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Undue Burden: How White Feminism Misdirected the Politics of Reproductive Healthcare and Failed the People Who Need It Most

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ABSTRACT

White women have historically dominated the abortion movement. Both contemporary “pro-choice” and “pro-life” partisan sides have neglected the concerns of minority women in the conversation. In this paper I examine this fact and seek to show that minority women are fundamentally crucial to any conversation we should be having regarding abortion. Because much of our contemporary understanding of abortion has been derived from the concerns of white women, we have excluded the needs and desires of minority women nearly altogether. To compound this problem, we have already seen the detrimental effects of stricter legislation that hinders access to reproductive healthcare services; minority women bear an unequal burden from strict legislation, they are simply more likely to face adverse consequences from such restrictions than white women. In this paper I use feminist epistemology to illustrate how crucial it is to incorporate the voices of women at the margins. In the wake of the impending Supreme Court decision on *Dobbs v. Jackson Women’s Health Organization* (2021), this paper seeks to analyze just how little has been done to address the party most privy to the topic- minority women.

KEYWORDS

Standpoint Theory, Intersectionality Theory, Abortion, Minority Women, Feminism, Epistemic Injustice

There is no time more pressing to consider the way people are discussing reproductive healthcare, and the magnitude of the effects of abortion legislation, than today- this paper comes at a timely moment in United States history, awaiting the impending Supreme Court decision on *Dobbs v. Jackson Women's Health Organization* (2021), there likely will be a change in the way the Supreme Court treats abortion services. Numerous states have begun to write laws directly countering current precedent on abortion services and are attempting to halt access to abortion long before viability, even as early as four weeks; politicians have aggressively sought to pass anti-sexual and reproductive healthcare policies under the guise of a "pro-life" agenda. Likewise, the change in policies have been coupled with a change in judicial leadership. With new judiciaries come new judicial preferences, many of which have publicly opposed access to abortion services, signaling a new age not just for access to reproductive healthcare, but for women's rights.

Today, abortion has melded into the atmosphere of politics; conversations remain centered around the mainstream, partisan "pro-choice" or "pro-life" sides. Abortion, which was at one time considered a conversation that remained between the discretion of a woman and her healthcare provider, has transformed into conversations of ethics, privacy, autonomy, and judicial overreach. Nearly 30 years ago, the Supreme Court of the United States issued the landmark decision on *Roe v. Wade* (1973), which fundamentally transformed our conception of abortion; subtle but quite profound differences in the way abortion was discussed began to take hold in the wake of *Roe*. At the same time, the pro-choice movement, consisting primarily of white women, began to establish their prominence as the head of reproductive rights activism. White liberal women have now become the face of the battle for reproductive rights, ushering in a landslide of Women's Marches, and iconic cultural symbols such as the "pink pussy hat" and period art; and while these women have effectively cast light on misogynist healthcare policies, the movement has unintentionally pushed the narrative of the cisgender white woman to prominence. This narrative does little to shine light on the systemic discrimination that minority women face in reproductive healthcare, misrepresenting or altogether neglecting the needs or experiences of such women; yet it is the forgotten women who face the biggest consequences from legislation hindering access to abortion services.

As it stands today, most conversations regarding abortion fail to adequately address these people- the legislators, judiciaries, pro-choice, and pro-life groups have neglected the women most affected, most in-need, and most worthy of attention in this conversation. It is imperative, in the wake of current socio-political activity, that this conversation shifts to incorporate minority groups; an intersectional approach helps us to understand the interlocking effects that identity, oppression, and privileges have, and in turn, why these are foundational to *any* conversation about abortion. An analysis of judicial decisions and abortion conversations dating back to the 1930s showcases how white feminism has fundamentally shaped the way the United States frames abortion (Green 2016). Given the likelihood that the Supreme Court will soon overturn *Roe vs. Wade* (1973), it is imperative we begin a public discussion about abortion that utilizes an intersectional approach. This discussion should highlight the needs of minority women who have been historically left out of these conversations, and who are most likely to be affected by changes to reproductive healthcare policies.

In this paper, I begin this public intersectional discussion of abortion by framing the reproductive healthcare discussion in the United States as a narrative told mostly from the standpoint of white women. Social and political problems that are framed almost exclusively from the perspective of white women can be epistemically problematic, especially when it results in overly burdensome legislation. Firstly, the problems are likely to be framed in such a way as to exclude issues not important or pressing to white women, specifically excluding problems that may predominately affect Black and Brown women. Secondly, the solutions to these problems are then likely to reflect the problems in which they are responding to, further neglecting Black and Brown women's concerns from the discussion. Although it may not be surprising that the abortion narrative is told primarily from the standpoint of white women, there is a sad irony to it. While white women remain in the forefront of the conversation, it is Black and Brown women who will ultimately bear the unequal burden of restrictions to abortion rights. A discussion of intersectionality theory and Black women's standpoint theory emphasizes the importance of theorizing from and with women at the margins. I then provide evidence from recent states where abortion rights are being overturned or eroded—it is evident in these states that Black and Brown women do bear a disproportionate burden from these restrictions. When we combine a dominate narrative told from the standpoint of white women with the way in which abortion

restrictions disproportionately affect Black and Brown women, it is evident that we are likely to miss much of what is at stake. With this suspicion in mind, I conclude this thesis with a discussion of contemporary news regarding reproductive justice that shows us that significant change is still necessary to these conversations.

I. HISTORY OF ABORTION ADVOCACY

Pro-abortion advocacy most notably began with doctors in the 1930s, forty years before we see the landmark case of *Roe v. Wade* (1973) take center stage. At the time, pro-abortion and birth-control advocacy was stained by a “dark racial component” (Green 2016) due to its ties to the growing eugenics movement; abortion and birth control were seen as means to controlling Black and Brown populations’ ability to reproduce, and many proponents of abortion sought to use abortion for this end. Many advocates valued both birth control and abortion for their ability to perpetuate their own racist agenda. The early 20th century saw a rise in support for the use of birth control and abortion, but it was far less about women’s rights and more about perpetuating the eugenics movement in the United States. This movement specifically sought to limit the reproductive abilities of those seen unfit; those who were “unfit” included Black, poor, or incapacitated minority women (Green 2016). Pioneers of the reproductive healthcare movement were often proponents of the eugenicist movement; Margaret Sanger, the founder of Planned Parenthood, was herself a well-known advocate of the eugenics movement. While abortion and birth control have now become a beacon of hope for many women (of all races, incomes, and other distinguishing factors) who are in need of reproductive healthcare services, there is no denying the harmful impacts it once had on minority women.

Fast-forward thirty years, and abortion began to be legalized in several states, beginning with California. This said, the mainstream pro-life and pro-choice movements, with which we characterize our contemporary abortion politics, had yet to be formed. Much of the politics of birth control and abortion at the time had been molded by the past desires of the eugenics movement. Even as the pro-abortion side moved starkly away from eugenics as a motive and more toward protecting women’s health and autonomy, it remained deeply stained by the racist underpinnings of the movement’s origins. Furthermore, the pro-abortion side still left minority women out of the conversation; the concerns of the pro-abortion side

did little to address the same concerns of Black and Brown women. There were many debates at the time that connected questions of abortion and birth control to questions about gender and sexuality (Green 2016), neither of which were dominant concerns for Black and Brown communities at the time. These minority women were far more concerned with the effects of abortion and birth control and its role in controlling their fertility- what they truly desired was the ability to determine *for themselves* when to have children and how many to have, as well as ensuring that they had adequate resources to raise them. In other words, they were less concerned with abstract questions, but rather sought concrete rights that ensured bodily autonomy as well as the ability to legislate for themselves matters of reproduction without hinderance. Minority women sought something that ran far deeper than simply the right to abortion, or to “own their sexuality” so-to-speak, they wanted justice.

At the same time, abortion services and birth control were deeply opposed by the Catholic Church. The Catholic Church believed that life begins at conception and sought to enforce bans on what they considered to be deeply immoral activity- birth control and abortion were seen to be dangerous and wrong activities. The Catholic Church opposed abortion, *not* because they simply valued fetal life over a woman’s right to choose, but rather because they believed they were protecting women as well as supporting them and their families. In fact, the Church also sought to expand pre-natal healthcare policies to provide more insurance for women, aid for poor women, and better adoption practices in order to support the women who were more likely to be targeted by abortion and birth control advocates (Green 2016). Despite this, the Catholic Church also alienated many potential anti-abortion advocates because they did little to acknowledge or consider the needs and desires of minority women either (Green 2016). On both sides of the debate, the concerns of minority women were not discussed, even despite their seemingly dominant needs in the conversation. While reproductive healthcare advocacy had deeply racist roots for its participatory nature in the United States’ eugenics movement, the predominantly white, Catholic anti-abortion movement’s dismissal of Black and Brown women’s concerns alienated these women; the Church did not address their needs despite the likely alignment of their goals at the time.

This history of abortion in the United States and the way we discuss it was fundamentally changed by the Supreme Court’s (7-2) landmark decision on Roe

v. Wade (1973). In this decision, the Supreme Court ruled the due process clause in the 14th amendment guarantees one the fundamental right to privacy. It is in this "right to privacy" that lies the woman's right to choose whether or not to receive an abortion. Nonetheless, the right to privacy is limited by the state's legitimate interests in protecting the health of pregnant women and the so-called "potentiality of human life." The relative weight of the woman's right to privacy in contrast to the state's interest in protecting the potentiality of life varies over the course of the pregnancy. The law reflects favorability towards privacy rights early in the pregnancy, but transitions to favor the interest of the state as the pregnancy carries on. In other words, the court ruled that the state may not regulate abortion in the first trimester, in the second trimester the state may regulate it in a manner that reflects "reasonable" restrictions to protect maternal health, and in the third trimester the state has the authority to fully restrict abortion due to the "viability" of the fetus, although exceptions can be made in dire circumstances (Roe v. Wade, 1973).

This is a transformative period for abortion rights in the United States. Prior to this decision, privacy was not a part of the abortion discussion. Indeed, publications discussing abortion dating back to six years prior to Roe did not once mention privacy in relation to the right of abortion (Vecera 2014). The first noted publication that links the two concepts was released just one day after the court released their decision on Roe (Vecera 2014). This indicates a monumental shift in the framing of abortion because the conversation shifts from the health and safety of a medical procedure and/or concerns of eugenics and becomes focused on a constitutional right to privacy. As our social conception of abortion became radically changed by the release of the judicial decision for Roe v. Wade (1973), so did the way that mainstream liberal reproductive-rights activists framed the issue.

In the wake of Roe v. Wade (1973) the mainstream pro-choice and pro-life movements that we know today began to take hold. The transformation in the way we discussed abortion was monumental, these advocacy movements were centered more around discussions of sexuality, gender, and constitutional rights, rather than concerned with the health and safety of women. The pro-abortion and anti-abortion sides managed to solidify into the partisan "pro-choice" and "pro-life" sides we see take prominence today. On both sides of the debate, white women seemed to take center stage and as a result, their concerns did as well. As time passes, the white feminist narrative has taken over the pro-choice

movement. Today there has been an influx of media portrayals of the pro-choice side, the year 2020 saw an unprecedented number of documentaries detailing this- 12 in total (Mattei 2021). In each documentary filmmakers and advocates used white protagonists as the “stand-in for a ‘universal’ experience that renders legible the basics of abortion restriction to the widest possible audience, which is odd considering the cultural specificity of white women’s woes” (Mattei 2021). Likewise, other contemporary means of advocating for reproductive healthcare fail to fully push forth concerns of minority women, failing to approach the issue with an intersectional approach. Efforts, such as the Women’s March, have made a push to persuade people on the importance of diversity and intersectionality, but still seem to resoundingly resonate with white women; 75% of participants at Women’s Marches on January 26, 2017 self-reported themselves as women and 70% reported themselves as white (Heaney 2019).

Current discussions about abortion do not adequately—if at all—discuss the pervasive effects of legislating minority women’s bodies and how they will be directly affected to a much greater degree than that of non-minority women. The narrative that pushes for reproductive *rights* rather than *justice* has been told time and time again, and media reflects this: coverage of the pro-choice movement specifically targets white women with its messaging (as it has historically done so). The white woman in the abortion debate has been decidedly pushing the struggles of constitutional rights to privacy and abortion access without giving thought to the inequitable weight that legislation has on minority women- it has pushed the struggles of the young cis white woman seeking to terminate their pregnancy to the forefront of our attention. This narrative, while certainly important, has been overtold; “a single story carries so much undue weight that it has been contextualized by its overrepresentation” (Mattei 2021).

In the 90’s, women of color, and in particular black women, began pushing for reproductive *justice* rather than reproductive *rights*. This difference in language speaks to a desire for right to have or not to have children, as well as to dismantling the systems that enable their systemic oppression. The pro-choice movement, in contrast, tends to speak to a desire for reproductive rights, focusing more on the constitutional right to privacy more than the fundamental difference in equality that exists beyond mere access to abortion. Reproductive justice speaks to a desire for true justice and equality, a type of justice that spans across gender, race, disability, and class inequalities. Reproductive justice, in this sense, would account for the

way in which legislation primarily does or does not affect certain minority groups—often having disproportionate burdens on various minority women. Today, the movement for reproductive justice still exists, but it is far overshadowed by the so-called “pro-choice” side. White feminism has pushed specific activist groups to the forefront of our attention, such as Planned Parenthood and NARAL Pro Choice America. Yet, it is important to consider that minority women have found the messaging of the pro-choice movement largely meaningless to them (Price 2011). The rhetoric simply does not include the concept of reproductive justice, rather it remains largely concerned with broad questions about privacy or constitutional rights. And while these may be pressing concerns to which we still need answers, they simply do not speak to the same concerns of minority women—many of whom are more concerned with their right to choose for themselves whether or not to have children, bodily autonomy, and the way that restrictive abortion legislation perpetuates systemic oppression.

The pre- and post-roe discussion foreshadowed the era of political and social discourse we see today; abortion has become a mainstream partisan issue, concerned with the constitutionality of a woman’s right to choose, rather than with the direct and pervasive effects that legislation has on women’s health, most notably in minority groups. The discourse has effectively stalled—our opinions have become so divided, so engrained, that we cannot seem to change our opinions. A primary factor for this delay is due to the way we choose to discuss reproductive healthcare: what we argue about, the terms we choose to employ, and the very people who are discussing it. By choosing to amplify only certain voices in the abortion conversation, we have allowed ourselves to miss much of what is at stake. It is likely that by seeking to re-contextualize the abortion conversation, i.e., incorporate standpoint and intersectional theories, and amplify the voices and concerns of the affected minority communities, we may be able to understand abortion in a new light. We may, in fact, be able to make better legislative decisions in regard to abortion when we understand the pervasive and direct effects that any legislation has on these minority communities. While the needs of white women are surely important to the conversation, they can blind us to the needs of others. We shouldn’t focus on the constitutional right to privacy, what we *should* be concerned with is how narrowly we’ve considered this problem.

II. STANDPOINT THEORY

Feminist standpoint epistemology is crucial to reframing the abortion debate by showcasing *why* it is so important to contextualize, understand, talk to, and hear from minority women. Standpoint theory is a feminist epistemology that departs from the assumption that a knowledge can be amassed from a universal point of view. Rather standpoint theory emphasizes that knowledge is always produced from a particular vantage point- it is inherently perspectival. The idea is that *any* analysis is “only properly understood in the social contexts in which they arise, and in terms of the biases and prejudices those contexts generate” (Bowell n.d.). Standpoint theory effectively moves beyond any standard, established way of understanding the world through the lens of the privileged, rather, it seeks to understand the power relations that fundamentally shape the world in which we live in. To suggest that there can be any one true account of the world, or people’s experiences in it, contrasts deeply with the reality of our day to day lives; our lives, our decisions, our rights are all shaped by our identity statuses, ways in which we fit in to and interact with our world, and how we are all ultimately acted upon due to such statuses.

It should be fundamental to any social analysis, that one must seek to understand the power relations that shape the struggle between the marginalized and the non-marginalized. Thus, in order to understand these dynamics, one must actually hear from and speak to the marginalized community; it is only those who have been marginalized who can truly understand the influences that shape this. In this sense, a woman has a far better understanding of the way being a woman can affect one’s role in society because they must live in a “man’s world.” To the same end, Black and Brown people are imperative to understanding the interlocking effects that allow for systemic oppression and racism in the white man’s world.

Feminist standpoint theory tells us that firstly “knowledge is socially situated,” that marginalized groups are better able to understand the workings of a system that oppresses them, and ultimately, that *any* research concerned with power relations should begin with these minority groups (Bowell n.d.). The economically privileged, white activist has only a thin understanding of the workings of such a system- race, gender, and class work together to create a uniquely important perspective on the debate. This fact is absolutely crucial to framing the abortion discussion- white feminism has narrowly focused our discussions of reproductive

healthcare but failed to consider the very women who are *most* affected. A history of abortion discourse in America has shown how both sides of the debate alienated minority women, and how white feminism has taken prominence in the conversation. It is imperative to reframe this debate to include minority women, hear from these women, and consider these women in order to truly understand the *extent* to which legislation hindering access to reproductive healthcare can truly affect these groups.

Experience is tied to knowledge, and marginalized communities have richer, more complex experiences in the world because of the way they must interact with the dominating class. Women must live in a sort of “man’s-world” reflected in the division of labor, the pay gap, social stigmas, and other such ways that gender oppression and forced compliance is reflected in our society. It is women who are deeply aware of these workings for they are the ones who must live their lives in accordance with the rules of the “man’s-world” in which they were born into. The consequence of this is that the dominant class (men), only have a limited view of the world for they cannot inherently understand what it is like to live as a woman for they are simply *not oppressed* by fact of their gender. To extend this further, minority women also have a deeper understanding of the world that the white women simply cannot see- it is historically marginalized minority communities who are forced to comply with systemic discrimination in our society. In this way, white men or women simply cannot create an accurate framework of our world for they have an idealized vision of the world- they do not interact with or face the consequences of systemic discrimination. Minority women, in the context of the abortion debate, have been marginalized by abortion legislation and often left out of the conversation. It is deeply problematic that we have neglected minority women in the abortion conversation because it is these women who have deeper, more complex understandings of abortion as a complex issue. They are better able to contextualize the ways in which abortion access deeply affects the lives of women (especially of minority women) for they themselves bear the brunt of the effects of strict legislation.

In order to incorporate feminist standpoint theory into our abortion conversation, we need to shift the conversation away from the white feminist narrative, and empower, speak to, hear from, and understand the needs and desires of minority women. As a society, must ask ourselves which advocacy groups must we observe? Whose voices should we amplify? The standard pro-choice

side gives significant weight to advocacy groups such as Planned Parenthood and NARAL Pro Choice America- we have all heard from these groups, we understand their message, and have amplified their voices. We need to shift the conversation to include advocacy groups that include representation of minority women and their interests, namely groups such as the National Black Women's Reproductive Justice Agenda. Organizations such as this work in tandem with feminist standpoint theory for they allow minority women to speak on abortion *in their own voice*.

III. EMPIRICAL RESEARCH

Research shows that stricter legislation that hinders access to abortion disproportionately affects minority women. An intersectional analysis of the medical, economic, and legal impacts quickly shows just how burdensome this legislation is for minority women. Due to various socioeconomic factors as well as unequal access to health care, minority women are more likely to seek an abortion than white women: "African-American women are five times more likely than white women to obtain abortions; Latinas are twice as likely as white women to do so" (Cohen 2008). Furthermore, survey research shows that African American women are more likely to underreport abortions compared to White and Latina women, which further showcases the importance of race in predicting abortion behavior (Price 2011). The higher prevalence of African American and Latina women seeking abortions is likely due to a wide range of ethnic disparities that exist in access to health care and as a result in their health outcomes (Cohen 2008). These disparities are also a likely cause of unintended pregnancy rates across minority communities, as minority women are more likely to have difficulty finding "high-quality contraceptive services and in using their chosen method of birth control consistently and over long periods of time" (Cohen 2008). When we put these sexual health concerns into the context of other disproportionate health outcomes that minority women face, e.g. diabetes and heart disease to cervical cancer and sexually transmitted infections (Cohen 2008), it becomes clear that these disparities are a symptom of a much larger epidemic, namely the systemic discrimination that persists in our society.

Data also shows us that minority women are more populated in states that are likely to overturn access to abortion. It should come as no surprise that the states most likely to diminish or altogether outlaw access to abortion should

Roe v. Wade (1973) be overturned, are those that typically fall as “right-leaning” states, namely Texas, Mississippi, South Carolina, etc.... Conversely, states that are less likely to outlaw any access to abortion tend to swing left politically, namely California, New York, Washington, Oregon, and other such states. The states with the highest demographic populations of Black and Brown people as of 2021 as percent of the total state population are Louisiana, Mississippi, Alabama, Georgia, South Carolina, Maryland, and Delaware (U.S. Census Bureau 2022). These states are typically conservative in their voting patterns and thus more likely to adopt restrictive abortion laws, with the exception of Maryland and Delaware who at times vote more moderately. States such as Texas, which has already passed legislation limiting access to abortion via the Texas Heartbeat Act (2021), have large minority populations when compared to many left-leaning states. There is a direct link, due to basic population demographics, between restrictive access to abortion in these states and its effects on these minority communities.

Conservative states also typically limit proper education programs about reproduction. This is problematic because without proper understanding of “safe sex” and how to properly use birth control, unwanted pregnancies are far more likely to occur (Pettus and Willingham 2022). For example, Mississippi law dictates that sex education in public schools must emphasize abstinence in order to mitigate unwanted pregnancies and sexually transmitted diseases (Pettus and Willingham 2022), and Mississippi isn’t the only state relying on this method. Other states that stress abstinence-only sexual education fall in line with many of the typically conservative states who house higher minority populations, namely Alabama, Georgia, Louisiana, South Carolina, and Delaware (University of Southern California 2017). Extensive research has shown us that abstinence-only education is largely ineffective- “they do not delay sexual initiation or reduce sexual risk behaviors” (Columbia University 2017). There is a significant correlation between the geographic location of minority communities and limited access to evidence-based sexual-education or abortion services. This data coincides, ultimately, with a higher rate of abortions or unplanned pregnancies and sexually transmitted diseases amongst minority women (Cohen 2008). Alabama does not require sex education in schools, and any sex-education provided must emphasize abstinence (Rice et al. 2018). Alabama also has one of the highest rates in the nation of unplanned pregnancies, gonorrhea, and chlamydia (Rice et al. 2018). Simply put,

people are more likely to have an unplanned pregnancy because the legislation that governs their area does not provide them proper reproductive education.

Minority women are more likely to be adversely affected by other sociologic factors, such as wealth and class structure disparities, which in turn can further limit their ability to seek an abortion should they live in an area where they cannot receive it legally. Wealth can often overcome legal hurdles, either through the procurement of safe, illegal abortions or by allowing women to travel to areas where abortions are legal. "All are equal before the law..." (University Declaration of Human Rights) but the law does not consider the fact that there are "long-standing and substantial wealth disparities between families in different racial and ethnic groups" (Bhutta, et al. 2020). As of 2019,

White families have the highest level of both median and mean family wealth: \$188,200 and \$983,400, respectively. Black and Hispanic families have considerably less wealth than White families. Black families' median and mean wealth is less than 15 percent that of White families, at \$24,100 and \$142,500, respectively. Hispanic families' median and mean wealth is \$36,100 and \$165,500, respectively. (Bhutta, et al. 2020)

This data shows us that historically subjugated women tend to have considerably less capital than white women- this is crucial for understanding how they are more likely to be forced into unwanted pregnancies. Given the pending Supreme Court decision on *Dobbs v. Jackson Women's Health Organization* (2021), which may likely overturn *Roe v. Wade* (1973) and allow states to legislate abortion themselves, this will directly affect those low-income women who cannot afford to seek an abortion elsewhere should they need to (Millhiser 2021). It is the women who live in affluent communities and have significantly higher median and mean incomes, that are disproportionately white women, who are less likely to be burdened by such restrictions. Unlike their Black and Brown counterparts, these women have the means to travel to states with more lenient abortion legislation and thus are less likely to be forced into unwanted pregnancies or burdened by state-led restrictive abortion regulations.

IV. CASE ANALYSIS

Today, we see a new rise in state-sponsored restrictive abortion legislation, which has been written directly in contrast to federal law and the precedent set forth by *Roe v. Wade* (1973) (as well as *Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992) which reaffirms the *Roe v. Wade* decision). Currently, the Supreme Court has heard arguments for the case of *Dobbs v. Jackson Women's Health Organization* (2021) and is projected to release their decision in the coming months, approximately June or July 2022. Moreover, the Supreme Court will be ruling on the constitutionality of Mississippi's "Gestational Age Act" which was enacted in the state in 2018. This act dictates that all abortions (with very few exceptions) are prohibited after 15 weeks (*Dobbs v. Jackson Women's Health Organization*, 2021). Currently, this law is in contrast to the current federal precedent which only allows for states to ban abortion when the fetus is deemed viable, at the beginning of the third trimester, with "reasonable restrictions" to protect maternal health in the second trimester (*Roe v. Wade*, 1973). Fifteen weeks is the second week of a woman's second trimester. Should the court rule that Mississippi's law banning abortion after 15 weeks is constitutional, it would effectively overturn the standing precedent of *Roe v. Wade* (1973) and of *Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992)—this would mark a monumental shift in the United States for it would allow states to legislate abortion prior to viability according to their own desires. Should this happen, "24 states and three territories could quickly take action to prohibit abortion, according to [an] analysis of state abortion laws... already, 12 states have 'trigger bans' in place, designed to ban abortion immediately if *Roe* falls" (Center for Reproductive Rights). This shift would dictate a new future for a woman's right to bodily autonomy, for privacy rights, for health care, and for women's rights in its totality.

What is alarming is not simply the Court's pending ruling on *Dobbs v. Jackson Women's Health Organization* (2021), but rather their treatment of the *Texas Heartbeat Act* (2021). The *Texas Heartbeat Act* (2021) is one of the most aggressive anti-abortion laws that has taken effect in the United States since the establishment of *Roe*. It places a ban on all abortions after a fetal heartbeat is present, this occurs at 6 weeks gestational age (Millhiser 2021). This Act has no exceptions for cases of rape or incest. It is unique in other ways as well as it

can only be enforced by citizens with a \$10,000 bounty, not by law enforcement. Because of the doctrine of sovereign immunity, which states that a sovereign or state cannot commit a legal wrong and is therefore immune from prosecution, one can only sue the state official that is enforcing the law that one is challenging. In the case of the Texas Heartbeat Act (2021), there is *no state official* that is enforcing this law- only private individuals. This legislation was specifically written in this manner so as to keep people from being able to challenge Texas on this law as there will only be private lawsuits against individual abortion providers, or those who “aid and abet” abortion (although it is not specifically defined what that means) (Millhiser 2021). Despite the emergency injunction filed to block this bill, the Supreme Court upheld it in a 5-4 decision, despite the way it attempts to circumvent how courts typically function. Chief Justice Roberts wrote in his dissenting opinion that “the nature of the federal right infringed does not matter; it is the role of the Supreme Court in our constitutional system that is at stake”; in other words, the law is unprecedented in the manner that it attempts to insulate the states from responsibility (Millhiser 2021). The Supreme Court’s decision to uphold a law directly countering the very essence of how courts are supposed to function seems to signal a new age for abortion rights. Some believe this law is only tolerated by the Supreme Court because of the essence of the law, and because the new conservative majority on the court (6-3) largely opposes abortion rights.

V. CONTEMPORARY NEWS ABOUT REPRODUCTIVE JUSTICE

Today, discussions of reproductive healthcare have only just begun to recognize how fundamental minority women are to the conversation and push to incorporate them. Historically, the conversation has been dominated by the concerns of white women despite the disproportionate burden minority women bear. Contemporary media outlets that target young women with its messaging, such as Teen Vogue, speak to a new wave of feminism that seeks to incorporate the people at the margins. A recent article they released titled “Transgender People Tell Their Abortion Stories in *Trans Bodies, Trans Choices*” speaks to a similar desire for reproductive justice, one that incorporates a larger and more inclusive community in abortion discourse. However, articles such as these are far from the majority; most news about abortion says little about minority women or about

the concept of reproductive justice at all. The subject of reproductive justice in news is tailored to a niche, “woke” audience—people who are likely already more aware of the way that legislation disproportionately affects minority groups and often perpetuates systemic discrimination. Inclusive social media groups such as @feminist on Instagram, as well as groups such as “SisterSong Women of Color Reproductive Justice Collective” and “In Our Own Voice: National Black Women’s Reproductive Justice Agenda” attempt to close the information gap, enlighten people about reproductive justice, and amplify minority voices— but these voices are not yet mainstream voices.

The vast majority of news generated about reproductive healthcare, however, is simply parroting back mainstream, divisive “pro-choice” and “pro-life” viewpoints. It only takes a cursory glance at any major news source to see that the concept of “reproductive justice” has yet to reach prominence. There is little being reported about the pervasive effects of strict reproductive healthcare legislation on minority groups, about what minority groups think and feel about such problems, nor about their intended goal of true reproductive justice. Consider the following: most (52%) Americans prefer getting their news from a digital platform (Shearer 2021), of these people 26% of them get news from a news website (as opposed to social media or a search engine) (Shearer 2021). The most popular news websites are CNN, MSN, New York Times, and Fox News (Majid). A quick search on any of these platforms for terms such as “abortion,” “reproductive healthcare,” or “reproductive justice” elicits hundreds of news articles—but one would be hard-pressed to find one that actually discusses the concept of reproductive justice, or the impact on minority women. Rather, articles are focused on the already highly publicized “pro-choice” and “pro-life” sides, adding little depth to a conversation about its impacts on minority groups. Simply put, there is a gaping hole in coverage about what matters to minority women and their fight for reproductive justice.

Significant change is still necessary to reproductive healthcare conversations; we have only just begun to skim the surface of an intersectional approach to abortion rights. Niche media outlets have only just begun to speak to the gravity of abortion discourse and legislation on minority women. Widespread change is yet to come. Much of the conversation is still dominated by the needs and concerns of white women. White feminism has pushed dominant groups such as NARAL Pro-Choice America or Planned Parenthood to the forefront of the

conversation, and these groups garner significant media attention and detract from the issues of minority women. The message and goals of organizations such as these are already well-understood, yet the goals of minority women and their desire for reproductive justice are not yet widely discussed. Conversations that spotlight minority women's concerns to the conversation remain elusive in government, in mass media outlets, and throughout much of our contemporary abortion discourse.

VI. CONCLUSION

Today we are on the cusp of a monumental Supreme Court decision, one that could overturn the long-standing precedent of *Roe v. Wade* (1973) and may likely have vast repercussions for all women here in the United States. But more to the point: this burden will be shouldered primarily by minority women. The gravity and impact a decision of this sort will have on these women cannot be understated- should the court rule against our current precedent, the results will be swift and harsh, women and families everywhere (but especially minority women) will reap the consequences. Historically, we have pushed these women out of the conversation. As I've discussed in this paper, abortion discourse has often failed to incorporate the concerns of minority women and is primarily centered around the needs of white women. White feminism has fundamentally transformed our conception of abortion as a social issue, paving the way for contemporary, partisan sides known as "pro-choice" and "pro-life" yet neither of these sides has truly accounted for minority women. It is up to each of us to make the decision to incorporate these women, we cannot wait until it is already too late; now is the time to shift the conversation, rather than wait to see the detrimental effects strict legislation will have on these minority communities. More precisely, we must consider how exactly we have failed minority women in the past and how we must urgently make changes in order to keep from failing them time and time again; these women deserve better, they deserve a place in a conversation that so radically impacts them, a conversation they have been pushed out of time and time again.

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