

# RADICAL TEACHER

A SOCIALIST, FEMINIST, AND ANTI-RACIST JOURNAL ON THE THEORY AND PRACTICE OF TEACHING

## Post-Roe Abortifacients in a Gender and Health Classroom: Teaching Reproductive Justice in 2022 and Beyond

by Rachel O'Donnell



"ABORTION ACCESS SAVES LIVES" BY LANE LLOYD VIA JUST SEEDS OPEN ACCESS GRAPHICS COLLECTION

Teaching new college students, especially privileged students in majority-white classrooms, about the importance of understanding structural patriarchy is not only challenging but occasionally ugly. Some students have even suggested, either in person or in their course evaluations, that perhaps reproductive justice is not a topic for the classroom, even in a class I teach titled “The Global Politics of Gender and Health.”<sup>1</sup> I consistently argue for a careful consideration of what is meant by Reproductive Justice, taking from our course reading by Loretta Ross, and her famous response to “What is reproductive justice?”<sup>2</sup> In a teaching setting, the topic of reproductive justice covers a range of issues, including access to comprehensive sexual education, contraception, prenatal care, safe and legal abortion services, and support for parenting, such as in Ross’ “Right to Parent,” which outlines how important reproductive justice is to trans lives, as both a worthwhile academic topic and its place in the classroom, especially at predominantly male institutions. I mean by this that the majority of academics in high positions are men; I am a non-tenure track full-time faculty member with an appointment in a writing program, who is asked to ‘adjunct’ in what I consider my primary field of study: Gender and Women’s Studies. Many of my colleagues in this program are also “adjuncts,” and mainly teaching one course at our institution, without full-time appointments. As a white female instructor at a private institution in upstate New York, I find myself often reflecting on the structural components of knowledge production, and making use of radical ideas to explore what is meant by the education we get at particular institutions.

Certainly, exploring the traumatizing legacies of eugenics, sterilization campaigns, and misogyny remains a privilege as a white instructor who can contain these discussions to the classroom. Those most impacted by reproductive justice, women and gender minorities, often form powerful counters against systemic oppression in a world that attempts to erase the humanity of many people. Reproductive justice has been theorized by Ross and others (Solinger, Roberts) as a radical and political act, that often moves from the individual family to the larger community, as it has in the post-Roe world. If I can make use of narratives to teach the value of reproductive justice, I thought, the importance of the movement to protect reproductive justice will certainly become clear to students. I wanted to make it clear that being subject to reproductive law is not just challenging, but dangerous, and connected in many ways to legacies of colonial and imperial violence. I always want to ensure that we are talking about reproductive rights meaningfully and authentically in the classroom and resist the pushback and dismissal of it by students who often say is ‘too difficult to tackle.’ I take this call to action seriously and speak the understanding of to those who are ‘gender illiterate,’ though my courses are primarily meant to expose students to Gender Studies as a field, and in the case of Gender and Health, the way health and health care are gendered globally.

I say this in part because my research has been for many years on plant-based abortifacients; and now,

before the more recent ‘alternative methods’ of contraception and abortion were being talked about and shared, I found it a really interesting place to start the course. Students were interested in plants that women used in other places as contraceptives and abortifacients, and wondered about the differences, but also held onto it as an important reproductive justice issue as well as a knowledge production one. “Where is this knowledge?” they wondered out loud in class, and many asked, “Why don’t I have access to it?”

So, this past spring, teaching it for the first time since Roe was overturned, I decided to change the course a bit, to begin the Gender and Health course with reproductive justice itself, which I would define and then use as a pedagogical tool. I talked in that first class session about the ideas surrounding reproductive justice, including abortifacients and contraceptive knowledge and access to pharmaceutical abortion.

We began the class session by reading a work from Jamaica Kincaid. In Jamaica Kincaid’s short prose piece “Girl” (1978)—sometimes referred to as a poem, sometimes a short story—a mother in Antigua gives advice to her daughter in a string of straightforward lessons. One of the key lessons in the story links Kincaid’s characters to the Caribbean practice of resisting gender norms and colonialism through the use of plant-based abortifacients. In the story, these instructions are given sharply and hastily, and the mother allows the child, the unnamed girl, only two brief responses throughout her long monologue. These responses are noted in italics to denote the girl’s interjections, but it is the mother who steadfastly proceeds. Much of the advice given reflects the mother’s particular knowledge of women’s daily labors and clear conception of gender roles: she explains to her daughter how to wash clothes and menstrual rags, how to hem a dress, and how to behave with men and manipulate them. Kincaid begins her story as if in the middle of the speech in the mother’s voice:

Wash the white clothes on Monday and put them on the stone heap; wash the color clothes on Tuesday and put them on the clothesline to dry; don't walk barehead in the hot sun; cook pumpkin fritters in very hot sweet oil; soak your little cloths right after you take them off. (Kincaid 37)

Much of the literature about this very popular story and often-anthologized short piece considers the character of the mother and her distinctive voice. Still, the title itself allows the reader to understand that the mother is not the main character, but the maternal voice is only filtered through the listener, her daughter. The mother in the story clearly communicates gender roles and sexuality, and maintains her agency within the oppressive society that she manages daily. Still, the most important lines of this short work are evoked in the recipes for food and medicine that the mother provides towards the end of the work. In a New Yorker essay, Kincaid reflects on the distinction between enjoyment and knowledge of the natural world and its practical application, and “Girl” is not the only place where Kincaid notes the complicated relationship between Antiguans and plants: “When they (we) were brought to

this island from Africa a few hundred years ago, it was not for their pottery-making skills or for their way with a loom; it was for the free labor they could provide in the fields” (qtd. in Stitt 150). In “Girl,” her work takes a more complicated route: she shows how plants are both part of a legacy of slavery and of resistance to colonialism and highlights the feelings of Antiguan women towards the natural world.

In “Girl,” each line later in the story begins with “This is how,” and the reader sees represented in spare prose the wealth of knowledge that Caribbean women possess about their bodies and the natural world. The list of instructions that the mother gives come near the end of the piece and contains recipes for preparing food and medicines: “this is how to make a bread pudding; this is how to make doukona; this is how to make pepper pot; this is how to make a good medicine for a cold; *this is how to make a good medicine to throw away a child before it even becomes a child*” (Kincaid 37, italics mine).

Contraceptive plant knowledge has remained central for Caribbean women as a political practice and is often part of their everyday lives, and I use this story to highlight the work that my own work has taken on—recognizing that abortifacients are everyday practice, much like a recipe for cooking, and not anything out of the ordinary for much of the world. They only become more complicated to discuss in the contemporary political landscape. In my own research, which centers on an abortifacient plant used in rural Guatemala, I found plants often used for menstrual regulation in rural communities where I did fieldwork, alongside a legacy of the disappearance of the contraceptive and abortifacient properties of plants in botanical writing and classifications. As more women ask one another for medical supplies for abortion outside of health care settings, I asked my students, in what ways is history repeating itself? How have contraceptives and abortifacients been hidden? How much of this knowledge has disappeared? Students often recall the sharing of information on social media—is it safe to use these things? In class, we come to a place where we wish for a better medicine and science centered on health, one that studied and highlighted the possibilities for reproductive practice for everyone.

I also ask students to give examples of what their grandmothers have given them for home remedies. I have heard all kinds of things in response to this, from garlic for stomach aches, peppermint tea for nausea, other herbs and plants with curative properties. And then I ask, why should plant-based abortifacients be any different? Why has this information not been passed down to us?

We also begin that first class with a Bettina Judd poem, from her collection *Patient*, where she takes on the colonial legacies of black women and Western medicine, including J. Marion Sims, the controversial 19th century gynecologist, and honors women like Saartje Baartman and Henrietta Lacks.

I then have students watch a 2020 documentary film called *Belly of the Beast*, in which activists discover a pattern of illegal sterilizations in California’s women’s

prisons and uncover a series of coercive sterilizations that primarily targeted women of color. Students responded well to this film, arguing that they now understand more clearly the shameful and ongoing legacy of eugenics and reproductive injustice in the United States. In addition to talking about their anger, they were able to consider how the legacy of forced and coerced sterilization can rework assumptions about what reproductive justice means, from the right to control fertility, but also the right to protect it.

At the center of the film is a Black mother, and I used this to connect many of our readings about the legacy of racism in health and health care. Angela Davis, for example, connects Black mothering to the fight for reproductive freedom, noting that it was early American Black women who were able to control their reproductive capacities, even from slavery onward (Bush), and ongoing reproductive justice movements (Roth). Davis points to this, and the legacy of coerced sterilization as Black mothering (216-17) and the reproductive justice movement, which highlights how women’s right to not have a child and to have a child are continually intertwined.

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The first year I taught this class on Gender and Health, in 2020, our last in-person class happened at midterm, right before we were suddenly at home because of COVID-19. For that class, before we knew we would not be meeting in our classroom again, I decided to run a panel discussion for the class with local health care practitioners. I had invited a naturopathic doctor, some sexuality educators, and the head of the state chapter of Planned Parenthood, who all agreed to join us for class. Right at the end of the panel discussion, responding to a student question about what would happen next for Planned Parenthood, the head of the state chapter told us that that *Roe v. Wade* would be overturned in the next few years. She said deliberately, “I am telling you it will be overturned, not that I’m afraid it will happen.” Students looked a little bit sad, but mostly shocked. I admit I was hesitant how to respond. Doesn’t this seem extreme, I thought? We have had this law in place since 1974.

Nearly 50 years after its initial ruling, *Roe v Wade* was overturned on 24 June 2022, by the *Dobbs v. Jackson* case, which also overruled *Planned Parenthood v. Casey*. The *Dobbs v. Jackson* case ruled that a Mississippi law banning abortions after 15 weeks was constitutional. The law was designed to provide a legal basis by which to overturn the *Roe v Wade* ruling, which states that abortion cannot be banned before the fetus reaches viability (24–28 weeks into pregnancy). The ruling did not ban abortion, but it removed the constitutional restriction on legislation banning abortion.

Reproductive justice conversations can come up in a variety of ways, from plant-based contraceptives to mothering narratives. Reproductive Justice discussions,

especially in what we now call the post-Roe world, shouldn't back away from ideas of access ("Where do I get an abortifacient? Will it work?" as one student asked) and its connections to motherhood. We may have to pull these narratives from creative places. I have often assumed that true ideas about coerced sterilization would drive out white supremacy or cultural illiteracy (Simms) around structural racism in conversations about reproductive rights, and that only a lack of exposure to these ideas have impacted students, but that is not necessarily true. Beginning from the Reproductive Justice framework radically changed my class last semester. This 'demystification' process happens differently for everyone in the classroom (Olson). Sometimes we have to work with the narratives that are more relatable for students, perhaps around mothering or where to access contraception, to develop what I hope is an altered consciousness and behavior, and increasing compassion for other humans, as we advocate for reproductive justice for all of us.

## Notes

1. "The Global Politics of Gender and Health" course description reads: This interdisciplinary course is an introduction to critical concepts and approaches used to investigate the intersections of gender, health, and illness, particularly in the context of individual lives both locally and transnationally. Special attention will be paid to the historical and contemporary development of medical knowledge and practice, including debates on the roles of health-care consumers and practitioners, as well as global linkages among the health industry, international trade, and health sector reform in the developing world. Emerging issues around the politics of global health include clinical research studies, bodily modification practices, and reproductive justice movements.
2. Ross said: "The right to have a child, the right to not have a child and the right to raise your children. Everyone should have that. It's not that hard to explain — it's just hard as hell to achieve."

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