and interventions that they do not want (Davis 2019; Mulherin et al. 2013; J. C. Oparah et al. 2018). When systemic biases are compounded with esoteric medical language, oppressive institutional practices, and a general culture of fear surrounding childbirth, marginalized birthing people may not be empowered enough to assert their agency and thus are more susceptible to obstetric violence (J. C. Oparah et al. 2018; Yam 2019).

Doulas are key actors in birth justice because their liminal professional and social position in the medical institution allows them to effectively observe and support pregnant and birthing people: unlike obstetricians who have attended years of formal training and are staunch members of the medical institution, doulas have not been inducted into the technocratic model of birth and medicine which prioritizes efficiency, standardization of care, and hierarchies of authority within the organization (Davis-Floyd 2018). Rather, doulas are trained to attend only to their clients' interests, agenda, and preferences (DONA 2017). For example, when her Muslim client repeatedly touched her bare head and told her she felt "too exposed" in the stirrup position the obstetrician had put her in, doula Brooke put a warm towel over her client's head, and asked the doctor if they could try a side-lying position. Soon after, her client gave birth successfully.<sup>2</sup> As trained professionals who have attended

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<sup>2</sup> Interview with Brooke, Aug 24, 2018.

and seen many more births than their clients, doulas also possess the knowledge and composure to inform, support, and help their clients negotiate different scenarios throughout the labor and delivery process.

The roles doulas play to advance birth justice are particularly important when it comes to the birth experiences of marginalized people such as women of color, and queer, trans, or non-binary people. In addition to the prevalence of obstetric racism, in which pregnant and birthing people of color are treated more poorly by their medical providers on the basis of race, research in psychology and public health has also posited that the increased stress black people experience from institutional racism contributes to poor infant and maternal health outcomes (Geronimus 1992; Giscombé and Lobel 2005). Ample evidence-based research thus far has demonstrated that doula support helps marginalized birthing people and infants achieve a better health outcome (Kozhimannil et al. 2016; Thomas et al. 2017). Finally, while much research still needs to be conducted on the birth experiences and outcomes of trans people, doulas and midwives have been on the forefront of supporting the pregnancy and birth of LGBTQ\* people (King-Miller 2018).

Researchers and practitioners in nursing and midwifery have identified the four pillars of support that birthworkers, including doulas, perform: physical support, emotional support, informational support, and advocacy (Anderson 2016; Goer 2012). While the first three pillars are commonly accepted by doulas as their scope of practice, advocacy remains controversial based on differing beliefs and definitions of the concept (Dekker 2017). In order to understand the complex meanings of advocacy for birth workers, I analyze how birth doulas conceptualize and enact advocacy in support of their clients.

### *Method*

In 2018, I conducted participant-observations at two doula trainings, and thirty semi-structured interviews with birth doulas and doula trainers—each lasting about one to two hours. While the two trainings I attended allowed me insights into the cultures, ideological lineages, and professionalization of the doula profession,

the qualitative interviews reveal how doulas make sense and make use of their training in their everyday work, as filtered through their and their clients' needs and lived experiences.

The interviewees were recruited via social media advertising and snowball sampling. While doulas are primarily white, middle-upper class straight married women, motivated by the reproductive justice framework that centers the stories and perspectives of marginalized people of color, I sought to recruit participants who occupy intersecting marginalized positionalities (Morton and Clift 2014; Solinger and Ross 2017). All interview participants identified as women, and the sample included nine women of color, two deaf people, and four queer people. While most serve primarily private clients, many of them offer a sliding scale fee or work with programs that offer low-cost or free birth support to low-income communities; two of my interviewees ran their own non-profits in addition to serving marginalized pregnant and birthing people.

During the interviews, I asked participants if they identified as advocates in their capacities as birth doulas. After asking them to elaborate on their response, I invited interviewees share the tactics they deployed during particularly challenging births to support their clients. Along with the doula trainings I attended, the interviews allow me to examine how birth doulas conceptualize and enact advocacy tactics that promote their clients' interests without creating hostility.

## **ADVOCACY IN RHETORICAL STUDIES AND BIRTHWORK**

While *advocacy* is a ubiquitous concept in rhetorical studies, its existing definition and usage in the field poses various limitations to understanding the different forms it could take outside of the dominant political contexts of law and policy. As Elizabeth Britt (2018) points out, advocacy is “a surprisingly taken-for-granted concept” with two interconnected meanings: “(1) to argue for an idea or cause and (2) to represent or speak for someone else,” with the intention to effect sociopolitical or institutional changes (7). Because advocacy in rhetorical studies is commonly situated within the context of public democratic discourse, acts of advocacy are

assumed to always be persuasive and forceful in the rhetor's attempt to overtly shift the status quo (Loehwing 2018).

The conventional definition of advocacy as overt persuasion has a significant impact on the ways in which doulas understand and perform their professional support role. Doulas I interviewed who rejected the “advocate” label outright often cited the dictionary definition of advocacy as speaking *on behalf of* another person. According to the Birth Doula Code of Ethics developed by DONA International, the first and most established doula training and certifying organization, doulas should not speak to medical staff on the clients' behalf, or make any decisions for the clients regarding their pregnancy and birth (DONA 2017). Doulas who subscribe to the conventional definition on advocacy, hence, see this stipulation from DONA as a prohibition for them to serve as advocates for their birthing clients. Yet, because the DONA training manual does not clearly define advocacy and what forms it may take within a doula's scope of practice, doulas I interviewed have devised different interpretations and performances of advocacy based on their own positionalities and the demographics of their clientele. For instance, while many white doulas reject the notion of advocacy as a problematic act of speaking for, most doulas of color I interviewed unequivocally see themselves as advocates for their clients. Sabia Wade, a queer black doula who provides voluntary birth support to incarcerated people and low-income families, posits on Instagram that “doulas who don't believe in doulas advocating for their clients aren't dealing with disparities, lack of accessibility and insecurity in the system” (@theblackdoula, Oct 6, 2019). How doulas conceptualize advocacy, hence, is tied not only to rhetorical construction of the term, but also to racial politics in obstetrics and birthwork.

The power dynamic between medical staff and doulas in the birthing room prohibits certain performances of advocacy, thus further complicating how doulas interpret and enact their roles as advocates. Because doulas are typically women who have not received formal medical training, they occupy a precarious position in the birthing room: they can be asked by the obstetrician or midwife to leave at any point. Doulas, therefore, must find ways to serve their clients without offending medical professionals who wield more power in

the institution space. As Traci, a seasoned white doula, pointed out in her interview, she always communicated tactically in the birthing room so that “the provider knows that [she was] watching, but he or she wouldn’t think that [she was] being confrontational.”<sup>3</sup> Similar to women who perform other forms of care work professionally, doulas like Traci engage in “affect management” to emotionally appease the medical staff so that they can effectively support their clients (Hochschild 2012; Lagman 2015).

The stakes for successful affect management are even higher for doulas of color in my study, who remarked that they were often treated with immediate suspicion—and sometimes contempt—by white medical staff when they entered the birthing room. Given this power imbalance and the conventional association between advocacy and confrontation, doulas either reject the label of an advocate altogether to avoid offending the providers, or they resort to soft advocacy that allows them to effectively support their clients in having a positive birth experience.

Taking into account doulas’ desires to support their clients and their reluctance to speak on behalf of those clients, birth researcher Rebecca Dekker defines advocacy in doula work as “supporting the birthing person in their right to make decisions about their own body and baby” (2017). Since doulas provide a myriad of physical, informational, emotional, and material support for clients, Dekker’s definition requires us to not limit our objects of study to overt and discursive acts of persuasion. By moving away from defining advocacy as overt persuasions to shift public opinions, researchers can better capture the ways in which community stakeholders enact advocacy through affective management and embodied communicative acts that are contingent upon specific institutional contexts, power relations, and the conflicting demands, agendas, and cultural norms different to which stakeholders subscribe.

## **SOFT ADVOCACY IN THE DELIVERY ROOM**

Even among those who identified as advocates, the doulas I interviewed were keenly aware of their precarious status in the hospital delivery room. Interviewees expressed that this precariousness informed how

3 Interview with Traci, Aug 31, 2018.

they enacted advocacy: instead of seeing advocacy as overt forms of confrontation and persuasion, they advocated for their clients' bodily autonomy and interests in ways that hold medical staff accountable without upsetting them. The tactics of soft advocacy I outline below may be transferrable to community-engaged researchers who must negotiate complex power relations and institutional constraints.

### *Creating Deliberative Space*

Many interviewees—particularly white interviewees who were not immediately treated with disdain and suspicion by medical staff—stated that they deployed tactics that would help create time and space for their clients to exercise more agency and autonomy in making medical decisions their birth. Margaret, a doula who serves clients in Kentucky, noted that she was “hyper aware” of what the medical staff did in the birthing room because the birthing person and family might not notice many details. Because many of Margaret’s clients were afraid to be seen as “bad patients,” Margaret enacted advocacy by making the space for her clients to ask questions and express concerns:

If I see that [the client and their family] are not gonna ask the question, then I will talk to the nurse, and say, “you know, on her birth preferences she said she doesn’t want IV fluid. She just wants to be able to drink water, and I see that you are hooking her up to the IV.” And then deferring to my client—they see that I have initiated the conversation, started the conversation, so sometimes they’d be more comfortable to say, “that’s right, we didn’t want that.” Most of the time it’s just amplifying their voices, reminding clients to ask questions [...] I am happy to open up the conversation and then they usually feel comfortable: they are not even having to have the conversation, they are just having to listen and respond.

Margaret’s tactic exemplifies the kind of “affective management” common among domestic and care workers: by initiating the conversation for her clients to confirm their birth preferences, Margaret never directly challenged the power hierarchy that made her clients fearful in raising concerns. This allowed her to simultaneously

support her clients and help keep tension at bay between her, the birthing person, and the medical staff.

Similarly, while Emily had a Ph.D. in medical anthropology, she regularly, in her words, “played dumb” in front of medical providers. Instead of directly confronting medical staff when they pushed her clients to consent to non-emergency interventions against the clients’ birth preferences, Emily would pretend that she had little knowledge of the situation, and then proceeded to ask the medical staff a series of questions seeking clarification. Like Margaret who wanted to ease her clients’ concern about being seen as “bad patients,” Emily’s tactic of “playing dumb” allows her clients to listen in on the information the medical staff provides without having to risk being labeled as “difficult.”

Margaret and Emily were not alone in advocating for her birthing clients by calmly making time, as well as discursive and sometimes physical space for them and their family to make medical decisions. Several interviewees noted that, when a medical provider suggested a drastic intervention, they would first inquire if their clients were facing a medical emergency; if not, they would ask the birthing person and their family whether they would like some privacy to weigh their options before consenting to the procedure. While this tactic afforded the birthing person space to make a truly informed decision, some doulas stated that by stalling what medical staff considered to be routine procedures, this tactic could intensify the entrenched animosity some medical staff harbored towards doulas.

To minimize tension in the birthing room, doulas also drew on their keen observations as an outsider to hold medical staff accountable for their actions without triggering disgruntlement from them. Many interviewees pointed out that they would narrate what the medical staff were doing, especially if it appeared that they were preparing for an intervention that the birthing person had not consented to. Amy Gilliland, a seasoned doula trainer and researcher, clarified what this tactic entailed:

Say out loud what you see. For example, say “Oh, Nora I noticed Dr. X is picking up the episiotomy scissors. Did you have any

questions about that?” And if Dr. X continues, I can say, “Dr. X, I think Nora wants to talk about that first.” So, directly addressing the doctor is not the first thing that I would do—it is something that I would do especially if they were continuing something that I know my client would want to give specific consent for. First, trying to avoid [confrontation] and that’s a toughie because it can lead to physicians not liking you.

I call this soft advocacy tactic *play-by-play narration*: it reminds medical providers that a trained professional is observing, and hence, they should make sure that they have full consent of the birthing person before performing any interventions. Like the previously stated tactics, play-by-play narration also creates discursive space for the birthing person to actively participate in decision-making processes about their bodies and births.

While doulas deployed different tactics to create time and space for their birthing clients to make fully informed medical decisions, these tactics share several similarities and are reflective of the existing power hierarchy in birth. First, these tactics demonstrate that effective advocacy makes deliberation across power difference possible. By asking questions, verbalizing their observations, and helping their clients secure privacy and time before consenting to an intervention, doulas challenge the dominant assumption that only medical providers have the knowledge and authority to make decisions about birthing people’s bodies. Advocacy, then, should include not only confrontations and persuasions that directly challenge the status quo, but also performances that allow marginalized people to participate in deliberation and decision-making.

On the other hand, despite treating the interests and experiences of the birthing person as their first priority, doulas remain deeply concerned about potential backlash from the medical staff. Hence, they devised advocacy tactics that largely maintain the status quo at the hospital to avoid enraging providers and nurses. An anonymous doula interviewed in the podcast *Birth Allowed* (Birth Monopoly 2017) reflected on this dilemma: she was afraid to confront an obstetrician for forcibly conducting a vaginal exam on her client—what amounted to medical rape—because she felt that she and her

client would have no recourse. She lamented, “I want to yell at that person, but the most that would do, he would have booted me out of the room. She would have no one, basically” (Birth Monopoly 2017). Incidents like this highlight the limitations of advocacy tactics that work within the confines of the existing power structure. Advancing birth justice, thus, requires not only doulas advocating for their clients in the birthing room, but also systemic changes and critiques to the technocratic model of birth and medicine, as well as other forms of public advocacy that demand the medical institution respect birthing people’s bodily autonomy.

### *Cultural and Knowledge Brokering*

Because the medical institution and the technocratic model of birth are hostile to and difficult to navigate for marginalized populations, doulas who work with non-normative birthing people—including non-native English speakers, people of color, queer people, and/or people with disabilities—often serve as cultural and knowledge brokers. Existing research on language brokering has shown that, as the mediator, the broker is able to address linguistic inequities in a way that sometimes challenges the existing power structure (Alvarez 2016). Brokering, by definition, is a form of mediation and negotiation between two cultures and/or discourse communities (Ward, House, and Hamer 2009). An effective broker, hence, needs to be knowledgeable of both communities and can transverse between them with relative ease. Based on my interviews, brokering in the context of doula work often entails 1) helping clients understand esoteric medical language and institutional practices when hospital staff fail to give clear explanations, and 2) communicating the clients’ birth preferences and desires to medical staff in a way that is more persuasive or intelligible to them. This form of brokering helps protect the clients’ autonomy by ensuring that they are in a position to give true informed consent to medical procedures.

Explaining how she made use of her knowledge and experience as a doula to support her clients in an unfamiliar hospital setting, Emily said, “sometimes as the doula I feel like it’s my job and to be the tour guide. I say, ‘Hey, okay, just I know this is what you wanted. But you know, this is what’s going on. So, let’s reinterpret the situation.’” While her work as a “tour guide” was sometimes as straightforward

as showing her client how to request more blankets, other times it required Emily to mobilize her specialized knowledge and inside-outsider status to help her clients achieve the birth they desired. Working with an undocumented immigrant who was unfamiliar with the hospital setting, Emily noticed that her client was reluctant to lay on her back—the default birthing position the obstetric had put her in. Because the birthing person did not feel empowered speaking directly to the medical staff, after talking to her client, Emily suggested the nurse to remove the stirrups so that her client could birth in a side-lying position. Emily reflected that she was successful in mediating between her client's desire and the hospital's routine practice because she had already cultivated a deep level of mutual trust with the nurses and doctors at that hospital. As a result, she was able to leverage her cultural capital to help her client fulfill her birth preference.

In addition to the relationship between doulas and medical staff, brokering as advocacy also hinges upon the bond the doula has with her client. Malika provided a concrete example of how she deployed language and cultural brokering as a form of soft advocacy. Malika's client, an African American woman, had an accidental homebirth followed by medical complications. After they were transported to the hospital by the ambulance, the client became physically unable to speak up for herself. Her husband, a French-speaking Afro-Caribbean immigrant, was confused about the information the medical staff was relaying to him about his wife's condition. Malika recounted:

We were the only three people of color in the room. All of the doctors and nurses that came into the room are white. The way it impacted my client is having someone they trusted that looks like them, that understood their values [...] in having gotten to know these people over the last few months, I had to—not translate, because I don't speak French—but I was able to speak to my client's husband in a way that for some reason he was not grasping the ways the doctors are speaking to him. I don't know though if it was a language barrier or it was a stress factor, but I was able to communicate with him in a way that he understood.

Because of the trust she had cultivated with her clients, Malika was able to communicate important and complex medical information to the husband in a way the doctors could not.

In addition to race, cultural difference, and immigration status, disability also poses a barrier for birthing people to access the information they need and to give birth according to their preferences while in a hospital setting. Ally and Brittany, two deaf doulas who serve primarily deaf clients, explained that not all hospitals provided in-person sign language interpretation—many hospitals relied on video remote interpreting (VRI) that digitally connected the birthing person with a sign language interpreter online. The issue, as Ally and Brittany identified, was that the tablets and software the hospitals used were often full of glitches and lags. In addition, they noticed that it was often difficult for birthing people to simultaneously concentrate on their labor, pay attention to a screen, and also be aware of their immediate surroundings. By being the sign language and cultural broker between their clients and the medical staff, Ally and Brittany allowed their clients to focus solely on their laboring process. While Ally and Brittany encouraged medical staff to talk directly to their clients, they signed to their clients to “put it in their language, expound as needed, make things more visual for them.”

For Ally and Brittany, the brokering occurs at the linguistic and cultural levels. When there was not an interpreter present in the room, the two of them helped mediate between their clients and the VRI technologies, ensuring that their client’s birth and ability to consent to medical procedures would not be impeded any lags by any lags with the technology. Like all other doulas whom I interviewed, Ally and Brittany emphasized that they were there for their clients, not the provider or the hospital, despite the fact that they sometimes filled the gap in accessible technologies that the hospital failed to provide. On the one hand, Ally and Brittany belong to the deaf community the way their clients did, and on the other, they were also knowledgeable of the medical institution and birth practices. As a result of this confluence, Ally and Brittany were able to broker the cultural differences between medical staff and their birthing clients. For instance, medical staff would often speak only to the interpreter or to Ally and Brittany, based on the wrong assumption

that deaf clients could not properly understand them. Ally and Brittany, therefore, saw it as their responsibility as doulas to always redirect the conversation, and remind the provider to speak directly to the birthing person. Outside of acts of brokering, the two noted that their clients appreciated having the presence of a deaf birth professional who understood their lived experiences and were there solely to support them.

### *Physical Touch and Spatial Maneuvers*

While doulas most commonly discussed how they use language practices to advocate for their clients, several interviewees highlighted the importance of physical touch and body positioning in ensuring that their clients' body and wishes were respected by medical staff. Traci, a doula and doula trainer based in Alabama, stated that, when she encountered medical providers who were reluctant to listen to the birthing person, she often deployed what she called "the triangle of protection" to physically remind the providers and staff that her client was not alone:

I always put my physical body and between my clients and the staff if they don't know each other yet—say, it's an on-call doctor. I physically either stand beside [the client] or in between [the birthing client and the medical provider]. I just do that non-verbally until my client feels safe with them [...]. It just relieves tension, you know, to the family when they know that somebody is holding space physically.

Traci would sit back down once she saw that her client and/or her client's family felt comfortable enough to ask the providers questions about their care.

While Traci positioned her body to help the birthing person feel empowered enough to self-advocate, other doulas made use of physical touch to jolt the medical staff into seeing their clients as individuals with unique preferences and needs. For instance, Malika, a black Muslim doula who served primarily women of color, recounted that she once attended a birth in which a nurse who had just entered the birthing room forcibly pushed the newborn onto her client's breast to make the baby latch. When that happened, a different nurse

had already been pressing on the client's fundus, and the doctor was holding up the umbilical cord, attempting to detach the placenta. Malika, who had a background in social work, reflected that, while she tended to enact advocacy in the form of prenatal education rather than direct confrontation, in that moment she chose to address the nurse directly:

My client is completely bewildered, she is in pain. So, me in that moment, I just put my hand on the nurse's hand that had her breast, and said, "Could you please not do that?" And that's all I said in that moment. And the nurse, she looks at me and she rolls her eyes, but she let go, which is what was important to my client. Afterwards my client said, "thank you for that." [...] I am not speaking for my client and saying the things that I wish, you know. I am amplifying my client's voice in a moment when they are unable to do it themselves.

Malika further noted, "And in [the nurse's] mind, she is like, you know, check these boxes, "baby latched at this time," check, check, check. Sure, that was her job—she doesn't think she was doing any harm." Akin to Traci's "triangle of protection," Malika's action highlights the embodied nature of advocacy: in addition to discursively making clear her client's preferences to help her maintain bodily autonomy, by touching the nurse's hand, Malika also jolted the nurse out of her routine and reminded her to treat the birthing person in front of her as a person whose body is in pain and is disempowered.

## **CONCLUSION**

This article examines the soft advocacy tactics deployed by doulas tasked with supporting their birthing clients while they themselves are also marginalized in a dominant medical setting. While these tactics may not directly apply to the specific rhetorical situations other reproductive justice activists and researchers encounter in their work, this study provides two key insights that could inform our praxis. First, while soft advocacy does not overtly subvert the status quo, it is a useful tool for advocates who are in a precarious situation outside of public view, and hence must mobilize affective management to ensure that they and their clients will not receive any repercussions. The soft advocacy tactics showcased in this article can

be repurposed and deployed by community-engaged researchers as they negotiate different sets of institutional expectations and power dynamics in and out of academia. For instance, researchers may mobilize soft advocacy tactics when they need to circumvent gate-keeping mechanisms in academia and other dominant institutions as they try to amplify the voices and interests of marginalized community partners and research participants.

Soft advocacy is a tool that allows marginalized people to advocate for their own interests and the interests of others while lessening the risk for institutional and personal repercussions. At its core, it is a tool for making do, and for subtly shifting the power dynamics in a given context so those who are the most marginalized can maintain autonomy. As researchers and activists committed to social justice, we will need not only soft advocacy, but also other tools and resources to build capacities that would actively challenge the status quo and shift power to communities that are currently the most marginalized.

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# Rhetorics of Motherhood, Agency, and Reproductive Injustice in Healthcare Providers' Narratives

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*Discriminatory policy structures related to segregation, criminalization, environmental regulation, and loan financing intersect to create severe racial inequities in reproductive health. These structures, and their material consequences for human lives, are constituted and perpetuated through discourse. Dominant narratives (DNs) provide stories that naturalize inequalities and are repeated until they become “common sense” by cultural members. The Reproductive Justice Movement (RJM) was founded by women of color activists and scholars to change oppressive structures and to promote the reproductive and human rights of all people. RJM activists have used personal stories as a resistive tool, recognizing that resistive stories can destabilize the taken-for-granted nature of DNs and the violent structures they uphold. In this article, we perform a Critical Narrative Analysis of three personal stories shared by reproductive healthcare providers to understand how their stories can perpetuate and/or resist oppressive DNs through their construction of marginalized patients as characters. We found that, in constructing narratives of patients, participants relied on three main DNs: Western Modernity, White Supremacy, and Neoliberalism. Drawing on these DNs, providers characterize patients as: Good or Bad (M)others, Victims, and Adversaries. Our goal is to show that narratives created with providers are political texts that constitute understandings of patients' reproductive lives. We*

*conclude with a re-telling of one narrative to emphasize the goals of reproductive justice and highlight the importance of re-framing the inequitable present in order to imagine equitable futures.*

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Significant reproductive health inequities exist between White women and women of color (American College of Obstetricians and Gynecologists 2015; Owen, Goldstein, Clayton, and Segars 2013). Traditionally, public health researchers have positioned “lifestyle choices” as the cause of these disparities (Ross, Roberts, Derkas, Peoples, and Bridgewater Toure 2017). However, there is growing recognition of the ways in which structural forces—such as segregation, criminalization, environmental regulation, and loan financing— have led to different opportunity structures and, therefore, health outcomes for Whites and people of color (Omi and Winant 2015).

The Reproductive Justice Movement (RJM), a mode of theory and activism conceptualized and led by women of color, has promoted the shift from individualist to systemic approaches to improving reproductive health (Ross et al. 2017). Reproductive Justice highlights “three interconnected human rights values: the right *not to have children* . . . the right *to have children* under the conditions we choose; and the right *to parent the children we have* in safe and healthy environments” and particularly attends to the intersectional forms of oppression that affect women of color (Ross et al. 2017, 11).

Sharing personal narratives is one tactic for engaging in political organizing (Polletta 2008b). Creating and telling narratives has been key for many political movements, including women activists in Latin America and advocates for Black liberation in the U.S. (Collier 2019; K. M. Smith 2010). Creating, sharing, and listening to narratives has been a key tactic for RJM because narratives have the potential to transform our perspectives and relationships (Ross 2017). Narratives are powerful rhetorical devices which engage not only our intellects but also our emotions, aesthetic sensibilities, memories, and values (Charon 2012).

Healthcare providers (HPs) are important sources of cultural narratives around reproductive health; their privileged status in Western societies, technical expertise, and roles as “witnesses” position HPs as credible narrators (Mullan, Ficklen, and Rubin 2006). Based on a recognition of HPs’ stories as political texts—particularly potent forms of speech which may influence knowledge, beliefs, and ideologies—in this article we conduct a Critical Narrative Analysis (CNA) of three stories shared by HPs. In these narratives, participants discussed their experiences caring for a marginalized patient and engaged with issues key to RJM: structural injustice, patient agency, and motherhood. Our goal through this analysis is to understand how HPs construct these key issues and how, in doing so, they may maintain and/or contest oppressive structures. In what follows, we first introduce CNA as a theory, outline three dominant narratives that are key to understanding our participants’ stories, and describe our analytical process. We then present our data (i.e., the stories we analyzed), our findings, and our reflections on how these stories could be told differently.

## **CRITICAL NARRATIVE ANALYSIS AS THEORY**

Critical Narrative Analysis (CNA) is a theoretical and methodological approach which analyzes personal narratives to understand relations of power, oppression, and liberation. Here, “narratives”<sup>1</sup> are defined as discursive and symbolic formations which “organize events across time and space, identify characters and their relationships, and determine causes and effects” (Harter and Chadwick 2014, 912). CNA assumes that discourses and structures (e.g., policies, institutions, etc. which distribute material goods) are co-constitutive and mutually reinforcing because “social actions become realities through discourses” and, at the same time, patterns of discourse are “rendered meaningful through certain structural arrangement[s]” (Dutta and Zoller 2008, 30). Therefore, scrutinizing discourses/narratives is a tool for understanding how health inequities are produced and perpetuated. In CNA, personal stories are a particularly important discourse genre because “personal narratives are constructed and situated in social and institutional realms . . . when individuals make sense of their experiences through narratives, they bring together

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1 For the purposes of this article, we use “narrative” and “story” interchangeably.

the micro (personal) and macro (social or institutional) situations in place” (Souto-Manning 2014, 163). Thus, CNA provides a way of understanding the connections between oppression at the structural level and the lived experiences of individuals.

One generative way of understanding power, control, and resistance in personal stories is to examine the extent to which dominant narratives are taken up, recycled, and/or contested in these stories (Souto-Manning 2014). Dominant narratives (DNs) are essentially “cultural codes” which constitute, uphold, and naturalize “dominant systems of knowledge, power, and discourse that comprise the symbolic order” (Buchanan 2013, 6). In these narratives we are concerned with the cultural code of “motherhood” which is applied unevenly across intersectional social identities including race, class, and gender.

By naturalizing socially constructed phenomenon and inequalities, DNs maintain the stability of social inequalities (Delgado 1989). DNs are spread through powerful social institutions, such as schools, news media, and legislation, so that they become familiar and taken for granted by cultural members (Delgado 1989). While scholars have identified many DNs, through our analytical process (described below) we identified three DNs that narrators clearly engaged with in their stories: Western Modernity, White Supremacy, and Neoliberalism.

*Western Modernity* is the dominant narrative of European coloniality which valorizes scientific knowledge produced by those who claim objectivity and neutrality and works to delegitimize forms of knowing which recognize emotionality, subjectivity, and fragmentation (Dussel and Ibarra-Colado 2006; Hedge 1998, 277; Broadfoot and Munshi 2007). *White Supremacy* complements Western Modernity by constructing White people (and attributes associated with Whiteness) as superior, natural, and normal and people of color as inferior, irresponsible, and expendable (Bonds and Inwood 2016). *Neoliberalism* is a dominant narrative which supports competition-driven markets by constructing individuals “as autonomous, rational producers and consumers whose decisions are motivated primarily by economic or material concerns” (Farmer 2004, 5). Neoliberalism

naturalizes racial inequities by suggesting that, if people of color experience higher rates of poverty or illness, this is due to poor choices rather than discrimination or inequitable distributions of resources (Omi and Winant 2015). Having introduced these three DNs, we now turn to discussing the methods we used to generate our data and to identify these DNs as key to our participants' stories.

## **RESEARCH METHODOLOGY**

### *Data Generation*

Data for this study were produced as part of a larger study on the intersections of race, reproductive health, and policy (Cusanno 2019). Study recruitment began in August of 2018, after the project received University of South Florida IRB approval. All healthcare providers (HPs) who had completed their medical training, could participate in an English-only interview, and frequently discussed reproductive health with patients were eligible to participate.

We conducted twenty-four semi-structured interviews addressing a broad range of issues (including contraception counseling, pregnancy ambivalence, and abortion care) in order to solicit rich, evocative narratives from participants (Lindlof and Taylor 2019). This resulted in 816 pages of transcripts, all transcribed by the first author (BRC). Both authors have positionalities with investments in creating a racially just healthcare system for themselves and others. As a White, cisgender woman living with stigmatized chronic illnesses, BRC has direct experience being told, both by HPs and by broader cultural narratives, that she is not worthy of motherhood. As a woman of color, the second author (NK) often navigates complex birth control counseling that is both oppressive and empowering. As reproductive justice advocates, we hope to influence the field medicine to critically engage with pervasive gendered, raced oppressions.

### *Critical Narrative Analysis as Methodology*

CNA integrates thematic, interactional, and structural approaches to narrative analysis (Riessman 2005), scrutinizing both *how talk is accomplished* through interaction and *what meanings are produced* through talk to understand how power operates through everyday narratives (Souto-Manning 2014). In contrast to thematic analysis, CNA necessitates close readings of “an extended account preserved

and treated analytically as a unit” (Rance, Gray, and Hopwood 2017, 2223). CNA provides a granular perspective which is useful for identifying points of tension and contradiction that might otherwise be overlooked (Rance et al. 2017). Our approach to CNA involved iterative, cyclical processes (S. J. Tracy 2012). These three processes were: identifying narratives, analyzing narratives, and (re)creating narratives.

BC identified narratives by reviewing transcripts to distinguish sections in which HPs shared stories about specific patient cases. BC then reread these sections, ultimately selecting three stories which centered on structural oppression, motherhood, and agency for further analysis, due to the granular method of CNA. We then analyzed narratives through a process of “close reading,” using the taxonomy of questions included in CNA (Cusanno 2019) as a guide. By comparing our data to existing reproductive justice and health literature, we identified three DNs (Western Modernity, White Supremacy, and Neoliberalism) that were useful for understanding how our participants engaged with the concepts of motherhood, agency, and structural oppression. We (re)created narratives by revising and shortening participants’ stories to present in this article, given the space constraints of the journal. However, readers should note that the narratives presented below are *not* the actual transcripts we analyzed, but abbreviated versions we created based on the original transcripts. To view the transcripts of the full narratives, please see the online supplemental file available.

### *Narratives*

Below, we present abbreviated versions of our participants’ narratives, based primarily on direct quotes drawn from interviews. Some of what we discuss in our analysis is not included in the abbreviated narratives below. Therefore, we hope readers will review the transcripts included in the supplemental file so as to fully engage with our findings. We also note that all participants chose their own pseudonyms. Pseudonyms used for patients referenced by participants were chosen by the authors. Dr. Stacy and Dr. Scott are both obstetrician-gynecologists who practice in a university medical setting. Nurse Jane is an experienced nurse who works at an obstetrics

clinic that primarily serves women with high risk pregnancies who receive Medicaid insurance.

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*Dr. Scott's Narrative*

There's such an idea of, 'We're in a meritocracy.' The idea that if you work hard, you'll get somewhere. But that's not *true*. That's not true when you constantly get a hit from something you can't control. If you really wanna make a meritocracy, you need to raise the whole standard of living.

I had a patient in residency, Sarah. She had a heart condition, caused from smoking crack cocaine. It was this horrible story of all the ups and downs. She had premature twins. Could we have tied her tubes? Yes. But we didn't. We weren't sure the babies would survive.

Years later she comes back, pregnant again. You talk about, 'Planned or unplanned pregnancy?' She'd been told she can't have birth control, because of the cocaine heart problem. You talk about, 'Why didn't she use condoms?' Her living situation was shaky. She had no job. She can't get a job.

So, she has this accidental pregnancy. She doesn't believe in termination, but she can't *bear* the idea of going through it all again. If she didn't terminate, she had a 50% chance of death. She has other kids. She wants to go home. She decides to terminate. And after all that, she was the most thankful person.

I wonder sometimes, 'What would it take me to do cocaine?' How crappy does your life have to be, that smoking crack actually sounds like a good idea?'

There's so many places someone could have intervened in Sarah's life. That would have made such a big difference. With psych. With an IUD. That would have made a *huge* difference. She wouldn't have had to go through that termination. She wouldn't

have had to make that choice.

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*Nurse Jane's Narrative*

It's like a revolving door, at this clinic. Talking to people about birth control. Trying to get them to use it. We make it easy for them. We give out condoms. We're discussing birth control from the *minute* they come in. But you see these people getting pregnant over and over and over and over and over again.

We had one lady, Kye. She's had nine children, all in foster care. She's been in jail. Prostitution. Drugs. She had a court order to come in here and get Depo [contraception shot]. A court order! Okay? She stole another patient's urine so she could pretend she was pregnant and we couldn't give her birth control.

'Why? Did she want to have another baby?'

Yeah. Cause she keeps thinking she's gonna be able to keep custody of the next one.

Another patient, Lee, says God told her that she should have as many kids as she can. She doesn't have a place to live. The Department of Child and Family Services is investigating her. We're always doing whatever we can to get these people on birth control.

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*Dr. Stacy's Narrative*

The things that keep me up at night? I wouldn't say they are policies or systems. They're medical things and dead babies and decision making. Like Rhea, a multiple drug user who has a still birth. Her baby, dead in my arms. I watched her roll away to the ICU.

Nobody thinks about what it's like to deliver a dead baby.

To watch a patient die in front of your eyes.

About the toll it takes on the people who care for them.

Six, maybe seven months later, Rhea's pregnant again. It's selfish. It's not. It's more complicated than that. But it's selfish.

I almost quit before I finished residency. We've told doctors that if they're good at what they do, if they're strong, that they will never feel that way. That's why people finish residency and say, 'I hate the person I became.' We don't acknowledge that it's a broken system. That it's a system designed to destroy.

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## ANALYSIS

Through analysis of Nurse Jane, Dr. Scott, and Dr. Stacy's narratives, we found that attending closely to their constructions of themselves and their patients as characters was a useful way to understand the political work accomplished through these stories. Consequently, we present our findings and analysis through examination of the three sets of characters we identified in these narratives: The Good Mother and Bad (m)Other; the patient as adversary, the HP as victim; and the patient as victim. Below, we discuss each of these characters in more detail.

### *The Good Mother and Bad (m)Other*

Buchanan (2013) writes that "Mother" and "Woman" exist on a rhetorical continuum and are expressions of the cultural code of "motherhood." "Mother" is associated with positive attributes and used to praise while "Woman" is associated with negative attributes and used to condemn (Buchanan 2013, 8). "Bad mothering" thus is associated with attributes on the "Woman" side of the continuum; women are condemned by associating motherhood with traits such as selfishness and irresponsibility. In our analysis we understand

this relationship as narratives of “the good mother” and “the bad (m)Other.” These narratives are upheld through the use of “shame rhetorics” which (re)produce “logics of sexual purity, coded ‘correct’ motherhood” (Adams 2016, 92). “Correct” motherhood, the “good mother,” is a raced concept associated with following a cisgendered White heteronormative bourgeois life scripts (Adams 2016; Mann 2013). The bad (m)Other, then, is poor, unmarried, Black, and jobless (Bloom and Kilgore 2003; Roberts 2012). Being labeled as Bad (m)Others is an othering process through which marginalized women are constructed as so irrevocably different from “the good mother” that they must be shut out from motherhood via institutionalized surveillance, management, and punishment (Bloom and Kilgore 2003). The following analysis highlights moments where shame rhetorics are prevalent in HPs sensemaking of their patients.

Nurse Jane’s baseline frustration with patients who become pregnant repeatedly suggests a general disregard and devaluation of the reproduction of her patients (who are almost all low-income and who are disproportionately Black). In describing her patients as “lazy,” promiscuous (e.g., “they just keep doing it and doing it...”), and hyper-fertile (e.g., “they keep getting pregnant over and over...”), Nurse Jane draws on stereotypes about Black women (Ehrenreich 1993; Roberts 2017) to position her patients as Bad (m)Others who do not follow the White, bourgeois, heteronormative script. As she emphasizes that the clinic staff are “always trying to do whatever we can to get these people on birth control,” Nurse Jane implies that her patients “have neither the right to become mothers nor the legitimacy to claim that their care work for dependent children and family members is meaningful” (Bloom and Kilgore 2003, 365–366).

Nurse Jane is vociferous about her frustration with two specific patients, Kye and Lee, who continue to reproduce despite their histories of drug use, sex work, incarceration, housing instability, and surveillance by foster care. In Nurse Jane’s narrative, these patients are prototypical Bad (m)Others, as they exist completely outside the norms of private property ownership, respectable participation in labor markets, and middle-class lifestyles.

Similarly, Dr. Stacy suggests that by using drugs Rhea “not only killed her baby but also led to a lot of mental health issues for a lot of people” and that she was “so selfish” for becoming pregnant again soon after her stillbirth. While she acknowledges that drug use is “more complicated than that,” by stating so forcefully that Rhea “killed” her baby, Dr. Stacy makes it evident that Rhea’s actions constitute bad (m)Otherhood.

Nurse Jane’s narrative demonstrates clearly how the character of the Bad (m)Other becomes violently, materially (re)produced in interpersonal interactions. Because she constructs her patients as Bad (m)Others who do not deserve to parent, Nurse Jane becomes conscripted into state efforts to forcibly control Kye’s reproduction through court-ordered contraception. Here, basic bioethical principles of respect for patient autonomy and nonmaleficence have been abandoned (Roberts 1996).

Ehrenreich (1993) argues that “court-ordered treatment of women of color may constitute a coercive response to their acts of resistance to doctors’ control of their reproduction” (Roberts 1996, 134). We contend that we should interpret Kye’s court-mandated contraception in the same way, i.e., as a punitive response to her defiance of normative motherhood. While Kye is White, the systems which seek to control her should be regarded as White Supremacist systems, as women of color are disproportionately surveilled, disciplined, and assaulted by prison, foster care, and biomedical structures (Roberts 2017). When White mothers are affected by these systems, their punishment can be understood as a consequence of “acting too much like Black women” by deviating from the White, heteronormative, bourgeois script (Roberts 1992, 26).

Similarly, Dr. Scott’s narrative focuses on a patient who would likely be cast as a Bad (m)Other in dominant narratives—Sarah is poor, unemployed, and has a history of drug use. Dr. Scott wishes that Sarah had not become pregnant again after her premature twins, but not because she feels her patient is incapable of being a mother. Instead, Dr. Scott felt concerned about the Sarah’s health and upset that Sarah had to make the choice to terminate a pregnancy. Rather than portraying her as a Bad (m)Other, Dr. Scott represents Sarah’s

desire to be a mother to her living children as one of the primary reasons she chose to end her pregnancy (“She *does* have the other kids. She does wanna go home”). To present Sarah as a Good Mother (or, at least, as a woman who deserves to have and raise children) despite dominant narratives which position patients like Sarah as Bad (m)Others, Dr. Scott needed other ways to characterize her patient. In the next section, we argue that Dr. Scott accomplished this by casting Sarah as a victim.

### *The Patient as Victim*

A key difference between Nurse Jane and Dr. Stacy’s constructions of their patients and Dr. Scott’s portrayal of Sarah was the degree of agency narrators attributed to their patients. Patients in Nurse Jane’s narrative were quite active; they become pregnant “over and over and over and over again,” steal other patients’ urine, and defy a court order. In Dr. Stacy’s narrative, patients are also constructed as agents—particularly in contrast to their healthcare providers, as we discuss further in the next section. Instead, in Dr. Scott’s narrative, Sarah is presented as powerless. She is often marked grammatically as the passive object of others’ actions (“She’d been told”; “no one had given her”; “we’ve gotten her asleep”). Dr. Scott emphasized Sarah’s lack of resources, her disability, and other constraints in her life (“She can’t get a job ... [she] is permanently disabled”; “She just gave up”; “[Sarah] had a lot of insecurities”). Dr. Scott positions Sarah as a Victim, a character who “is narrated as [an] innocent and (sometimes) powerless victim of a stronger, more forceful tyrant. When narrated as powerless, the victim is vulnerable and might require rescuing” (Monrouxe and Rees 2017, 308).

Dr. Scott’s portrayal of Sarah reflects a “victim” genre of political stories used to counter Neoliberal dominant narratives that suggest poverty stems from personal failings, such as laziness and psychological dependency (Polletta 2008a). Dr. Scott emphasizes, “There’s so many different places someone could have intervened in her [Sarah’s] life” and “at one point could someone have intervened . . . that would have fixed [Sarah] ever going down that path?” In this story, Sarah is a defenseless Victim who needs to be rescued by others; she is an object to be fixed rather than an agent in her own right. Because Dr. Scott presents Sarah as a Victim who deserves

sympathy and intervention, she can avoid casting Sarah as a Bad (m) Other who can be held to account for her situation. Constructing Sarah as a Victim is, in other words, an exculpatory move which frees Sarah of blame or responsibility.

However, while perhaps less explicitly than the Good Mother and Bad (m)Other characters, the Victim figure is also tied to DN's of White Supremacy and Western Modernity. Historically, these DN's have described people racialized as Black<sup>2</sup> as having limited sentience and agency and, therefore, dependent on White people and scientific technologies to "save" them (Sastry 2014). Razack (2007) argues that stories which cast Black people solely as victims and bearers of suffering simultaneously objectify Black 'victims' and provide a source of pleasure and moral satisfaction for White people. In such stories, White people—under the guise of empathy—often imagine themselves in the place of the Black 'victim,' so that the focus of the story becomes the White person's imagined pain rather than the lived experiences and subjectivities of Black people themselves: "the nearer you bring the pain, the more the pain and the subject who is experiencing it disappears, leaving the witness in its place" (Razack 2007, 377). This pattern is evident towards the end of Dr. Scott's narrative when she imagines how much pain she *herself* would have to be in to use crack cocaine. In foregrounding her own fantasies about "how crappy" a patient's life must be for them to think that using crack cocaine is a "good idea," Dr. Scott "begins to feel for [her]self rather than for those whom this exercise in imagination presumably is designed to reach" (Hartman 1997, 19). Most importantly, through this discourse Sarah is positioned as an object to be intervened upon by an unspecified "someone" rather than as an agent who acts and makes choices within marginalizing structures. Consequently, through her well intentioned efforts to argue for more resources for patients like Sarah, Dr. Scott reinforces oppressive narratives which position people of color as less capable and sentient than Whites.

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2 While Dr. Scott never shares Sarah's race, crack cocaine is a highly racialized drug and is typically associated with Black people, whereas powder cocaine is associated with Whites (and carries a much lesser prison sentence) (Roberts 1991). Therefore, while I do not know Sarah's race, we can understand how Sarah's story as a person who used crack fits within larger narratives about Black people.

In contrast, Dr. Stacy and Nurse Jane do not portray their patients as Victims devoid of voice or agency. However, their constructions of their patients are hardly empowering. In the next section, we argue that Nurse Jane and Dr. Stacy used evidence of their patients' agency to construct them as adversaries.

*The Patient as Adversary, the Provider as Victim*

Dr. Scott's patient is rendered blameless within her narrative because she is constructed as an agency-less Victim. In contrast, Dr. Stacy and Nurse Jane construct their patients as active agents and, in doing so, create opportunities for them to be cast as Bad (m)Others who should be held responsible for their own and others' suffering. Constructing patients as active agents also positions them as violators of the dominant "biomedical" set of social norms which guide clinical interactions, in which patients are supposed to be "patient," quiet, obedient, and subservient to healthcare providers—especially physicians (Cushing and Metcalfe, 2007).

This becomes especially problematic within the context of Neoliberal and Patriarchal depictions of power. Within such narratives, power is typically conceived of as coercive, a zero-sum game in which one actor can exercise their power over others through suppression or domination (Banerjee 1988). This conception of power suggests that, if patients have more power, healthcare providers necessarily have less power and may become vulnerable to domination from tyrannical patients.

This dynamic plays out in Nurse Jane and Dr. Stacy's narratives. Dr. Stacy repeatedly emphasizes her own helplessness and the helplessness of other HPs ("I carry those scars ... for something that I don't have control over"; "you can't do anything about it"). She also highlights her powerlessness by grammatically positioning herself as a passive object who is pushed by others' actions ("she was the trigger for me ending up in therapy"; "it's still something that doesn't make me feel great") and by describing herself as a viewer who can only witness, but not intervene, in the world around her ("what it's like to watch a patient die in front of your eyes"; "I have sat in a room and watched nurses sob"). Dr. Stacy further emphasizes how her behaviors, particularly her emotional displays, are constrained by

norms and rules about how HPs should act (“You’re allowed to show some emotion ...”; “As the attending, you’re really supposed to ...”; “And now it’s my job to say ...”).

Contrastingly, Dr. Stacy constructs her patients as quite agentive. She describes her patients as actively making choices which have real consequences (“It’s because patients did something that they really shouldn’t have done”; “Those decisions that she made, not only killed her baby but also led to a lot of mental health issues for a lot of people taking care of them”). In Dr. Stacy’s narrative, patients have the power to write articles which (negatively) define what it means to be a physician, to sue doctors who have done nothing wrong, and to inflict mental anguish upon their HPs. While a great deal has been written about the power of physicians (Brody 1994; Starr 1982), Dr. Stacy suggests that doctors are at the mercy of litigious patients and slanderous writers, as well as dominant cultural narratives which dictate how physicians can(not) express emotion.

Nurse Jane’s narrative also conveys a sense of collective victimization experienced by HPs. For instance, her use of the pronoun “we” discursively constructs an adversarial relationship wherein the clinic staff are a cohesive group engaged in an ongoing struggle *against* the patients. What’s more, Nurse Jane seems to indicate the patients are *winning* this struggle. Even though the staff are constantly trying to “do whatever we can to get these people on birth control,” patients “keep getting pregnant.”

Framing patients as adversaries, particularly when there is a focus on in-group (provider) and out-group (patient) power struggles, forecloses opportunities for collaboration and partnership between patients and HPs. Here, then, patient autonomy is not an ethical principle for building meaningful and just relationships, but a tool for casting these patients as enemies. Furthermore, this characterization of patients as autonomous adversaries detracts attention from structural injustices. Dr. Stacy insists that the poor health outcomes she witnesses are usually “not the fault of a system” but are “just personally difficult situations,” such as patients using drugs or “going into the woods” to give birth. This framing ignores that drug misuse may be related to lack of support services or treatment programs,

and that patients may wish to avoid a medicalized birth experience because they are wary of institutionalized medical oppression (Anderson, 2017). In sum, the figure of the Patient Adversary makes it difficult for HPs to understand patients compassionately, to recognize the structural causes of health inequities, or to advocate for structural change and social justice.

## **DISCUSSION**

In this article, our goal has been to understand healthcare providers' (HPs') stories as power-infused rhetorical texts and to illuminate the political implications of HPs' constructions of themselves, their patients, and issues within the healthcare system. Through a Critical Narrative Analysis, we found that the issue of agency was central to participants' constructions of their patients as story characters. Through analyzing and critiquing HPs' stories, we do not aim to castigate or condemn individual participants. In fact, we believe that Dr. Stacy, Dr. Scott, and Nurse Jane work hard to be kind, compassionate, and professional HPs. Rather, our aim is to highlight how these individual stories, when told in the context of a highly unequal society, can reflect and perpetuate oppressive dominant narratives (DNs). By contextualizing participants' stories within the DNs of Western Modernity, White Supremacy, and Neoliberalism, we can begin to understand why individuals might tell their stories in the ways that they do and how these stories could be narrated differently (Woodiwiss 2017).

Using characters drawn from DNs—such as the Bad (m)Other and the Victim—is a way to make personal stories recognizable and persuasive to listeners (Polletta 2008a). Listeners may evaluate the credibility of stories by comparing them to stories they've heard before (Polletta 2008a, 27). Therefore, one strategy for telling stories that are rhetorically powerful is to craft personal narratives that resonate with stories that are familiar to one's audience (Polletta 2008a). Because Western Modernity, White Supremacy, and Neoliberalism are dominant stories in the U.S., narrators can be limited by the frameworks these DNs provide (Woodiwiss 2017). This is to say that, rather than blaming individual HPs, it is important to recognize that their stories are constrained by and told in response to the DNs

that are currently circulating within their cultural environment (Woodiwiss 2017).

It is vital to look beyond these DNs and their manifestations within participants' personal stories and to ask whether better stories could be told about motherhood, patients, providers, and healthcare systems (Woodiwiss 2017). We suggest that reframing these stories using the notion of co-active power could be useful. Co-active power is an alternative way of conceptualizing power, moving from framing power as domination (power-over) to power as arising through relationship building and recognition of human interconnectedness (power-with) (Whipps 2014).

A co-active power perspective enables narrators (like our participants) to emphasize that both patients' and HPs' actions are constrained by cultural and structural formations. For example, Dr. Stacy articulates how the cultural expectation that HPs remain stoic and emotionally detached (Monrouxe 2009) makes it difficult for her to empathize with patients like Rhea. While framing Rhea's choice to have another baby as selfish, she also clarifies, "It's more complicated than that, and addiction is a big deal. But it's hard not to feel that way. Because everybody cares about what the patient experiences when something horrible happens. Nobody really cares about what the providers feel." Thus, the lack of attention and acknowledgement of providers' emotional pain within DNs makes it difficult for Dr. Stacy to appreciate complexity and nuances in the lives of patients like Rhea. Rather than blaming Rhea for her pain, however, viewing power as co-active might enable Dr. Stacy to acknowledge that both HPs and patients face structural and cultural marginalization.

Adopting a co-active power perspective would also enable HPs to recognize that patients can be victims of oppression while also being agents who act with creativity and resilience (Banerjee 1988). Integrating this perspective might help HPs reimagine the patient-provider relationship as one in which "responsibility, voice, and authority" are shared as HPs and patients "take action together ... and work to enhance the circular nature of their relationship" (Whipps 2014, 416). Rather than regarding patients' voices or actions as threats to HPs' status or power, then, these stories could catalyze reflection

upon the ways in which patients' voices and actions challenge HPs' worldviews and how they might work to pursue shared goals in the face of such challenges.

These narratives could also be reframed to promote structural changes that would support economic security, housing stability, addiction treatment, mental health care for patients and HPs, racial equity, and the right to parent children in safe communities. While these kinds of stories may be harder to tell and potentially less persuasive within the U.S.'s current cultural context—in which oppressive DN's remain dominant—they would echo and support the narratives shared by activists within the RJM movement. Reproductive justice advocates have told narratives that center the needs to protect human rights, shift to relational understandings of power, and change economic and political structures to support reproductive health (Ross et al. 2017). RJM activists and organizations such as Staceyann Chin (2009), Keeonna Harris (2019), and Forward Together (2019) have told stories that offer examples for how reproductive justice inflected narratives may be crafted.

We hope that this method of critically analyzing narratives emphasizes the importance and consequences of sensemaking around "Motherhood" even throughout everyday interaction. We must take seriously how the use of shame rhetorics have impact on the material lives of Black women and implement more racially just conceptions of motherhood in our daily lives. The practice of conceptualizing racially just motherhood must include advocating for policy changes in institutions that devalue and police Black motherhood as Bad (m)Otherhood (i.e. the foster care, welfare, and healthcare systems) (Gillman 2014; Robert 2017). The field of medical education, in particular, should consider how current methods of birth control counseling manifest racist shame rhetorics. Other authors in this special issue provide further exemplars of this practice. With this in mind, we conclude this article with a retelling of Nurse Jane's story about Kye which we hope acts as a "Counterstory" to oppressive dominant narratives (Delgado 1989; Martinez 2014). "Counterstory" is a methodology of Critical Race Theory which emphasizes that an understanding of racism must privilege the embodied and experiential knowledge of people of color (Martinez 2014). Counterstories allow

for “challenging the status quo with regard to institutionalized prejudices against racial minorities” (Martinez 2014, 37).

We encourage the use of Counterstories among HPs and researchers, who are witnesses of stories turned bearers of stories. By creating Counterstories, HPs and researchers can channel their social authority towards re-storying how marginalized mothers move through an unjust system. This act of Counterstorying allows HPs to subversively highlight the tensions, strength, power, and beauty (m)Others know and, thereby, become more generous witnesses and just bearers of reproductive stories themselves.

Thus, we offer a possibility for Kye’s Counterstory:

Kye is a woman who deeply wanted to be a mother. She would not give up, even as she was told motherhood was not for her. Her children were taken from her because she could not prove that she would raise them in a White middle-class lifestyle. A judge ordered her to take contraception, and her doctor was ordered to administer it. But Kye would not give up on having, raising, and loving a child. She stole the urine of another patient, pretended it was hers, so that she could have a positive pregnancy test and evade her court-mandated contraception. She found a way to resist the system that tried to control her, that tried to deny her right to motherhood.

We want a better world for women like Kye. Treatment, not imprisonment. Food, shelter, and community, rather than punishment. A world where Kye would be supported so that she could build a safe and loving home for herself and her children. A world in which what that home looks like has manifestations beyond White middle-class lifestyles. A world which holds reverence for Kye’s strength, rather than attempting to stifle it. We will keep fighting for that world.

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