

**UNAFFORDABLE RIGHTS:  
NEOLIBERALISM, REPRODUCTIVE JUSTICE, AND TECHNOLOGY AND  
MEDIA ACTIVISM IN TEXAS**

A Dissertation

by

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## ABSTRACT

This dissertation explores how communication technology use, discourses, policies, and labor practices of participants at an abortion fund in the reproductive justice (RJ) movement in Texas mutually shape one another. In addition, this project examines the ways in which these mutually constitutive elements are in conversation with the pervasive neoliberal context of Texas and the United States. This project is situated in feminist studies of healthcare, technology, and activism. The abortion fund in the study is an organization in the RJ movement, which is an intersectional and feminist movement. The fund runs a wealth redistribution hotline and generates communication outreach. This project utilizes feminist and digital ethnographic methods. The data for the project includes in-depth interviews with organizers and volunteers at the fund and participation-observation spanning across one year.

In this work, I make three major arguments. I first argue it is difficult at the fund to follow competing feminist ethics of care, or caring *for* vulnerable individuals and *about* systemic justice, equally on the wealth redistribution hotline. While the fund cares *about* systemic injustice, the volunteers on the fund's hotline use individual judgments when trying to best care *for* individuals.

I next argue the digital and intimate labor of the fund's hotline volunteers is best understood as *immaterial intimacy* rooted in a feminist consciousness. *Immaterial intimacy* is a term created in this project. *Immaterial intimacy* on the hotline is immaterial labor that is largely invisible to society but ubiquitous in volunteers' lives. *Immaterial intimacy*

includes intimate but fleeting exchanges conducted between strangers. These intimate, fleeting exchanges also require the volunteers to embody feminist sympathy, which is a feeling rooted in an intersectional feminist consciousness, or an awareness of systemic gender and other inequity. The *immaterial intimacy* of hotline labor is enabled by and reifies the abortion fund as a political feminist collective.

Finally, I argue organizers at the fund who create communication outreach content continue immaterial and affective labor on behalf of the fund beyond their work on the hotline. I explore the labor necessary to create content that appeals to the fund's donors and supporters and also responds strategically to detractors.

## **DEDICATION**

To the resilient people who run hotlines, and the resilient people who call them.

And to Jye, for always being there.

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## NOMENCLATURE

RJ                      Reproductive justice

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# CHAPTER I

## INTRODUCTION

As one of his first orders as United States president, Donald Trump reinstated a policy that prevents the “granting of American foreign aid to health providers abroad who discuss abortion as a family-planning option” (Sengupta, 2017). The policy, which Trump extended to include *all* foreign healthcare aid and not only aid for reproductive health services, has come to be known by those who oppose it as the “global gag rule.” This policy, which has been instituted intermittently by various U.S. presidents, silences education about reproductive health, further stigmatizing abortion and the movement for reproductive justice (RJ) globally.

This U.S. policy with global implications is an example of direct anti-abortion legislation. Trump and other former presidents’ implementation of the “global gag rule” has used explicit anti-abortion language openly meant to inhibit access to safe and legal abortions. However, there is other less straightforward legislation regularly passed in state legislatures across the United States. Instead of directly prohibiting abortion, which would be unconstitutional, this indirect legislation introduces inequitable barriers and burdens to those seeking compassionate and timely abortions and other reproductive healthcare services.

In 1973, *Roe v. Wade* made abortion in the first three months legal in all fifty U.S. states. In 1976, however, the Hyde Amendment banned any use of federal funding for abortion services. This set a precedent for passing policy that creates economic and other

barriers to accessing legal abortions. Varying state policies that deploy these same strategies often make legal abortions difficult or impossible to access for disenfranchised populations. These policies often embody the economic, neoliberal frame, which assumes an equitable “post” society, where all individuals are considered to be on equal societal footing regardless of gender, race, or other identity markers. Thus, all economic responsibility for healthcare and other basic necessities falls squarely on the shoulders of individuals.

Through a digital and multimodal feminist ethnography, this dissertation project explores how technology and media activists talk back to the intersectional impacts of neoliberalism’s sexist and racist assumptions on reproductive healthcare. In particular, these activists are concerned with the withering accessibility of abortion services in Texas and the U.S. at large. In this project, I analyze how communication technologies and media (i.e. a hotline, free digital services, and social media) are used in the fight for abortion access and reproductive equity in Texas. This dissertation is situated in the current political and social context of Texas in 2017 and 2018, which is a context defined by continued patriarchal and racist assumptions. However, even though the specific context of Texas is carefully considered, the implications and relevance of this work are far-reaching both geographically and theoretically.

To explore the impacts of communication technology on practices and discourses in RJ movement activism, I spent one-year as an ethnographic participant-observer at an abortion fund I refer to as the Althea Fund<sup>1</sup> on the frontlines of the contemporary RJ

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<sup>1</sup> The organization has been given a pseudonym.

movement. Reproductive justice, as defined by *SisterSong Women of Color Reproductive Health Collective*—one of the RJ movement’s founding organizations, includes “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 justice,” 2018). Working within this framework, the Althea Fund operates a hotline and advocates for holistic reproductive justice in the state of Texas. Individuals can call the Althea Fund hotline when seeking care and funding assistance for an abortion procedure in Texas. The work on the Althea hotline is called their “direct service” component. Though communication outreach and advocacy is a secondary component at the Althea Fund, I also explore this aspect of the organization’s work, situating the fund’s outreach in the contemporary RJ movement.

Through ethnographic interviews and participant observation, I first explored the interaction between the Althea Fund’s intersectional policies for prioritizing hotline callers and the neoliberal ideology. I next also analyzed the technological and intimate labors, or what I term *immaterial intimacy*<sup>2</sup>, on the Althea hotline. In its iteration at the Althea Fund, *immaterial intimacy* is a form of immaterial labor that is performed by volunteers and rooted in a feminist consciousness. *Immaterial intimacy* is labor that is largely invisible to society, because no one has to know a volunteer is using their personal devices to work for the hotline. Yet, despite its societal invisibility, *immaterial intimacy* is also ubiquitous in Althea volunteers’ lives due to their constant availability via personal and digital technologies. *Immaterial intimacy* on the Althea hotline includes ephemeral, fleeting, and

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<sup>2</sup> In a conversation in her office about this project, Cara Wallis suggested the term *immaterial intimacy* to describe hotline labor at the Althea Fund. I am grateful for this suggestion.

yet highly intimate exchanges between strangers who are discussing abortion care and personal finances. This *immaterial intimacy* labor is performed by individual volunteers who form the Althea Fund, a feminist political collective, and who are carrying out the fund's anti-neoliberal agenda via personal technological devices in stolen moments throughout the day. Because it is driven by a feminist consciousness, this ubiquitous, digital *immaterial intimacy* can become even more central and ceaseless in volunteers' lives. Volunteers recognize callers on the hotline are facing gender and other systemic inequity every day, and being "good" ethical feminist laborers might mean they feel expected to (and want to) be available at all hours. Lastly, I considered how a small group of Althea organizers continue constant immaterial and affective labor beyond the hotline in creating feminist, anti-racist, and anti-neoliberal communication outreach on behalf of the fund and RJ movement.

Throughout this project, I watched ongoing and individualized technological labor run a hotline for an organization working on behalf of the anti-neoliberal movement, which is a movement dedicated to systemic action and justice. Despite the anti-neoliberal nature of the RJ movement, I saw the neoliberal subjectivity of organizers and volunteers regularly reified, as they conducted their Althea Fund labor in stolen moments throughout the day on personal devices.

Furthermore, Althea organizers and volunteers' neoliberal *immaterial intimacy* labor was not only enabled by ubiquitous personal technologies, but also the gendered expectations of feminist intimate care labor. These expectations suggest ethical feminist care workers will always be ready to care *for* individuals and *about* injustice—always ready to answer the call when individuals or groups are being physically or emotionally



marginalized by stigma, shame, and neoliberal economic inequality. Thus, exploring the intersection of neoliberalism, personal technology, and immaterial labor within the context of feminist and anti-neoliberal healthcare organizing became the central focus of my project.

### **Research Questions**

Sexist and racist assumptions inherent in neoliberal beliefs and public policy negatively impact and stigmatize the fight for reproductive justice. In this study, I use feminist ethnographic methods to explore how organizers, activists, and volunteers at an abortion fund working in the anti-neoliberal RJ movement in Texas use communication technology to facilitate access to reproductive services, confront stigma, and forward other movement goals. The primary research questions guiding this study are:

- 1) How are communication technology use, discourses, policies, and labor practices of participants at an abortion fund on the frontlines of the current reproductive justice (RJ) movement in Texas mutually shaping one another?
- 2) How are these mutually constitutive elements in conversation with the neoliberal context?

I am interested in the fund's efforts to simultaneously conduct hotline and communication outreach labor. Each effort, direct service on the hotline and communication outreach using digital media, have separate goals that are sometimes at odds. However, ideally, the strategies would work in tandem to further the organization and movement's mission: to make abortion an affordable and respected right. Volunteers use communication

technologies at the Althea Fund to run the hotline, which exists across several free digital programs that connect organizers, volunteers, hotline callers, and abortion clinics. Engagement with hotline callers is managed by volunteers using personal devices to operate the hotline.

Simultaneously, Althea Fund organizers and other RJ activists are creating communication outreach and advocacy content, primarily through social media and creative digital strategies, in hopes of lowering abortion stigma and prompting financial and other support of the movement. Previous research has investigated mediated efforts to decrease neoliberal sexist and racist assumptions about reproductive healthcare and other contentious issues (Banet-Weiser & Gray, 2009; Costanza-Chock, 2014; Downey & Fenton, 2003; Ramasubramanian, 2011). This study seeks to additionally investigate how direct hotline work via communication technology is also impacted by and talks back to those sexist and racist assumptions.

Supplemental research questions concerning the Althea Fund's technology operations are informed by literature about gender and technology (Balsamo, 1995; Cockburn, 1992; Fortunati, 2009; Haraway, 1991; Wajcman, 2004; Wallis, 2013), labor and technology (Gregg, 2011; Hardt & Negri, 2000; Terranova, 2000; Baron, 2009), technology and hotlines in abortion access (Drovetta, 2015; McReynolds-Pérez, 2017; Morgen, 1995; Rosenbaum & Calhoun, 1977; Sun-Hee Park, 1998; Wolkomir & Powers; 2007), emotional labor (Hochschild, 1983), intimate labor (Boris & Parreñas, 2010; Tronto, 1995; Zelizer, 2010), and feminist ethics and care (Ahmed, 2017; Bartky, 1975; Held, 1995; Overall, 1987; Sherwin, 1992). These supplemental research questions include:

- a) How are intimate labor and/or performance on behalf of both volunteers and callers considered in the hotline norms of the abortion fund?
- b) How are the labors of both volunteers and callers considered in the norms of technology use on the abortion fund's hotline?

Additionally, supplemental research questions about communication and media outreach at the Althea Fund are informed by literature describing the ways in which media can be used by individuals, activists, and social movement organizations to reframe contentious issues and shift public conversation away from a self-proclaimed colorblind and genderblind neoliberal framework (Chun, 2009; Costanza-Chock, 2014; McCaffrey & Keys, 2000; Molina-Guzmán, 2010; Rohlinger, 2002). Additionally, literature considering the impact of publicly speaking out and disseminating information about abortion and other reproductive issues (Dubriwny, 2005; Hayden, 2009; Morgen, 2002) informs these questions and analysis of how people working for reproductive justice attempt to “talk back” to mainstream media and public understanding. These supplemental research questions include:

- c) What are the labors involved in the creation of the abortion fund's communication outreach?
- d) How do concerns for volunteer and caller physical, technological, and emotional security and safety shape the abortion fund's communication outreach?
- e) How are hotline labor and communication outreach efforts at the abortion fund understood by volunteers as in tension with one another in achieving the anti-neoliberal goals of the abortion fund?

For the remainder of this chapter, I first discuss the current context of reproductive and abortion rights in Texas, which is viewed as a leader in future neoliberal and neoconservative U.S. politics. Next, to illustrate intersections between gender, healthcare, technology, and neoliberalism, I first discuss the gender and race blindness in traditional healthcare and reproductive healthcare studies. Then, I explore the intervention of feminism into healthcare research and discourse, paying particular attention to the intersectional reproductive justice (RJ) movement. Next, I analyze the gender and race blindness in technology studies, again following this by noting intersectional feminist interventions into technology studies. I follow this with discussion about how current processes of biomedicalization in reproductive and other healthcare continue to emphasize and make space for the neoliberal ideology in healthcare norms and policies. To explain my entry into the RJ movement, I then briefly discuss the purpose and scope of abortion funds, including the Althea Fund in this study. Finally, I discuss the contributions of this study and the structure of the dissertation to follow.

### **Reproductive Rights in Texas**

Though the Althea Fund in this study operates specifically in Texas, the reproductive rights of all U.S. citizens are endangered by the proliferation of neoliberal policy. While every person in the U.S. has the right to access an abortion as a medical service, only those with the financial and social means will be able to safely obtain the service. Policies regularly passed in state legislatures embody a neoliberal mindset where, due to the historicization of systemic sexism and racism and the barriers they pose(d) to

equality, individuals are seen as responsible for everything happening within and to their bodies. While conservative politicians might tout an equal opportunity approach when it comes to hindering abortions, hoping to create policy that stops bodies of all races and creeds from obtaining abortions, we repeatedly see legislation passed that serves to unduly burden individuals of lower socioeconomic status—often disproportionately from communities of color and immigrant communities. This burden renders portions of the population, in effect, unable to obtain a safe and legal abortion.

As Jaworski (2009) states, the *right* to an abortion is “meaningless if women cannot have abortions due to lack of providers, financial reasons, or any number of other barriers” (p. 106). Women<sup>3</sup> in the U.S. are facing attacks on their reproductive rights, and the state of Texas is championing the efforts to thwart peoples’ access to abortion. Through new anti-abortion bills being passed every legislative session, state laws of Texas ensure people are faced with increasingly difficult financial, geographical, and other barriers to accessing a safe abortion.

At the end of the Texas legislative session in June 2017, Texas Governor Greg Abbott signed Senate Bill 8 into law. Should it be enforced, the law would, amongst other regulations, require payment for the burial or cremation of fetal remains and outlaw dilation and evacuation (D&E) abortions—one the most common and safest procedures used in the second trimester—by mandating that doctors performing the procedure in Texas will face felony charges (Associated Press, 2017; Evans, 2017). In fall 2017, the

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<sup>3</sup> When the term “women” or “woman” is used in this project, it refers to any individual that is capable of reproduction. It is important to note that gender-fluid, trans, and other non-cis bodies are included in this.

Center for Reproductive Rights and Planned Parenthood announced their plans to sue over SB8's provision outlawing D&E procedures (Smith, 2017).

Though SB8 was the focus of reproductive activism in Texas during the initial legislative session, Governor Abbott called a special legislative session in July, with his priorities set on passing Texas's version of an anti-trans bathroom bill, cracking down on supposed mail-in ballot fraud, and strengthening abortion restrictions (Savage, 2017). In August, Abbott signed HB214 into law, which "requires women to pay an additional insurance premium if they want their health plan to cover abortions performed outside of medical emergencies," with no exceptions for cases of rape, incest, or fetal anomalies (Smith, 2017).

These bills are the newest additions to an already long history of anti-abortion bills in Texas. In 2013, Texas passed HB2, which was considered "one of the nation's strictest abortion laws" but was touted by supporters as aimed at improving women's health (Associated Press, 2017; Fernandez, 2013). HB2 banned abortions after twenty weeks, required abortion clinics to meet standards similar to a hospital-like surgical center, and mandated any doctor performing an abortion have admitting privileges at a hospital within thirty miles of the clinic (Fernandez, 2013). Though HB2 was struck down and declared unconstitutional by the U.S. Supreme Court in *Whole Women's Health v. Hellerstedt* in June 2016, in the two years after HB2 was introduced and enforced it is estimated there was a 54% reduction in the number of facilities in Texas providing abortion services, with the average distance traveled by a person seeking an abortion in Texas growing from fifteen miles to fifty-three miles one way (Gerds et al., 2016). In 2014, after the enactment

of HB2, 96% of Texas counties had no clinics that provided abortions, with nearly half of Texas women living in these underserved counties (“State facts,” 2017).

Though these policies are restricted to the state of Texas, Texas has been named “America’s future” (Wright, 2017). This is a future in which gerrymandering and voter suppression continue to enable conservative legislation on various issues to flourish despite voter demographics shifting left (Wright, 2017). In terms of reproductive rights in particular, Texas has been “at the forefront in enacting abortion restrictions, with many of its measures followed by other socially conservative states” (Herskovitz, 2017).

### **Reproductive Justice, Technology, and Neoliberal Healthcare**

This project is situated in the connections between intersectional feminist healthcare studies and intersectional feminist technology studies. In the project, I explore the ways in which communication technology and media are used by feminist activists working on behalf of the reproductive justice movement—an intersectional feminist cause.

In order to ground this work historically and theoretically, I first discuss the interventions made by intersectional feminist scholars and activists in healthcare studies. In particular, I discuss the reproductive justice movement. Then, I explore intersectional feminist interventions in technology studies. I discuss how technology can be understood as a potential mechanism for fostering greater gender equity, and how an intersectional feminist approach to technology focuses predominantly on the ways in which technology is used on behalf of marginalized issues or by disenfranchised populations. I also take time here to briefly discuss the intersection of technology studies, feminist thought, and labor

studies that are important theoretical foundations of this project. Finally, though biomedicalization is not a central component of this analysis, I briefly discuss how biomedicalization works to expand and enhance neoliberal healthcare norms and policy. As biomedicalization allows for increased self-monitoring, reproductive and other healthcare will continue to be seen as individual problems with individual solutions.

### **Intersectional Feminist Healthcare Work**

The history of intersectional feminist healthcare studies in the United States has been a long struggle to find answers about gendered and racial differences in bodily experience and healthcare treatment. The feminist perspective on healthcare has a robust track record in combatting white patriarchal misinformation, paternal condescension, and the neoliberal framing of healthcare services. Neoliberalism in healthcare is expanded by biomedicalization. Biomedicalization is the increased use of intrusive biomedical technologies, such as intrauterine devices for birth control, which has amplified the neoliberal expectation of managing personal risk in healthcare. As people are able to increasingly self-monitor their health, their personal “failures,” such as needing an abortion, continue to be constructed as individual problems rather than systemic inequities.

#### *Traditional healthcare: Blind to gendered and racial realities*

To understand why intersectional feminist interventions are necessary in healthcare studies and practice, it is important to understand how traditional healthcare standards



initially emerged. To begin, Ehrenreich and English (1978) describe a time before the industrial revolution they call the “Old Order” (p. 8). In the Old Order, life was unitary in that labor and the home were not sectioned into public and private spheres. Rather, before industrialization, all aspects of life—work, the home, and the family—operated on the same plane (Ehrenreich & English, 1978, p. 9). While it was assumed that men were vested with patriarchal authority over the family, women also had many responsibilities and a “place” in the social order (Ehrenreich & English, 1978, p. 10). After industrialization, however, Ehrenreich and English (1978) explain how the Woman Question, or the question of how “women would survive, and what would become of them, in the modern world,” became a central concern in society (p. 17). As men began to labor outside the household, there became a separation of the public and private spheres (Ehrenreich & English, 1978, p. 16). With this separation of the private and public, the Woman Question was answered with reproduction and domesticity—the lives and bodies of women were relegated to the private sphere.

With gendered bodies assigned to the private sphere, it makes sense that women’s unique health concerns would largely be ignored by the then all (white) male medical establishment. Eckman (1998) describes this as the (heteronormative) Yentl Syndrome, or the “flawed assumption that significant medical differences between men and women are related to reproductive organs alone” (p. 130). Additionally, Riska (2010) notes feminist healthcare scholars and activists have argued, historically, “‘scientific facts’ about women’s health and reproductive health have resulted in the construction of women as a subordinated category of the universal male body” (p. 169).

The bodies of women and people of color are in danger of inadequate care when the medical field is focused on white male concerns and conducting studies by and for white bodies. The problematic nature of this construction of the white male as a standard is illustrated by Finucane, Slovic, Mertz, Flynn, and Satterfield (2000), as they describe a phenomenon they call the “white male effect” in assessing risks and concerns. In their study, Finucane et al. (2000) interviewed over 1,200 respondents about their experiences with and concerns for different threats and bodily hazards. In the study, white male respondents were less likely to rate hazards, such as “handguns, nuclear power plants, second-hand cigarette smoke, multiple sexual partners, and street drugs,” as high risks (Finucane et al., 2000, p. 164). Additionally, white male respondents were also more hierarchical and individualistic and reported lower levels of egalitarianism and lower sensitivity to community stigmatization based on perceived hazards (Finucane et al., 2000, p. 170).

To explain these differences in white male versus female and non-white respondents, the researchers suggest that gendered and non-white bodies “tend to be in positions of less power and control, benefit less from many technologies and institutions, are more vulnerable to discrimination, and therefore see the world as more dangerous” (Finucane et al., 2000, p. 170). When the most privileged societal group is used as the standard for assessing risks and concerns, the concerns of the marginalized fall to the wayside. Moreover, in healthcare specifically, if only the bodies of the largely homogenous privileged group are used as a standard, differences and concerns of the marginalized will be ignored.

Lagro-Janssen (2007) describes how gender blindness in traditional medical science has “resulted in a gender-specific lack of insight, because most of the existing knowledge about illness and health was based on the male figure as prototype for the human body” (p. 10). This lack of insight harms female, gender-fluid, and non-binary bodies in myriad ways, with one particularly insidious problem being the gendered dismissal of voices when describing personal and medical experiences (Lagro-Janssen, 2007, p. 10). Lagro-Janssen (2007) argues that “female concerns” are often heard as overblown complaints expected from the weaker and less informed sex. Instead, Lagro-Janssen (2007) suggests the concerns of women, gender-fluid, non-binary, and other disenfranchised people need to be heard and addressed.

Moreover, in her study of the racial stratification of heart disease patients, Shim (2010) finds there is a “lack of direct engagement between lay and expert knowledges” in the “competing constructions of race and class as disease mechanisms” (p. 240). This alludes to another finding from Lagro-Janssen (2007), as she also found in her study that immigrants and individuals of lower socioeconomic status typically receive less adequate healthcare “for reasons that include poor communication and unfamiliarity with other views about disease” (p. 16). Minorities, immigrants, and other marginalized groups “feel that they are not being taken seriously” in their interactions with the medical field (Lagro-Janssen, 2007, p. 16). Voices and experiences in healthcare research, then, are ignored due to the gender, race, class, sex, and other identity markers of individuals. The interconnected oppressions faced by these non-hegemonic bodies are what intersectional feminist approaches to healthcare work to dismantle.

*Reproductive justice: Feminist interventions in healthcare studies*

The Althea Fund in this study is an organization that emerged in the intersectional feminist response to traditional healthcare studies. This feminist approach to healthcare importantly refutes the patriarchal suggestion that public and private are separate, as public political decisions continue to be made concerning the supposedly private medical and reproductive lives of female bodies. McClure (1992) argues the “critical power of feminism ... lies in its politicization of activities traditionally excluded from ‘the political,’ and more specifically in its erasure of distinctions between public and private life” (p. 346). Despite the patriarchal history of healthcare in the United States, progress has been made by feminist scholars and activists who recognize women’s private healthcare decisions have long been considered public political matters.

Many healthcare issues—obscure insurance guidelines, prescription co-pay policies, and poor communication with physicians—are concerns shared by men and women alike in the U.S. due to a healthcare system fraught with privatization and misinformation. However, the history of feminist healthcare studies in the United States has been a struggle to find answers not only about the healthcare bureaucracy, but about women’s own bodies and experiences. Feminist healthcare studies combats patriarchal misinformation and paternal condescension in the name of gender health equity.

## *Battling for reproductive rights*

Though there has been feminist research and activism in relation to a broad range of healthcare issues, this study is grounded in the feminist interventions in reproductive healthcare. Lagro-Janssen (2007) writes “from the very start of the women’s liberation movement, efforts to achieve better health for women and better access to health care have formed important goals” (p. 9). The women’s liberation movement in the 1960s inspired and empowered women to join together and seek better healthcare. In her book, *Bodies of Knowledge*, Kline (2010) describes some of the impacts the women’s liberation movement and feminist thinking had on reproductive healthcare activism in particular. In 1969, a women’s liberation conference was held in Boston at Emmanuel College, and a group attending the conference decided to continue personal research on women’s health beyond the conference (Kline, 2010). In 1970, these women, now of the Boston Women’s Health Book Collective, published a book called *Women and Their Bodies*, which served as “both a practical guide and a theoretical tool; an encyclopedia of information about women’s health, and also a dictionary that introduced a new vocabulary to define women’s health” (Kline, 2010, p. 11).

The book, later retitled *Our Bodies, Ourselves*, was considered “revolutionary not only for its attack on the medical establishment, but also for its creation of an alternative knowledge base structured around personal stories” (Kline, 2010, p. 11). However, there were immediate concerns that the book did not adequately address and, thus, perpetuated problematic norms in dominant culture, such as racism and heteronormativity. Over time, as anti-racist, feminist, and queer activists began work toward intersectional coalitions,

later editions of the book attempted to include more diverse personal stories from lesbians and people of color<sup>4</sup>.

Abortion speak-outs also contributed to the breaking of healthcare taboos. At speak-outs, sharing personal stories constituted valid knowledge creation about reproductive health<sup>5</sup>. Dubriwny (2005) conducted an analysis of the Redstockings' abortion speak-out of 1969 and argued "the primary means through which oppressed audiences are empowered and persuaded is the validation of their lived experiences" (p. 400). The protest was held in New York City to oppose the continued use of supposed male experts to make important abortion policy decisions (Dubriwny, 2005, p. 402). For this speak-out, a feminist group called the Redstockings organized an event in which individuals could talk about their experiences with abortion in front of a crowd—informed the crowd while also having their own experiences validated.

Dubriwny (2005) notes the consciousness-raising exemplified at such speak-outs "enables collective creation and validation of worldviews that are redefined by the articulation—the voicing of connections—of women's individual, yet also shared, experiences" (p. 403). With both the historic publication of *Women and Their Bodies* and events like abortion speak-outs, we see an elevated willingness to publicly speak about gendered experiences with the patriarchal healthcare system and its robust influence on women's lives. The notion that gendered voices should speak out to validate each other's experiences remains a key component in the fight for reproductive equity in the face of neoliberal policymaking.

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<sup>4</sup> The book *Our Bodies, Ourselves* and its subsequent iterations are discussed in detail in Chapter V.

<sup>5</sup> A speak-out is a consciousness-raising technique that continues in the present-day RJ movement. Current iterations are addressed in Chapter v.

In the early 1970s, there was also a “self-help” movement stirring for women to take control of their health through, most famously, pelvic self-examinations. Feminist activists demonstrated to women how to use vaginal speculums to conduct self-examinations and view their own cervix (Poirot, 2014). Though arguably amplifying “the constitutive link” between womanhood and anatomy (Poirot, 2014, p. 66), by instructing others about how to become familiar with their own bodies, these feminists led the way for a reintroduction of women’s healthcare *by and for* women. With women coming together to discuss and learn about their own bodies, more women felt empowered to learn and teach others. By 1976, “there were approximately fifty women-controlled clinics operating in the United States” (Kline, 2010, p. 41).

In Chicago in 1968, the Abortion Counseling Service of Women’s Liberation was formed to help women in the process of seeking abortions (Kline, 2010, p. 71). This is an important predecessor to the Althea Fund’s hotline model. When the counseling service called a person’s home, the volunteer speaking used the code name “Jane from Women’s Liberation” to protect the identities and privacy of the women they helped (Kline, 2010, p. 71). Over time, the Janes, as they became known, shifted from abortion referrals to abortion providers, as Janes taught one another the technological practice of performing abortions as learned from sympathetic physicians (Kline, 2010, p. 73). Kline (2010) notes the Janes thought women providing abortions to other women in non-hospital settings would help to demystify the process and empower both the woman on the table and the woman carrying out the procedure (p. 76).

A last important event Kline (2010) describes in her book is the public hearing in 1983 over the safety of Depo-Provera, an injectable contraceptive, used on women in the

Third World and some poor women in the U.S. (p. 98). At the public hearing, led by Dr. Judith Weisz, it was found, due to poor science and subsequent manipulation of evidence, there was inappropriate use of Depo-Provera. The hearing exposed the influence of special interests in approving drugs, which can lead to the prescription of harmful drugs largely to marginalized populations—who often have little opportunity to seek remuneration for wrongdoing (Kline, 2010, p. 101).

Finally, Eckman (1998) refers to June 18, 1990, as “D-Day for Women’s Health” (p. 131). On that day, the U.S. Government Accounting Office reported to U.S. Congress that the National Institute of Health did not include sufficient (if any) women in their medical studies of disease. The GAO said this lack of female and other non-male bodies produced inadequate findings and constituted a poor foundation for gendered differences in healthcare.

### *Intersectionality in reproductive justice*

Because the Althea Fund is part of the RJ movement, it is essential to understand how the RJ movement was formed as an intersectional project for justice. The earlier example of the injectable contraceptive Depo-Provera’s differential impacts on women across class, nationality, and race highlights how healthcare inequities in a patriarchal system are experienced differently by women of minority races, different ability levels, and varying socioeconomic statuses. Issues of race and intersectional oppression are now commonplace in feminist healthcare scholarship and activism, thanks to the intervention of black feminism, Chicana feminism, Third World feminism, and other scholars and activists



of color. Though I do not want to diminish or oversimplify the extraordinary work of a large range of intersectional activists across history, I want to briefly reference the contributions and labors of women of color in changing the reproductive justice conversation to be more inclusive.

To give a poignant example of intersectional reproductive healthcare, while mostly white women activists in the 1960s and 1970s were calling for choice and the right to have an abortion, black women in the south were enduring “Mississippi Appendectomies,” or being sterilized via the tying of fallopian tubes or having their entire uterus surgically removed without being aware until after the procedure (Kline, 2010, p. 33). In the face of this horrific reality, Nelson (2005) describes how the Delta Health Care Center in Mound Bayou, Mississippi, worked for reproductive justice in the 1960s. The center attended to the needs of over 14,000 poor black women in the region—situating the individual right to medical decisions within a broader spectrum of community rights to sustainable life (Nelson, 2005). Run largely by community members, the center was focused on community-level empowerment in the face of systemic racial and patriarchal injustice. The black women working at the Delta Health Care Center were as concerned with reproductive health as white activists, but their explicit understanding of intersecting and inequitable oppression centered abortion as a medical service within a larger web of necessary care. These clinics and black activists were embodying the intersectional fight for reproductive justice that continues today.

In her influential article, *Mapping the Margins*, Crenshaw (1991) provides examples of the structural, political, and representational intersectionality of women of color, and how intersectional identities lead to experiences of invisibility and further

oppression. Crenshaw (1991) specifically pays attention to the increased violence perpetrated against women of color. She explains how “because of their intersectional identity as both *women* and *of color* within discourses that are shaped to respond to one or the other, *women of color* are marginalized within both” (Crenshaw, 1991, p. 1244). Crenshaw (1991) elaborates by explaining that anti-racist resistance strategies often perpetuate “the subordination of women” due to the lack of attention paid to patriarchal injustice, and feminist resistance strategies often perpetuate “the subordination of people of color” due to racist assumptions (p. 1252). Thus, the RJ movement seeks to confront intersectional oppression by understanding how the reproductive rights of wealthy, poor, rural, urban, immigrant, differently abled, white, black, Latinx, queer, straight, and trans people have all been restricted in various times and places in specific and unique ways. The RJ movement seeks to directly confront this wide range of structural inequities in reproductive healthcare.

To situate abortion in the RJ framework, Poovey (1992) wrote abortion should no longer be framed as an individualistic (neoliberal) choice, but rather should be situated within a landscape of reproductive issues. Roberts, Ross, and Kuumba (2005) state the *SisterSong Women of Color Reproductive Health Collective* never adopted the rhetoric of choice and instead have long advocated for a “global human rights framework” (p. 95). *SisterSong* believes mainstream reproductive rights rhetoric “marginalizes the voices of women of color,” and the subsequent “neglect of women of color has weakened the pro-choice movement and, in fact, contributes to the incessant attacks on reproductive rights that largely target the most vulnerable women” (Roberts, Ross, & Kuumba, 2005, p. 94).

An example of the harmful impact a rhetoric of choice can have on women of color and Third World women is documented by Fixmer-Oraiz (2013), as she describes the inequality latent in transnational surrogacy. In the U.S., Fixmer-Oraiz (2013) discusses how a “global sisterhood rhetoric” sustains unjust global economic systems by framing transnational surrogacy as a reproductive choice for all parties. Supposedly the surrogates in India living in severe poverty and the women in the U.S. hoping for a child via (cheaper) surrogacy are equally empowered by this exchange.

In another study about the differences women of color experience in reproductive healthcare, Fixmer-Oraiz (2010) also discusses the racialized treatment of minority women seeking emergency contraception. She notes the “morning after pill” is framed as a right for privileged group members to enjoy, but a responsibility for marginalized groups to bear (Fixmer-Oraiz, 2010, p. 41).

Additionally, in relation to the Latinx population in particular, de Onís (2015) argues “choice” is an ideograph that ignores Latinx communities and is situated in privileged ways of thinking about healthcare. de Onís (2015) points out you cannot directly translate “pro-choice” to Spanish, which illustrates “who and what is included/excluded and displayed/hidden in discourses” of healthcare and rights. Instead, de Onís (2015) points to reproductive justice, or *justicia reproductiva*, as the more culturally-inclusive way of framing the fight for reproductive health across marginalized and intersectional identities and languages.

The fight for reproductive justice is an expansive, intersectional movement. As a concept, reproductive justice not only encompasses ensuring equitable access to safe and legal abortion care for all, but also recognizes the “interlocking forms of oppressions” in

reproductive healthcare and is committed to ensuring “access to resources and services, economic rights, freedom from violence, and safe and healthy communities” (Silliman, Friend, Ross, & Gutiérrez, 2004).

*Organizing for intersectional reproductive justice*

In their book *Undivided Rights*, Silliman, Friend, Ross, and Gutiérrez (2004) document the fight for more inclusive reproductive health and rhetoric by women of color and the organizations they have formed. Situated contextually in the United States, the book discusses the unique struggles of black, Native American, Asian-Pacific Islander, and Latinx feminists, and how each group has organized for reproductive justice across history. Silliman et al. (2004) describe how, for women existing in already marginalized communities, abortion and contraception have always functioned as elements of a wider array of concerns—including access to health resources and services, economic rights, freedom from violence, and community safety (p. 6).

Silliman et al. (2004) first discuss how black feminists in the United States founded what is now known as the RJ movement. The *SisterSong Women of Color Reproductive Justice Coalition* describes how the RJ movement was officially named and given its initial framework in 1994 by a group called the Women of African Descent for Reproductive Justice, which later became *SisterSong* (“Reproductive justice,” 2018). Nelson (2010) also writes about the significance Loretta Ross, a black women who was a member of the Women of African Descent for Reproductive Justice, being hired to direct the National Organization for Women’s Women of Color Programs in 1985. During her time as the

director of these outreach programs, Ross argued that rather than trying to “recruit” women of color to national feminist movements, NOW “could win the trust of women of color through concrete activism that legitimately addressed the problems that they faced in their lives” (Nelson, 2010, p. 153).

Silliman et al. (2004) also discuss the impact of Native American women’s struggle for safety and equality, which began with the genocide of Native American women and people and continues to this day with the rights of Native Americans still being severely restricted. Throughout U.S. history, Native American women have faced unique obstacles to accessing reproductive healthcare, including the removal of Native children to non-Native families and schools (Silliman et al., 2004, p. 108) The Native American Women’s Health Education Resource Center was formed in 1988, and the center focuses on a “whole life approach to reproductive rights ...[as] reproductive rights are integral to all other Native health and political struggles” (Silliman, et al., 2004, p. 145).

Asian-Pacific Islander (API) feminist activists have also responded to histories of subjugation and erasure in the United States. The extraordinary efforts made by API activists includes the creation of the National Asian Pacific American Women’s Forum (NAPAWF). These efforts have at times been overshadowed by the myth of the model minority, which “leads health policy-makers to underestimate or ignore problems and risk factors and to invest fewer resources that are needed by API communities” (Silliman et al., 2004, p. 163).

Lastly, the Latinx population is the fastest growing minority group in the U.S., and Latinx feminist activists have made abundant contributions to the RJ and other social justice movements. Silliman et al. (2004) write about the dominant culture’s dichotomous

“virgin/whore” construction of Latinx women as either passive, childlike, traditional, and sexually repressed Catholics or tropically exotic, hypersexualized, heterosexual temptresses (p. 216). In these stereotypical constructions of Latinx bodies, the complex history of Latinx and Chicana feminist thought and reproductive activism can be overlooked. The National Latina Health Organization, founded in 1986, the National Latina Institute for Reproductive Health, founded in 1994, and the Colorado Organization for Latina Opportunity and Reproductive Rights, or COLOR, are all examples of Latinx RJ work that has changed the course of the movement. Being situated in central Texas, the Althea Fund has rich connections to Latinx and Chicana feminist activism.

The impact of women of color in feminist thought and activism cannot be overestimated. Yet, societal and cultural events continue to illustrate how (white) feminists struggle for consistent intersectional understanding in their research, practice, and activism. In her piece analyzing the March for Women’s Lives in 2004, Hayden (2009) notes while the march was “originally billed as the ‘March for Freedom of Choice,’ women of color organizations persuaded their colleagues to change the name to ‘The March for Women’s Lives’” (p. 121). In an effort to transition away from the notion of healthcare and abortion as an individual’s choice, the march instead focused on how women’s health issues have immense and differing effects on populations not previously centered in the discourse—such as individuals of color, families, and pregnant women (Hayden, 2009). Though feminist healthcare activism has become more inclusive, white feminists should continue to eradicate moments of exclusive, privileged, and neoliberal thinking.

This intersectional and inclusive approach to reproductive justice is used by organizers at the Althea Fund, who endorse an anti-racist, anti-classist, and anti-sexist platform for reproductive healthcare. At the Althea Fund, the belief that intersectional understanding can strengthen the feminist and RJ movements is reified regularly in stated values, policies, and practices.

### **Intersectional Feminist Technology Work**

The feminist approach to technology adopted for this study is based broadly in the social constructionist view of science and technology studies. If technology is socially constructed, there is a lack of “natural” or apparent outcomes or innovations in science and technology outside of patriarchal and cultural influence. Throughout this project, I also attend to Wallis’s (2013) description of communication technology, which states that “communication technology is constitutive of culture and is neither value-neutral nor an autonomous determining force” (p. 5). I approach communication technology at the Althea Fund not as the object of study, but rather as an important and influential part of the milieu of the organizers, volunteers, and activists’ values, discourses, and labor practices.

I situate this project in intersectional technofeminism, as I explore ways in which technology can be used by feminist activists to forward a feminist and anti-neoliberal cause—aiming for a more gender-equitable world. In order to locate technofeminism in feminist technology studies, I discuss traditional or non-feminist technology studies and the ways in which various feminist approaches respond to technological intervention. I also discuss how intersectional feminist thought has intervened into feminist technology

studies. I ending with considering the intersections between technology studies, labor studies, and feminist studies that underpin the *immaterial intimacy* of hotline labor.

### **Traditional Technology Studies: Patriarchal Technological Society**

Feminist healthcare researchers and activists continue to battle neoliberal and patriarchal understandings and practices in healthcare. A similar struggle against the dominant, patriarchal understanding of technology and its uses and effects has also been unfolding. Just as non-feminist healthcare studies are gender-blind, so, too, are non-feminist approaches to technology studies.

In first understanding initial debates about the technological process and technology studies, which ignored the gendered nature of society, I turn to Slack and Wise's (2005) descriptions of two central views on technological advancement: the mechanistically determined and received view versus the socially constructed view. The mechanistic, received argument is described in its purest form as "technological determinism," which assumes technology is the foundation of society and technological change is the most important source of social change (Slack & Wise, 2005, p. 43). In this mechanically-focused view, technology is an autonomous element in which advancements "drop from the sky" and are each time received by cultures – determining the course of societies (Slack & Wise, 2005, p. 102). Donnor (2003), a critical race theorist who references the not only gendered but racialized history of technological advancement in the United States, describes this view as a belief in technology as "an autonomous entity guided by a distinct set of values outside the influence of humans" (p. 235).



On the other hand, the socially constructed view assumes the cultural influence of humans plays a direct and consequential role in technological progress. This view can lead to a belief in “cultural determinism,” which assumes the values, beliefs, and practices of certain cultures cause certain technologies to be developed, with changes in culture producing change in technological creation (Slack & Wise, 2005, p. 46). Pinch and Bijker (1984) excellently illustrate how the process of innovation is guided by cultural influence and normalization through their detailed description of the development of the bicycle as a technology.

Yet, even with ample documentation of cultural influences on innovation, Slack and Wise (2005) state at the end of their book that we cannot respond to technology with an entirely socially constructed view *or* technologically determined approach (p. 194). Instead, we must acknowledge culture and technology interlock in an inseparable cycle of influence and reframe the relationship as constitutive of a “technological culture.” To fully understand the processes of technological creation and usage, we must account for the social construction of technology and, simultaneously, technology’s material impacts on culture (Slack & Wise, 2005, p. 129). For example, Oudshoorn and Pinch (2003) note there may be a dominant or prescribed use for technology at the end of the social construction process, but there is “no one essential use that can be deduced from the artifact itself” (p. 2).

Users showcase the “interpretive flexibility of technology,” or the ability for material technologies to be “understood in distinctive ways by different user populations” and to recast and use technology in ways unexpected to the creators (Burrell, 2012, p. 6). To explore these simultaneous processes occurring in everyday technological creation and

use, Wallis's (2011) concept of "socio-techno practices" explains how technologies are "enmeshed in prior social and cultural practices while opening up new spaces or possibilities for their materialization" (p. 4). Technology, Wallis (2011) says, is "without guarantees," as it is "embedded within a particular socio-cultural context" (p. 2).

### **Intersectional Feminist Interventions in Technology Studies**

Feminist interventions and approaches to technology attend to critical assumptions from feminist theory while also including some assumptions of these traditional understandings of technological progress. Non-feminist technology studies ignored the "active role" of gender in the creation, use, and appropriation of technologies in their technological analyses (Oudshoorn & Pinch, 2003, p. 5). While acknowledging cultural influence on scientific and technological progress, feminist technology studies specifically consider the specific gendered and racial components of technological society.

As Wallis (2011) states, "just as social constructions of gender shape access to, attitudes toward, and uses of technology, technologies in turn are 'gendered' through the discursive context in which they are appropriated" (p. 3). This is what feminist technology studies seek to address: the necessary revelation that "technology itself cannot be fully understood without reference to gender" (Cockburn, 1992, p. 32).

Feminist approaches to technology consider the consequences of technology for gendered individuals and the role of technology in the perpetuation of gender hegemony. In considering reproductive technologies, which are extremely gendered, a feminist approach is indeed most appropriate for this project. For example, reproductive

technologies like birth control are often depicted as designed primarily for female empowerment. However, feminist studies highlight how technological advancements like birth control pills can also be used as a patriarchal tool for controlling women's sexuality, both physically through the pill and psychologically through using rhetorics of personal responsibility or shame (Wajcman, 2004, p. 19). It is also important to note the birth control pill as used today was originally designed by a male doctor and his team who determined what a "regular schedule" was for menstruation, effectively homogenizing women's reproductive functions on a mass scale (Wajcman, 2004, p. 50). Feminist technology studies note how cultural and gendered assumptions can come to impact technological society and norms.

Though feminist technology studies generally address technology and gender broadly, the relationship between the two concepts is understood in highly disparate ways across feminist ideologies. To trace how different feminist ideologies have approached technology studies, Wajcman (2009) discusses the reactions of radical feminists, cyberfeminists, and technofeminists to technology as a gendered and traditionally masculine creation. First, Wajcman (2009) describes radical feminism's depiction of technology as "patriarchal technoscience," which allows women's culture and existence to be "systematically controlled and dominated by men, operating through patriarchal [technologically driven] institutions like medicine and militarism" (p. 4). In the face of technological advancement, radical feminism maintains the gender dichotomy between machine and nature, positioning patriarchal technology and machinery as perpetuating the subjugation of nature, women, and female bodies and sexuality.

While radical feminism suggests technology exists only as a threat to gender equity, cyber and technofeminists suggest otherwise. Cyber and technofeminists apply Judith Butler's notion of gender as performative to the context of technological innovation, and in this find possibilities emerging for different self-creation and greater gender equity.

Butler (1990) explains gender is performative in that it is "always a doing," and a person's gender is only constituted by that person's enactment and reification of gender norms via constant and even subconscious performance (p. 33). Thus, in this conception, gender cannot be assumed to be "fixed and existing independently of technology," but rather it is a performative construction "shaped together with technology in the making" (Wajcman, 2009, p. 8). Cyber and technofeminists do not consider technology an inherently masculine and destructive entity. While still acknowledging the long history of technology being used to prolong gender inequity, cyber and technofeminists look to cyberspace and communicative technologies as possible means to an "end of the embodied basis for sex difference" (Wajcman, 2009, p. 5). Technology, through the lens of Butler's theory of gender performativity, can liberate women and "usurp traditional and patriarchal embodied power structures" (Wajcman, 2004, p. 7).

An important feminist approach to technology as related to cyberfeminism is Donna Haraway's (1991) cyborg feminism, which suggests technology can be used to ignore and subvert the binaries between machine and body, or technology and humanity—leading a dismantling of gender and sex binaries and hierarchies and to renewed forms of empowerment. Cyborg feminism, however, has often been misread and misinterpreted as a naïve, postfeminist, and postracial cyberutopianism. Maria Fernandez (2001) noted the

cyberfeminist movement born of Haraway's (1991) cyborg work has largely ignored racial differences, leaning more heavily into being "cyber" rather than truly feminist.

However, while Haraway's (1991) cyborg feminism is connected to notions of constructed gender and the possibilities for technological intercessions into the construction of the self, the cyborg should not be read as dismissing sexist and racist materiality. As Balsamo (1996) argues, "just as women never speak, write, or act outside of their bodies, cyborgs never leave the meat behind" (p. 40). Cyborgs, then, do not ignore materiality, but instead suggest a new way to live within and move through the material world. Haraway (1991) explains a cyborg is a "cybernetic organism, a hybrid of machine and organism, a creature of social reality as well as a creature of fiction" (p. 149). A cyborg can exist and help to create a post-gender world due to the "fraying of identities and in the reflexive strategies for constructing them" in a technologically-advanced, postmodern world (Haraway, 1991, p. 158).

Finally, even with critiques of cyborg feminism like those of Fernandez (2001), Haraway's (1991) cyborg has been explicitly related to intersectional feminist thinking. Chela Sandoval (2000a) describes how Haraway's cyborg creature is created through *mestizaje*, which refers to the mestiza consciousness as described by Anzaldúa. *Mestizaje* alludes the way in which feminists of color live in hybridity at the margins. The cyborg also lives at the margins, between binaries like male and female and human and machine. With the creation of cyborg feminism situated in Haraway's (1991) understanding of the theories and ideas of feminists of color, Sandoval (2000a) states "the alignment between U.S. hegemonic feminism and U.S. third world feminism clicks into place at the point when Haraway provides a doubled vision of a 'cyborg world'" (p. 168). For Sandoval

(2000a), cyborg feminism provides a way for white feminists to join the “efforts of U.S. feminists of color in challenging what Haraway herself has identified as hegemonic feminism’s ‘unreflective participation in the logics, languages, and practices of white humanism’” (p. 167). Therefore, cyborgian understandings of feminist empowerment influence this study’s approach to technology as a tool and means for fighting intersectional gender oppression.

Furthermore, the cyborg is an intersectional body whose use of technologies reshapes the scope of gendered experiences and empowerment and, in turn, influences those technologies. In its impact on technological culture, the feminist cyborg is related to technofeminism. Technofeminism is a theory which recognizes the historically gendered character of technology and posits that “engagement with the process of technical change must be part of the renegotiation of gender power relations” (Wajcman, 2004, p. 8). Technofeminism and cyberfeminism attend to the gendered social construction of technology, yet they also hold the promise of agency for feminists and women as technology users in the postindustrial world. The technofeminist approach, which I use in this study, offers a potential means of understanding how technological empowerment is “making a difference” in the lives of women that are currently ensnared within an inequitable gendered society (Wajcman, 2004, p. 130).

### *Technology and marginalized populations*

To understand the use of technologies on behalf of marginalized issues and disenfranchised populations, an intersectional feminist understanding of technology is

crucial. Intersectional feminist technology studies acknowledge gendered, racialized neoliberal society affects the lived experiences of technology users. Thus, an intersectional feminist approach to technology studies is best equipped to engage with technology users who experience gendered and other subjugation in their quest for equity and survival.

In order to understand how marginalized groups and activists are impacted by and engage with technology, a researcher must conduct what Foucault (1976) refers to as an archeology of subjugated knowledges, in which non-dominant experiences are recorded (p. 83). Foucault (1976) describes the subjugated knowledges of marginalized groups as “a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated: naïve knowledges, located low down on the hierarchy, beneath the required level of cognition or scientificity” (p. 82). These subjugated knowledges and experiences of marginalized groups and activists contain “historical contents that have been buried and disguised in a functionalist coherence or formal systemization” (Foucault, 1976, p. 81).

In order to conduct this archaeology of subjugated experiences, Foucault (1976) says researchers must attempt to locate power and domination in individuals’ experiences with “local, regional, [and] material institutions” (p. 97). To do this, researchers must conduct what he calls an “ascending analysis of power” that starts with the “infinitesimal mechanisms” of everyday power and social discipline that people experience and navigate in technological society (Foucault, 1976, p. 99).

Oudshoorn and Pinch (2003) also suggest a thorough understanding of users, their agency, and their technological knowledge is central to the feminist approach. As Haraway (1988) discusses, exploring such “situated knowledges” can illuminate the “tensions,

resonances, transformations, resistances, and complicities” inherent in gendered technological culture (p. 588). Therefore, studying user impacts and experiences in technological culture “requires a methodology that takes into account the multiplicity and diversity of users, spokespersons for users, and locations where the co-construction of users and technologies takes place,” (Oudshoorn & Pinch, 2003, p. 24). Horst and Miller (2012) echo this call for attention to the agency of diverse users, as the use of technology by disenfranchised and marginalized users help researchers fully understand the scope of technological culture. Marginalized users are not at the helm of “the creation of digital technologies, but they are at the forefront of developing their social uses and consequences” (Horst & Miller, 2012, p. 10).

As stated above, Sandoval (2000a) argues some feminist approaches like Haraway’s (1991) feminist cyborg are already situated in U.S. Third World feminism’s “differential consciousness” and attend to the methodologies of the oppressed (p. 175). Such methods include the deconstruction of dominant ideas and the appropriation of dominant forms to allow for marginalized groups’ “survival and resistance under First World transnational cultural conditions” (Sandoval, 2000b, p. 375). As for understanding this survival and resistance, Ling and Horst (2011) argue the motivations of marginalized users to use certain technologies is “not the result of a centrally planned development initiative, but it is simply individuals adopting technology that makes sense to them and helps them with the arrangement of their daily affairs” (p. 3).

Furthermore, Chib and Chen (2011) acknowledge technology is not gender neutral and can reinforce existing gender hierarchies, but that women working in healthcare might experience increased empowerment, self-confidence, autonomy, and working knowledge



with increased access to technology (p. 488). Especially in healthcare, technology can boost a woman's confidence in her "involvement in consequential decision-making processes" and this involvement can continue to be "catalyzed by the enhanced self-confidence gained through technology adoption" (Chib & Chen, 2011, 488). Like Chib and Chen's (2011) focus on the empowerment felt by women working with technology and healthcare, in this study I consider the potential empowerment felt by those women answering the hotline, organizing the Althea Fund, and creating communication outreach.

Lastly, in framing an intersectional approach to feminist technology studies, Wallis (2011) discusses Linda Martín Alcoff's theory of positionality, which emphasizes the constructed nature of gender and focuses on women's position as situated in "economic, cultural, political, and ideological networks" that frame their construction of the self and their agency (Wallis, 2011, p. 4). Though acknowledging technology has no guarantees for users of different societal positions, Wallis (2011) does note technology can create "new spaces or possibilities" for the materialization of social and cultural practices (p. 4). As Wallis (2011) notes, while positionality includes a person's gender position in the social hierarchy, the notion also refers to the myriad positions (i.e. race, class, sex and gender identity, sexual orientation, and ability level) marginalized individuals hold in social hierarchies and, consequently, shape their lives and engagement with technology.

### **Technology, Labor, and Feminist Thought**

Though a more thorough exploration of the *immaterial intimacy* of Althea hotline labor is included in Chapter IV, I want to explore the main tenets underpinning this new

feminist technological labor concept here. *Immaterial intimacy* is immaterial digital labor that is rooted in a feminist consciousness on the Althea hotline. The feminist consciousness underpinning *immaterial intimacy* labor at the Althea Fund is enabled by and perpetuates the fund as a feminist political collective. *Immaterial intimacy* is invisible to most of society, but ubiquitous in the lives of Althea volunteers. Though no one has to know volunteers are using their personal devices to do hotline labor, hotline labor is always available to them via Internet connectivity, email chains, smartphone apps, and calls and texts from hotline callers. *Immaterial intimacy* includes highly intimate exchanges that are fleeting and between strangers on the hotline, where private experiences with abortion care and personal finances are discussed. The *immaterial intimacy* of hotline labor includes digital information labor and intimate gendered care labor, which are two unique but—in the context of the Althea hotline—mutually constitutive forms of immaterial labor. In this section, I will briefly discuss digital immaterial labor. Then I will discuss gendered intimate care labor, explaining in particular how it differs from emotional labor, and the feminist consciousness and sympathy inherent in the intimate labor of participants in this project.

Immaterial labor yields immaterial products like communication, knowledge, or cooperation (Hardt & Negri, 2000, p. 290). Immaterial labor has been expanded through the information society, as more laborers are involved in work that creates intangible products. Further, in a neoliberal society, immaterial digital labor becomes normalized as an individual and nonstop form of work. Personal technologies like smartphones have enabled digital information work to follow us everywhere we go in the “always on” society (Chen, 2011; Baron, 2009; Gregg, 2011). Terranova (2000) describes how the “expansion

of the Internet has given ideological and material support to contemporary trends toward increased flexibility of the workforce,” as labor can be conducted at any time and in any place.

Moreover, immaterial labor includes affective or reproductive labor, which is gendered labor that reproduces life through manipulating the affective state of and caring for others (Hardt, 1999). As Ducey (2010) and Duffy (2015) explain, personal technologies have allowed gendered affective labor to fit into the neoliberal ideology, where individual, technological, and affective labor is romanticized as something women love and will do regardless of pay or recognition. One important iteration of this affective gendered labor relevant to this study is intimate care labor.

When thinking about emotionality and interaction in labor, Arnie Hochschild’s (1983) emotional labor is typically one of the first terms that comes to mind. In her book, *The Managed Heart: Commercialization of Human Feeling*, Hochschild (1983) defines emotional labor as labor that “requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others” (p. 7). Hochschild (1983) also describes emotional labor as a type of labor in which the “emotional style of offering the service is part of the service itself” (p. 5). In carrying out emotional labor, employees are trying to strategically maneuver and hide discrepancies in “what one does feel and what one wants to feel” in the work context (Hochschild, 1979, p. 562). Emotional labor is often gendered, multifaceted, and completed *cognitively* through attempting to change one’s mind and outlook, *bodily* by attempting to embody positive emotionality, and *expressively* by engaging with customers in a friendly, smiling manner (Hochschild, 1979, p. 562).

Hochschild's (1983) famous example of emotional laborers were flight attendants who experienced highly gendered and emotionally-rigid work. Louwanda Evans (2013) later added analysis of the emotional labor of black flight attendants and pilots in dealing with gendered and racist customer assumptions. Throughout cramped flights with nowhere to let off steam, flight attendants in Hochschild (1983) and Evans' (2013) work labored to conceal or even change their emotions and to always display emotionality that is commercially successful—typically, unadulterated positivity. In this work, the hiding of employee emotions is done on behalf of commercial interests and continues due to the employees' dependence on these commercial interests as paid laborers.

However, in this project, the participants—organizers and volunteers at the Althea Fund—are not working on behalf of a commercial interest on which their livelihoods depend. Nor are the participants expected to act as good customer service agents feigning positivity for a customer. The participants are dealing with emotionality and financial issues, but as activists in the name of feminist and anti-neoliberal reproductive justice—not employees under duress. Further, the participants are not asked to embody unbridled positivity and happiness, but rather to try and hold space for, understand, and care for hotline callers during a brief telephone exchange. Thus, in considering the emotionality of hotline labor, I turn to the notions of intimate labor and feminist sympathy rather than emotional labor to analyze hotline labor.

Intimate labor refers to the intimate, close care work of attending to the physical, emotional, and intellectual needs of others (Boris & Parreñas, 2010; Zelizer, 2010). This is what volunteers on the Althea hotline do, as they care intimately for callers to the hotline using their smartphones, other personal devices, and online technologies. Furthermore, as

explained fully in Chapter IV, the intimate labor of hotline work at the Althea Fund is rooted in a feminist consciousness, or an awareness of systemic gender inequity (Bartky, 1975). With this consciousness, the *immaterial intimacy* of hotline labor requires that volunteers embody feminist sympathy, or a recognition that callers might not feel the way patriarchal society or mainstream media depictions suggest they will or *should* feel (Ahmed, 2017). Thus, as explored in Chapter IV, training around and practices of *immaterial intimacy* at the Althea Fund includes training in feminist sympathy.

### **Contemporary Considerations: Neoliberalism and Biomedicalization**

Feminist research and activism related to healthcare and technology studies can be used to dismantle systems of gender, race, and other oppression, but this work can also be used to maintain systemic inequities. Therefore, in this study, I attend to intersectional feminist understandings of healthcare and technology studies, seeking to avoid perpetuating hegemonic and neoliberal understandings in my work. Feminist researchers and activists must continue to engage with marginalized communities to form intersectional, inclusive solutions.

An intersectional feminist approach is fitting in a time of neoliberal understandings of the body, health, and labor, where the gendered and racialized individual is charged with responsibility and blame for all personal failures and successes. Neoliberalism in healthcare in particular is amplified through the biomedicalization of healthcare and reproductive health. Though this project does not specifically deal with biomedicalization norms in reproductive healthcare, the neoliberalization of healthcare policy is strengthened

by a societal shift toward individual management of the body, which has largely come to fruition through the use of invasive technology to self-monitor health and wellness. In this section, I will briefly discuss postfeminism and postracialism as key tenets of neoliberalism, though an extensive definition of U.S. neoliberalism follows in Chapter III. After describing these two ideologies, I briefly explore how biomedicalization is enhancing neoliberal healthcare norms.

### **A Brief Look at Neoliberalism**

This project takes place in a highly neoliberal U.S. political and social context. Neoliberalism is an ideology of “post” realities where equitable opportunity is considered established. The belief in equitable opportunity allows for progressive social movements like feminism and anti-racism to be considered historically rather than currently relevant or necessary. Chapter III contains a robust explanation of neoliberalism, but I include a brief introduction to the key concepts of postfeminism and postracialism here.

First, McRobbie (2009), in her book *The Aftermath of Feminism*, defines neoliberal postfeminism as a belief that feminism has been “taken into account” and suggests that “equality is achieved” (p. 12). If society and, importantly, women in that society assume feminism is a historic relic that achieved its goals for women’s equality, then the continued inability for women to reach the highest positions of office or be paid equal to men must be due to individual choice and female gender preferences for, say, being a mother rather than making a career. In postfeminism, there are no more systemic issues facing women.

Bonilla-Silva (2014) explains a neoliberal postracial society, or one that claims to be “colorblind,” relies heavily on terms like “equal opportunity” and suggests differences in racial realities are due instead to cultural differences and individual choices (p. 76). This “colorblind” focus on the individual negates the impact of systemic racial injustice, suggesting racism is a thing of the past that was addressed historically by phenomena like the Emancipation Proclamation and the Civil Rights Movement (Bonilla-Silva, 2014, p. 76). Postfeminism is always already postracial, as it assumes all female subjects across racial difference are on an equal playing field – both with men and each other (Dubriwny, 2012; Springer, 2007).

McRobbie (2009) expands on the neoliberal notions of choice and empowerment in her description of the postfeminist masquerade, or a “knowing strategy which emphasizes its non-coercive status ... [and] is a highly-styled disguise of womanliness which is now adopted as a matter of personal choice” (p. 67). In a powerful quote questioning the normalization of neoliberal, postfeminist thought amongst girls and women, McRobbie (2009) asks:

What does it mean for young women to live out a situation which tells them they are now equal, and that for sure there is no longer any need for sexual politics, and yet which also suggests that this equality has been mysteriously arrived at, without requiring adjustment or dramatic change on the part of patriarchal authority (p. 105)?

Without any real change necessary on the part of men and the patriarchal order, postfeminism suggests women have been liberated. Referring to texts such as the film *Bridget Jones Diary* or the 1980s film *Working Girl*, McRobbie (2009) explains that, in

order to be successful, women in a postfeminist world are asked to accomplish a “range of specified practices which are understood to be both progressive but also consummately and reassuringly feminine”—and white (p. 57). These self-monitored individual practices are designed keep women in their “place.”

Postfeminism, then, establishes norms in which women individually self-monitor and work to keep both their femininity and feminism rigidly defined. In her book, *What a Girl Wants*, Negra (2009) describes white postfeminist framing as aligning with an ideology of pleasure and comfort, an identity uncomplicated by gender politics, and a contrast to “shrill” feminism (p. 2). Postfeminism “fetishizes female power and desire while consistently placing these within firm limits” (Negra, 2009, p. 4). Negra (2009) suggests it is through mechanisms like retreatism, or returning to domestic subservience, that “postfeminism manifests a habit of ‘solving’ broad economic and cultural problems with gender solutions” at the individual levels (p. 25).

In order to be effective self-monitoring subjects, women in a postfeminist world have to be “in” on the joke and able to participate in the norms and practices of patriarchal society. In *Feminism without Women*, Modelski (1991) warns “postfeminist play with gender in which differences are elided can easily lead us back into our ‘pregendered’ past where there was only the universal subject—man” (p. 163). The “knowing” subject of postfeminism is a woman who is highly self-monitoring, educated in misogynistic irony, and “gets the joke” when gender and racial equity are disparaged directly or with humor (McRobbie, 2009, p. 17). I do not mean to dismiss that postfeminism might still feel empowering, but the “knowing” does not include a thorough recognition or admission of



the patriarchal and racial powers still controlling the U.S. cultural sphere—and many of the life choices of gendered and marginalized bodies.

The idea of being a “knowing” and potentially empowered subject in postfeminist society is one wrought with tensions for feminist thinkers. Tasker and Negra (2007) further describe the complexities of postfeminist thought and feeling. On one hand, postfeminism promotes privileged neoliberal individualism and consumption as “healing” and as a “response to the demands of feminist activism” (Tasker & Negra, 2007, p. 2). However, despite being an ideology that is “white and middle class by default, anchored in consumption as a strategy (and leisure as a site) for the production of the self,” Tasker and Negra (2007) ask: “is it possible to bring into being a postfeminist critical practice that expands feminism as much as it critiques it” (p. 16)? It is difficult to make “straightforward distinctions” between what is a progressive or regressive text in a neoliberal society, and for this reason Tasker and Negra (2007) suggest we continue to interrogate postfeminism and postracism.

Along with individuals’ enactment of postfeminism, the ways in which women and girls are portrayed as neoliberal subjects in a postfeminist society is also important to consider. Projansky (2007) interrogates postfeminist depictions in her study of *Time* and *Newsweek* cover images of girls and women. Projansky (2007) identifies how Anita Harris’s (2004) categories of the “can-do” and “at-risk” girls are showcased in popular imagery of women. The depictions of “at-risk” girls are “a reinscription of an unquestionable feminine vulnerability,” as Projansky (2007) claims images of women stand in for social ills such as teen pregnancy (p. 52). Images of women and girls can also be in the “can-do” category, in which it is suggested that “at-risk girls just need to make

better choices,” while can-do girls are still quite vulnerable and “always in a tenuous position, always in danger of falling into the at-risk category” (Projansky, 2007, p. 57). The ideal “can-do girl” in a neoliberal society is an individual who succeeds in attending to white gendered expectations, while the “at-risk girl” is one who is in danger of failing to do or perform accepted gender as an individual.

As Harris (2004) and Projansky (2007) show, gendered bodies are always already at-risk. Bartky (1998) discusses how Foucault, in his description of docile bodies, ignored the difference in degree and type of disciplinary practices expected differently gendered bodies (p. 448). To exemplify the level of discipline necessary for a postfeminist individual to create a “feminine” body, Bartky (1998) discusses practices of “keeping the figure” through dieting and exercise, confining movement and using demure posture, and adorning the body as an ornamented surface via makeup and hairstyling (p. 449). Through discussing these disciplined feminine practices, Bartky (1998) shows how the “woman lives her body as seen by another, by an anonymous patriarchal Other” (p. 454).

Within the restraints of a patriarchal and postfeminist society, women have become “self-policing subject[s]” and submit to ceaseless individualistic self-surveillance on behalf of the patriarchal expectations laid out for women who want to be accepted and successful in society (Bartky, 1998, p. 460). Bartky (1998) notes women are told to “make the most of what they have,” and yet are ridiculed for caring about “trivial” things such as hair and makeup (p. 455). This highlights the doubly demeaning aspects of the self-imposed, neoliberal rituals female bodies carry out daily based on patriarchal expectations. While Bartky (1998) does not explicitly argue for the whiteness of this neoliberal, self-surveilling female body, the cultural practices she describes are implicitly white-feminine in nature.

## Neoliberalism and Biomedicalization in Reproductive Healthcare

To turn now to the explicit repercussions of neoliberalism on reproductive healthcare, Dubriwny and Ramadurai (2013) examine how the neoliberal shift has “constructed health as a private issue, with the medical industry—ranging from pharmaceutical companies to hospitals, physicians, and insurance companies—at times privileging consumerism over prevention and profit over quality health care delivery” (p. 247). Not only are women in the neoliberal frame asked to attend to beauty norms by disciplining their body—often via gendered technologies like make-up and tampons—and participating in consumption, but now their reproductive and bodily health depend on their self-discipline and consumption, too.

Addressing the impacts of neoliberal thought and patriarchal medicine on women’s healthcare, Dubriwny’s (2012) book *The Vulnerable Empowered Woman* argues “postfeminist narratives about women’s health in mainstream public discourse align with neoliberal understandings of health that depict health as both the responsibility and the obligation of individuals and consistently reify traditional gender roles for women” (p. 3). In the postfeminist and postracial U.S. narrative, the “promise of collective action is contradicted by an overall focus on the individual woman’s responsibility to take care of her own health” (Dubriwny, 2012, p. 2). Thus, present-day women are unable to find or do not think to seek communities of women to engage with in learning about healthcare. Women, as “knowing” subjects in postfeminism, are empowered and individualistic neoliberal actors who can seek answers on their own and through consumption. Yet,

women are also vulnerable subjects in a patriarchal system that situates women's gendered identity as in need and fragile.

Dubriwny (2012) illustrates the double-bind of gendered vulnerability and empowerment in neoliberal healthcare by analyzing popular narratives and framing of gendered healthcare treatments like prophylactic mastectomies and the Gardasil HPV vaccine. In her analysis, Dubriwny (2012) discusses how these gendered healthcare treatments are depicted as empowering steps for women in a technologically-advanced society, but also serve as a means through which healthcare becomes part of an individual's technological responsibility. Dubriwny (2012) states women in a neoliberal world are "vulnerable empowered subjects," which is "an identity that places responsibility (and the moral judgments that come with responsibility) for health solely on women's shoulders" (p. 10).

These "empowering" technological affordances in healthcare represent instances of biomedicalization, which is an important factor enhancing the neoliberalization of healthcare. Clarke et al. (2010) define biomedicalization as the expansion of the jurisdiction of medicine to "certain areas once deemed moral, social, or legal problems" through the help of increasingly enhanced and invasive technoscience (p. 22). Attending to Anita Harris's (2004) "at-risk" women, Fosket (2010) notes prophylactic mastectomies, or the removal of one or both breasts to decrease one's risk of cancer, are biomedical processes that intrude into women's everyday life and enable the "transformation of risk into a treatable, diseaselike state" (p. 331). Like Dubriwny (2012), Fosket (2010) also argues prophylactic mastectomies are a form of "surveillance medicine," which has been created in response to biomedicalization's positioning of all bodies as always at risk of

eventual downfall through becoming ill or inviting stigma into one's life through personal bodily shames (p. 332).

In another analysis of biomedicalization in reproductive healthcare, Mamo and Fosket (2009) examine advertisements for Seasonale, a birth control designed to allow only four periods a year. The authors find Seasonale advertisements depict not having a period as useful for women who want to be in control or might have “big events” coming up like “wedding, anniversaries, and hot dates” (Mamo & Fosket, 2009, p. 938). With this, the biomedical Seasonale pill and its advertisements are constructing the ideal neoliberal girl or woman as “in control” of her periods. Mamo and Fosket (2009) note that while “we want to maintain the choices available to girls and young women,” we do not want corporate marketing schemes to shape what it means to be a girl or woman in society (p. 941).

The construction of vulnerable yet empowered women in the postfeminist and postracial neoliberal frame is amplified by increasing biomedicalization—a technological process. Postfeminism, postracialism, and biomedicalization present unique challenges to feminist scholars and reproductive justice activists today, as each concept is strengthened by its connection to the others and to the neoliberal mindset. While biomedicalization continues to grow, it is working to expand and strengthen the neoliberal rationale for individualizing and privatizing reproductive healthcare.

## Abortion Funds

With the proliferation of neoliberal ideals in the U.S., reproductive and abortion healthcare continues to be constructed in policy as an individual problem with individual solutions. As policies continue to derail efforts to address systemic inequities in reproductive healthcare, abortion funds across the U.S. are working in real time to help disenfranchised individuals access their unaffordable abortion care.

Though explanations of various values, norms, and practices at the Althea Fund will unfold through this project, I want to briefly explain the anti-neoliberal work of abortion funds in general. To reiterate this project's commitment to reproductive justice, while abortion is the primary reproductive healthcare service considered in the project, I use a "reproductive justice" rather than "choice" frame. As Roberts, Ross, and Kuumba (2005) of the *SisterSong Women of Color Reproductive Health Collective* note, the rhetoric of choice has traditionally been exclusionary of women of color and gender-fluid bodies, and instead we should turn to a "global human rights framework" when thinking of reproductive health inequities (p. 95). Though abortion is a critical service highly stigmatized via gendered and racial discrimination, it is one of many services that warrant attention in the fight for reproductive healthcare equity.

In order to fight for reproductive justice, abortion funds are a network of organizations that typically run hotlines people can call during specific hours to seek funding assistance for their unaffordable abortion procedures. According to the National Network of Abortion Funds (2017), an abortion fund is an organization that works to "remove financial and logistical barriers to abortion access." As of 2018, in the U.S. there

is at least one abortion fund operating in each of the forty-eight contiguous states. Due to the size of the population and the lack of insurance coverage for many reproductive services, in Texas alone there are four abortion funds.

The Althea Fund at the center of this research operates in central Texas with an anti-racist and anti-neoliberal platform for reproductive equity. The fund is committed to wealth redistribution for abortion access and breaking the stigma around abortion care. The Althea Fund’s mission seeks to establish a society “where all people have the means and opportunity to plan their futures and families with dignity, respect and community support.”

The Althea Fund operates a hotline individuals can call when they are unable to access their right to an abortion due to financial or social barriers. The hotline allows those who do not have the means to fully exercise their right to an abortion to call and seek funding and support for the procedure. One organizer, Maya<sup>6</sup>, has called the abortion fund a “cool line,” as it is not a live hotline but rather a number people can call to leave a voicemail. In their voicemail, callers are asked to include their name, appointment date, their pregnancy status in terms of weeks, and any other information they want to include. Once hotline hours are closed, the hotline coordinator listens to the voicemails and record any important information from the voicemails into a digital spreadsheet. After this, a volunteer is given access to the online spreadsheet, which is full of names, information, and callers marked as “priority<sup>7</sup>.” Volunteers then use their personal devices to return calls and distribute the day’s funding budget. The budget changes, but the Althea Fund focuses

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<sup>6</sup> All names in this project have been changed to protect participant privacy.

<sup>7</sup> The Althea Fund norms for prioritizing callers on the hotline are discussed in detail in Chapter III.

on small grants to spread wealth across as many callers as possible. The average grant amount given to callers is around \$190. For some callers, who are in the early stages of gestation and have procedure costs around \$500, this is a very helpful amount. For other callers who are further along and face thousands of dollars in procedure and travel costs, the small grants offered may not necessarily make a huge impact. Most callers, regardless of their stage in pregnancy, are reaching out to multiple hotlines, organizations, and contacts for financial assistance.

In addition to hotline and funding work, in order to work against neoliberal framing, the Althea Fund uses social media outreach to raise awareness of contextual barriers to abortion access, decrease abortion stigma, and strengthen connections to supporters. The neoliberal healthcare model suggests an internal locus of control, with individuals always already managing their own body and risks. The Althea Fund and RJ movement reject this neoliberal notion that healthcare outcomes are determined solely by the individual and instead acknowledges external and institutional barriers and biases. Thus, both the mediated context that enables neoliberal understandings of reproductive healthcare and the media used by reproductive healthcare activists combatting this context were considered when understanding the context of the project. It is extremely important, according to Jaworski (2009), to understand “attitudes and perceptions related to women’s reproduction, and the relationship of these beliefs to public opinion and social policies” in order to protect against the erosion of women’s and reproductive rights (p. 105).

Organizers at the abortion fund use media and technology strategically to challenge abortion stigma, advocate for full and equitable reproductive healthcare for all, inform volunteers and supporters about action items, and—most central to their mission—provide



funding assistance to pregnant women seeking abortions. Activists at the fund do all of these tasks while trying to carefully address ethical concerns involved in considering the data and personal security, labor, and emotional well-being of leaders, organizers, volunteers, and hotline callers in real time.

### **Contributions of This Study**

This study contributes to research about the sexist, racist, and classist impacts of neoliberal and neoconservative beliefs and policies in the United States. This study also contributes to research about how activist organizations and individuals use communication technology and media to labor on behalf of movements that fight back against these inequitable impacts. The intersection of neoliberalism and personal technologies has been studied in relation to paid labor, the immateriality of digital labor, and embodiment of the self (Gregg, 2011; Hardt & Negri, 2000; Terranova, 2000; Wajcman, Bittman, & Brown, 2008; Wallis, 2013). Additionally, intersectional feminist critiques have long included anti-capitalist and anti-neoliberal critiques (hooks, 1981; Davis, 2016; Lorde, 1979). However, the nuanced connections between neoliberalism, technology, and labor within the contemporary context of feminist and anti-neoliberal organizing has not been fully addressed. Therefore, this project aims to elucidate the tensions inherent in the ongoing interactions between neoliberalism, personal technologies, immaterial labor, and feminist activism.

This project adds to understandings of neoliberalism in healthcare in particular and, even more specifically, reproductive healthcare. The study is aligned with the reproductive

justice movement, which fights back against the notion that all personal healthcare outcomes are determined solely by individuals who experience equitable opportunities for self-care. The RJ movement instead acknowledges external and institutional barriers to equity in healthcare and everyday life. The movement seeks to dismantle these inequities in order to allow for equitable care and individual autonomy for all people. In Chapter III, I explore how neoliberalism can permeate anti-neoliberal organizations and practices, even when being actively dismissed.

Additionally, this study is situated in gender and technology studies, or research that engages with “understanding and studying women’s place and sense of being in the world ... [and the] relation between women and technology” (Fortunati, 2009, p. 33). Fortunati (2009) has called for gender and technology research that helps to create “a more complex paradigm which negotiates the new forms of labor and capital of postmodernity” (p. 32). Goggin and Hjorth (2009) also write that research on digital and mobile media should “grapple with both new and revised media practices, labor, and politics” (p. 8). I seek to contribute to this new paradigm in Chapter IV, when I discuss the interworking logics of immaterial and technological labor, gendered intimate care labor, and feminist sympathy in volunteers’ work on the Althea Fund hotline.

Furthermore, this study contributes to research about technology and media activism, adding to understandings of how activists use communication technology and media to forward their causes, particularly those that are anti-neoliberal, and fight stigma and misunderstanding. In Chapter V, I contribute to this research by exploring how Althea Fund organizers and others in the contemporary RJ movement have used traditional and

new media to create communication strategies they hope can break stigma around issues like abortion and dismantle dominant neoliberal narratives.

Lastly, as a feminist ethnography, this study also contributes to understandings of how feminist research can and should be accomplished. In Chapter II, I explore the ways in which my particular understanding of feminist research shaped my own implementation of these feminist strategies and methodologies.

### **Structure of the Dissertation**

In the next chapter, Chapter II, I discuss the methodology of the project. I include the epistemological assumptions of feminist ethnography and qualitative research, which informed the creation of this dissertation study. As noted in the chapter, the feminist ethnographic research in this study is informed by concerns for intersectionality, reflexivity, the insider and outsider status(es) of the researcher, specific and activist-focused work, and researcher/researched relationships and friendships. Chapter II also includes discussion about digital, multisite, and multimodal ethnography, as this project was primarily conducted across digital interactions and meetings with Althea Fund organizers and volunteers via phone and video call. Lastly, Chapter II includes a methodological narrative that details how the research for this project unfolded.

In Chapter III, I analyze how Althea Fund organizers and volunteers create and implement policies for prioritizing callers on the hotline. Hotline labor at the Althea Fund is referred to as “direct service” work, and this direct service to callers is meant to dismantle neoliberal inequity via wealth redistribution dispersed with an intersectional, RJ-

focused consciousness. I begin this chapter by engaging literature about neoliberalism and neoconservatism, healthcare as a neoliberal domain in the U.S., and how neoliberalism affects reproductive healthcare in particular. I then turn to intersectional feminist ethics of care and justice, and how these ethical codes seek to confront and dismantle neoliberal inequity in reproductive healthcare. Next, I analyze the Althea Fund's hotline procedures and policies for prioritizing hotline callers. I then include data from interviews with and observations of Althea Fund organizers and volunteers about their experiences handling the hotline and caller prioritization. I note how the difficulty of this handling can be exacerbated by the dispersion of the hotline across organizers and volunteers, who operate the hotline on their personal devices in various physical locations.

In Chapter IV, I explore these technological and intimate labors, or what I term *immaterial intimacy*, performed by Althea Fund volunteers on the hotline. I first discuss the use of hotlines in the historic and contemporary RJ movement, discussing famous hotlines like the Janes of Chicago and the current iterations of new media hotline activism. Then, to understand the Althea Fund hotline specifically included in this study, I then engage literature about immaterial technological labor, intimate labor, and feminist sympathy. Finally, I turn to interview and participant observation data to analyze how Althea Fund volunteers' labor on the hotline is *immaterial intimacy*, or an invisible and yet ubiquitous immaterial labor that involves fleeting intimate interactions between strangers.

In Chapter V, I explore the continued constant labor conducted by Althea Fund organizers creating communication outreach for the Althea Fund. I first explore how mediated society operates in general, and then how mainstream media have influenced societal understandings of stigmatized issues like abortion. Then, I discuss how alternative

media can be used to talk back to mainstream media depictions. In particular, I give two brief examples of alternative media in the contemporary RJ movement used to talk back to mainstream depictions of abortion. These examples include a book called *Comics for Choice* and an abortion speak-out website called *We Testify*. Lastly, I discuss interview and observation data from Althea Fund organizers that explores the tensions inherent in their constant labor managing the organization's communication and media outreach, which is an extension of their immaterial hotline labor.

Finally, in Chapter VI, I conclude by reiterating the two primary and five supplementary research questions guiding this study. I also refer to the existing lack of research about the intersection of feminist technology studies, reproductive justice activism, and neoliberalism that I aim to address with this project. I then summarize the key findings of this project. These include insights into: the prioritization policies on the anti-neoliberal Althea hotline, the *immaterial intimacy* of Althea hotline labor, and the ways in which Althea organizers engage in ongoing immaterial and affective labor to create effective communication outreach for the fund. Then, I discuss the implications of neoliberal, immaterial, and gendered care labor being used in anti-neoliberal and systemic-justice oriented movements. Finally, I discuss limitations of the study, noting in particular the limitations of only using self-reported data from current Althea Fund personnel, and suggest future directions for work. I suggest that future work should continue analyzing the intersecting impacts of neoliberal subjectivity, personal technologies, and gendered labor in activism.

## CHAPTER II

### METHODOLOGY

This study is feminist, ethnographic, and digital in nature. The study includes in-depth interview data and digital and in-person ethnographic observational data. The project is also informed by my experiences and reflections from my time acting as a hotline volunteer and organizer. I entered the field through the Althea Fund, a feminist organization, because, as per Ferree and Martin (1995), organizations have bolstered the feminist movement through the centralization and institutionalization of social movement practices and efforts (p. 6).

In this chapter I begin by briefly describing epistemological assumptions of pre or non-feminist research in order to address the context of supposed positivist, value-free science and research methods into which feminist thought continues to intervene. Next, I discuss the feminist and antiracist epistemological assumptions underlying my methodological approach. These include concerns for intersectionality, my own insider/outsider status, the specific and activist-focused nature of feminist research, relationships inherent in feminist research, and feminist media research norms that guide this project. I then briefly discuss digital ethnography, as my project came to be conducted primarily through digital communication technologies such as smartphones, video conferencing, digitally-shared documents and spreadsheets, and web and phone applications. Finally, I detail the methods utilized in this project, telling the methodological narrative of the study.

## Epistemology

The epistemological assumptions of qualitative and ethnographic research guide the methodological choices and subsequent analysis of data by the researcher. Epistemology answers questions about who can be a "knower," what tests beliefs must pass in order to be "legitimated as knowledge," and even "what kinds of things can be known" (Harding, 1987, p. 3). Harding (1987) defines an epistemology as a "theory of knowledge or justificatory strategy" for knowledge creation, methods as "techniques for gathering evidence," and a methodology as "a theory and analysis of how research should proceed" (p. 2). While all three concepts constitute different aspects of the research process, they also impact one another. The researcher's decision in choosing specific methods and methodological assumptions are often tied to the epistemological assumptions of the project. However, Harding (1987) notes the conflation of the concepts has also led to a lack of interrogation into the deep reasoning behind epistemological taken-for-granted assumptions in research projects. In describing the importance of a researcher's epistemological stance when conducting research, Naples (2003) notes how our "epistemological assumptions also influence how we define our roles as researchers, what we consider ethical research practices, and how we interpret and implement informed consent or ensure the confidentiality of our research subjects" (p. 3).

## **Qualitative Research before Feminist Intervention**

Feminist challenges to and changes in methodology norms illustrate the intervention of feminist epistemology into qualitative research (Harding 1987; Sprague, 2016). Therefore, in order to best understand feminist epistemological interventions into qualitative research, I begin by briefly describing non-feminist, “genderblind” epistemological assumptions and methodological choices.

While not a feminist researcher, Margaret Mead, a woman doing field ethnography on sexuality, became a cultural icon in the United States in the 1940s. Mead’s approach to research was in many ways antithetical to subsequent feminist approaches, and thus beginning with a brief description of the approach she—and most ethnographers of the time—adopted can set the stage for understanding later feminist interventions in the field. As Clifford (1983) describes, Mead was one of many visible figures who “communicated a vision of ethnography as both scientifically demanding and heroic” for the researcher (p. 124). In this researcher-centered approach to inquiry and observation, ethnography was “marked by an increased emphasis on the power of observation” and culture was “construed as an ensemble of characteristic behaviors, ceremonies and gestures, susceptible to recording and explanation by a trained onlooker” (Clifford, 1983, p. 125). Mead and other researchers of the time utilized their own visual analysis of culture as evidence of objective truth and this method of participant-observation emerged as a norm in qualitative research. Clifford (1983) even cites Mead as suggesting ethnographers and participant-observers in the field could focus even less on cultural and linguistic fluency



and instead use the “vernacular” to maintain rapport and “generally get along in the culture while obtaining good research results” (p. 124).

With Mead as a primary example, this type of research was based in the positivist belief that Christians (2011) describes as a belief that researchers are amoral, objective, and able to conduct “value-free” science (p. 63). This belief gives researchers the right to speak about observed phenomena in qualitative research with authority, even if the researchers do not speak the language of the people they are attempting to engage. With a positivist epistemological assumption, the researcher-researched dichotomy was imperialistic, and the (typically white Western) researcher identified and named the reality of the researched as per their own experience.

Non-feminist researchers have problematized this positivist approach, as Geertz (1973) wrote on qualitative observation and fieldwork that “what we call our data are really our own constructions of other people’s constructions of what they and their compatriots are up to” (p. 9). Both Geertz (1973) and Clifford (1986) liken writing ethnographic accounts to writing fiction, suggesting that while the recorded observations may not be falsified, they are always constructed by researchers in order to make sense of their experience and provide evidence for their eventual conclusions. Geertz (1973) took this analogy further, saying that in the past ethnographers had been considered clerks who simply went to the field and recorded reality. Now, though, he suggests researchers should be considered “literary critics,” who “read” surroundings and then report back on their interpretations of what mattered and the symbolism in their observations (p. 9).

Indeed, the acknowledgement of researcher authority and truth as “inherently partial – committed and incomplete” cannot be attributed entirely solely to feminist

intervention (Clifford, 1986, p. 7). There are other critical approaches to research that have influenced the scope of epistemological assumptions of the research process. However, as will be shown in the discussion of feminist interventions into qualitative research, feminist thought has highlighted the patriarchal character of the research process, knowledge creation, normalization, and societal processes that produce the research context.

### **Feminist Interventions in Qualitative and Ethnographic Epistemologies**

Feminist approaches over time came to include intersectional concerns for class, race and ethnicity, nationality, and sexual orientation differences, but all of feminist thought is considered to be united in its recognition of patriarchal dominance and rejection of positivism. In feminist research history, Sprague (2016) notes feminist researchers have a “long track record of linking questions of how to best do research with critiques of prevailing assumptions about what knowledge is and who is a trustworthy source of information” (p. 2). Interrogating dominant, accepted paradigms of knowledge creation allows feminist research to aim for marginalized peoples’ emancipation (Hesse-Biber & Yaiser, 2004, p. 221). Indeed, feminist and other critical theorists who question the epistemological assumptions of “normal science” argue “the goal of research must be to understand how oppression works and to provide knowledge that will help fight against injustice” (Sprague, 2016, p. 9). Bhavani (2004) calls this a historical approach to research, or an approach that raises questions “about the political economy of knowledge production” (p. 66).

The feminist qualitative research I seek to emulate in my study is intersectional, reflexive, considerate of researchers' insider/outsider status, specific and activist-focused, aware of the impact of relationships on the research process, and engaged in unearthing how patriarchal and neoliberal values are communicated through mainstream media.

### *Intersectionality and feminist thought*

White Western feminist qualitative research has evolved to be more inclusive of intersectional identities, thanks in large part—if not entirely—to the work of Third World (TWW) and women of color, which raised feminism's intersectional consciousness. As Black feminist Barbara Smith (1982/2015) stated, talking about racism in feminist or women's studies is not a guilt trip, it's a "fact trip" (p. 48).

Through drawing attention to lived experiences, feminist researchers draw attention to the intersecting forces of oppression faced by marginalized people—or their intersectional identities. Crenshaw (1991) explains an intersectional identity as one that is marginalized in the many discourses surrounding aspects of that identity (p. 1244). In particular, Crenshaw (1991) explains how structural and political forces shape the contexts and experiences of intersectional identities. Crenshaw (1991) explains this through the intersectional identities of women of color. She describes how women of color experience marginalization in structures for and discourses about *women*—considered in the Western world to be white women—and *people of color*—which has traditionally focused on the struggles of men of color (Crenshaw, 1991, p. 1252). Angela Davis (2016) also discusses how, before the black feminist movement, black women were "frequently asked to choose

whether the black movement or the women’s movement was most important” (p. 4).

Through an intersectional understanding of power and oppression, black feminists address the ways in which “race, class, gender, sexuality, nation, and ability are intertwined—but also how we move beyond these categories” (Davis, 2016, p. 4).

In their now famous statement, the Black feminists of the Combahee River Collective (1977/2015) modeled an intersectional understanding of feminism and solidarity. They wrote:

we are actively committed to struggling against racial, sexual, heterosexual, and class oppression and see as our particular task the development of integrated analysis and practice based upon the fact that the major systems of oppression are interlocking. The synthesis of these oppressions creates the conditions of our lives (Combahee, 1977/2015, p. 210).

With an understanding of intersectional ideology, feminist scholars studying economic and other social inequities can be more prepared to address the racist, classist, ableist, and other assumptions inherent in the design and implementation of social discourse and policy, while still incorporating attention to the sexist and misogynistic aspects of society (Naples, 2003, p. 17).

Intersectional feminist research starts with an epistemological assumption that “ideologies of womanhood have as much to do with class and race as they have to do with sex” (Mohanty, 2003, p. 55). Thus, intersectional feminist research seeks to dismantle the essential, universal woman of early Western white feminist work, and instead recognizes how the intersections of class, race, (hetero)sexuality, and nationality “position us as

‘women’” in the world generally and in individual contexts specifically (Mohanty, 2003, p. 55).

Yet, Suleri (1992) worries that recording “female racial voices” as authentic and knowing can serve to essentialize the “ethnically constructed women” (p. 760). Spivak (1999/2010) has also cautioned against using intersectional critiques to “romanticize the united struggle of working-class women” across a wide variety of locations and contexts, which effectively silences marginalized voices once again (p. 23). Minh-ha (1989) has called the act of essentializing the voices of marginalized people speaking for the “masses.” Speaking for the masses suggests (white) researchers portray resilient and unique marginalized individuals as an “aggregate of average persons condemned by their lack of personality or by their dim individualities to stay with the herd, to be docile and anonymous” (Minh-ha, 1989, p. 13).

Instead of a monolithic view of women of color, or the “masses,” then, Mohanty (2003) has argued not for a neoliberal “colorblind” feminism, but rather a “feminism without silences and exclusions” that acknowledges differences in women’s lived experiences and addresses the obstacles facing women in different communities (p. 2). She calls for feminist studies that are “careful, politically focused, local analyses” (Mohanty, 1984, p. 345).

In Mohanty’s (2003) vision, feminist thought and research can “draw attention to the tension between the simultaneous plurality and narrowness of borders and the emancipatory potential of crossing through, with, and over these borders in our everyday lives” (p. 2). Mohanty (1984) discusses this new possible feminist solidarity as situated in “antiracist feminist framework, anchored in decolonization and committed to an

anticapitalist critique” (p. 3). Smith (1982/2015) echoes this call for solidarity, as she says racism and its overthrow is and should be the “inherent work of feminism and by extension feminist studies” (p. 51). Audre Lorde (1979/2015) argued for the importance of intersectional solidarity in feminist efforts, as she said “without community, there is no liberation, only the most vulnerable and temporary armistice between an individual and her oppression” (p. 95).

Wolf (1996) notes historically in feminist research “the difficulties of focusing on race, particularly for white researchers, has created silences and gaps that need to be addressed despite the discomfort” (p. 10). Smith (1982/2015) suggests many white women have been raised not knowing how to “talk to Black women, not knowing how to look [Black women] in the eye and laugh with [them]” (p. 49). This lack of comfortability leads to further silence around racism in feminist studies, and white women continue to ignore how oppressive systemic racism affects their lives negatively, too. As Spivak (1999/2010) states, the inability to face the racism inherent in Western, white narratives enables the continuation of a world where white men “save” brown women from brown men (p. 50). This system serves to perpetuate male dominance and delegitimize the voices of all women.

Without recognizing and addressing the intersectional nature of gender identities and the “matrix of domination” women existing at these intersections navigate, Western feminist research risks the chance of slipping back into an essentialized and white notion of “woman” that creates bleak prospects for feminist solidarity. Instead, acknowledging previously ignored colonial and intersectional oppression can continue to strengthen means for solidarity and feminist analysis and research. However, Lorde (1979/2015) describes

how being expected to educate one's oppressor perpetuates oppression. Women are expected to educate men about gender oppression, which is draining and "keeps the oppressed occupied with the master's concerns" (p. 96). In the same way, Black and Third World women (TWW) are expected to educate white women about their existence. This is, as Lorde (1979/2015) says, a "diversion of energies and a tragic repetition of racist patriarchal thought" (p. 96). Therefore, it is on white women to educate themselves first about colonial, racial, and intersectional oppression before asking fellow feminists of color and TWW to explain systemic oppression.

Researchers with an intersectional understanding of oppression can contribute to feminist knowledge, making a more equitable world. Gloria Anzaldúa (2015) calls feminist researchers to solidarity action and says "those of us who have more of anything – more brains, more physical strength, more political power, more money, or more spiritual energies – must give or exchange with those who don't have these energies but may have other things to give" (p. xxviii).

### *Situating the self in feminist research*

In keeping with an intersectional feminist approach dedicated to solidarity, I aim for reflexivity in conducting feminist qualitative and ethnographic work. Buch and Staller (2013) describe feminist ethnography as attending to the "ways in which gender is understood and made meaningful" in everyday observed social interactions (p. 107). In ethnography, the "field" is considered the "natural setting of people and processes," and feminist ethnographers seek to expose patterns of gender hegemony in the natural setting

(Buch & Staller, 2013, p. 120). However, for feminist research to be feminist, systems of power have to be interrogated not only on a societal level of knowledge production but also in the production of knowledge by the researcher herself.

While Sandra Harding (1987) famously declared there can be no feminist method, in order for qualitative research to be considered feminist, researchers must engage feminist epistemological assumptions, include a personal level of reflexivity, and interrogate their execution of chosen methods. Feminist research is unified through its rejection of positivism and the supposed ability of a researcher to be truly objective. In describing the importance and impact of a researcher's epistemological stance in research, Naples (2003) notes how our "epistemological assumptions also influence how we define our roles as researchers, what we consider ethical research practices, and how we interpret and implement informed consent or ensure the confidentiality of our research subjects" (p. 3).

Haraway (1991) discusses reflexivity in the "situated knowledges" of researchers. Situated knowledges are partial realities and marked knowledges created by researchers that produce "maps of consciousness" (Haraway, 1991). These maps of knowledge reflect the embodied identity categories of gender, race, class, and nationality of the researcher herself. The "embodied subjectivity" of the researcher in a feminist epistemology acknowledges the researcher's previous knowledge and experience are the foundation determining "how fully they can understand a phenomenon" or the experiences of those they study (Wolf, 1996, p. 13). This reflexivity leads to Harding's (2004) notion of feminist "strong objectivity," or the recognition that a researcher's active consideration and



acknowledgment of her positionality in the research process approaches “objective reality” more so than supposedly value-free research.

Hesse-Biber and Leckenby (2004) describe researchers partaking in Harding’s feminist strong objectivity as interrogating the assumptions they bring to the table as the researcher, sustaining a desire for critical self-reflection, and using this self-reflection as a force for “libratory social change” (p. 219). Reflexivity in feminist research refers to this acknowledgment that the researcher’s reality is equally as constructed, contextual, and problematized as the realities of those they seek to engage. It is the researcher’s responsibility to make visible to her audience, and often also her participants, her own social locations and identities that are affecting the research process (Hesse-Biber & Yaiser, 2004, p. 115).

#### *In-group and outsider feminist researchers*

In her clarification of strong objectivity, Harding (2004) explained approaches to feminist work, such as standpoint theory, are not invested in pure relativism, as “various sexist and androcentric scientific theories” have posited things that are not true (p. 132). Harding (2004) gives examples of absurd notions posited by patriarchal science throughout history, such as the idea that women are programmed for success in motherhood or that victims of rape and battering should take responsibility for the assault they “brought on themselves” (p. 132). In clarifying strong objectivity, Harding (2004) affirms that while feminist theory believes women’s experiences are valid and their voices should be heard,

the epistemology is still holistically grounded in the knowledge and rejection of a historically patriarchal society and research tradition.

Beginning in the 1970s, feminist standpoint theory was “developed in the context of Black feminist, Third World, and postcolonial feminist challenges to the so-called dual systems of patriarchy and capitalism” associated with early white Western feminist and socialist feminist theory (Naples, 2003, p. 18). Feminist standpoint theory and practice begins with the assumptions that women are in unique positions, women have stories from their everyday lives to tell, and women should be able to tell these stories from their own point of view. Thus, feminist standpoint epistemology emerged from a desire to “describe women’s experiences and perspectives in their own words” (Naples, 2003, p. 7).

Naples (2003) refers to Harding’s suggestion that this desire to hear women aligns with feminist political goals in situating the perspective of women as a view from which “natural” and social realities can be understood in more robust ways from previously marginalized voices (p. 20). Feminist research seeks to recognize unique positionalities (Alcoff, 1992) and subjugated knowledges, or previously hidden marginalized experiences (Foucault, 1976), of women and other oppressed groups.

However, even as feminist standpoint theory attempts to engage with the intersectional nature of gender and identity factors, some caution privileging self-reported realities can lead to a new version of essentialism, in which only a person of a specific positionality can speak about that positionality (Wolf, 1996, p. 13). As Wolf (1996) explains, critics suggest that, taken one step further, learning exclusively from in-group members would assert “only those who are women of color or lesbian can generate antiracist or antihomophobic insights” (p. 13). If we begin by assuming the positionalities

of both the researcher and researched dictate the possibility for a study to produce even situationally-valid knowledge, critics of standpoint and in-group epistemologies maintain that privileging the insider perspective as more real or valid reduces cultural others to homogenous groups only understood from within (Wolf, 1996, p. 14).

Yet, outsider research benefits might include an “enhanced ability to see patterns in which insiders would be immersed” and greater role flexibility in the environment (Wolf, 1996, p. 15). While there are myriad arguments for the benefits of studying a group in which one is an insider, including providing a more intimate view and balancing accounts previously presented by other Western researchers, an outsider perspective can provide insights and connections unavailable to someone immersed fully in a group or context.

Additionally, in determining concerns about insider-only research, Joan Scott (1992) warns against using a person’s reporting of their own experience as incontestable evidence. While agreeing that individuals’ experience and knowledge should be included and analyzed in the research process, Scott (1992) argues against regarding individuals as autonomous actors but rather suggests we should conceive of individuals as “subjects whose agency is created through situations and statuses conferred on them” (p. 34). As Wallis (2013) discusses, this approach to insider knowledge “does not deny human agency,” but acknowledges human agency is “never fully free” of material and cultural realities (p. 24).

Scott (1992) links the researcher’s ability to use evidence *other* than subjects’ personal experiences to the researcher’s ability to actually understand hegemonic systems and “histories of difference,” or contextual and historical patterns of oppression (p. 24). Scott (1992) argues, while feminist attention to women’s experiences makes visible “the

experience of a different group [and] exposes the existence of repressive mechanisms,” this visibility does not necessarily display the “inner workings or logics” of oppressive systems (p. 25). As Paulo Freire (1970) writes: “Submerged in reality, the oppressed cannot perceive clearly the ‘order’ which serves the interest of the oppressors whose image they have internalized” (p. 48). Therefore, feminist theory understands women and marginalized people are sources of unique knowledge, but the unique position of the researcher as at least partial outsider is still important in understanding the constructed social context.

As a young woman living in Texas, I am an insider with organizers and volunteers in that I share their geographic region and political reality. I also stand in solidarity with callers to the funding hotline. I would struggle to pay for an abortion out of my own earnings (though my partner would support me), and I do not feel I have full autonomy over my reproductive capacity due to neoliberal policies and largely inadequate healthcare. However, I am an outsider with organizers and volunteers in that I have university approval to conduct research about reproductive justice activism for my doctorate, and I am an outsider with hotline callers as I have not been in the position to call an abortion hotline to seek funding assistance. These and other various layers of the researcher/researched relationship in this project and work have been and should continue to be carefully considered in all aspects of the research.

The reflexivity of feminist qualitative studies emphasizes the significance of the specific positionalities of both the researcher and researched throughout the study. Through situating the study repeatedly in the context, the researcher can “explicate relations of domination embedded in communities and social institutions” (Naples, 2003, p. 21).

Bhavani (2004) lists three considerations for reflexivity in feminist research. She includes concerns for accountability, positioning, and partiality. Accountability emphasizes that the researcher should be accountable to women, and thus any work about women should not reproduce women as they are produced in dominant society's gender hegemony (Bhavani, 2004, p. 68). Bhavani's (2004) description of positioning in explains how feminist researchers should acknowledge the micropolitical processes at play while conducting research. Third, partiality as per Bhavani (2004) entails how feminist researchers should account for difference in the design, implementation, and write-up of their work (p. 69).

Feminist ethnographies emphasize the significance of the specific positionalities of both the researcher and researched throughout the study, referring to the context in order to "explicate relations of domination embedded in communities and social institutions" (Naples, 2003, p. 21). As Plankey-Videla (2012a) writes of her experience conducting a feminist ethnography, being a reflexive feminist researcher means recognizing "ethnography is a site in motion, where both the researcher and researched are agents, wield power, and relate based on multiple, shifting identities" (p. 3). Engaging with these "sites in motion" and their changing power dynamics means feminist ethnographers must be repeatedly questioning the implementation of their research project within the specific context. Naples (2003) notes feminist scholars must always consider the changing context in attempting to conduct research in a way that "minimizes exploitation of research subjects" (p. 13). These were especially important considerations for my project because, along with my own relationships to key contacts, there could be weekly, if not daily, shifts in the policy landscape surrounding reproductive healthcare access in Texas, the

technological capacity of the Althea Fund, and the emotionality of being interviewed as a volunteer or organizer in the movement.

*Specific and activist-focused feminist research*

In addition to centering intersectionality and reflexivity, my aim for this project was to be specific and activist-focused. Sprague (2016) argues that while there are epistemological concerns on which all feminist researchers do not agree, most feminists generally agree that “understanding how things work is not enough” (p. 3). Sprague (2016) states suggested action for making the world more equitable is an important contribution of feminist research. In that vein, I tried to ensure my work, which benefits me as a researcher, was used to help further the Althea Fund’s activist cause and answer questions they had about their volunteers, data, practices, and policies.

Hesse-Biber and Yaiser (2004) offer suggestions for conducting feminist research aimed toward activism. They first mention feminist research recognizes the specific contextual intersections of race, class, gender, sexuality, and other difference, and thus avoids trying to find language or conclusions that “make sense everywhere” (Hesse-Biber & Yaiser, 2004, p. 108). Next, feminist research understands these differences are culturally-situated, meaning the social construction of difference is historically and geographically specific. This social construction of difference leads to systems of power relations that are also historically and geographically specific (Hesse-Biber & Yaiser, 2004, p. 108). Additionally, feminist researchers study effects at both the macro and micro level, as they recognize processes of power are simultaneously working on society and in

individual lives (Hesse-Biber & Yaiser, 2004, p. 109). Plankey-Videla (2012b) describes how feminist researchers link together these macro and micro processes of power to illuminate how power dynamics affect the everyday lives of women (p. 6). In this project, then, I knew it was my responsibility to stay current on the state of reproductive healthcare access in Texas and the United States and understand the ways in which different individuals might meet different challenges in obtaining an abortion procedure. For example, someone doing this work in Texas should know undocumented immigrants seeking safe reproductive healthcare might not be able to access clinics due to immigration checkpoints in the Rio Grande Valley.

Lastly, in attending to the everyday lives of women, feminist research understands the interdependence of knowledge and activism, which reminds feminist researchers to always consider how the knowledge they are documenting or producing might warrant immediate change or action. In their chapter on action and community feminist research, Lykes and Crosby (2013) describe feminist researchers focused on action as those who “seek solutions to everyday problems and ... to transform the social inequities exposed through research, by facilitating and engaging in specific actions” that contribute to community equality and well-being (p. 147). Lykes and Crosby (2013) note two challenges to the community-based aspect of this approach: first, the inability to facilitate actual societal transformation and, second, a lack of knowledge of how best to shift power from the hands of academic researchers to women and community members broadly (p. 171). Keeping these challenges in mind, I respected the Althea Fund and movement’s history of transforming society and policy and hoped to offer myself as a volunteer and data laborer

for the movement, rather than attempting to gain a leadership role, which would have potentially been unethical.

### *Relationships in feminist ethnography*

Feminist researchers does not subscribe to the traditional hierarchical researcher-researched dichotomy. Instead, feminist researchers consider the relationships formed while doing research. Plankey-Videla (2012b), in her book detailing her experience conducting a feminist ethnography on a garment factory shop floor in Mexico, discusses how her relationships with her research subjects evolved into ones of friendship and loyalty when, due to wage cuts, she joined the women she worked with in a strike. Bhattacharya (2007) describe a long-term research study with a younger graduate student in which the relationship “moved to a blurred space of friendship, sisterhood, and mentorship” (p. 1097). The fierce friendship that might occur in feminist ethnography and other qualitative methods is applauded by Lugones and Spelman (1983), as they suggest friendship “remains as both the only appropriate and understandable motive” for outsider or Western feminists to engage with the lives and concerns of marginalized communities and those who serve them (p. 581).

However, in her influential essay on the possibilities for true feminist ethnography and methodology, Judith Stacey (1988) complicates the idea of friendship and intimacy in in-depth interviewing and ethnographic research. The increased intimacy in feminist projects, Stacey (1988) argues, while aimed at mutual reciprocity and openness, also “exposes subjects to far greater danger and exploitation than do more positivist, abstract,



and ‘masculinist’ research methods” (p. 24). The great irony of feminist methodologies is that the “greater the intimacy, [or] the apparent mutuality of the researcher/researched relationship, the greater is the danger” for the research subjects in their increased self-exposure as facilitated via trust with the researcher (Stacey, 1988, p. 24). While Stacey (1988) concludes this means there can only be partially feminist ethnography, as exploitation of research subjects is inevitable in research projects, she still advocates for the “rigorously self-aware,” critical, and humble approach feminist researchers should deploy in the field (p. 26).

Similar concerns for relationships arise in feminist approaches to in-depth interviewing. Blee (1998) notes that feminists have problematized the notion of emotion as only an aspect of irrational action, which is not necessary to be recorded in data collection. Instead, when considering the importance of everyday lived experiences of women, as observed or divulged in in-depth interviews, feminist researchers recognize the importance of emotion as part of dynamic action (p. 382). The encouragement and documentation of emotionality can lead to overexposure of participants or increased emotional stress. Yet, as Bhattacharya (2007) suggests, “dismissing multiple ways of knowing is akin to dismissing people’s lives: their realities, sufferings, and accomplishments” (p. 1107). Lorde (1979/2015) said that “for women, the need and desire to nurture each other is not pathological but redemptive, and it is with in that knowledge that our real power is rediscovered” (p. 95). Hopefully, the feminist practice of acknowledging emotionality can hold space to discuss, validate, and see the worth and knowledge and power inherent in nurturing and hearing emotional experiences.

Another concern for feminist research using in-depth interviewing as described by DeVault (2004) is the notion that “language itself reflects male experiences, and that its categories are often incongruent with women’s lives” (p. 227). Minh-ha (1989) similarly suggests that, when describing her experiences and emotions, a woman may find herself “at odds with language, which partakes in the white-male-is-norm ideology and is used predominantly as a vehicle to circulate established power relations” (p. 6). DeVault (2004) argues that women in a patriarchal society often “translate their thoughts” to be culturally acceptable as a woman and, in the process, can lose or transform parts of their selves and experiences when describing them after the fact (p. 233).

When conducting in-depth interviewing, then, DeVault (2004) suggests feminist researchers should try to recognize the subtle power and subconscious gendered translation that might be entangled in existing, emoting, and communicating as a woman. Further, Hesse-Biber (2013) advocates for in-depth interviewing in order to “gain rich data from the perspectives of selected individuals on a particular subject” in a way that allows women to speak as experts on their lived experiences and emotional realities (p. 194).

Feminists engaging in ethnographic or in-depth interviewing methods aim to unearth “the subjugated knowledge that often lies hidden from mainstream knowledge building” (Hesse-Biber, 2013, p. 228). Through observing women, asking women about their everyday lived experiences, and trying to understand the cultural constructs which can prohibit women from fully speaking or recognizing our own voices, I attempted to create and hold space for the people who allowed me to engage in research relationships and friendships with them. Through this work, I have gained friendships working in solidarity with organizers, activists, and volunteers. In order to try and remain rigorously

self-aware and open in these friendships, I maintained transparency with my Althea Fund friends through regularly discussing my research and being willing to share my research materials—aside from confidential interview transcripts. We continuously navigated our relationship(s) as the political and cultural context remained fluid.

### *Feminist media research*

Finally, though the primary focus of this study is not media analysis, an intersectional feminist approach is used when news media, social media, and other media representation and advocacy are addressed in the project. McIntosh and Cuklanz (2013) describe a feminist approach to media research as an examination and deconstruction of how mass media perpetuates gender, and, for my study, racial inequality (p. 266). Feminist approaches to qualitative media research aim to instigate social change via revealing power structures perpetuated in media through practices of repetition and omission and means through which individuals fight back via personal and citizen media (McIntosh & Cuklanz, 2013, p. 267).

Theoretical paradigms including intersectionality have had profound impacts on feminist thought and, thus, feminist approaches to research. The interventions of intersectional feminists of color have provided Western feminism avenues through which to consider privilege in the world and research process, resulting in a stronger research agenda and enhanced possibilities for feminist solidarity. These interventions have raised the consciousness of Western feminism, or at least provided the means through which white Western feminist researchers like myself can hope to use non-imperialistic theory

and practice. bell hooks (1981) provided an intersectional articulation of feminist theory, practice, and struggle, which I hold close while conducting and writing research:

To me feminism is not simply a struggle to end male chauvinism or a movement to ensure that women will have equal rights with men; it is a commitment to eradicating the ideology of dominance that permeates Western culture on various levels – sex, race, and class, to name a few – and a commitment to reorganizing U.S. society so that the self-development of people can take precedence over imperialism, economic expansion, and material desires (p. 194 – 195).

### **Digital, Multimodal, and Multisite Ethnography**

For this project, while I did conduct in-person observations of events and protests and complete twenty-two traditional phone and/or video call interviews, I also became engaged in a form of digital ethnography. Though I had begun to make plans to physically immerse myself at the Althea Fund, a few months before I began my study the Althea Fund stopped renting an office space for financial and other reasons.

There was no need to have a physical office anymore, as digital communication technologies allowed all the organizers' work to happen (a)synchronously across personal devices. Thus, the organization shifted to being entirely digital. Office-like banter happened asynchronously across group messages and various free phone applications. Synchronous meetings occurred via Google Hangouts conferencing. The Althea Fund had

always included a dispersed leadership team that would typically meet via phone or video conference, but now the organization operated entirely in the digital sphere.

Since there was no physical space to regularly inhabit as an ethnographic observer or interviewer, I conducted my study across the various digital media used by Althea Fund organizers and volunteers. As a feminist ethnographer, I wanted to reflexively participate in the organization while also contributing to activist-focused thinking when possible or useful. In order to understand the Althea Fund organizer and volunteer experience, I also recognized the need to immerse myself as fully as possible in the regular digital intermittent physical environment(s) of the Althea Fund.

### **Digital Ethnography**

As more of individuals' everyday lives, work, and experience are becoming technologically mediated, ethnographers are continuing to integrate technological and digital experiences into regular research practices. As Murthy (2008) wrote, with the "introduction of new technologies, the stories have remained vivid, but the ways they were told have changed" (p. 838). An ethnographic practice that takes seriously technological impacts on human communication and existence can be "used to develop an enriched sense of the meanings of the technology and the cultures which enable it and are enabled by it" (Hine, 2000, p. 8). Immersing oneself as an ethnographer in digital environments can provide insight into the "rich diversity of technological mediations in the (re)construction and maintenance of social worlds" (Pink, Horst, Postill, Hjorth, Lewis, & Tacchi, 2016, p. 120). Again, though I did not initially intend for my study to be primarily conducted in

digital spaces, the Althea Fund's shift to a digital existence led me to understand how a feminist organization functioning across many devices in the hands of organizers and volunteers operates.

As Christine Hine (2000) describes in her book *Virtual Ethnography*, researchers can struggle with feelings of validity in conducting a primarily digital ethnography. However, while going to a physical site has been part of the authenticity appeal of traditional ethnographic inquiry, Hine (2000) reminds researchers that ethnography is meant to be about "symmetry" with those from whom we hope to learn (p. 10). Thus, as Althea Fund organizers and volunteers primarily engaged with the organization and its hotline via virtual means, I attempted to similarly inhabit the digital world and experience.

Further, many writing about digital ethnography have paid close attention to the researcher's ability to be covert and exist undetected in observational spaces, or what Murthy (2008) has called "cyberstealth" (p. 840). While it is true I existed *differently* amongst Althea Fund organizers using digital technologies rather than meeting regularly in a physical space, I did not observe or participate covertly in my research. In every synchronous digital video meeting with Althea Fund organizers, our names, voices, and faces were visible and no one communicated anonymously. This was also true in interviews, where participants consented ahead of time to being interviewed by me, and in many cases had come to know me personally, either directly or tangentially through the organization. Additionally, any asynchronous communication was not done anonymously or using a cryptic username. All communication between myself and Althea Fund organizers and volunteers was done openly, with my name and role as researcher/fellow volunteer and organizer explicitly understood.

By immersing myself – with the consent of my research contacts – in asynchronous digital group messages, synchronous virtual meetings, and consistent hotline volunteer shifts, I obtained what Bhattacharya (2009) calls “tacit data.” Tacit data are “those data that are unseen, unheard, undescribed, and unrealized, yet continue to shape and influence the research” (Bhattacharya, 2009, p. 133). Tacit data in my project includes all of the day-to-day understanding that unfolded within me through simply existing in friendship amongst other volunteers and activists. Though I recorded systematic field notes in written, audio, or video format, through constant digital interaction with Althea Fund organizers and volunteers and RJ activists I obtained “information and experiences that constitute alternate ways of knowing which cannot be textually articulated” but inform and shape my project (Bhattacharya, 2009, p. 133).

### **Multimodal and Multisite**

Digital or partially digital ethnographies are multisite, as researchers consider “both the circumstances in which the Internet is used (offline) and the social spaces that emerge through its use (online)” (Hine, 2000, p. 39). By carrying out both traditional and digital participant observation and in-depth interviews, ethnography becomes richly multimodal in a way that Murthy (2008) argues can provide a “fuller, more comprehensive account” of participants’ lived experiences in a technologically-saturated environment (p. 849).

As Marcus (1995) wrote in the early days of digital environments, “for ethnographers interested in contemporary local changes in culture and society, single-sited research can no longer be easily located in a world system perspective” (p. 98). Even if the

Althea Fund had a central office where I could physically observe meetings, digital technology has become so integrated into daily communication that to ignore this element of Althea Fund organizer and volunteer experiences would be to ignore an important site of inquiry. Therefore, in maintaining close relationships both offline and online with activists and organizers that move rapidly across various physical and digital “sites of activity,” ethnographers are linked to and transforming the “traditional practice of participant observation, single-site ethnography in the peripatetic, translative mapping of brave new worlds” (Marcus, 1995, p. 114).

In multimodal digital ethnography, engagement can be “interstitial” and temporary by both researchers and participants alike (Hine, 2000, p. 65). People can log on or off of digital and communication technologies at their leisure, which means researchers and participants are moving in, out, and between different modes and sites of research sporadically. This can be both positive and negative. As Janghorban, Roudsari, & Taghipour (2014) note, free video conferencing services like Skype and Google Hangouts allows researchers to more readily access geographically dispersed participants, who are also able to converse with researchers in a time and space that is comfortable to them. Further, interviewees or meeting goers on these video services could also exit the situation more comfortably with the click of a button, which could serve to enhance feelings of participant safety and privacy (Janghorban et al., 2014, p. 2). However, the ease of access between researchers and participants can also present issues. As I experienced in my study at times, even the most dedicated researcher or amicable participant can find themselves more easily forgetting a phone interview or video meeting. Rather than agreeing to meet



physically or being approached in a physical space, connectivity issues and human error can lead to missed connections in digital, multimodal research.

By embracing the shifting digital, multisite, and multimodal nature of the Althea Fund and RJ movement broadly, my ethnographic study encompasses aspects of both traditional feminist and digital ethnography. As Pink et al. (2016) argue, the work of the digital ethnographer includes exploring the “ways in which participants themselves experience, and make meaning of, their social worlds and the socio-technical relationships that compose them” (p. 122). Though I predominantly tried to engage with Althea Fund persons synchronously in interviews and meetings, most of these interactions still happened in digital spaces and reflected the mostly digital experiences had by Althea Fund volunteers and organizers.

### **Methodological Narrative**

For this project, I used ethnographic methods within a feminist epistemological understanding. Importantly, in making methodological choices, I sought to attend to an intersectional understanding of feminism that recognizes the impacts of racism, heteronormativity, and other forms of oppression alongside gender in fighting for reproductive justice. Further, the study became partially digital and multimodal in nature, as the Althea Fund shifted to exist entirely in digital space before I began my research. As previously stated, I conducted in-depth interviews with organizers and volunteers, observed and participated in the digital inner workings of the Althea Fund, and observed and participated in in-person events when possible.

I conducted in-depth phone and/or video interviews first with my primary contacts at the Althea Fund. Then, via snowball sampling within the Althea organization, I conducted interviews with other interested and available Althea organizers and volunteers. I also conducted two types of participant observation. First, I participated in and observed the online meetings of board members, organizers, and other leaders of the Althea Fund. These meetings pertained to things like organizational priorities and everyday best practices on the hotline. Second, I participated in and observed in-person events with organizers, volunteers, supporters, and other community activists. These events ranged from fundraising to advocacy training to celebrations, and were spread across my year of data collection.

During this year-long ethnographic project, I logged over 100 hours of ethnographic participant observation. I observed and participated in over 75 hours of virtual meetings and direct service activism volunteering for the fund's hotline. I also conducted 22 in-depth interviews via phone or video with volunteers and organizers lasting thirty to ninety minutes each. Lastly, I also attended 25 hours of in-person events with activists and citizens fighting on the frontlines of the antiracist and feminist reproductive justice movement. While the project is primarily informed by my interview and ethnographic observation data, throughout the study I also remained immersed in the digital media content from the Althea Fund and generally in the RJ movement in Texas. This media content included the social media and communication outreach efforts of the Althea Fund, along with content created and distributed by other RJ organizations, organizers, and activists.

## **Situating Myself in the RJ Movement**

My positionality as a cisgender, heterosexual, white, middle class, well-educated, married, and healthy woman in her twenties influences my worldview and reality, which necessarily affects the research process. Though I cannot change my embodied subjectivity, I can aim for reflexivity in my work. One way I did this was through recording video diaries of my plans, feelings, and assumptions throughout the project. I would watch the diaries hours or days later, recording written notes about my demeanor or approach to the research that warranted reflection, attention, or conversation with other organizers. While I share ideologies and interests with organizers and volunteers I worked with in this research, I also knew my position as a researcher was particularly important to reflect on and consider critically.

When someone who enjoys the privileges of an oppressive class joins the oppressed in their struggle for liberation, the person who enjoys social privileges often brings with them “the marks of their origin: their prejudices and their deformations, which include a lack of confidence in the people’s ability to think, to want, and to know” (Freire, 1970, p. 46). Reflexivity is the practice of always keeping in mind the implications of the researcher/researched relationship and trying to ensure “the process of producing knowledge is made visible” (Hesse-Biber & Yaiser, 2004, p. 117). In doing research that is actively engaged with the lived realities of marginalized people, “those who authentically commit themselves to the people must re-examine themselves constantly (Freire, 1970, p. 47). In my work, my whiteness and its associated privileges need to be consistently acknowledged and critically considered in the research process.

## **Attending to Alternative Media in the RJ Movement**

In an attempt to be immersed in the larger RJ movement, throughout the project I stayed current on media coverage of the changing reproductive healthcare context in Texas. I also closely followed the social media feeds from the Althea Fund and other reproductive justice organizations and advocates. In addition, I kept an eye on other digital and analog spaces where media outreach and advocacy is being conducted on behalf of the RJ movement.

One example of alternative media that I regularly engaged with throughout the project is the *WeTestify* website. *WeTestify* is a digital platform operated by the National Network of Abortion Funds and acts as a space for an ongoing, online abortion speak-out. On *WeTestify*, individuals can submit their abortion stories to be included on the website's feed, which has been quoted by popular news sources such as *Elle*, *Glamour*, and *Woman's Day* magazines.

Another example of alternative media is the *Comics for Choice* book that was published digitally and in print during my time collecting data for the project. Book sales of *Comics for Choice* benefitted the National Network of Abortion Funds (NNAF) during the time when abortion rights were being increasingly threatened in Texas and beyond. The book contains a collection of comics illustrating the creators' experiences with abortion access and important historical moments and people in reproductive justice activism.

## **Making Connections at the Althea Fund**

To engage with organizers beyond the media content of the movement, I began initially by building trust through solidarity with organizers at the Althea Fund. As an interested researcher who had previous personal connections to the executive director of the Althea Fund, the first event I was invited to participate in was a day-long advocacy training event. The training took place in a church near the Texas state capitol building, and afterward we visited our districts' representatives in order to advocate for reproductive justice policy and new ways to speak about abortion as healthcare and a human right in political discussion. About thirty women and non-binary folks from across the state got together for the event that afternoon.

While I attended the event, I also volunteered to pick up out of town attendees at the local Amtrak and bus stations across the city as they arrived. Simple acts of providing a reliable car and driver are critical in organizing, and I tried to show my willingness to engage in these simple but profoundly useful acts. The advocacy training was well-attended and inspiring, but the same day the Texas legislature decided to hear testimonies about their proposed anti-transgender bathroom bill, SB6. In a moment of unplanned solidarity, those of us at the advocacy training were able to go to the capitol and register as opposed to SB6 and, for some attendees, witness or deliver testimonies in opposition to the bill and its inhumane treatment of transgender people. The bill was later carried over to the special legislative session but was not passed.

After these initial in-person connections, I sent my project proposal digitally to a Althea Fund board member and key organizer, Maya, who I would come to work closely

with across the next few months. The proposal included descriptions of intersectional feminist and antiracist ideologies, along with recognition of my own whiteness and the potential implications of white researchers working in majority non-white community activism. The proposal also included a brief history of reproductive justice advocacy, noting the differences between what has historically been exclusive pro-choice language and the more inclusive language of the intersectional reproductive justice movement. Once the organizer read my proposal, I was invited to take part in a more participatory and formal relationship with the Althea Fund over the coming summer months. Around the same time I participated in an online fundraising drive that ended with a celebratory social event at a bowling alley. When I showed up to bowl, I was greeted as a familiar name by several organizers.

### **Becoming Immersed at the Althea Fund**

Luckily, in the next month, I received a research fellowship for the summer and was able to offer myself as a “self-funded full time volunteer” at the Althea Fund while I began conducting my interviews and observations. I was trained as a hotline volunteer before the summer began and was able to take volunteer shifts creating the day’s call log, calling hotline clients, or helping with various organizational aspects of the hotline and hotline volunteer coordination regularly throughout the summer months. I became almost constantly available to the Althea Fund and the hotline, trying to act as an “on deck” back up for any volunteers who could not do their shift as planned or to help with any issues that cropped up across the various technologies used by volunteers. I was also simultaneously

carrying out interviews with organizers and volunteers at the Althea Fund who were willing and able to speak with me one-on-one via telephone or video call. I spent anywhere from half an hour to two hours with individuals in interviews, and I ended with over 25 hours of interview data. As the interviews wrapped up later in the summer, I personally transcribed the interviews and coded the data into themes.

As I continued to become more immersed in hotline volunteering and my understanding of the Althea Fund's inner workings deepened, I was invited to listen in and eventually contribute to meetings. As previously mentioned, the Althea Fund operates across central Texas and does not have a central, physical office. Thus, the organization hosts meetings digitally via Google Hangouts. In these meetings, which were attended virtually through personal devices and Internet connections, board members and other key organizers discussed and debated the organization's values, hotline protocols and norms, and how best to create effective media advocacy for abortion rights and reproductive justice in Texas. The initial meetings I took part in were quite small, with only three organizers and I joining in the video calls to discuss what type of information could be argued was necessary to gather from hotline callers in order to provide robust advocacy data. In these smaller, more intimate discussions, I was given the space to participate in decision-making discussions in my partnership with the Althea Fund.

This began my practice of supplying additional "thought partnerships" and/or other needed labor to the organization while also being provided access to networks of volunteers and organizers for interviews. Along with regular hotline volunteer hours, I began to help with hotline data analysis and created data visualization graphs for the Althea Fund's board member meetings. Though I explained I was not an expert in strategic

communication marketing, my availability and capacity to navigate endless pages of Microsoft Excel and Google Spreadsheet data and provide basic graphs and analysis of data trends proved useful in board member discussions and decision-making.

After two months of being involved with the Althea Fund as a formal volunteer and emerging organizer, I was also able to travel to an advocacy event on behalf of the Althea Fund and report back on the experience. This advocacy training was an in-person All Options Pregnancy Workshop, or a day spent learning about the norms, values, and language used for parenting, abortion, and adoption advocacy, which are all included in the reproductive justice movement. This workshop discussed all options available to pregnant people and how reproductive justice activists can work to foster equal respect and understanding of these options without advocating for one option as the best, most honorable, or most reasonable. I reported back to the Althea Fund about this workshop, noting how the information related to the values of the organization as expressed in advocacy language and hotline practices.

### **Navigating Political and Material Shifts with the Althea Fund**

While continuing my volunteer work, the regular Texas legislative session continued at the capitol and the contentious anti-abortion bill SB8 was passed in early June. The passage of another highly punitive anti-abortion bill had potential severe impacts on the Althea Fund, as this bill outlawed a common abortion procedure and made volunteering for the hotline or in the movement a potentially criminal act, as one might help enable another person to access this illegal procedure. Even though the



implementation of this law was later temporarily halted and wrapped up in litigation, the signing of SB8 into law impacted the conversations at the Althea Fund and the tone of my interviews with volunteers and organizers.

Furthermore, in July 2017 Texas Governor Greg Abbott called for a special legislative session to be held in July and August. During this special session, Governor Abbott signed HB214 into law, which would end any public or private insurance coverage of abortion procedures. Rather, people seeking abortions would have to purchase insurance explicitly for that purpose. The signing of this bill led to increasingly tense conversations about advocacy training and fundraising efforts, as restricting already paltry insurance coverage in Texas meant the hotline would be even more inundated with vulnerable people who cannot afford an abortion procedure.

My summer months working with the Althea Fund were not the extent of the project, but they were the formative beginning of our partnership. I became integrated with the organization, their values, and direct service activism, all while the Texas legislature simultaneously passed some of the nation's most punitive anti-abortion laws. I attended a comedy event with all female comics benefitting the Althea Fund at the end of the summer and raised a glass with fellow organizers to the continued efforts in the face of mounting obstacles.

While it felt that event was the close of the intensive summer portion of my partnership with the Althea Fund, only two weeks later Hurricane Harvey devastated Houston and the Texas coast. Many hotline callers to the Althea Fund are from this region, and suddenly the hotline voicemail box was full of callers who had no home, no money, cancelled appointments, and little hope. Extra volunteer hours were needed to distribute

released emergency funds and an influx of donations. With increased need and funding opportunities came increased amounts of client data, and I found myself trying to help sort through almost doubled spreadsheet data entries in an effort to understand the level of need and manage the Althea Fund's changing budget.

With Hurricane Harvey's devastation, I was reminded the fight for reproductive rights and equity is an ongoing struggle with a long history of continually confronting new and unforeseen obstacles. The summer spent watching both the regular and special legislative sessions threaten a wide variety of human rights, including the rights of immigrants and transgender people in Texas, was depressing. Yet, watching the Althea Fund organizers and volunteers continue with weekly hotline calls and video conference meetings was a reminder that marginalized folks, and those who work with them, know that simply *existing* or doing everyday service or advocacy work in various capacities is a radical act.

## **Conclusion**

To conclude, this project is feminist and ethnographic in nature. Additionally, the ethnographic project unfolded primarily in digital spaces, as the Althea Fund now exists mainly in digital rather than physical spaces. The project was completed in collaboration and friendship with organizers, activists, and volunteers at the Althea Fund in Texas. The project includes in-depth interviews, participant observation in digital meetings and in-person events, and my experiences participating as a volunteer and organizer at the Althea Fund. I became more immersed in the inner workings of the organization in order to better

understand my interview and observation data and, most importantly, to try and contribute in constructive ways to the organization. This feminist research project was carried out following intersectional feminist research principles. With this, I aimed to be reflexive in my position as a straight, white, cisgender researcher. Additionally, another goal in the research process was to contribute to specific, localized, and activist-focused discussions at the Althea Fund.

The considerations for intersectionality and digital communication technologies in my methodological narrative were also instructive in analyzing my interview and participant observation data. As will be seen in the following chapters, the triumphs and difficulties in intersectional and digital feminist organizing efforts were present not only in my research experience but also in many aspects of organizer and volunteer experiences at the Althea Fund.

## CHAPTER III

### DIRECT SERVICE TECHNOLOGY ACTIVISM AND NEOLIBERALISM

If neoliberalism dismisses structural inequities, intersectional feminism hopes to do the opposite—it acknowledges, exposes, and fights back against normalized and dismissed inequality. Feminist ethical codes of care and social justice, which are intertwined in intersectional feminist work, fiercely talk back to the neoliberal ideology, which in the U.S. includes a neoconservative, patriarchal, and paternal logic. In an ideal world, to bolster feminist practices of ethical care and justice, there would be flourishing ideological purity in social movements, tireless activist laborers, and unlimited financial resources. In reality, though, issues intersectional feminists care about (like abortion) are often stigmatized in the public sphere, and even within feminist movements. Issues like abortion are seen in the neoliberal ideology as personal moral issues; thus, they receive limited funding and support from a small section of the population.

Yet, with free and accessible communication technologies becoming more readily available on the Internet, some resources have emerged for feminists and other activists. For example, the Althea Fund runs an abortion fund hotline asynchronously across geographical areas, dispersed volunteers, and with relatively no overhead cost due to free online communication technologies provided by tech giants like Google. As will be discussed, this constitutes a networked activism that uses digital technologies to organize in ways much more substantial than simply updating statuses or sharing informational posts (Land, 2009). However, even if a hotline and the entire Althea Fund organization can

operate on a shoe-string budget using digital technologies, there is still limited money to distribute to those calling the hotline seeking assistance.

When deciding how best to distribute funding to callers, it is difficult for Althea Fund organizers and volunteers to make policies and decisions that are just and also practical, feasible, and sustainable. In other words, it is difficult to make policies that care *for* vulnerable individuals in immediate need while also equally caring *about* long-term systemic justice. With a stigmatized cause and highly limited amount of money, the Althea Fund must make decisions about best practices for choosing how to distribute funding to hotline callers.

Additionally, even though neoliberalism is an imprecise and complex societal ideology, its many iterations are deeply embedded in individual decision-making and responsibility. For example, ongoing discussions about prioritization at the Althea Fund illustrate the complexity of neoliberalism. If, as one organizer proposed, volunteers simply called people back in the order they originally called the hotline, it could communicate the idea that all individuals are equally deserving of this basic right. This belief in abortion as an inalienable human right aligns with reproductive justice (RJ) movement principles of respecting personal autonomy. However, some organizers have argued that starting from the top and “going down the list” ignores varying degrees of systemic injustice faced by each unique caller due to their identity or personal context. To some, then, going down the call list without regard for systemic difference would be a highly neoliberal approach.

In this chapter, I argue it is difficult to uphold the ethical feminist values of caring *for* vulnerable individuals and *about* systemic justice equally on a wealth redistribution hotline that exists in the neoliberal context. I show that it is challenging to have many

individual hotline volunteers agree on and carry out consistent anti-neoliberal values, especially when the hotline has very limited funding in the face of great need.

Inconsistency on the Althea hotline is further complicated by the fact that the volunteers are dispersed across geography and use personal devices like smartphones to engage with hotline callers.

As will be discussed below, the Althea Fund has established prioritization policies that attempt to prioritize callers facing institutional barriers in the state of Texas. Even so, when having to make decisions about how to distribute very limited funding, it is difficult for volunteers to avoid reverting to neoliberal framing and individual interpretation of callers' vulnerability. Individual interpretation happens constantly at the Althea Fund in part because volunteers operate the hotline remotely from their homes, offices, and other private spaces. While there is Althea support available for volunteers during hotline shifts, via texting mentors or emailing the volunteer group, volunteers do not go to a central space with designated phones and other Althea personnel present. Thus, when making hotline decisions, volunteers find themselves alone, quickly trying to weigh who is "more deserving" of funding, even when vehemently trying to avoid that framing.

For the remainder of this chapter, I first return to discussion of the neoliberal ideology and how it permeates beliefs surrounding societal institutions like healthcare and reproductive rights. Then, I discuss how feminist ethics of care and justice talk back to these neoliberal healthcare practices, as feminist ethics includes caring *for* individuals and *about* systemic justice. Neoliberalism focuses on individual choice and responsibility, while intersectional feminist ethics situate these choices within a broad framework of contextual and systemic inequity. I discuss how intersectional practices at the Althea Fund

in particular and in the reproductive justice movement at large are grounded in these feminist justice values, even though the ethics of caring *for* individuals and *about* justice are sometimes difficult to carry out all at once. I then turn to observation and interview data to explore ways in which organizers and volunteers at the Althea Fund create, navigate, and understand the fund’s intersectional feminist policies for prioritizing callers while doing hotline labor using their own personal devices. Organizers and volunteers talked to me about both their criticism and appreciation of prioritization policies and structures, their best practices for distributing Althea’s small grants on the hotline, their emphasis on caller vulnerability (both individually and systemically based), and their various levels of comfortability with admitting how their personal biases might factor into their hotline work and decisions.

The Althea Fund’s policies for prioritizing callers are rooted in intersectional justice and immediate care, but it is difficult—if not impossible—to remain ideologically rigid when working with a finite amount of resources, time, and labor across many individuals and their personal devices. Thus, as I will allude to at the end of this chapter, hotline volunteers working on behalf of the Althea Fund and RJ movement take on a highly individual technological and intimate labor on the hotline, which I discuss in Chapter IV as *immaterial intimacy*.

### **Neoliberalism, Healthcare, and Feminist Ethics**

Neoliberalism, in its idealized form, is considered to be a “value blind” ideology that allows any individual of merit to achieve success in the current (supposedly)

democratic and equitable United States (Davies, 2005, p. 3). Injustice in a neoliberal society is “reproduced systematically in our most powerful economic, political, and socio-cultural institutions even though most of them have facially neutral rules and most actors obey those rules” (Smith, 2008, p. 138).

The U.S. neoliberal ideology is not unique, as similar ideologies are found in the United Kingdom, Canada, and beyond (McGregor, 2001). This Western, globalized ideology is rooted in beliefs of achieved equalities, commercialized diversity, and individual merit (Brown, 2006; Gray, 2015). Sue McGregor (2001) describes what she calls the three core tenets of neoliberalism as individualism, deregulation, and decentralization in society and societal institutions. Similarly, Lisa Duggan (2003) suggests privatization and personal responsibility as “key terms” in neoliberal political theory (p. 12). David Harvey (2007) also notes that, in its rationale of “trickle down” opportunity, neoliberalism suggests deregulation, privatization, and free markets are actually the best means for the elimination of poverty and inequality (p. 65).

Also, in a neoliberal reality, Herman Gray (2013) notes dominant society focuses on a surface-level celebration of diversity rather than an acknowledgment that differences in race, gender, and other positionalities are the “basis of social inequality and economic subordination” (p. 773). Duggan (2003) states neoliberalism was “constructed in and through cultural and identity politics,” co-opting the mission of antiracist and feminist progressive action and suggesting their goals have been achieved (p. 3). Thus, neoliberalism is an ideology of “post” realities that suggests the United States is an equitable postracial and postfeminist society in terms of individual opportunity. In this “post” society, Gray (2015) says “consumer friendly discourses of multiculturalism and



diversity replace historic concerns about the lack of cultural parity,” as parity in opportunity is already considered achieved (p. 1108). Further, because everyone is supposed to have equitable opportunity for success, systemic “inequality ... legitimate stratification and subordination—takes shape as a political norm rather than a political challenge” (Brown, 2006, p. 708).

In the neoliberal ideology, then, race is no longer a determining factor in achieving personal success. Bonilla-Silva (2014) explains how neoliberal U.S. society claims to be postracial or “colorblind.” In a supposedly colorblind society, white people claim they and their institutions “do not see color,” despite living in and perpetuating a racially inequitable society. Through consuming nonwhite culture and believing in the historic nature of racism, Banet-Weiser (1999) argues whites “feel more tolerant than ever, even as they continue to live in an increasingly segregated nation” (p. 20). Neoliberalism allows some and forces others to “reconsider what it means to be ‘raced’ in the twenty-first century when ‘multiculturalism’ is a normative, rather than oppositional, trope” (Banet-Weiser & Gray, 2009, p. 13). With an increased emphasis on individual merits and identity, neoliberalism is a “colorblind” ideology that “signals a shift from antiracist struggle to antiracial ones” (Gray, 2013, p. 772).

Postfeminism, another important aspect of the neoliberal ideology, constitutes a belief that the feminist movement has achieved its goals for gender equity (McRobbie, 2009; Negra, 2009). In a postfeminist, neoliberal society, all gender identities have been granted equality. So individuals who are not cisgender white men must learn how to navigate a world not designed for them but supposedly willing to accommodate them if they are exceptional and meritorious individuals. The proliferation of the neoliberal

ideology requires feminist researchers to continue to “identify the politics of gender now that feminism has ostensibly accomplished all its many goals” (Banet-Weiser & Gray, 2009, p. 13). Banet-Weiser and Portwood-Stacer (2006) state postfeminism is the “dominant form of mainstream feminism” in the United States currently, with increasing emphasis being placed on girl and female empowerment via self-creation, consumerism, and self-control (p. 257).

Hegemonic systems and individuals in the neoliberal context use “difference as a technology of power to produce masculinity, whiteness, and heterosexuality as normative” (Banet-Weiser & Gray, 2009, p. 18). The historical foundation of contemporary neoliberal thought is not the “unfolding of laissez-faire economic laws,” but rather a brutal history of the “enhancement of corporate power, the renewal of patriarchal authority, and the xenophobic and racist oppression of ethnic and racial minorities” (Smith, 2008, p. 134). However, despite the documented continuation of inequality and violence in the United States, neoliberalism is suggested as a “politically neutral system beneficial for all” (Lipman & Hursh, 2007, p. 160). In its supposed neutrality, the neoliberal ideology dismisses and renders invisible systemic gendered and racial inequities, such as the differential treatment of individuals at schools, prisons, or healthcare providers.

While neoliberalism is an ideology that is—at its core—neutral, market-based, and amoral, in the United States the neoliberal ideology is used in tandem with the fiercely political and morally-concerned neoconservative ideology. Neoconservatism consists of “moral” governance practices that rest on neoliberal constructions of achieved equitable opportunity and citizens as apolitical, market-driven individuals. While neoliberalism is a “secular faith” (Duggan, 2003, p. XIII), neoconservatism relies on pseudo-foundations of

religious morality that establish societal norms for continued oppression and inequity. Wendy Brown (2006) describes neoconservatism as an “unevenly and opportunistically religious” ideology that has laid the groundwork for authoritarianism working alongside neoliberalism’s intense focus on individual success, merit, and morality (p. 696). Once the public accepts the neoliberal rationale, there will be “winners and losers based on entrepreneurial skill” (Brown, 2006, p. 701). It then follows in the neoconservative framework that citizens, should they become winners, can and should protect their “own,” as anyone trying to take something from them did not earn it through their own merit and morality (Brown, 2006, p. 701). With the belief in the neoliberal, moral self as righteous and deserving, the existence of permanent, poor, criminal, or non-citizen classes is seen as the natural and “inevitable cost” of rewarding the virtuous (Brown, 2006, p. 695). As Duggan (2003) writes, financially and socially rewarding only the “virtuous” class enables the neoliberal tradition of “attacks on downwardly redistributive social movements,” like the Civil Rights, feminist, or reproductive justice movements (p. XII).

Importantly, it is the unrelenting focus on individual choices and rewards in neoliberalism that enables neoconservative authoritarian policy to be accepted by the wealthy and socially powerful who will still have many choices available to them. Through an unwavering belief in the free market, neoliberalism “renders as anti-American any resentment of the rich, reasoning that also neutralizes anger over a deteriorating standard of existence for a working class” (Brown, 2006, p. 701). Through its dismissal of systemic inequity joined with the neoconservative notion of individual morality, neoliberalism suggests “individual responsibility and social discipline” render and individual’s personal context as unrelated or unimportant to their achievements, failures, and decisions (Lipman

& Hursh, 2007, p. 172). Ideas emphasized in neoliberalism are choice, accountability, and merit, all at the individual level (Lipman & Hursh, 2007, p. 162). Gray (2013) describes the U.S. neoliberal reality as one in which “free market reigns and self-governance provides for collective and individual needs of the population” (p. 771). In the neoliberal ideology, a person must believe the successes and failures of themselves and others are based on moral and meritorious individual achievement, rather than any sustained injustice or corruption.

Lipman and Hursh (2007) note the neoliberal individual becomes an “autonomous entrepreneur responsible for his or her own self, progress, or position” (p. 163). In particular, the nonwhite neoliberal subject must become, as Gray (2013) argues, a “self-crafting entrepreneurial subject whose racial difference is the source of brand value, celebrated and marketed as diversity” (p. 772). Regardless of historic racial and other inequities, in the new neoliberal society “there are presumed to be no asymmetries of power or of information that interfere with the capacity of individuals to make rational economic decisions in their own interests” (Harvey, 2007, p. 68). If all individuals are assumed to have equitable access to information and opportunity, then a meritocracy can be presumed established.

While the heightened emphasis on personal decisions and achievement in neoliberalism is not an inherently bad ideal, problems arise when meritocracy is celebrated without actual equal opportunity being established. Neoliberalism works differently in practice from its “theoretical assumptions,” which include notions of neutrality (Lipman & Hursh, 2007, p. 161). While in theory neoliberalism asserts there will be benefits for all, in practice the ideology means a dismissal of inequality, a reduction in policies to reduce any

measured inequality, and even an increase in policy making that exacerbates inequality. Policies in support of civil rights, egalitarianism, and fair elections are thrown out, as “neoliberalism doesn’t require them, and the neoconservative priority of moral values and state power trumps them” (Brown, 2006, p. 701). As Brown (2006) elaborates, “the exercise of executive power rests on a pacified and neutered citizenry in which a combination of religious and neoliberal discourses have supplanted liberal democratic ones” (p. 709). Therefore, the neoliberal ideology in current U.S. culture does not operate as a neutral democratizing system, but rather is a reinstatement of “naked class power” fueled and perpetuated by ignoring or justifying prejudiced and systematic inequality via merit and morality arguments (Lipman & Hursh, 2007, p. 161).

### **Neoliberalism and Healthcare**

Through its dismissal of institutional inequities, neoliberalism “provides justification for the current trend towards privatizing, weakening and reforming health care systems” (McGregor, 2001, p. 82). As Brown (2006) states, “neoliberalism casts the political and social spheres both as appropriately dominated by market concerns and as themselves organized by market rationality” (p. 694). Shifting all global cultures into apolitical “market cultures” and adjusting their political and societal norms accordingly is part of the neoliberal project (Duggan, 2003). Under the neoliberal ideology, then, healthcare, as a political and social system, comes to be understood by politicians and citizens alike in market terms and individual risk management. Examples can be seen in technologies worn by individuals to track their own health and exercise, online campaigns

to raise money for sudden medical costs, and rise in what Brown (2006) calls “boutique” medicine in the form of private stand-alone emergency rooms operating as businesses.

The “free-market, for-profit” system of healthcare created by neoliberal policy is justifiable due to the focus on meritorious and “moral” individual responsibility (McGregor, 2001). The meritorious, moral neoliberal would take care of themselves and their health, only needing sporadic access to select healthcare services which are now, thanks to the market, low-cost. Even in healthcare, where many medical complications are impossible to know until they arise suddenly and dramatically, neoliberalism converts these care issues to “individual problems with market solutions” (Brown, 2006, p. 704).

Despite neoliberalism’s claim to empower individuals in their healthcare and other personal “choices,” people who do not have excess financial or social capital recognize their healthcare coverage and treatment are being jeopardized. In their qualitative study of “members of the subaltern” in India, Varman and Vikas (2007) discovered individual healthcare consumers felt “helpless — or more appropriately, powerless” and increasingly marginalized due to neoliberal, market-centric policies that continued to strip them of their right to access basic care (p. 166). People who are in vulnerable societal positions know a focus on the individual and subsequent rejection of institutional support will not benefit their struggle for equity and dignity. Though the neoliberal ideology touts empowerment, it “produces citizens as individual entrepreneurs and consumers whose moral autonomy is measured by their capacity for ‘self-care’—their ability to provide for their own needs” (Brown, 2006, p. 694).

## *Neoliberalism and reproductive healthcare*

Women are citizens who have long had their human rights are jeopardized by market forces, neoliberal individualism, and patriarchal neoconservative norms. Though women in societies like the U.S. have achieved “formal” gestures of equality, such as the right to vote, inequality continues through “occupational segregation,” the gendered work-pay gap, and the “double burden of unpaid care work and wage earning” (Smith, 2008, p. 131). In shouldering the burden of gendered reproductive discourse, women who need access to abortion services are “irresponsible” and publicly visible, while any male partners can simply choose to be “absent” and separated from the neoliberal aspects of reproductive care (Kennedy, 2001, p. 164).

As reproductive healthcare continues to shift toward individually-managed technological decisions, there always exists a gendered double-bind. If women become unexpectedly pregnant and seek an abortion, they are shamed for not using birth control; but if women seek access to birth control, they can be shamed for being sexually active or not wanting children. This double-bind is even more oppressive for women of color, as discourse surrounding their healthcare is riddled with racist and classist beliefs about the types of bodies who are allowed or expected to use certain medical and reproductive technologies (Fixmer-Oraiz, 2010).

Briggs (2012) notes that abortion in particular has long been tied to “narratives of fault, punishment, and personal responsibility,” and that all of these narratives are tied almost solely to the body carrying the fertilized egg (p. 23). The responsibility for not having an unwanted pregnancy is so staunchly confined to women and their bodies that

even people who are raped are asked what “dangerous situation” they voluntarily put themselves in that *allowed* for the rape and pregnancy to occur (Evans, 2015, p. 46).

In popular white feminist reproductive healthcare activism, discourses about women’s “sovereignty over their own bodies” and the use of the “choice” frame for abortion access is still largely tied to neoliberal values of individualism (Kennedy, 2001, p. 162). Kennedy (2001) reminds us, like the intersectional activists of *SisterSong* have said, the “rhetoric of choice confers a concept of freedom and individual agency” (p. 165). The “choice” frame in abortion discourse attends to neoliberalism’s “twin narratives of self-reliance and responsible decision-making” (Evans, 2015, p. 42). In the “choice” frame, women choosing abortion can be understood as self-reliant and making a responsible decision for themselves. The continued use of “choice” and other “tropes such as ‘patient as client’” allows neoliberal individualism to permeate RJ activism (Gleeson, 2014, p. 69). By focusing on “choice,” “the project of navigating the social becomes entirely one of discerning, affording, and procuring a personal solution to every socially produced problem” (Brown, 2006, p. 704).

However, despite previous privileged iterations of the “choice” frame, it is still important in the RJ movement to value an individual’s right to autonomy in abortion and reproductive care. Attending to the “choice” framework, Jaggar (1994) offers a feminist argument with two basic principles for why people should be the sole decider of their reproductive future. The principles are that every person has a right to their own life, and life-changing decisions should only be made by those whose lives are or will be impacted (Jaggar, 1994, p. 282). It is important to recognize that pro-choice principles like the ones posited by Jaggar (1994) adamantly respect the humanity of individuals seeking abortions.



In its current iteration, though, some argue the “pro-choice” frame is a privileged and narrow understanding of reproductive inequity and is separate from the larger, intersectional, and inclusive RJ movement (Evans, 2015).

Despite neoliberal policy’s emphasis on individual responsibility, governments operating under neoliberal ideals also “simultaneously increase the amount of monitoring of citizens’ actions” when it comes to nondominant groups and stigmatized issues like abortion (Fisher, 2007, p. 63). As Brown (2006) argues, the neoconservative framework opposes “state redistribution of wealth” to those who might be unmeritorious or immoral, while also selectively favoring “government intrusion, censorship, and regulation for the under-races and underclasses, for critical intellectuals, and for security and morality issues” (p. 700). As previously stated, the morality of neoconservatism includes a patriarchal view of gender norms and equity (Brown, 2006). Therefore, the shift to neoliberal individualism does not include inherent trust and respect for women and their rights within neoconservative norms. It is common to see neoliberal governments “picking and choosing the sites of intervention” in terms of morality when it is politically beneficial for them to do so (Smith, 2008, p. 133). The combination of neoconservative opportunistic, cherry-picked morality paired with neoliberal policymaking is important when understanding punitive and patriarchal reproductive healthcare and abortion laws in the state of Texas and the United States.

## **Intersectional Feminist Ethics of Care and Justice**

Intersectionality requires an understanding of the contextual factors and inequitable societal structures that situate people's lives, experiences, and choices. If the fight for abortion access adheres to a strict, choice-based neoliberal framework, there is little room for intersectional feminist organizing that focuses on remedying systemic inequities. Therefore, RJ activists do not subscribe to the neoliberal focus on individual merits and failures regardless of the situational context. In order to achieve inclusive reproductive justice, RJ activists fight to care *for* individuals and *about* systemic justice simultaneously.

In the face of the neoliberal ideology, Mohanty (2003) says we must utilize “an antiracist feminist framework, anchored in decolonization and committed to an anticapitalist critique” (p. 3). Feminist researchers, citizens, and activists must develop a “pragmatic approach to justice” and articulate the intersectional “political vision that is implicit in everyday resistance” (Smith, 2008, p. 134). Without acknowledging the “blind spots” in the neoliberal myth of equity, we cannot hope to persuade society—or ourselves—to care about the “cure” to this inequity (Baier, 1995, p. 49).

Therefore, instead of the “choice” frame, the Althea Fund, like other intersectional feminist organizations, names itself as part of the movement for comprehensive reproductive justice (RJ). The RJ movement recognizes the many intersecting forms of oppression facing people trying to navigate wide-ranging aspects of their own reproductive reality, which could include parenting, childcare, adoption and adoptee rights, maternity and paternity leave, and adequate sexual health education.

In the RJ movement's encompassing intersectional approach, ethics of care and justice are intertwined. As per RJ beliefs, sustainable care for individuals cannot be attained without addressing social injustice (Baier, 1995, p. 48). This mindset suggests feminist organizations, like the Althea Fund, must talk back to the neoliberal ideology through caring *for* callers on the hotline and *about* systemic inequity in reproductive healthcare. Hotline callers may be strangers to Althea Fund volunteers, but they are recognized as fellow humans who are oppressed in intersecting manners and deserving of respect and justice (Tronto, 1995, p. 111).

Tronto (1995) argues the caring *about* versus caring *for* dichotomy has traditionally played out in gendered and patriarchal ways: men care *about* things out in the world, and women care *for* people in the private sphere (p. 112). However, in intersectional feminist work, caring *for* individuals who are discarded by neoliberal society becomes what the movement cares *about* in the public sphere. Rather than only caring for those we know intimately in our daily lives, folks working in the RJ movement also recognize the justice inherent in caring intimately *about* and *for* people who are facing systemic barriers to equitable healthcare<sup>8</sup>.

The moral theory of feminist ethics of care and justice, then, is one grounded in individual lived experiences of marginalization but also recognizes the systemic issues perpetuating these experiences (Held, 1995, p. 154). Rather than relying on patriarchal understandings of morality and ethics in the hypothetical, such as Thomas Nagel's ideas of ethics as the "view from nowhere," feminist ethical codes instead are grounded in concrete,

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<sup>8</sup> The inner workings of this care labor at the Althea Fund are discussed in detail in Chapter IV.

contextualized examples of how societal norms are affecting individuals negatively (Held, 1995, p. 159). Though intersectional feminists largely seek to dismantle inequitable societal structures, the current effects of neoliberal structures (such as misogyny and racism) on individuals cannot be ignored. The best means for helping people maneuver through these structures are critical aspects of carrying out an intersectional feminist ethic (Held, 1995; Sherwin, 1992).

Considering intersectional feminist ethics in the realm of healthcare, paternalism in the medical field has created a context in which individuals seeking care or indirect support have long been expected to “respond with gratitude for attention offered” (Sherwin, 1992, p. 92). This expectation is extended to the neoliberal individual. In the norms of neoliberal thought, people are expected to efficiently care for themselves. If a person has to ask for help, they are expected to do so only with utmost humility by offering an explanation as to why they personally failed at self-care, rather than trying to “blame” systemic injustice. In particular, Harris’s (2004) “at-risk/can-do” dichotomy of women and girls and Dubriwny’s (2012) “vulnerable empowered” neoliberal woman are both descriptions of how gender in particular impacts the paternal treatment of people seeking healthcare. This paternalistic, neoliberal treatment of people is especially prominent in regards to healthcare procedures that are understood as easily avoidable, like abortions. If an individual simply follows standard ethical code and acts as a “good,” self-sufficient person, they will not need this procedure.

A good neoliberal woman, then, would not have to pay for or receive an abortion. She is presumed to have full control over her sexuality and reproduction. As MacKinnon (1994) writes, the “pro-choice versus pro-life” debate has long assumed that women

“significantly control sex” and reproduction, ignoring the patriarchal and violent norms of society (p. 275). Sherwin (1994) reminds us that, in reality, women living in poverty, rural areas, or in violent situations have “no meaningful right to abortion” (p. 320). Anti-abortion rhetoric also suggests that more readily available abortion will lead to increased levels of abortion and illicit behavior, which again situates the woman as an empowered individual rather than a person living within a patriarchal system (MacKinnon, 1994, p. 277). Instead, Smith (1994) reminds us that abortions historically have happened at similar rates across time, but only after abortion was legalized did the chance decrease that poor, young, nonwhite, and other vulnerable women and girls would *die* from abortion procedures.

In its rejection of the neoliberal ideology, the RJ movement situates healthcare decisions, like the one to have an abortion, both within the larger context of systemic inequity and the unique lived experience of the individual. By already understanding the expansive nature of systemic oppression, feminist activists in the RJ movement can listen to individuals’ experiences without asking the person to justify or prove the existence of societal oppression. Black feminist Beverly Smith (1994) stated, due to sexist and racist role conditioning, “it’s very hard for women to say that when the deal goes down, we choose ourselves” (p. 291). Smith (1994) articulated what is known to women, and especially black women, living in a neoliberal, patriarchal society: choosing not to have a baby is viewed as selfish. Thus, it is important in intersectional feminist care to validate that someone seeking an abortion is experiencing an undue and inequitable burden. A person seeking an abortion is simply a person – deserving of human rights, dignity, and a life of their own.

Toward this end, it is common practice at the Althea Fund, and in abortion funding in general, to cultivate ways to ask individuals about their experiences without suggesting a justification is needed to show they are a good or deserving person. Without asking why the person cannot pay for their abortion, or needs or wants to have an abortion in the first place, activists in the RJ movement offer unequivocal support to the individual. The offering of support without a need to examine the individual's reasoning is intended to dismantle the neoliberal obsession with individualism and render tangible the racist, sexist, ableist, heterosexist, and other discourses impacting that individual's ability to lead a dignified, full human life.

### **Althea Fund Direct Service Activism: Hotline Norms and Neoliberalism**

In order to run the geographically and technologically dispersed hotline as justly and yet efficiently as possible, Althea Fund organizers have created and regularly updated intersectional feminist caller prioritization and funding norms. These policies attempt to balance caring *for* individuals in immediate need and caring *about* systemic justice in the long-term. Though the norms are created by Althea leadership, implemented by a part-time hotline coordinator staff member, and shared with volunteers, there are still many moments that present hotline organizers and volunteers with relative autonomy in decision-making. Due to the hotline being spread across spaces and personal devices, volunteer autonomy is expanded. Ideally, though, volunteers will be able to consistently carry out the anti-

neoliberal<sup>9</sup> mission of the Althea Fund from a distance, even while attempting to navigate the painful realities of callers and their own biases.

In this section, I first explore Althea’s prioritization norms, explaining how they attend to systemic injustice specifically as created by Texas reproductive healthcare policy. Next, I discuss organizers’ prioritization opinions and practices, focusing primarily on two organizers who embody some of the central concerns in Althea hotline discussions. Finally, I discuss volunteers’ prioritization opinions and hotline experiences, noting how individual interpretation interacts with Althea policies in this highly individualized technological labor.

### **Althea Fund Hotline Procedures Revisited**

As previously mentioned, in doing their direct service work, the Althea Fund uses a “cool line” model. During specified hours listed on the Althea Fund’s website, people can call the hotline number seeking funding assistance for their abortion procedure in Texas and leave a voicemail in either English or Spanish. If the voicemail is left on the Spanish line, a volunteer will listen to the voicemail and returns calls with offers for funding assistance. If the voicemail is left on the English line, which has a higher call volume, there is a two-person process for returning calls.

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<sup>9</sup> I want to clarify the Althea Fund does not use explicitly “anti-neoliberal” language in their descriptions of their mission and practices. Like most abortion funds, the Althea Fund uses the language of feminism, antiracism, and intersectionality. I would argue being feminist, antiracist, and intersectional is anti-neoliberal, but I want to acknowledge the explicit wording of neoliberalism was not used in my experiences with the Althea Fund.

For voicemails left on the English line, Amy, the hotline coordinator and part-time employee of the Althea Fund, first accesses the online voicemail inbox and listens carefully to all messages. In the rare case of Amy's absence, a designated volunteer takes on this job. As they listen, the coordinator or volunteer types a written call log of messages received that day into a spreadsheet, prioritizing callers based on the Althea Fund's agreed upon prioritization norms. These include items such as the stage of the pregnancy in number of weeks, caller disclosures of violence or rape, caller age, pressing medical concerns for callers, and sometimes the travel distance to the nearest clinic. Then, Amy emails the hotline volunteer(s) for the day. The volunteer accesses the call log online from their personal computer or device. The hotline volunteer then reads the call log and uses their personal number or a Google Voice account to make calls on behalf of the Althea Fund. The volunteers contact priority callers first. If there is funding left after all priority callers are made, the volunteer contacts other callers offering until they distribute the allotted budget amount for the day. Volunteers are instructed to give small funding assistance grants. For example, in 2016 the average grant on the hotline was about \$190. The hotline volunteer, along with calling individuals and distributing funding, is also tasked with using an online system to fax vouchers of payment to reproductive healthcare clinics in and surrounding the state of Texas to verify the small grant promised to the caller to pay for part of their procedure.

Hotlines for information, support, comfort, and funding assistance have been a staple in feminist and other social justice care activism across generations and global



movements<sup>10</sup> (Rosenbaum & Calhoun, 1977; Sun-Hee Park, 1998; Drovetta, 2015).

However, it is important to note in creating prioritization norms that volunteers on the Althea Fund hotline do not go to a physical space where they can receive real-time advice and assistance in-person. Instead, the Althea Fund, and other abortion fund hotlines operating across the United States, rely solely on personal devices, internet connections, and available volunteer time.

These hotlines try to find volunteers already trained or willing to be trained in intersectional reproductive justice values. Volunteers for the Althea Fund hotline typically attend a day-long, in-person training to learn hotline values, policies, and practices. After this training, volunteers have a “hotline buddy,” or experienced organizer or volunteer who is available for reflexive discussions or real-time help during their first shift. With this instruction and mentoring, volunteers begin with structure and support in decision-making. However, over time, volunteers become mostly autonomous on the hotline. Therefore, the Althea Fund has created a series of prioritization norms for hotline organizers and volunteers to follow.

### **Prioritization Norms: Immediate Care over Long-Term Justice?**

Establishing prioritization norms for funding hotline callers is a difficult task in the face of such great need. In one hotline shift, dozens of voicemails might be left, with each caller seeking hundreds of dollars in funding assistance. The Althea Fund’s mission is

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<sup>10</sup> With technological advances, the changes on these hotlines over time will be discussed in Chapter IV.

founded in RJ movement principles such as antiracism, intersectionality, and care for all people seeking reproductive healthcare. Yet, when making material decisions about allocating funds, Althea Fund organizers and volunteers must engage in decision-making that might make sense materially but not seem ideologically rigorous in terms of RJ principles. In my experience, the Althea Fund seems to typically prioritize callers with immediate, pressing issues and who sound most vulnerable, which suggests an ethic of primarily caring *for* individuals. Yet, the Althea Fund also follows an ethic of caring *about* social justice, which means callers are often prioritized based on systemic inequity specific to the state of Texas. Caring primarily *about* systemic injustice would mean organizations like the Althea Fund would prioritize callers based on antiracist, anti-capitalist, and other long-term ideological stances. The balance between care *for* individuals and care *about* justice can be difficult to strike.

Overall, the values of the Althea Fund are rooted in intersectional feminist ethics of both care *for* individuals and care *about* social justice. Yet, the prioritizing of callers is not always as strictly tied to these values. The prioritization norms at the Althea Fund are based on imminent and systemic limitations to abortion access due to Texas state policies. For example, the intersecting oppressions of class and age are heavily weighted in prioritizing callers, as any caller who identifies as a minor is prioritized because they do not have full bodily autonomy in the eyes of the state. Additionally, the intersecting impacts of gender and violence are considered, as any caller who identifies as a victim of domestic abuse, sexual assault, or rape is prioritized. However, the race, sexuality, or sex identity of the caller is not explicitly written into prioritization policies.

In their practice of intersectional feminist care and justice, the Althea Fund strives to center an individual's dwindling accessibility to abortion care as their primary means through which they engage intersectional need. For example, when Hurricane Harvey ravaged the Texas coast and shut down various abortion clinics across the state for days or weeks, the outgoing message at the Althea Fund explicitly asked callers if they were affected by Hurricane Harvey in terms of their cancelled or delayed appointments due to closed clinics, flooded roads, or ruined vehicles. The Althea Fund recognized people of lower socioeconomic status would be less likely to recover quickly, or ever, from Harvey's devastation. For these callers, paying for an abortion procedure during this time might truly be impossible while living in hotel on FEMA-funded assistance.

Even beyond natural disasters, the caller's current or future limitations to clinic and procedure access are always heavily weighted in terms of prioritization. Again, this is due to the fund's focus on systemic inequity as create through Texas state policy. The more advanced a caller's pregnancy is in terms of weeks, the more expensive and difficult it will be for her to obtain her abortion procedure. These rising costs are associated, amongst other reasons, with whether the person can have a pill-based versus more intrusive surgical abortion procedure. Furthermore, only some clinics and doctors in the state of Texas offer surgical procedures, which often forces callers to travel farther, pay for travel and lodging, and change their appointment to one of the few available dates. Moreover, as per current Texas law, abortion is outlawed in the state after twenty weeks regardless of medical concerns or other reasons. So any hotline caller close to the twenty-week mark is on her "last hope" before she must seek treatment outside of the state. This costs incurred from

medical bills, transportation, lodging, childcare, and time away from work can be devastating, meaning most callers will not be able to obtain their abortion at this point.

Concerns for pressing medical and physical safety are also considered. Callers facing severe medical trauma or fetal anomalies that could painfully end their wanted pregnancies are typically prioritized. As for physical safety, callers who indicate they are homeless or in abusive situations without a safe place to turn to are also prioritized. Additionally, in terms of time and costs for travel, the physical location of the caller in relation to the nearest clinic is sometimes considered in prioritization. Over half of clinics providing abortions in the state of Texas closed due to HB2 in 2013, which means some callers are driving hours to receive healthcare.

Not only do the prioritization policies attempt to render the Althea Fund's intersectional ethics visible, but these policies also help to lessen the burden on volunteers who, without prioritization norms, would have to choose callers out of a long list. This would be further complicated by the fact that volunteers take the hotline with them via smartphones, laptops, tablets, and other personal devices. Though general policies can be written to aid the hotline coordinator and volunteers in their work, the specifics of each individual caller, the varying level of need each shift, and other situational aspects on the hotline cannot all be anticipated and included in policies.

### **Althea Organizers on Prioritization: Values, Performance, and Autonomy**

If the Althea Fund had higher or unlimited amounts of funding, the prioritization of callers might not be as tensely debated and considered as it is currently. Rather, all callers

could be funded and the Althea Fund could easily honor the RJ movement belief that no person is inherently more or less deserving of being able to access a safe and dignified abortion procedure—or any other reproductive healthcare. However, the Althea Fund is not funded by federal or state funding and must rely on grants from private foundations and donations from private donors and individuals. Despite consistent fundraising and donor engagement efforts<sup>11</sup>, the Althea Fund only funds on average 18 – 30% of its callers. Additionally, funding a caller means offering them a small grant toward their looming procedure costs, but not full coverage of their care. The high levels of need on the hotline are compounded when connected to a profoundly stigmatized issue for which can be difficult to fundraise. Thus, with limited funding for seemingly endless need, norms for prioritizing and funding callers at the Althea Fund are carefully considered and, at times, intensely debated by organizers. The balance between caring *for* individuals who mention they are in desperate need and caring *about* systemic inequity is difficult to strike.

### *The value and burden of prioritization norms*

Amy has been the hotline coordinator for the Althea Fund for the past four years. She is paid as part-time staff and has grown the hotline capacity, standardized hotline protocols, and maneuvered technology changes throughout her time working for the Althea Fund. I asked Amy about prioritizing callers, as she has immense experience in this regard. Except for the rare days when she is not available, Amy completes and sends the call log—

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<sup>11</sup> These efforts are addressed in the discussion of communication outreach efforts in Chapter V.

with priority callers marked—to the hotline volunteer for the day. I asked Amy how listening to voicemails and prioritizing callers so often affected her, if at all. She first noted the importance of the Althea Fund deciding their values and policies for prioritization as a group:

We're still in a year-long discussion about [our] priorities, but yeah it does help to know [the Althea Fund] supports me and I'm not completely on my own in making these decisions. I can say "hey I'm noticing this," and we'll shift our priorities.... It helps to have these conversations. We want what we do to align with our mission and our values.

In being able to refer to the value of caring *about* systemic inequity at the Althea Fund and in RJ movement in general, Amy felt some of the burden of prioritizing callers was shared amongst Althea and other RJ organizers who establish the norms of the movement. Also, by sharing specific examples of how her feedback and noticeable data trends were considered in shifting policies over time, Amy was able to articulate that she felt confident the Althea Fund would continue to address shifting political and social barriers to access for hotline callers.

However, even when leaning on written policies and movement values, it can still be emotionally draining to mark only a handful of callers as priority after listening to dozens of voicemails. Amy described her methods for dealing with this emotional drain:

I do gatekeeping. If there are ten people who I'm like, "fuck they all desperately need it," I try to pull some extra funding from our budget for that day... but I don't do it very often.... I try to not send [volunteers] more than eight priority callers, but if there are like eight or ten I'll let the volunteer know "hey, you

aren't going to be able to fund all these priority callers today, so try to make peace with that." Sometimes it just comes down to who picks up the phone. If you can't get a hold of someone, someone else is waiting. You can't leave money on the table. There are so many people who call us, don't tell me you "can't give this money out." You can just go down the list and give that money out. Someone who called us today needs this money, and you have to find them.

While acknowledging the inner struggle for ethical justice is one shouldered by both the person who prepares the call log and the volunteer who makes return phone calls, Amy still told me repeatedly that giving out the entire daily budget should not be an issue for hotline volunteers. At the Althea Fund, all callers are in need of being cared *for* and are deserving of abortion healthcare. She reiterated the Althea Fund's intersectional feminist stance, which dismisses how the neoliberal ideology suggests individuals need to prove their worthiness or deservedness of help. Instead, Amy expressed how she felt the system for prioritizing callers on the Althea Fund hotline embraced trying to help people navigate their everyday interactions with systemic oppression:

We want to increase people's access to abortion. So I feel like our priorities try to focus on people with even less access. Everyone who calls our hotline has limited access because we're in Texas, and it sucks. But I feel like minors have a harder time... people who are further along, eighteen to twenty weeks and over. There's travel. People are homeless. People who have been raped or in abusive relationships. These priority things aren't about who has the worst sob story. These priorities are about where we live, and how our state operates, and whose access is even more limited.

*Prioritization: Important but imperfect*

Opinions on these prioritization norms and best practices at the Althea Fund were wide-ranging amongst board members. The discussion of how best to care *for* vulnerable callers and *about* social justice was heated at times. This can be seen in conversations with two Althea organizers and board members, Abby and Tiffani, who hold disparate views on caller prioritization.

When I asked Abby, a board member who recently served on the Althea Fund board for one and a half years and now continues to volunteer, about prioritizing callers, she laughed and said: “I have a lot of feelings on that.” She also acknowledged, with another laugh, that she was sure I had heard about her feelings through interviews with other board members. I had heard extensive discussion and debate about prioritization had occurred at a board retreat a few months prior to the interview, and Abby confirmed that debate included her voice. She continued to explain her thoughts on the current prioritization policies at the Althea Fund:

We have problems with our filters right now. The last shift I did, half the people were prioritized – it made sense they all were. So many people were later term, victims of assault, or minors. It’s always a problem when gatekeeping money. There’s also this discussion of late term versus early term people. When you throw \$100 at someone who has \$600 to raise, it’s a big deal. When you throw \$200 at someone who has \$3000 to raise, it’s kind of like, “Cool.” But those are people we want to make sure we help, because they’ve only got one more shot at it.



Abby agreed that weighing the impending loss of procedure access was, in her mind, a justifiable value for prioritizing. She also seemed, though with some noticeable hesitation, to agree that current norms of prioritizing minors and survivors of violence and assault were sound social justice values to uphold. These priority norms, though, seemed to create large amounts of prioritized callers—negating the purpose of prioritization in the first place. Later in our interview, Abby continued to grapple with the limitations of prioritization as a practice that can be just, ethical, and, yet, practical:

Prioritization is good. I just don't know if we have it figured out... especially when there are so many priorities. The problem is you start pushing the labor back onto the volunteer, and you can't just sit down and actually think, "okay, the person who doesn't speak English or the minor?" We just need more money I think.

#### *Caller performance of need and deservedness*

Abby echoed the frustration of many organizers in the RJ movement—a lack of resources in the face of dire need. Despite sharing these frustrations, Tiffani, a black board member who has served on the Althea Fund's board for two years, had a very different view on best practices for prioritization norms, and what she believed these norms communicate about the Althea Fund and RJ movement's values:

For me, how you got pregnant doesn't determine whether or not I give you money. It's also not my business whether or not you got sexually assaulted ... I don't feel equipped to give people resources [for assault]. I don't feel like I have

the intellectual or emotional range to talk to someone who is a survivor of sexual assault. Also, on a values level, it doesn't matter to me how you got pregnant. So I don't necessarily prioritize people who have been sexually assaulted. Out loud, it sounds like it goes against my own values and morals. Any person who has been sexually assaulted should be able to sue their attacker. You should get money for the rest of your life. However, on the direct service abortion access side, I don't think that's relevant. I think it's performative.

Most important to Tiffani was lessening the pressure callers might feel to perform need and deservedness on their brief voicemail. Though she wanted to acknowledge and care *about* systemic injustice and inequitable barriers to healthcare access, Tiffani also held strongly to the notion that all callers are simply people with rights. To negate the neoconservative idea that some rights like abortion are immoral, or immoral when carried out by certain people, Tiffani wanted to focus solely on caring *for* callers and protecting callers' access to their reproductive rights. She also wanted callers to feel they did not have to answer to neoliberal, neoconservative values when calling the hotline. Yet, treating all callers exactly as equals, regardless of context or voicemail performance, could arguably shift the Althea Fund into neoliberal, colorblind, and postfeminist territory.

To further complicate potential systems for choosing callers, some hotline callers leave their voicemail quickly before they walk into work, or speak rapidly in a hushed voice one room over from their family members or children. The "cool line" nature of the Althea line means people who call during hotline hours recognize their voicemail is their best shot at being chosen for a call back and funding offer sometime before 10:00 pm that night. People calling the hotline may also only have a few minutes to leave their voicemail

in a place or manner they feel is safe. The outgoing message also asks for specific information, such as appointment date and clinic name, which some callers feel flustered by when trying to quickly leave their name and number. Althea organizers and volunteers recognize this burden of performance, but also have limited funding, time, and emotional capacity to return calls. Thus, even while trying to lessen caller performance on voicemails, Althea organizers and volunteers use voicemail information and performances to make decisions. Making funding decisions based on caller performance, even subconsciously, can also arguably position the Althea Fund as neoliberal in attending to notions of some individuals as more meritorious, moral, and deserving of funding.

Due to the voicemail acting as the callers' "shot" for receiving funding, Abby advocated for increased transparency about prioritization norms on the Althea Fund hotline's outgoing message:

There is also talk about frontloading and telling people, "Hey, this is what we fund people based on." Because I've been talking to people who barely made the cut, and towards the end of the conversation they disclose [something about their circumstances] and I'm like, "Well, that would've put you right at the top of the list."

However, for Tiffani, intersectional feminist action on the hotline means ensuring the callers know "you don't need to have a reason or a special circumstance to have an abortion." Thus, for Tiffani, filling the outgoing message with circumstances that might make you a priority caller based on Althea's care *about* systemic injustice seems to contradict the RJ principle of respecting all humans' bodily autonomy. Going on to

describe her disappointment with anti-abortion policies in Texas, Tiffani described how she imagined the discourse of these policies impacting caller performance:

Republican lawmakers are like “no abortion except if you’ve been raped.” And I’m like, no. I feel like... would I have to lie to get money [if I was a caller on the hotline]? No person should have to tell me how you got pregnant. Just the fact that you’re pregnant and don’t want to be pregnant anymore is enough for me.

Since there are prioritization policies in place at the Althea Fund, organizers struggle with the desire to let callers know about these policies without either suggesting some reasons for having abortions are more acceptable or pressuring callers to perform (or even lie) on their voicemail. Then again, as I have discussed with several organizers, if the Althea Fund cares *about* systemic injustice and is firmly antiracist, why not ask about callers’ race or ethnic identity on the outgoing message? The Althea Fund, and the RJ movement holistically, care *about* racism (and associated anti-immigrant sentiment) as they are systemically reinforced oppressive systems that contribute to reproductive healthcare inequity.

Yet, when Tiffani and I spoke about including antiracism more directly in the prioritization norms, her attention turned to the need for more black women in leadership positions rather than the language of the outgoing message:

We have a lot of black women who people prop up and say “these are the people we’re helping.” We have too many of them, and we don’t have enough black women who are given the opportunity to be leaders. That’s the one thing... as I’ve gotten older, it’s just something that I’m more vocal about.... It’s good [at

the Althea Fund], they want you to talk about your race and your ethnicity and where you come from who you are and how that enables you to do this work. That's something I haven't encountered in a lot of other spaces that do this type of work. It's completely not condescending or tokening or infantilizing.... There's been times with the board and in other spaces where I feel like I have to correct the language that is used or the images that are used – and that's fucking exhausting. Pointing stuff out... So I feel I would have more sense of community if... I don't know. It wasn't so damn white, I guess.... If you look at Atlanta or somewhere up north, there are black women doing the work. I'm just tired of us always being the demographic and not the leadership.

Here, Tiffani echoed the calls from postcolonial feminists to not essentialize marginalized voices or faces into “masses” (Minh-ha, 1989), create a monolithic view of women of color (Mohanty, 2003), or perpetuate white Western saviorhood (Spivak, 1999/2015) when caring *about* social justice. Tiffani suggested the Althea Fund prioritizing or only funding nonwhite callers could perpetuate the notion that black women in particular are not strong, robust individuals capable of leadership, but rather a weak, less meritorious demographic group in need of aid.

### *Comfortability with personal bias*

Though we discussed RJ principles at length, when asked how they personally prioritized callers on the hotline, both Tiffani and Abby admitted they were comfortable acknowledging their own biases. Perhaps this is because Althea organizers and leadership

recognize the impossibility of caring *for* individuals who sound or feel the most vulnerable to our individual selves while equally caring *about* systemic injustice. Abby told me:

I embrace my personal biases in the situation where there is nothing else to lean on. I'm personally totally cool with focusing on minors, people dealing with sexual violence, people in the [Rio Grande] Valley or facing other structural oppressions ... I understand that's not the most just way for an organization to look at prioritizing, but if it's up to me, I'm gonna do whatever I think.

In Tiffani's interview, when I asked what she typically did when she needed to prioritize callers, she told me with a shrug and laugh: "If I don't have much time, I call the black people. I go by age and I go by race." She continued later in the interview to expand on the significance of her interactions with black callers on the hotline:

If the caller is black, I'll say "me too" and we'll laugh about it and it'll change the tone of the call. If I'm speaking to a woman who is black I always make it known that I am, too. I definitely feel a sense of community with that and I want her to know the other person on the phone is a black woman. I may not be in your same circumstance, but I'll always ride for you, I'll always support you, and I'll always have your back.

The practicality and honesty of both board members was an indication that all organizers and volunteers on the hotline are recognized and understood as autonomous when carrying out their hotline duties. Though ideally organizers and volunteers subscribe to anti-neoliberal values and are trained in RJ language and principles, they are still individuals who are physically alone in private spaces trying to make decisions on the hotline in situations that feel high stakes. Thus, while the Althea Fund trains and supports

organizers and volunteers, they are given relatively wide autonomy in doing the care *for* callers.

### **Volunteers on Prioritization Norms: Appreciation for Structure**

Because volunteers experience relative autonomy on the hotline, their tendencies to engage with, use, or dismiss prioritization norms can be wide-ranging. However, I noticed that most volunteers appreciated the structure created by the Althea Fund's norms for prioritizing callers. The structure helped volunteers feel they were caring *about* systemic justice as they cared *for* individual callers, because supposedly callers were already prioritized based on systemic injustice before they received the call log for the day. Yet, though callers are marked as priority on the call log, volunteers have discretion on who to call first within that group and the amount of funding (within a specified range) they can offer that caller. Ideally, when running the hotline on their personal devices, volunteers would uphold intersectional RJ values. However, the solitude of doing hotline work on personal technologies coupled with the pressure to carry out ethics of justice and care could sometimes prove difficult for volunteers to articulate in relation to their personal hotline practices.

#### *Great need in the face of meager resources*

When speaking with volunteers about the “lose-lose” sensation they sometimes felt on the hotline in trying to care *for* callers and *about* systemic inequity equally, many cited

the limited amount of funding in the face of outstanding need as rendering them helpless at times in making “good” decisions on the hotline. Emma, a new volunteer of six months on both the English and Spanish hotlines, described the difficulty of being unable to offer more money to callers:

The thing that I have found the hardest, this is no surprise either, is the number of people who you talk to where like the financial need is so much greater than what you’re able to offer. I realize \$300 is better than \$0, but it just seems like a really small amount when the difference is that big, right?

Lily, a volunteer of three and a half years, expressed similar frustration about offering small amounts of money to priority callers, who often have the greatest financial need:

When it’s Friday and it’s 6 pm and you have an appointment Saturday at 8 am and you feel like “I’m sorry there’s nothing more I can do for you” [when you only give out small loans].

Similarly to Emma and Lily, John, a volunteer of three years, remarked on not only the small amounts offered to individuals, but also the depressing nature of the low percentage of callers who can be funded each month:

Sometimes it’s just hard with the percentage of callers that we can actually fund. On average of the callers who call the hotline, it’s about 20 – 25% of callers who get the funding on average. Just knowing there is so much need is depressing sometimes.



### *Small grants and sustainable justice*

Though the small grants policy was supposed to insure systemic justice was cared *about* as many vulnerable individuals were cared *for*, I noticed the Althea Fund's small grants policy was not always clear or consistent across or between organizers and volunteers. Some volunteers seemed to not know, or particularly care, why Althea's policy was to distribute small grants. Many were content with the idea that there "must be good reason" or that, generally, smaller grants meant more widely-spread wealth redistribution. In an interview, Beatriz, the executive director at the Althea Fund, described how the Althea Fund had been working to find the "sweet spot" on grant amounts that were big enough to be helpful to callers but also small enough to allow the Althea Fund to reach the maximum number of callers possible<sup>12</sup>.

At two in-person events, it was mentioned to me in passing that giving small grants to callers might increase their self-efficacy in gathering the rest of the money. By having some of the cost covered, Althea Fund organizers and volunteers told me callers might start to feel more confident they could raise the remaining amount needed through their personal networks or by asking for paycheck advances. Volunteers are also particularly encouraged to act in solidarity with callers by brainstorming ideas for callers to raise the remaining amount of their procedure costs. Hotline policies oriented toward wealth redistribution are aligned with economic social justice and ethical feminist care. However, suggesting small grants can incentivize caller efficacy could be construed as paternalistic

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<sup>12</sup> Discussion about grant size in relation to donor concerns and impact statistics in the Althea Fund's communication outreach is included in Chapter V.

and attending to neoliberal self-responsibilization. Though I tend toward the belief that the Althea Fund is trying to assist as many people as possible, the policy for small grants is an example of how neoliberalism, sustainable justice, and material practice can become murky and contentious.

Though most volunteers I spoke with had little to say about the small grant policy, Caroline, a volunteer of two years, described how she was not sure the policy was setting up the most just and efficient system of wealth redistribution:

If somebody needs \$2000, then \$300 isn't really going to help them. I'd rather be calling three people that need \$100. Because then [if the caller does not go to their appointment] the \$300 doesn't get used and gets rolled over to another month. That feels like I'm not doing the most good I could be doing. That's part of the frustration I have with identifying high priority callers. I'm funding people who aren't going to be able to afford it in the end because of how much money they need. They end up having a baby they can't afford ... If we give small grants, we should be aiming it at people who need small grants.

Though Caroline continuously noted she wanted to help callers who "need it most," she did not feel that prioritizing late-term callers with steep costs and only offering them a small portion of funding was the most efficient and just system.

#### *Volunteer appreciation for prioritization norms*

While volunteers struggled with the amount of need on the hotline and questioned the nature of some prioritization norms, most were satisfied with and appreciated the

prioritization norms. Having callers prioritized by the hotline coordinator helped volunteers feel they could care *for* callers, while the coordinator insured they were caring *about* systemic injustice and RJ values. Eleanor, a newer volunteer with only six months experience, noted the overwhelming nature of opening a spreadsheet with over forty names and phone numbers listed on it. By having a handful prioritized, Eleanor said it was helpful. She added in a content voice: “I guess I’ve never questioned why somebody was a priority. It’s always made a great deal of sense to me.”

Three-year volunteer Melissa echoed Eleanor’s feelings of contentedness with the priority policies and the relief they provide to volunteers:

The criteria—I agree with it. We prioritize people who are minors or in the later stages of pregnancy or their appointment is the very next day or are in the [Rio Grande] Valley. It’s all from an accessibility standpoint. For some people it’s harder to get an abortion so they get prioritized funds. We can’t help everybody, so this is a good decision-making tool. We help the people who need it most urgently to get access to their procedure. To have decisions made for you helps you to focus on the other duties the shift requires.

What is important to remember about the Althea Fund volunteer experience is the potential loneliness and/or pressure inherent in operating a hotline from a private space using a personal device. Volunteers operate the hotline from their cell phone on their lunch break or their home in the evening. Not only do volunteers call people back, but they also have to take time to carefully fill out funding vouchers and use an online fax system to ensure these vouchers are received by respective clinics. Due to these many technological

duties<sup>13</sup>, volunteers mainly expressed gratitude that prioritization was somewhat systematic and already marked in the call log as a way to jumpstart their shift. Though John discussed the depressing nature of the percentage of callers who he is able to offer funding, he was quick to praise the merits of the prioritization policies as beneficial:

Honestly I think it gives a structure to the shift and makes it ... now I know, “Okay. I have this amount of money for priority callers and then I’ll probably have this much left over.” It gives me a sense of structure.

The relief brought on by this sense of structure and trust in the process was echoed by other volunteers, like Hazel, a volunteer with one and a half years of experience:

Yes, I like that I don’t have to go through ... I don’t think I’ve had a shift where there were fewer than forty calls. So I find it very helpful, and I can’t say that I’ve ever disagreed with [Amy’s] priority.

Similarly, Sophia, a volunteer of five years, described the sense of structure and security she felt when she opens the call log and sees several callers marked as priorities and knows this is where to start her calls. Beginning and completing a shift from home in the evening hours of a weekday night can be stressful, but as Sophia said, prioritization “helps the shifts go faster, there’s a lot less decisions you have to make.” Further, Sophia expressed her explicit trust in the Althea Fund and coordinator’s priority decision-making and reasoning:

I mean [the hotline coordinator, Amy] prioritizes, generally, minors, people who are experiencing a lot of abuse, and people who are very far along. Normally

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<sup>13</sup> The *immaterial intimacy* inherent in this labor is further discussed in Chapter IV.

it's not really... there's really nothing that I would say is... until we become a hotline with an unlimited amount of dollars you have to prioritize and you have to help those who most need it.

Gwen, a volunteer of one year, further expanded on how having somewhere to begin (i.e. with the priority callers) helps to ease the mental burden of a hotline shift:

The only way I can handle the mental load of a shift is because some callers are prioritized. It helps me focus my energy on a specific target. [Without priorities,] I'd ruminate a lot more on the people who weren't getting served. I don't ever want to forget about the people who aren't being served, but from a mental health perspective, I really have to focus on a very small number of people to help. Prioritizing serves two purposes. It's a system where two people agree "yes, this person totally needs help." It also serves the purpose of making it so I'm only ever focusing on people who need help, I'm not focusing on the people I can't help.

Though Gwen repeatedly clarified she did not want to forget or dismiss the callers who were not prioritized, she also voiced what many volunteers seemed to hint at: I do not want to feel solely responsible for deciding who gets this money.

#### *Wanting additional information for decision-making*

As mentioned above, volunteers generally seemed to be content with prioritization practices at the Althea Fund. There was unanimous agreement about respect for Amy's work in prioritizing callers based on Althea's care *about* injustice, and volunteers on the

English hotline were grateful for the two-person “team” effort. Yet, even while praising the system for prioritizing, some volunteers still came back to the difficulties of being alone while doing a hotline shift and caring *for* callers who sometimes were incredibly vulnerable. With this, some volunteers like Rachel, Lily, and Caroline wanted more information to feel confident making decisions in their hotline care labor.

Rachel, a six-year veteran of the hotline, commented on her trust in the hotline coordinator and the relief provided by prioritization as a tag team practice. She particularly stressed how much she appreciated feeling the emotionally and ethically sensitive process of making a list of people to call was a shared endeavor:

I think the coordinator does a really good job and I trust her instructions. It also takes some of the soul-searching, gut-wrenching decision-making out of it. I appreciate it very much ... We’re all on the team.

Rachel appreciated that prioritization and some of the “gut-wrenching” decisions were taken on by the coordinator who decides which callers to prioritize based on Althea’s care *about* social inequity. Yet, she later told me she also appreciated when Amy wrote comments like “sounded tearful” on the call log spreadsheet. Another volunteer, Lily, also appreciated additional commentary on the emotional state of the callers. Lily mentioned that while prioritization “encourages decision-making,” Amy’s notes on callers saying phrases like “please, please, please call me” was also helpful in her decisions on who needed to be cared *for* most urgently amongst priority callers.

It would seem that even though volunteers largely appreciate having prioritization done by someone else, there is additionally a sense that being provided with “helpful” details about the emotional or other state of callers is also beneficial to their decision-

making and care process. Another volunteer Caroline suggested, like the board member Abby, that more information should be requested from callers initially in order to improve hotline volunteer decision-making. Caroline, though, did not want more information about callers' emotional state, but rather their financial reality:

I'd like to know [how much callers need] so I know who I can make the most impact with in calling them. I had people tell me, "I just need \$100," and I'm like, "Oh shit, I can do that." I'm glad [Amy] highlights people who are homeless and further along, but I feel like those calls are the most depressing because the money is just a drop in the bucket. I hang up feeling like they're not gonna get the abortion ... I just wish the message asked how much the person needs so we had a better idea before we get on the phone with them. I appreciate having the high priorities highlighted, but ... some of them I know it's going to be a hopeless case and I'm just frustrated.

Lily and Rachel's preference to know more about the emotional state of callers and Caroline's preference to know the amount needed by the caller begin to illustrate how hotline volunteers at the Althea Fund are autonomous people performing care *for* individuals behalf of the Althea Fund but with individualized biases, preferences, and concerns. Caroline noted succinctly, "the fund lets you create your priorities for the most part out of priority callers." As in, even with callers marked as priority, the volunteer still makes decisions and ranks callers within that prioritized group.

## **Volunteer Personal Prioritization Practices: Vulnerability and Quick Decisions**

Because need is so great and many callers are facing urgent and serious circumstances, it is not uncommon to receive a call log that has ten out of forty callers prioritized. It is also not uncommon that priority callers might be given the maximum small grant amount, which would mean volunteers could only fund five or six of the prioritized callers. In the face of having to prioritize who to care *for* within the already prioritized, I asked volunteers what their strategies were on days when they had to make tough decisions on their own.

### *Number of weeks pregnant as fundamental priority*

Overwhelmingly, volunteers returned calls in an order based on how many weeks pregnant priority callers were. The further along someone is, the higher the cost and the smaller the window in which they can have the procedure done in Texas. This was a simple way to determine need and direct impact for volunteers, and it seemed to suggest a blend of caring *about* systemic inequity and caring *for* the vulnerable.

As one volunteer, John, explained, he goes with “whoever is furthest along” or looks to see if any callers were “traveling or need any other kind of special assistance” to access their procedure. Sophia also chooses callers who are furthest along or that have comments on their log that suggest they are “vulnerable.” Kelly, a volunteer of two years, said weeks along is a “pretty critical” aspect of her personal decision-making. She noted weeks along is a particularly crucial marker in Texas, as “once [callers] get to eighteen or



nineteen weeks here in Texas, you've got a serious timeline issue." Referring to legislation that outlaws abortion after twenty weeks in Texas, these and many other volunteers felt comfortable making what they felt were logical decisions based on how far along the caller's pregnancy was. As Laura, a volunteer who worked the hotline for over two years before stopping two years ago, described this instinct: "it's some combination of who needs the most help in the least amount of time."

### *Vulnerability and cruel decisions*

Though some volunteers described their decision-making in a manner that suggested they felt proficient and secure in carrying out that process, other volunteers spoke with more hesitation or general ambivalence about the process of deciding who to care *for* on the hotline that day. As Gwen discussed the process of individual prioritizing, she said, though she "get[s] how it all works," it does not make the process any simpler in her eyes. She told me she found herself often feeling uneasy: "Should I prioritize someone who has five kids and lives in a hotel, or should I prioritize someone who is unemployed and, you know, having mental health issues?" To Gwen, and I would argue most people, this is not a question that can or should be answered. When wrestling with these decisions, Gwen was taking it upon herself to care *about* systemic injustice, too.

Emma, one of the newer volunteers, candidly said she tried to factor in "need or vulnerability," but often found this was not the means by which her final funding offers were made to callers. Instead, she described the practicality of her personal hotline protocols:

If it's two people I'll call one of them and wait half an hour and then call the other—and it often comes down to who I hear back from first, which feels, you know, in one way feels awful. But it feels like it comes down to a coin flip sometimes. But on the other hand there is no type of person that this grant is gonna go to that doesn't really need it.

Several volunteers mentioned similar complex feelings of navigating the seeming dichotomy between caring *for* and *about* on the hotline. Though volunteers describe how the process of contacting and offering funding on the hotline sometimes feels random, they also believed no caller is actually more or less deserving of funding. However, even if no caller is more or less worthy of dignified abortion care, Hazel described how the process feeling haphazard at times did not mean the process felt any better. She used the story of King Solomon to describe how she felt on the hotline, trying to arbitrarily decide who the *real* deserving caller was:

It is a bit Solomon-like, like King Solomon. Do you know that story? There's a story about two women coming to King Solomon, and both claim a baby belongs to them. So Solomon says, "Ok, I'll cut the baby in two," and the real mother says, "No, no don't do that." It's about making very difficult decisions that are kind of life and death decisions—I do kind of see it that way. It does change someone's life, for sure.

Hazel told me the story of King Solomon, but Eleanor described this Solomon-like decision as feeling like a cruel game of "eenie, meenie, miney, moe." Reflecting more on the process, Eleanor admitted, "It feels random—kind of unfair. I do look at ... I don't know. I guess I do look at [Amy's] notes?" Eleanor could not easily place the root of her

instinctive feelings on who to care *for* and call first, and she was uncomfortable thinking out loud about this process.

I took Hazel and Eleanor's uncomfortable admissions about judgment on the hotline as evidence of volunteers struggling with recognizing or admitting their own biases in caring *for* those they felt were most vulnerable. Organizers like Abby and Tiffani were not as shy in acknowledging the impact of their own biases, but being an organizer and board member might bring more confidence in your individual ability to carry out RJ principles of caring *about* systemic inequity, even while enacting your personal biases. Whereas with volunteers, even veteran volunteers like Hazel, there seemed to be less ownership of hotline decisions that are made in the privacy of one's home or office.

### *Calculations to negate bias*

In order to generally avoid any feelings of personal biases creeping into hotline decision-making, Rachel described her formulaic process of trying to use the allotted budget as effectively as possible. She told me about her budget calculations during her shifts, explaining: "Let's say I'm at the end of my shift and I only have \$150 left. I know that somebody who is ten weeks... that might be more helpful than someone who is at seventeen weeks." She was not alone in these mathematical calculations, as Caroline described a similar process that she even implements sometimes to jumpstart shifts:

Especially if someone has said 'I just need a little help' in their voicemail. If I think I'll be able to close the gap for them, I call those people first. That's the

most useful thing you can do [with small grants]. Those are the people who will end up using the money, too.

The method of trying to use mathematical logic as a means to give out money efficiently and (supposedly) with less bias was a means through which some volunteers were able to tackle their shifts with confidence. Some volunteers also chose “going down the priority list” as their means for simply giving out money to someone, anyone, who needs it. Melissa spoke honestly about what her approach is or would be when everyone is listed on the call log as equally in need of being cared *for* individually:

If everyone really is equal ... it'd be just going down the list in numerical order.

There might be slight differences ... people who are farther along or people who say in their message “I won't be able to make the rent.” The people who won't

be able to access it I would prioritize. But I would just go in order to keep it fair.

Though Melissa still noted she would always attend to any notes left by Amy about the vulnerability of the caller, she also plainly said going in order would be the only way to decide who to call if differing levels of vulnerability were not present. Lily echoed this conclusion. Though it would be a last resort, she told me she would go in order of calls received, thinking to herself that if everyone is equal then “I have to just go by who called two hours earlier.”

### **Spanish Line Volunteers: A Week-Long Endeavor**

It is difficult to create hotline and prioritization policies that are practical for volunteers and yet consistently consider both the intersectional feminist ethics and RJ

principles of caring *for* individuals and *about* systemic injustice. Moreover, Spanish line volunteers at the Althea Fund have an added layer of autonomy for budgeting and prioritizing callers, as they volunteer for the Spanish line for an entire week rather than a one-day shift. While Amy creates the daily call log for English line volunteers with marked priority callers, Spanish language volunteers cover the entire hotline process—listening to voicemails, prioritizing callers, planning the budget, returning calls, and faxing clinic vouchers. Though this would signal complete autonomy for Spanish language volunteers in both caring *for* people and *about* injustice on the hotline, those I spoke with still felt most comfortable attending to similar prioritization strategies as Amy on the English line.

### *Juggling an entire week of callers*

Emma, a volunteer of only a few months, described her thought process when beginning a week as a Spanish line volunteer. She noted that having a lower call volume meant she felt there was less gatekeeping involved on the Spanish language line, but she still wrestled with how to prioritize callers for an entire week:

With the Spanish hotline, you know, you have your [weekly] budget and your two callers [on Monday] and you don't know how many more calls you'll get in the week. How do I decide who to fund now versus who I might fund later? You tend not to be put in the position of making the same judgment calls that you have to on the English line. You know, maybe there'll be two people and you can only fund one of them [on a Friday].

The much lower call volume on the Spanish language line is the reason the Althea Fund has a Spanish volunteer for an entire week, as there might only be one or two calls per hotline shift. Laura, who worked the Spanish line for several years before discontinuing her volunteering, also noted that even though the Spanish line has “much fewer calls,” she tended to stick with Amy’s prioritization policies that care *about* systemic inequity in Texas policy. Laura said she “generally liked [the coordinator’s] way of prioritizing things.” She found Amy to be “real experienced and reasonable and oriented towards helping the most people we can help.”

### *Vulnerability as priority*

When there are more than one or two callers in a day on the Spanish line, like Laura, Emma also described prioritization methods that seem to align with Amy and the English line. Again, “vulnerable” callers were given preference in being cared *for*, but having enough information to feel confident in determining vulnerability was challenging:

I try to factor in the need or vulnerability... like if someone talks about being in a violent relationship, if somebody talks about being housing insecure, if somebody mentions having multiple children already. I think the hard thing is that, you know, [during my last shift] I had one call that was super informative like that and one call where the person didn’t leave any details.

Again, some hotline callers do not have the time or space to safely or confidently leave full details on a voicemail alone. Because caring *for* the most vulnerable is something both English and Spanish line volunteers are concerned with, the lack of information can hurt

the chances of a call back and add to volunteer feelings of doubt or guilt in choosing who to call and in what order. Even though the Spanish line has a lower call volume, it also has a correspondingly smaller budget. Therefore, volunteers might be able to offer funding to everyone who calls in a week, but they might have to offer even smaller grant amounts. Thus, often Spanish line volunteers take extra caution to detect vulnerability and who to care *for* in caller voicemails, be it through the voicemail's content or caller's tone of voice.

Vulnerability, though, to some volunteers does not only mean dangerous situations or single motherhood. Vulnerability is tied to caring *about* inequitable access. Evelyn, a Spanish language volunteer of one year, talked me through some of her experiences, struggles, and general approach to trying to manage vulnerability and the budget on the Spanish line:

I usually kind of... it just depends on the calls that come in. I try to prioritize messages. If someone is further along and I do have the funds to help them out, I'll return the call first. If there's a caller whose appointment isn't this week and someone's who is, I'll fund the person with an appointment this week – and who is further along. It also depends on who picks up the phone, sometimes people don't pick up the phone. Generally, it just kind of depends on the situation and how many calls come in. There are some days where there is only one caller. But then Wednesday there are seven callers.... One week there was a single mom whose teenage daughter was trying to get an abortion.... I think that woman was also from Cuba and had only lived here so long, so funds were a little tight. Then to have a daughter that is pregnant.

Spanish line volunteers largely did not describe vulnerability differently than English callers. As in all volunteers, regardless of running the English or Spanish language hotline, referred to immigration status as an important reason to care *for* people even though it was not explicitly listed in Althea Fund priority funding guidelines. Evelyn briefly touched on how her own immigration history and the status of callers on the Spanish line did tend to sway her decision-making:

I have the tendency to want to fund very young and vulnerable clients simply because there is the cultural aspect of being a first generation American and wanting to have other opportunities instead of, you know, have a kid you aren't ready for.

With this admission, Evelyn was one of few volunteers like Tiffani who was comfortable hinting at their own biases and tendencies for prioritizing care *for* certain callers. All volunteers are trained in RJ principles that suggest no human is more or less deserving of having access to a safe and dignified abortion procedure. Yet, RJ principles also suggest some individuals face more systemic and intersectional inequity when trying to access care. RJ training for Althea volunteers is important, but it can be difficult to balance caring *for* the most vulnerable and caring *about* systemic inequity in the face of inadequate funding and quick personal decision-making.

### **Prioritization at the Althea Fund and Individual Biases**

Because neoliberalism and neoconservatism are subtle, complex, and internalized ideologies, it can be difficult to know when intersectional feminist activists are falling back



into these logics when making decisions about who to care *for* in their work. Furthermore, when everyone calling the hotline is understood at some degree as facing the systemic injustice the Althea Fund cares *about* on the hotline, it becomes somewhat inevitable that individual circumstances of both the volunteers and callers play a role in decision-making. Due to their hotline training in RJ principles, volunteers like Hazel and Eleanor were less eager to reflect on or at least discuss in-depth their personal biases. Some organizers and volunteers, though, were more willing to speak about personal biases or tendencies they have when doing hotline work. Abby, Tiffani, and Evelyn spoke about prioritizing callers they believed to be most vulnerable or similar to them in terms of race or family immigration history. Another volunteer, Sophia, became candid about her biases toward the end of her interview:

I work a lot with people with disabilities, and I have strong opinions about people who have abortions because the child will have Down syndrome or a disability. I have very, very strong opinions about it – it’s horrible. But again, I don’t have to raise the baby, and you can’t just say “put it up for adoption” because that’s not the way the world works. Even though callers will say “there’s a disability or a genetic mutation” or whatever. It makes me very, you know. But I still do the same call as I would with anyone else and it really tests that mentality.

The “mentality” Sophia referred to is the RJ belief that pregnant people have a right to their own lives, despite patriarchal society suggesting fertilized eggs are weighted equally to pregnant people in arguments about bodily autonomy and human rights. This mentality

was put to the test for Sophia, as her personal experiences with people of different abilities led her to bristle at the mention of fetal anomalies on the hotline.

Yet, I wonder if these honest reflections on bias by volunteers like Sophia in caring *for* people are moments of Haraway's (2004) strong objectivity and ethical feminist reflexivity in activist work. If volunteers are going to be trained in RJ principles and abide by Althea prioritization guidelines that care *about* systemic inequity, it would seem appropriate to also have volunteers engage reflexively with their own biases regularly, as feminist researchers attempt to do. Long-term reflexivity projects, though, could become additional labor that would serve to disenchant, demoralize, or exhaust much needed volunteers. Though reflexivity is a natural and important aspect of feminist organizing, this presents another example of the tensions inherent in caring *for* individuals—in this case, individuals carrying out hotline labor—and caring *about* systemic and sustainable justice.

### **Conclusion**

In this chapter, I have argued it is difficult to uphold the ethical feminist values of caring *for* vulnerable individuals and *about* systemic justice equally on a wealth redistribution hotline that exists in the neoliberal context. It is difficult to have organizers and volunteers agree on and consistently implement anti-neoliberal values on a feminist hotline that is coordinated across dispersed personal technological devices. Until abortion is recognized as healthcare, and healthcare is free or at least affordable and equitable for all, there will be gatekeeping in activist funding assistance. While the Althea Fund has policies that prioritize callers facing systemic injustice in the state of Texas, best practices

to care *for* vulnerable individuals while also equally caring *about* social justice on the hotline are contentious amongst organizers and volunteers.

The neoliberal model of deregulating and decentralizing institutions in favor of all-encompassing individualism suggests any healthcare procedure could be understood as the individual's need and, thus, the individual's financial responsibility. In a not only neoliberal but also neoconservative and patriarchal society, like that of the U.S. and Texas, abortion in particular is viewed as a procedure that not only is the responsibility of the individual but also an immoral deficiency in the character of the woman or person who seeks it<sup>14</sup>.

In order to dismantle these views, the RJ movement attends to ethics of feminist care and justice, which are interwoven ethical codes that suggest feminism should care *for* individuals and *about* social justice. As part of the RJ movement, the Althea Fund also subscribes to these ethical codes, which assert that caring *for* individuals facing systemic oppression is intimately linked to fighting for justice for these individuals in the public sphere. Therefore, even though the Althea Fund has to distribute money to people in a context where the demand greatly exceeds the supply, their inevitable gatekeeping is structured in a way they believe aligns with the RJ movement. This gatekeeping, or prioritization of callers, is primarily focused on who is most at risk for not having access to a safe and legal abortion procedure in the near future.

Through prioritization guidelines written and approved by the Althea Fund board and primarily carried out by a paid hotline coordinator, volunteers receive a call log with

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<sup>14</sup> Popular depictions of abortion and reproductive healthcare are discussed in Chapter V.

marked priority callers. Volunteers largely seem to appreciate this division of labor, and tend to agree with the Althea Fund's norms for prioritizing callers. However, when speaking privately with callers in their homes or wherever they make hotline calls, volunteers are physically on their own and often find themselves weighing who is "more deserving" of funding. The notion of hotline volunteers carrying out anti-neoliberal and feminist values is complicated by the notion that these activists are perpetually resituated as neoliberal subjects, both in terms of making decisions about callers and in using their personal technologies to do their Althea work. Though volunteers are trained on best practices for selecting and interacting with callers, each hotline shift is unique and each call is a singular interaction with unknowable contextual and interpersonal factors at play. This constant technological and intimate labor, or what I term *immaterial intimacy*, involved in volunteers "taking the hotline with them" via various personal technologies is explored in the following chapter.

## CHAPTER IV

### IMMATERIAL INTIMACY ON THE HOTLINE

The labor of organizing the Althea Fund hotline is intended to be split amongst board members, the hotline coordinator, and volunteers, but direct contact with callers happens almost entirely through volunteers operating the hotline. Though some board members are also volunteers, the majority of people working the hotline are individuals who only identify with the Althea Fund as a volunteer. Their connection to the organization is solidified through hours logged calling people back, allocating funding, and following up with clinics on funding vouchers. Therefore, these volunteers are the “face” of the Althea Fund to callers. Understanding the labor of these volunteers is important in understanding the Althea Fund and the inner workings of the feminist and antiracist RJ movement.

When on the hotline, volunteers engage in intimate care labor that requires Ahmed’s (2017) feminist sympathy, or a willingness to suspend expectations of emotionality and feelings when interacting with other people. Intimate labor on the hotline is an immaterial labor. Immaterial labor refers to labor that creates intangible products, like cooperation or communication (Lazzarato, 1996; Hardt & Negri, 2000). Intimate labor on the hotline also involves affective labor, which is a form of labor that includes caring closely for others and attending to their physical, intellectual, or affective needs (Hardt, 1999). This care labor on the hotline includes an embodiment of feminist sympathy, which means volunteers try to suspend their expectations of callers’ affect and emotionality in

order to avoid alienating callers and more fully attend to caller needs. Ideally, Althea Fund volunteers conduct intimate labor on the hotline while not harboring any assumptions about how callers in different contexts do or *should* feel about their current situation.

Additionally, as previously discussed, the Althea Fund hotline does not operate out of a central office, phone bank, or even designated organizational cell phones. The volunteers instead access hotline information using their personal devices and online spreadsheets, fax programs, and voicemail boxes. Calls are made using personal numbers or free secondary numbers available via the Google Voice program. Using these technologies, volunteers can be on the hotline everywhere they go.

The technological practices at the Althea Fund enhance the accessibility and mobility of hotline volunteers, but the level of technological connectivity also blurs boundaries between hotline and “off duty” hours for volunteers. Gregg (2011) has called these blurred boundaries between productive and nonproductive hours the “presence bleed” of new media work’s intimacy (p. 2). The products of this immaterial and ongoing labor include communication and social interaction, which are difficult to quantify, delineate, and—especially due to technological mobility—consider complete at any time. For many volunteers to feel prepared to make a call on the hotline, they told me they need to be in a physically safe space and particular mindset. Yet, as a hotline volunteer, I have been “off duty” walking in to teach my class and received a text message from a hotline caller needing urgent confirmation of her funding voucher. Taking the hotline everywhere has both benefits and drawbacks, and hotline labor is riddled with tensions due to the ubiquitous nature of hotline connectivity.

In this chapter, I argue the labor of hotline volunteers is best understood as ubiquitous *immaterial intimacy* rooted in a feminist consciousness. *Immaterial intimacy* on the Althea Fund hotline is immaterial labor that is largely invisible to society but ubiquitous in volunteers' lives, and includes intimate but fleeting exchanges conducted between strangers.

*Immaterial intimacy* at the Althea Fund includes digital information labor and intimate gendered care labor, which exist in this particular context as two unique but constitutive forms of immaterial labor generating intangible products on the hotline. *Immaterial intimacy* is invisible to most of society, as this immaterial labor is done individually by volunteers discreetly using digital technologies in private spaces. Even though it is invisible, *immaterial intimacy* is also ubiquitous for hotline volunteers. The entanglement of digital and intimate labor on the hotline results in a feedback loop, where Althea organizers and volunteers are “always on” and ready to engage in intermittent, unplanned, and ephemeral care for strangers calling the hotline. The drive to be “good” feminist care laborers, as understood through a feminist consciousness, leads many hotline organizers and volunteers to ensure they are permanently available to each other and callers through smartphones, email, texting, phone applications, and other digital technologies. The *immaterial intimacy* of Althea hotline labor is complex, emotionally intense, and—for many hotline volunteers—ceaseless.

While organizers and volunteers at the Althea Fund are not engaging in hotline labor for capitalist gain, their volunteer work is still situated within the existing neoliberal, technological, and cultural milieu. The current focus on digital information work and the

individualism inherent in the U.S. neoliberal ideology enables perpetual immaterial labor to thrive and become normalized, especially when tied to gendered care labor.

To situate the richness of Althea Fund hotline labor, I first discuss historical and contemporary examples of hotlines in healthcare and reproductive justice work that contextualize and inform the Althea Fund's hotline. Then, I analyze the ways in which Althea Fund hotline labor, or what I have termed *immaterial intimacy*, is immaterial and seemingly endless in the ways previously discussed. I refer to literature about technology and immaterial digital labor, as well as literature about the immateriality of intimate care labor. I also specifically explore how the intimate labor on the Althea hotline requires a feminist consciousness and sympathy. Next, I turn to interview and observation data from Althea Fund organizers and volunteers to explore how technological practices, intimate labor, and feminist sympathy are understood and enacted on the Althea Fund's hotline, including both the English and Spanish language lines. Notably, while this project has been unfolding, Althea Fund organizers have been discussing a plan to implement a new technological system for the hotline. Though these discussions are still evolving, I briefly mention key ideas from these conversations to conclude this chapter.

### **Hotlines in Healthcare and Reproductive Justice**

This chapter is informed by previous research about hotlines, and more specifically abortion-specific crisis and healthcare hotlines. Hotlines have long provided means for discreet and vital healthcare and other assistance. In their survey of hotlines, Rosenbaum and Calhoun (1977) estimated over 600 crisis hotlines were operating in the United States



by the late 1970s. They found these hotlines were “staffed largely by nonprofessional volunteers” and received on average about “1,638 calls per month” (Rosenbaum & Calhoun, 1977, p. 325).

In the RJ movement hotlines have been especially useful due to the stigmatized nature of women seeking abortions and other reproductive healthcare. In Chicago in the four years leading up to the *Roe v. Wade* decision of 1973, an abortion-specific hotline provided similar relief, information, and even, eventually, direct abortion services to callers who could not access an affordable, dignified, and safe procedure. The Abortion Counseling Service of Women’s Liberation was formed to help women in the process of seeking and carrying-out safe abortions (Kaplan, 1995). Women of “every class, race and ethnicity” seeking safe access to abortion would call Jane, the contact name for the organization (Kaplan, 1995, p. ix). When returning calls, the hotline volunteer would say it was Jane calling and would only discuss the abortion once the caller said it was safe to do so.

Over time, the Janes, as they became known, shifted from abortion referrals to abortion providers, as Janes taught one another the practice of performing abortions as learned from sympathetic physicians (Kline, 2010, p. 73). The Janes charged “only the necessary amount to cover medical supplies and administrative expenses,” trying to ensure that a safe abortion was affordable for women who would otherwise turn to illegal abortionists on the reproductive black market (Kaplan, 1995, p. xi)

Almost thirty years later abortion was still inaccessible to millions of women in the U.S. and globally. Thus, in 1999, Women on Waves was formed by a feminist Dutch activist group determined to address abortion access head on. Women on Waves sails in

international waters twelve miles off the coast of countries where abortion is illegal to provide pill-induced abortions to local women who board the ship.

According to Rebecca Gomperts (2002), the founder of Women on Waves, in each country they visit, the organization partners with local activists to set up a hotline local women can call for information about self-induced abortion or to try and board the ship (Gomperts, 2002, p. 181). Once on board the ship, people are provided with counseling, pregnancy tests, ultrasounds, and contraceptives, along with some who arrive to take the mifepristone and misoprostol pill combination to induce a safe abortion (Gomperts, 2002, p. 181). *Vessel*, a 2014 documentary containing footage of Gomperts and the Women on Waves group, followed their maiden voyage to Ireland along with later trips to Poland, Portugal, Ecuador, Spain, and Morocco. As seen in the film, Women on Waves organizers recognized that by limiting their services to only people who board the ship, they were limiting women and girl empowerment. Thus, hotlines become central to the mission. Though they still conduct ship campaigns, Women on Waves has been actively involved in forming safe abortion information hotlines in Ecuador, Kenya, Malawi, Indonesia, Bangladesh, Pakistan, Thailand, and Poland, amongst other countries (“Safe Abortion,” 2016).

The Jane hotline in 1970s Chicago and the Women on Waves voyages of the early 2000s are some of the most famous uses of hotlines in the RJ movement. Yet, feminist hotlines pertaining to reproductive health and other issues are a global phenomenon that continue today in the U.S. and other countries. Drovetta (2015) conducted a qualitative study on five Safe Abortion Information Hotlines (SAIHS) operating in Chile, Argentina, Ecuador, Peru, and Venezuela. Both the Ecuadorian and Peruvian lines began with help

from Women on Waves. Similarly to the Althea Fund, these organizations conducted direct client service via hotlines while maintaining media outreach online via websites, blogs, and social media (Drovetta, 2015, p. 50). Often the hotlines are visible offline as well, plastering signs around cities and widely publicizing their telephone numbers (Drovetta, 2015, p. 47). Like the early days of the Janes' hotline, Drovetta (2015) observed hotlines that provided callers information on self-induced abortion procedures. For example, from a safe abortion information hotline in Buenos Aires, a booklet was available for download on their website that documented experiences of and advice from women who had undergone a self-abortion at home via misoprostol pills.

### **The Paradox of Hotline Visibility: More Exposure, More Danger**

In order for hotlines to be helpful, though, potential callers have to know about the hotlines and the type of information, services, or care they can provide. However, feminist issues, and especially abortion, are often highly stigmatized. Thus, by having a highly publicized hotline, organizations expose themselves to more potential backlash. The paradox between needing to be known in the community and subsequently experiencing more persecution from increased visibility is one with which women's health activist organizations are well-acquainted.

For example, Sun-Hee Park (1998) volunteered for and observed a Korean Women's Hotline (KWH) that distributed information and provided support to callers suffering from domestic violence. The hotline was seen as contentious in the community, as the hotline's concept of domestic violence included the understanding that rape can

happen in a marriage and that partners “disciplining” their spouses is not acceptable. Further, the community felt if someone—especially a woman—tried to escape a domestic violence situation, they would selfishly break up their home and family. In Sun-Hee Park’s (1998) observations, she noted that constant community backlash and threats meant the KWH staff members “had learned to be cautious” (p. 185). They did not give out their location readily, used a post office box for correspondence, and conducted advertising “as discreetly as possible” (Sun-Hee Park, 1998, p. 185).

### **Volunteer-Run Hotlines: Feminist Care, Freely Given**

Of particular importance to this study is the volunteer-run nature of most feminist hotlines. In her study of abortion hotline activists in Buenos Aires, McReynolds-Pérez (2017) notes how the volunteers work outside of formal healthcare in Argentina, “creating a legal gray area of access to reproductive choice” (p. 349). Because people seeking abortion in Latin America, the U.S., and beyond are doing so in heavily stigmatized contexts, they are “likely to receive very different answers depending on their social class” (McReynolds-Pérez, 2017, p. 350). The systemic control of Foucault’s (1975) docile bodies varies greatly due to individuals’ class, race, gender, and other embodied positionalities. Hotline volunteers stand in, then, as compassionate providers of care, information, or direct assistance.

Alice, a new Althea Fund board member of eight months, told me about her experiences working on another feminist hotline on the East Coast devoted to legal advice and assistance for callers facing a myriad of violent situations or affronts to their human

rights. She told me about how callers wanted divorces or were “mail-order brides” brought to the U.S. at a young age and unsure about their immigration status. Even though Alice was acting as a volunteer for the legal hotline, she described her work as effectively turning her into individual callers’ “case worker.” Callers would keep in touch with Alice or other volunteers as they continued to jump through bureaucratic hoops.

With each new obstacle faced, hotline callers might need access to new resources, but they also benefit from interacting with a volunteer who already knows their situation and history with the hotline. This is similar to interactions with healthcare providers, social workers, or other case managers who help people navigate various institutions. Volunteers on hotlines often find they are the most dependable direct point of contact for callers needing follow-up assistance.

Historically, as a form of resistance, hotlines have provided comfort, information, and access to callers, such as through providing “technical expertise about pharmaceutical [pill-induced] abortion” to callers who might want to self-induce at home (McReynolds-Pérez , 2017, p. 356). Though the hotline in this study provides monetary assistance along with comfort and information, all interactions on abortion hotlines include an element of intimacy and care—as abortion is a stigmatized and often lonely experience.

### ***Immaterial Intimacy: Dual Immateriality in Hotline Labor***

Hardt and Negri (2000) discuss how labor can be immaterial in terms of producing not only immaterial and symbolic goods like social interaction and cooperation, but also in (re)producing care through “human contact and interaction” (p. 292). Hardt (1999)

describes how this second type of immaterial labor that is oriented toward affect and care, which he calls affective labor, has been typically gendered and undervalued. Further, Terranova (2000) describes the digital, new media sphere as an “important area of experimentation with value and free cultural/affective labor” (p. 38). Thus, the labor involved in running the hotline is immaterial in two ways: First, hotline volunteer work creates immaterial products, like social interaction, via mobile and personal digital technologies; second, hotline volunteer work is also a labor of care that creates immaterial products, like feelings of ease and comfort. In this section, I will briefly explain both types of immateriality as related to the hotline work of Althea Fund volunteers, illustrating why I call this labor *immaterial intimacy*.

### **Technology and the Immateriality of New Digital Hotline Labor**

In earlier days of hotline work, like the Janes in Chicago or the hotlines accounted for by Rosenbaum and Calhoun (1977), calls were made from landlines that often were permanent fixtures in an office or space owned by the organization or an organizer. Occupying a physical space and using fixed lines to conduct hotline calls meant there was at least a chance a hotline volunteer would be in the company with other volunteers or organizers when working.

As cell phone ownership continues to become more affordable and pervasive, it allows both callers and volunteers to access, operate, or be contacted by a hotline through cell phones. For example, McReynolds-Pérez (2017) describes the coordinated efforts of volunteers at the hotline she observed to pass a cell phone between each other in order to

facilitate the hotline on two-day rotating shifts (p. 362). Organizers could meet briefly after their shift to hand off the pre-paid cell phone with the designated hotline number associated to the next activist. As McReynolds-Pérez (2017) argues, the “direct action at a distance” available through cell phone hotline activism “provides advantages not only for the activists themselves, by protecting them from persecution, but also for the women they help, as it is easily scalable and transferable” to a large and dispersed population (p. 359). While hotline volunteers can be less conspicuous and more protected if they do not have to go to a physical space for the duration of their work, the mobility of cell phone and digital hotlines can complicate volunteer labor in new ways.

Mobile connectivity allows volunteers to be geographically dispersed and to work on the hotline in convenient personal spaces and at times they are available. Conversely, this convenience also leads to blurred boundaries between being “on” the hotline and not. The use of personal cell phones and other devices for hotline work alters what it means to be a hotline volunteer. The use of personal cell phones to do hotline work involves new and evolving “socio-techno practices” that are both “enmeshed in prior social and cultural practices while opening up new spaces or possibilities for their materialization” (Wallis, 2011, p. 4).

These new socio-techno practices and capacities lead to immateriality in hotline work. Lazzarato (1996) first defined immaterial labor as a “series of activities that are not normally recognized as ‘work’,” such as crafting and normalizing cultural standards and norms (p. 133). Hardt and Negri (2000) later expanded immaterial labor to include any “labor that produces an immaterial good, such as a service, cultural product, knowledge, or communication” (p. 290).

There has also been particular attention paid to the impact of communication technologies on immaterial labor. First, Hardt and Negri (2000) have noted “communication technologies in their model of interaction are becoming more and more central to laboring activities” (p. 291). Labor continues to become increasingly immaterial and information-based and include more widely varied commercial and social practices with the spread of the Internet. In particular, Terranova (2000) describes how the “expansion of the Internet has given ideological and material support to contemporary trends toward increased flexibility of the workforce” and social interaction (p. 34). The interactivity of new digital media has affected “cultural and affective labor,” as technology users communicate and produce knowledge and connections rapidly, asynchronously, and sometimes in fleeting moments throughout the day (Terranova, 2000, p. 46).

The ubiquity of mobile smartphones and personal devices has particularly expanded the possibility for constant connectivity. Chen (2011) argued “the iPhone and similar app-powered, always-on smartphones are changing people’s lives everywhere in both mundane and magnificent ways” (p. 46). The ways people work, play, communicate, and move through the world have been impacted by phones, smartphones, and the app economy. Mobile smartphones and their capacity to connect users across space and time have given “rise to a new pattern of continuous mediated interactions that has become known as ‘constant touch’, ‘perpetual contact’ or ‘connected relationships’” (Wajcman, Bittman, & Brown, 2008, p. 636).

Chen (2011) refers to ubiquitous new media connectivity as creating the “anything-anytime-anywhere” society (p. 63). Having access to anything-anytime-anywhere can have arguably positive impacts on wide-ranging phenomenon from on-demand ordering to



social media activism. Yet, anything-anytime-anywhere interactivity has also been widely suspected of dissolving “boundaries that once separated work and home life” for people who use new media and create immaterial products on behalf of a company or organization (Wajcman, Bittman, & Brown, 2008, p. 636). As Naomi Baron (2008) has stated, the costs of being always on “can be measured in personal terms, ethically and cognitively, and with respect to social interaction” (p. 213). In her book, *Work’s Intimacy*, Melissa Gregg (2011) provides a multifaceted and in-depth look at the ways in which new media technologies have situated digital information laborers as “always on” employees. Gregg (2011) highlights how the “purported convenience” of new media technologies has served to “obscure the amount of additional work they demand” (p. 2). The “flexible workplace” enabled by digital technologies might have originally been tied to notions of individual employee freedom, but Gregg’s (2011) work shows how digitally flexibility has actually led to “chronic email checking” and expectations of nonstop connectivity for employees (p. 35)

However, technologies comes with affordances that users can choose to partake in or dismiss. Affordances of smartphones and personal devices, as listed by Wajcman, Bittman, and Brown (2008), include “voicemail, text messages, the silent mode, and ultimately the on/off switch,” all of which allow the user to choose how and when they want to interact—if they choose to carry their device at all that day (p. 645). The manner in which users choose to interact with or use available technologies is always a “joint product of the technology’s affordances and of the cultural milieu in which it plays out” (Baron, 2008, p. 234). In hotline labor, which is comprised of emotional, intimate, and gendered immaterial labor between strangers using mobile phones, this milieu is complicated.

## **Intimate Immaterial Care Labor and Feminist Sympathy in Hotline Labor**

The “constant touch” of new media and mobile technology allows for *immaterial intimacy* to be carried out in stolen moments across time and space. The mobile phone in particular is an ideal machine to use as a “work tool for immaterial reproductive labor within the social processes governing everyday life” (Fortunati, 2009, p. 32). Immaterial reproductive labor includes acts of organizing, informing, interacting and communicating with, and caring for others (Fortunati, 2009; Hardt & Negri, 2000). The word “reproductive” to describe this labor is used by Fortunati (2009) not to relate to reproductive healthcare or justice, but rather to describe the labor inherent in producing and reproducing life and society. This care labor is also referred to as affective labor by Hardt (1999). Though this care labor is “certainly immersed in the corporeal ... the affects it produces are nonetheless immaterial,” as the labor of caring creates intangible products like “a feeling of ease, well-being, satisfaction, excitement, or passion” (Hardt & Negri, 2000, p. 293).

Furthermore, personal communication technologies have proven “felicitous to what caring laborers do and the political and economic forces that shape their work” (Ducey, 2010, p. 19). Fortunati (2009) notes that mobile phones and other personal communication technologies have “transformed reproductive labor into an increasingly mediated, self-reproductive, and self-disciplinary form” (p. 31). The self-discipline and willingness to perform digital reproductive care labor—both of the self and others—is highly gendered. Duffy (2015) notes that immaterial care labor is “romanticized” and socially constructed through gendered “discourses of authenticity, passion and community” (p. 13). People who

have been gendered as women are expected to take on immaterial care labor whenever necessary and, when asked, to say they do it because they love it.

The expectation for women to take on this care labor at any time can be expanded indefinitely with mobile communication technologies. As Ducey (2010) notes, technology has proven “to be an essential ally” in the “actualization of care” in present-day immaterial, gendered, and endless care labor (p. 31). Moreover, Gregg (2011) also explores how women who are information laborers might find the constant digital work they engage to be more inspiring or interesting than other everyday labors and activities in which they take part (p. 144). For some women working via digital technologies, the work might deliver a “form of control, a sense of value and accomplishment, which may be unavailable in the context of the home” and their everyday life (Gregg, 2011, p. 145). Even if the labor is not necessarily more inspiring, the individualized nature of new media labor can feel more personalized. This personalization can allow laborers, and particularly women, to feel more ownership over their immaterial labor and hold it close as part of their identity (Gregg, 2011, p. 141).

The ownership laborers might feel in their digital labor is important to consider in the context of *immaterial intimacy* on the hotline. Hotline volunteers, even though they are not working for pay, can feel ownership over their individual and ongoing *immaterial intimacy* labor on the hotline. With the stigmatization of abortion and reproductive healthcare, working on the Althea hotline can also be a subversive or even rebellious feminist act in which volunteers engage. Thus, it is not only the digital and personal nature of hotline labor that might be satisfying to volunteers, but also the subversive feminist nature of the labor.

Outside of feelings of ownership or personal satisfaction, Gregg (2011) lists other reasons information laborers might try to always be connected to their immaterial labor. These reasons included internal and external pressures felt by laborers to, for example, keep up with coworkers and bosses who kept up rigorous, nonstop work schedules (Gregg, 2011, p. 142). Though Althea organizers and volunteers also seemed to feel pressure to be available, they are not being paid for their work. The pressures they feel, then, are not due to job security or company profits concerns. Instead, the pressure on Althea members seemed to emerge from their feminist consciousness—a feminist acknowledgment that systemic injustice waits for no one. For example, if a volunteer wants to take time away from her smartphone on a Saturday afternoon, the fear is she might come back to it later that afternoon and see a fellow organizer or caller texted her several times needing a voucher she created urgently resent to a clinic.

Thus, as is illustrated in the data, many hotline volunteers at the Althea Fund discuss their strategies for managing and engaging at any time with potential hotline need and emotionality. Because of the feminist consciousness that drives the *immaterial intimacy* of hotline labor, volunteers might feel internally or externally pressured to be permanently available via personal smartphones and computers.

### *Gendered emotionality in immaterial intimacy*

As discussed in Chapter I, I use intimate labor rather than emotional labor to analyze the interactions taking place on the hotline. However, before I examine the intimate labor and feminist sympathy in Althea hotline labor, I want to acknowledge the

emotionality inherent in stigmatized abortion access work. As Morgen (1995) notes from her studies of abortion providers and clinics, “more than most work settings ... feminist workplaces tolerate, encourage, and create institutional forms for the public expression of feelings” (p. 245). This expression of feelings often stems from and contributes to the emotionality of working in a contentious and stigmatized field. Simonds (1995) notes volunteers in the RJ movement in general are “being called upon to demonstrate empathy and nurturance to their clients and with each other, yet at the same time to appear controlled, united, and assertive” in public society—a doubled emotional task (p. 255).

Due to stigma and growing barriers to reproductive healthcare access, the work necessary to operate the abortion fund’s hotline is emotionally taxing and time-sensitive. The Althea Fund’s work is typically either publicly stigmatized by anti-choice groups or, on the other hand, invisible to those who claim to be in favor of “choice.” Though many people align themselves with the “right to choose,” Althea Fund organizers and volunteers often told me that giving someone money to directly help pay for their abortion was “too much” for some supposed RJ supporters. In this highly stigmatized and overlooked work, then, there are concerns for organizer and volunteer burn out.

To address the emotionality and potential burn out inherent in direct abortion access work, Wolkomir and Powers (2007) considered participant observation from sixteen months spent by the second author “in a women’s healthcare clinic located in the Deep South” (p. 155). The authors found individuals are more likely to engage voluntarily in emotionally draining labor long-term if they “believe the work is socially important and are therefore more likely to have heavily invested in the work and infused it with valued self-meanings” (Wolkomir & Powers, 2007, p. 154). With this self-investment, clinic

workers observed in the study were likely to see themselves as willing to be on the “frontlines” of the battle for reproductive justice, which often led to heightened feelings of “authenticity” in their work and personal character (Wolkomir & Powers, 2007, p. 158).

The Althea hotline allows for volunteer self-investment, as volunteers are talking directly to callers in need and understand themselves as working on the frontlines of the RJ movement. The interactions carried out on the hotline feel intimate and authentic in nature. Thus, though there is ample emotionality in abortion access work, intimate care labor, rather than emotional labor, more accurately speaks to Althea hotline work. In particular, I understand hotline work as *immaterial intimacy*, which includes not only intimate labor but also requires feminist consciousness and feminist sympathy.

#### *Ethical feminist care and intimate labor on the hotline*

*Immaterial intimacy* on the hotline is a form of ethical and intimate feminist care. To understand ethical and intimate feminist care labor, one has to care for others in a way that “radically differs from our present way of conceiving of it in terms of pursuing our self-interest” (Tronto, 1995, p. 113). In descriptions of intimate labor, examples are still typically connected to commercial pursuits, such as sex work or domestic cleaning services. However, all intimate labor consists of care work done in a close manner that seeks to fulfill physical, intellectual, affective, and emotional needs of family, friends, and strangers (Boris & Parreñas, 2010, p. 2). The caring of intimate labor includes “sustained and/or intense personal attention that enhances the welfare of its recipients” (Zelizer, 2010,

p. 269). It is these holistic descriptions of intimate labor and care that I believe align the concepts with Althea Fund volunteer work.

In order to conduct intimate labor across time, people, and emotional temperament, Tronto (1995) cites research suggesting individuals who understand themselves as connected to others (and a social movement), rather than a “separate and objective” individual, can work intimately in productive ways with people in a position of need (p. 109). By recognizing the interconnectedness between organizers, volunteers, callers, and the RJ movement, people volunteering on and calling the hotline hopefully come to feel the interaction is positive, productive, and egalitarian.

The recognition of the caller as an equal works to dismantle the notion Sherwin (1992) describes as situating the patient or client as dependent and physician or volunteer as paternal, noble caregiver. The caller at the Althea Fund is not “required to submit” to authority with humility (Sherwin, 1992, p. 92). Rather, the volunteer should engage with the caller in a way that inherently validates and dignifies their humanity and lived experience. The caring relationship in this ethical feminist intimate labor should be recognized as a joint endeavor, where the one caring “must become engrossed in the other” and the cared-for “must somehow respond and accept the care offered” (Tronto, 1995, p. 109).

Therefore, with this two-way relationship, intimate labor requires a degree of trust. As Zelizer (2010) writes, intimate social relations require that parties “willingly share such knowledge and attention in the face of risky situations and their possible outcomes” (p. 268). This is true on the Althea Fund hotline, as callers must divulge how far along they are, how much money they have saved toward the procedure, and other deeply personal

information that could pose a threat to them physically or emotionally should it be shared with the “wrong” people. The volunteer gains “access to information or attention that, if made widely available, would damage” the caller (Zelizer, 2010, p. 268). Though callers might have supportive families, friends, and partners, having an abortion is still a stigmatized experience. If the Althea Fund does not properly protect or destroy databases of caller information and the information is hacked or leaked, callers could face potential harassment or other unforeseen personal damages.

To trust someone enough to tell them deeply personal and potentially damaging information, someone has to feel another person understands them, cares about them, respects them, and is competent enough to not judge them and purposefully or accidentally share their information with the “wrong” people. To establish this trust on the hotline, volunteers use the known branding of the Althea Fund and are trained to respect the resilience and autonomy of callers. In order to impress upon callers that volunteers recognize and affirm their humanity and autonomy, I argue Althea Fund volunteers are being trained in feminist consciousness and Sara Ahmed’s (2017) feminist sympathy.

### *Feminist sympathy on the hotline*

Feminist sympathy is a “feminist feeling” that involves fostering respectful “sympathy for women who are not happy when they are meant to be happy,” or vice versa (Ahmed, 2017, p. 59). Feminist sympathy, then, is approaching another human openly, letting them set the tone for the interaction and not assuming them to be in an acceptable or expected emotional state.



In practicing feminist sympathy, volunteers might hear a married woman hesitantly say she is pregnant and not immediately offer congratulations. By the same token, volunteers might hear a transgender man say he is pregnant and not immediately offer condolences. Though some would interpret this hesitation as coldness, Ahmed (2017) argues people's assumptions are largely based on societal norms and, thus, people can feel "alienated by sympathy when sympathy is given in accordance with an expectation of how we *should* feel rather than how we do feel" (p. 60).

The capacity for feminist sympathy exists within and through a feminist consciousness. To develop a feminist consciousness is to "develop a radically altered consciousness of oneself, of others, and of ... social reality" (Bartky, 1975, p. 426). This altered consciousness includes an awareness of the "violence and power concealed under the languages of civility, happiness, and love" (Ahmed, 2017, p. 63). Sandra Bartky (1975) explains that when one becomes conscious as a feminist, "many apparently harmless sorts of things can suddenly exhibit a sinister dimension, social reality is revealed as deceptive" (p. 432). If one moves through the world operating under subconscious gendered—and sometimes violent—societal assumptions, they can potentially situate others as "affect aliens," or people who feel alienated by how society assumes they *should* feel (Ahmed, 2017, p. 60). Instead, someone with a feminist consciousness treads lightly—or differently—when someone discloses important, personal news to them. The feminist consciousness inherent in feminist sympathy can allow the "fact," or what society expects the person *should* feel about their pregnancy and/or abortion, into a "contradiction" that is up for debate (Bartky, 1975, p. 429).

Cook and Wilcox (1991) originally separated feminist consciousness and sympathy. They suggested that only women can attain feminist consciousness, while men can “hold feminist beliefs and have feminist sympathy” (Cook & Wilcox, 1991, p. 1112). Reingold and Foust (1998), however, negated this premise. Instead, Reingold and Foust (1998) suggested feminist consciousness should not be understood as solely fomented through the “self-interest and life circumstances” of individual women (p. 40). Rather, feminist consciousness and sympathy are intricately tied to ideological understandings of patriarchy, heteronormativity, and other aspects of hegemonic society (Reingold & Foust, 1998).

Therefore, while personal life experiences affect volunteers’ feminist consciousness and subsequent sympathy on the hotline, so does RJ training and ongoing discussion about hegemonic, neoliberal society. As Tronto (1995) notes, if someone wants to truly care for someone else as an ethical feminist, “it is impossible to be preoccupied with the self” while doing so (p. 106). Ideally, a volunteer practicing feminist sympathy would be embodying a feminist consciousness—looking beyond cultural biases or their own personal expectations for the interaction.

### **On the Hotline Everywhere You Go: Mobility and Intimacy at the Althea Fund**

The *immaterial intimacy* performed by feminist activist volunteers on the Althea Fund hotline would ideally embody a feminist sympathy, or a consciousness of the wide-ranging possibilities for individual emotion and affect in the face of one similar situation across callers: pregnancy. This subtle yet complex care labor also includes ongoing

immaterial digital labor due the technological affordances of mobile smartphones and devices. Volunteers often readily perform immaterial digital and intimate labor both when “on” the hotline and not, as they take the hotline with them on their personal devices and are available at a moment’s notice to engage in *immaterial intimacy*.

### **Althea Fund Hotline Technologies and Norms**

First, I will discuss the Althea Fund’s hotline in terms of technologies used and norms followed. The challenges faced by organizers and volunteers at the Althea Fund hotlines are similar to those experienced and observed by other researchers (Drovetta, 2015; McReynolds-Pérez, 2017; Sun-Hee Park, 1998). The Althea Fund’s hotline is staffed by nonprofessional volunteers. With both English and Spanish language lines combined, the Althea Fund received about 4,500 calls in 2015 and allocated almost \$250,000 dollars to callers in need. The Althea Fund’s hotline operates in conjunction with a national network of hotlines, all of which receive thousands of calls each year.

Rosenbaum and Calhoun (1977) wrote about the importance of hotlines in aiding “housebound clients” as “the telephone provides help without a possibly traumatic trip to a helping agency” (p. 329). Though callers to the Althea Fund’s hotline are not necessarily housebound, callers are facing barriers to abortion access and are typically seeking confidential financial, legal, travel, and other assistance. Needing to secure these various types of assistance while still going to work every day, taking care of children, and potentially hiding any noticeable bodily changes from one’s partner or family members is difficult. This is the rationale behind the Althea Fund’s use of a hotline. Althea knows

people usually schedule their appointments at abortion clinics and then try to come up with the money to cover the cost of the procedure. By having the Althea Fund and other hotlines available to call discreetly, people can continue their daily routines of survival and normalcy while still seeking funding, travel, or other assistance for their upcoming appointment.

Moreover, like the other mentioned hotlines, the Althea Fund is run by volunteers and self-funded. Through their ubiquitous *immaterial intimacy* labor, volunteers at the Althea Fund—though not using this language—in essence become case workers for callers. Volunteers speak directly with callers and usually provide their personal contact information for any necessary follow up surrounding the funding voucher or other issues. As for the funding dispersed on the hotline, abortion-access organizations like the Althea Fund are funded through individual, private donations due to policies that deter government funding from being associated, directly or indirectly, with abortion healthcare. Because they are seeking individual donations, the Althea Fund tries to get as much exposure as possible to entice potential supporters and donors. However, like any stigmatized activist work, the Althea Fund exposes itself to greater risk in trying to increase awareness of their organization and work. To lessen financial and emotional costs, the Althea Fund got rid of their physical office and the locations of in-person events are typically only shared with participants—kept private in order to avoid protests or harassment of attendees. Even though they no longer have a physical space, online trolling and cyber hacking are still very present threats to the Althea Fund. Trolling and hacking

are threats faced by abortion providers and RJ organizations at an increasing—and alarming—rate<sup>15</sup> (Grant, 2017; Martin, 2018).

Similarly to the organizers in McReynolds-Pérez's (2017) study, Althea organizers and volunteers also use cell phones to operate the hotline. Yet, an important difference is that Althea people use their own cell phones and mobile apps, rather than passing around designed hotline phones. With multiple phones, phone numbers, and personal devices associated with hotline work, multiple volunteers can be calling people, recording caller data, taking care of follow-up, faxing vouchers, and doing other hotline work simultaneously while still dispersed geographically. Further, people calling the hotline using cell phones can take their device with them and, ideally, be prepared at any moment to receive a call back from a hotline volunteer with an offer for funding assistance.

If volunteers are able to access hotline information anywhere they have internet access and a device available, volunteering can become a nebulous and ubiquitous endeavor. Though a volunteer might decide she will finish her hotline work by 8:00 pm and then take time to reflect and relax before bed, she might receive a hotline-related phone call later that night. Someone might be returning her call who missed her earlier in the day while they were at work. Someone might be following up as a funded caller, realizing they told her the wrong clinic information and they need her to resend their voucher to the right clinic before their appointment at 7:00 am the next morning. Moreover, it might be days later while a volunteer is out on a jog when she receives a text

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<sup>15</sup> Examples of harassment experienced by Althea organizers are explored in Chapter V.

message from a funded caller from last week divulging painful personal information that has changed their appointment and overall situation<sup>16</sup>.

Volunteers also use online communication technologies to discreetly sign up for hotline shifts, conduct their hotline calls, fax financial vouchers that include patient names and funding amounts directly to abortion clinics, and disseminate information amongst each other when possible or necessary. Althea Fund organizers and volunteers primarily use Google's Hangouts, Voice, and Sheets functions to connect with each other and callers. These free technologies allow for quick connectivity and are collaborative in nature, which means the fund does not utilize a physical office – benefitting them in terms of privacy and organizational expenses. Yet, the accessibility of these technologies via personal computers and devices means volunteers and organizers (who are also primarily volunteers) are charged with finding not only time and physical space to conduct their work for the fund, but also time to acquire the skills necessary to navigate the web of technology and tech security literacy needed for hotline work.

Callers need someone to follow up with if they arrive to their appointment and their voucher is not on the fax machine, or they have to change their appointment to a new clinic and the appointment is the next morning. Therefore, many volunteers provide callers their personal contact information, as the formal hotline voicemail box will not help the caller in a moment of critical need. With the practice of giving out some direct contact information, callers can access volunteers via personal devices outside of volunteer hours – and often do. Callers sometimes contact volunteers days or even weeks after initial hotline contact.

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<sup>16</sup> These are experiences I have had as a hotline volunteer.

Sometimes people are calling with pressing needs for funding verification while standing in the waiting room of a Planned Parenthood. Other times people contact volunteers about concerns outside the scope of the hotline they feel they cannot speak safely about with anyone else.

Lastly, the Althea Fund prominently advertises its hotline number and tries to disseminate helpful information on their website. This information includes first steps to take after discovering an unplanned pregnancy or the mandatory obstacles to accessing a legal abortion in Texas. The Althea Fund also hosts in-person events to rally supporters, fundraise, or organize and connect volunteers. There is also consistent communication and social media outreach online, and the Althea Fund brand is regularly associated with RJ movement social media and events across the state and country<sup>17</sup>.

#### *Althea Fund hotline labor policy considerations*

To limit hotline labor to try and make call volume more manageable, hotline hours are restricted to several blocks of time across the week. These policies are meant to delimit hotline labor, but—as I will discuss later—most organizers and volunteers are dedicated to intersectional feminist justice and engage in individual practices like call and email forwarding that serve to extend hotline labor far beyond designated hours. Furthermore, hotline policy decisions are made to try and delimit organizer and volunteer labor, but decisions are often not made easily or without internal criticism.

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<sup>17</sup> This communication and media outreach is discussed in Chapter V.

Organizers like Alice and Maya advocate for careful consideration of how to best acknowledge and manage calls attempted outside hotline hours, or for finding a new system of hotline volunteering altogether that does not restrict hotline hours. As Alice remarked in conversation, limiting call hours is understandable in terms of labor, but she worries the Althea Fund might miss people who work inflexible hours or cannot call during the specified hotline hours during what is a crucial week in terms of their time sensitive issue—their pregnancy. Every day that goes by for callers is another day closer to exorbitant increases in procedure costs. Despite her agreement that hotline labor can be overwhelming in a place like Texas with such great need, Alice feared restricting hotline hours was “arbitrary” and “not values-aligned.”

Regardless of the hotline’s hours and whether they are “on” the hotline or not, volunteers face hotline difficulties alone. Sometimes these situations arise when a volunteer is in a space where answering, interacting with a caller, or responding to a pressing need is difficult. If the volunteer cannot handle the situation immediately, they are tasked with sending out a message to the volunteer list with pertinent information to which only they have access currently—such as the caller’s name, clinic name, appointment date, and voucher amount. In these moments, it is critical to provide timely support to the caller. However, sending out a message with caller information to all volunteers at once brings concerns for data and information security. As shown in interviews and organizer conversations, there exists a tension between direct service activist immediacy and information security practices. I will discuss these at the end of this section<sup>18</sup>.

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<sup>18</sup> In Chapter V, I explore the tension between direct service activism, robust outreach, and caller security.



## Technological Mobility on the Althea Fund Hotline

The *immaterial intimacy* of Althea hotline labor involves cultivating and enacting a feminist sympathy, while also being willing to engage in highly emotional interactions with callers. This emotionally taxing labor, though, is not being done within a specific window of time using a physical phone in a permanent space. Rather, hotline work and caller engagement happens across a wide range of digital platforms, personal devices, and physical locations. The hotline involves communication technologies like an online voicemail box, an online spreadsheet full of clinic and caller information, a digital online fax program available, ongoing volunteer and organizer email chains, and people's individual Google Voice lines or personal phone numbers.

The technologies sustaining the hotline create ongoing immaterial digital labor that is difficult to demarcate in terms of time and effort. This immaterial labor is done across a variety of free programs that can be challenging and stressful to navigate smoothly. Also, to try and create some boundaries between themselves and the hotline, and to protect their personal information, some volunteers describe how they use Google Voice accounts to feel even slightly removed from the hotline. Though using a Google Voice "second line" is intended to allow people to disengage from the hotline when they are not volunteering, many volunteers describe how they have this line forward to their personal emails and phone numbers, or even elect to use their personal phone number at times. The technological decisions made by volunteers and organizers are further complicated by the follow-up contact made by many callers, which means *immaterial intimacy* for hotline volunteers becomes an ongoing, ubiquitous labor.

*Learning hotline technologies: An amalgam of free programs*

First, as explained above, there is an array of disparate technologies used together to operate the hotline. The reality of using many technologies includes resultant feelings of nervousness and anxiety expressed by volunteers who try to use the technologies successfully within the time constraints of their official hotline shift. Eleanor, a relatively new volunteer, is a trained therapist who finds the emotionality of hotline interactions relatively easy to manage. Yet, when I asked her what the most difficult aspect of hotline work was for her, Eleanor quickly told me: “oh my god, faxing in the forms and making sure the information is correct.” The faxing mechanism for the hotline involves, like most aspects of the work, a free online faxing platform. Despite the free accessibility of this program, faxing in general is a less common technological practice and there are often issues with the clinics’ fax machines being disconnected or offline. As Rachel, a veteran volunteer of six years, reflected across her time with the Althea Fund: “[The program for faxing] has changed very little. It’s so clunky. It shows when you’re faxing clinics they are in the dark ages. There’s got to be a better way!”

Evelyn, a Spanish hotline volunteer, described her first shift that happened one year ago as “overwhelming” due to the many technologies and programs she had to interact with in order to conduct hotline calls. She had to navigate robust spreadsheet tabs full of data, an online voicemail box that needed to be logged and cleared to make room for future calls, a call log spreadsheet full of calls from the month, and an online faxing program to send vouchers promised to callers. Evelyn told me her biggest concern was “doing it correctly,” rather than managing potential emotionality from callers.

Kelly, a volunteer for over two years, felt comfortable with the technologies used, but she also mentioned she has worked regularly with spreadsheets and shareable documents at her day job and throughout her career. Even though there are many technologies and programs with which volunteers interact while working the hotline, Kelly still believed it was overall “an easy acquisition of skills.” Though not all volunteers agree it is an easy acquisition, most seemed to have at least accepted the current technological set up as necessary because it is free and accessible by organizers and volunteers regardless of their location.

*Technological boundaries: Second lines to manage immaterial intimacy*

When trying to separate the *immaterial intimacy* of hotline labor from their everyday lives, a vast majority of volunteers reported using free Google Voice numbers as their “second” personal line. Reasons for this included protecting their identities, screening calls, and creating a sense of distance between being “on” the hotline and not. When I asked her reasoning for creating a separate number, Emma, a new volunteer on both the English and Spanish lines, noted:

Perhaps it would be preferable to give out this number that isn't associated with you if you're calling, you know, kind of a lot of strangers ... Nothing bad has ever happened, but it is a high number of calls to a lot of people you don't know so it seemed nice to have it sort of separate from this phone number that follows me around for my entire life.

Other volunteers mentioned similar concerns for protecting their phone number that they felt, in the current age of mobile technology, would be with them for the rest of their lives. Kelly remarked about the capacity for reverse searches on personal phone numbers to render some or most of someone's personal information. To avoid providing people she might only interact with once the opportunity to reverse search and unearth some of her personal information, Kelly said she used a Google Voice number without any contact information on the account. Both Hazel and Monica, volunteers of a combined several years, also both remarked about the "protection" afforded by anonymous Google Voice numbers. Hazel even noted her main concern was not callers but rather her distrust of people who are anti-abortion and the ways in which they might use her personal information should they find out its connected to the Althea Fund's hotline and work.

Not only did volunteers discuss their outgoing calls, but many also wanted the ability to screen incoming calls, which is a function available freely on Google Voice. Kelly and Sophia, hotline volunteers of two and five years respectively, both told me screening their calls was important to them in order to feel safe and also that their hotline labor was separate from their personal life and job. Melissa, a volunteer of over three years, said she had experiences in the past with "callers who are persistent and need more money or didn't call back in time." Melissa said using Google Voice to screen calls allowed her to not only keep her hotline work separate from her day job, at which she said she did not feel comfortable discussing her connection to the Althea Fund or abortion access movement, but it also helped her feel in control when callers continued to make return calls after the interaction and possibility for funding were over.

Caroline, another volunteer with several years of experience, also said she used a Google Voice number to screen calls and let repeat or confused callers go to a detailed outgoing message. Sometimes during a call shift a volunteer calls someone back but they do not answer. The volunteer might leave a message asking for a return phone call by a certain time, but she has to move on with making calls. Those same callers then might try to return her call hours or even days after her hotline shift is over and her budget has been allotted. Caroline told me: “I found people would call me later and not know that I’m not working the hotline, or that they need to call the hotline instead.” Though she wanted to protect her “off” hotline time, Caroline also did not think it was values-aligned to let callers slip through the cracks. She hoped, as other volunteers echoed, that the outgoing message would help direct people toward whoever was “on” the hotline and could assist them at that time.

Lastly, organizers and volunteers alike spoke about how using a Google Voice number helped them keep their volunteer duties separate from the rest of daily life. Tiffani, the board member and hotline volunteer, referred to a Google Voice line as similar to a separate business number. If someone calls that number, then, the volunteer knows it is distinct from other everyday calls. Hotline volunteers talked to me about this notion of separation, using words like “boundaries” and noting at times they just did not have space in their work or family lives to be willing to answer a phone call from someone they spoke with or tried to call last week who is still seeking Althea Fund-related advice or funding.

Amy, the hotline coordinator at the Althea Fund, said for herself and other volunteers the Google Voice number can feel like “just ... enough of a barrier.” She reflected on past “week-long ordeals with people who needed way more than [the Althea

Fund] could do.” Even though Amy felt for people describing their desperate situations, she said these repeat callers to her own and other volunteers’ individual lines “exhausted [Althea Fund] resources ... it never ended well.” Since Amy is the coordinator and trainer of new hotline volunteers, Althea Fund volunteers seem to feel comfortable echoing her idea that Google Voice can provide just a small amount of protection in terms of effort, emotion, and ongoing labor.

*Always available: Forwarded notifications, personal lines, and risks*

Interestingly, even though most volunteers wanted clear boundaries between their volunteer work and non-volunteer life, many volunteers continued to partake in practices that left them increasingly accessible to engage in *immaterial intimacy* at any time. For example, since users can decide how they want to engage with technological affordances, a volunteer could turn off Google Voice by disabling or even deleting the application between shifts. However, as voiced by several volunteers, most tended to leave the phone application on regardless of whether they were actively working the hotline or not.

Moreover, as volunteers like Rachel and Tiffani mentioned, many volunteers suggested the Google Voice app can be “clunky” and less streamlined at times. This had volunteers and organizers setting the app to send real-time notifications directly to their personal email and/or personal phone number when someone contacted their Google Voice number. For many people working the hotline, that meant they would be instantly notified across an array of devices when a caller reached out to them. This practice of being

“always-on” through multiple means led these volunteers and organizers to engage sporadically in pressing hotline business, caller interaction, and voucher follow-up.

Some organizers and volunteers even chose to simply use their personal numbers for all their hotline work. Hotline volunteer Gwen said so far in her first year of hotline work she has used her personal number because it was a “risk and responsibility [she] was willing to take on.” Even though Gwen recognized she was potentially making herself more vulnerable to increased immaterial, intimate labor, or to being searchable on the Internet—a concern not only for privacy but also security, as people working to enhance abortion access are regularly targeted online by anti-abortion groups (Martin, 2018). Gwen felt when she signed up to be a hotline volunteer she was “prepared to take that on and get to the bottom of [caller concerns] myself.” John, notably the only male-identifying hotline volunteer I interviewed, said Google Voice became inconvenient and unreliable, so he simply switched to his own number and was “willing to take the risk” involved in this practice.

Moreover, a third volunteer, Evelyn, from the Spanish hotline, said she used her personal number but blocked it for privacy. Yet, when I asked her about any necessary potential follow-up from callers, Evelyn said she gives out her personal number so people can reach her quickly. This is also important because callers on the Spanish hotline typically do not speak English or feel comfortable communicating so intimately with an English line volunteer, so by having Evelyn’s personal number they were able to have direct access to her at any time later, even if to the detriment of Evelyn’s personal life or feelings of safety.

Though most volunteers and organizers liked the idea of boundaries in theory, in practice, as dedicated care laborers and feminists, most made themselves incredibly accessible. Moreover, this accessibility enables follow-up to happen consistently between volunteers and callers. This follow-up complicates hotline work, as caller needs might expand far beyond the volunteer's original shift.

*Follow-up labor: An unceasing effort*

Volunteers sign up for, on average, a once monthly hotline shift. Yet, the labor for each hotline shift does not necessarily fit neatly within the scheduled shift. For example, due to the unreliable nature of faxing secure vouchers, callers with promised vouchers need a phone number they can call in case they have any urgent issues related specifically to their vouchers. If someone calls the clinic a few hours before their appointment and the clinic does not have their voucher, that caller needs to be able to alert someone to resend and verify their voucher in a timely manner. Callers to the hotline are relying on these vouchers to be able to afford their procedure. The regular hotline is not a good place for follow up, as it has restricted hours and a mailbox that is constantly being refilled with new callers seeking funding assistance. If someone calls the regular hotline, it may be a day or two before a volunteer logs in to the system and hears their voicemail. Even then, their message might be lost in the flurry of voicemails. Thus, already funded callers need some way to seek immediate help outside of the main hotline.

In offering this immediate help, there are two options for volunteers. Volunteers can either provide their own contact information, which is the most common practice, or



provide the number to a third Althea Fund Google Voice line that gathers voicemails from already funded callers. Amy, the hotline coordinator, maintains this third line. As many volunteers noted, even the third line can sometimes become inundated with messages and Amy cannot be expected to always be available to provide immediate relief to all return callers.

Amy told me the third Google Voice number gets “a lot of texts,” and that managing this line around the clock, along with creating call logs and supporting volunteers while they are “on” the hotline, can be unwieldy. As Amy told me: “It can be overwhelming going about my day and I get three texts about [Althea Fund] vouchers, but it’s good they can reach us in a timely way.” Even though she acknowledged the amount of spontaneous digital labor she took on was not necessarily sustainable, Amy still expressed satisfaction that “people [who] used to fall through the cracks” were not being missed.

Most organizers and volunteers, though, provided funded callers their own Google Voice or personal cell phone number and invited callers to contact them directly should they have any issues moving forward. Many volunteers discussed how they told callers follow-up contact should be made via text rather than a phone call because volunteers might be at work, in class, or with their friends and family. A text message allows the volunteer to discreetly see they are needed and slip away to a private space to conduct another abbreviated bout of *immaterial intimacy*. Even though volunteers are not necessarily able to handle resending a voucher in the moment, the idea is that volunteers can take a minute to send an urgent email out to all hotline organizers at once in the hopes someone is available to immediately handle the follow-up issue and let the caller know everything is alright.

## **Intimate Labor on the Althea Fund Hotline**

The *immaterial intimacy* performed by board members and volunteers on the Althea Fund hotline is not only invisible, digital, and ubiquitous, but the labor is also quite intimate in nature. Volunteers are calling strangers to talk about an intimate, stigmatized healthcare procedure and private personal financial situations. However, even with the emotionality inherent in hotline interactions, volunteers working the hotline are trained to focus on completing the funding promise and practice feminist sympathy in normalizing the emotions and thoughts of callers. Althea volunteers are regularly reminded they are not trained counselors but rather a person who is available to listen to others, affirm them and their humanity, and connect them to resources. Although volunteers are not asked to be counselors, they are asked to practice feminist sympathy in suspending judgment or biases they may have formed due to common neoliberal conceptualizations of reproductive healthcare and individual need. As Althea Fund volunteer John told me, if volunteers are not counselors, “we’re probably at least a supportive presence. We are a supportive presence, even if that’s not always how we see ourselves.” Through trying to fulfill the affective and financial needs of callers, volunteers partake in intimate care labor grounded in feminist sympathy that creates space for a wide range of caller emotionality.

*Feminist sympathy on the hotline: Expect nothing and validate everyone*

When volunteers are being trained on the Althea Fund hotline, they are told to be courteous, kind, and affirming to callers. Ideally, volunteers should engage with strangers

on the hotline as friends and equals. Yet, volunteers are also told they should not think of themselves as counselors and should shy away from projecting onto the callers what they, the volunteer, thinks the caller is or should be feeling. One caller might be experiencing a traumatic event when she calls the hotline. Another caller could be seeking funding to help end a wanted pregnancy with severe medical complications. Another caller could be seeking an abortion but also feeling waves of fear, shame, or guilt. Another caller could be satisfied with her decision, but frustrated and angry about the barriers to access she has been navigating. Another caller could also be feeling simple relief. Thus, Althea Fund volunteers are trained to try and interact with callers with as little assumption or initial judgment as possible. Feminist sympathy is also important on the Althea hotline because callers are strangers to volunteers, and—except for potential follow-up—the interaction between volunteers and callers is short-lived. This means there is only one brief exchange guaranteed between the volunteer and caller. Ideally, in this exchange volunteers would follow RJ principles and validate the caller’s lived experiences, rather than further extending any feelings of shame or individual failure.

In various volunteers’ experiences on the hotline, they have been asked by worried callers about the connections they see between religion, morals, and abortion. One volunteer has been told through teary sobs that she was saving a transgender caller’s life. Volunteers have also been told briskly that calling hotlines is “not a normal thing” for callers. Regardless of the situation or emotionality of the caller, volunteers try to embody feminist sympathy in doing the intimate labor of validating callers’ feelings and letting them know “I hear you.”

Simple validation of a caller's humanity can feel especially critical when the caller divulges the volunteer is either the only person who has greeted their decision to have an abortion with kindness, or the only person they have talked to *at all* about their decision to have an abortion. If the volunteer is the first or only person the caller speaks with about their abortion procedure, how the volunteer reacts to and treats the caller throughout the interaction might serve to set that caller's expectations for talking about their abortion experience. If a hotline interaction goes poorly, the caller might not be willing to open up to others about their abortion. Therefore, volunteers are trained at the Althea Fund to focus on the fact that callers are not defined by their abortion experiences, and that callers' lives continue beyond the phone call or their abortion procedure. Thus, by being trained to focus on the unique resiliency of each caller, ideally volunteers can engage in feminist sympathy and refrain from overtly judging callers or developing savior complexes in their hotline work.

Feminist sympathy is embedded in Althea trainings and manuals. Though volunteers experience many different levels of emotionality when talking to hotline callers, the Althea Fund emphasizes volunteers cannot know and should not try to assume the emotional state or physical context of the caller when they contact them. Thus, when working a hotline shift, volunteers should be intellectually ready for caller questions and emotionally prepared to be nonjudgmental and invested in caller wellness. In a conversation with Riya, the current president of the Althea Fund, she told me callers are "deserving of our help" simply as a fact of their humanity. Riya and other organizers spoke directly to me and in Althea Fund meetings frequently about lowering the pressure callers

feel to perform need. This was present in conversations about prioritizing callers based on voicemail messages, but it was also a consistent concern in volunteer-caller interaction.

Tiffani, a board member present in many conversations about caller performance, highlighted the wide-range of experiences and emotions callers bring to the hotline:

Doing this work, people really do prop up the sob story like, “I have this many kids, I’m undocumented, I really wanted my child.” All of those stories are beautiful and valid and part of this work, but in the same breath sometimes it’s just “I don’t want to be pregnant anymore.” ... You’re calling people in a moment in their lives, and that’s it. That’s something I would remind volunteers of. [Being on the hotline], it’s one of the most human things I do.

By acknowledging callers are complex and resilient people, Tiffani always reminded Althea organizers and volunteers to focus on the trust and mutual respect created between two humans interacting on the hotline. Enacting feminist sympathy involves this acknowledgement—that intimate labor is a two-way interaction of trust that does not privilege the reality of the person holding a more powerful position in the interaction (Zelizer, 2010).

While for some the enactment of feminist sympathy might feel dispassionate or even unsympathetic, in withholding judgment to the best of their ability and trying to respond openly and with tact, volunteers often reported they felt this openness normalized the callers’ experiences. By trying to listen openly to callers’ motivations, thoughts, and feelings, volunteers felt they were lowering feelings of shame and stigma in callers and helping to empower them in their decision-making and self-care. As hotline volunteer Emma stated about this powerful experience:

I have certainly spoken to callers who, you know, it was clear they expected me to be judgy or think that they were doing something wrong. Hotline volunteers are in the position to kind of spread this anti-stigma message to [callers] just through the way that we interact. Speaking to them with compassion about their decision and validating their decision.

Volunteers at the Althea Fund are taught to connect callers to resources strategically and with nonjudgmental care, and in carrying out these tasks volunteers like Emma find immense reward in normalizing and validating caller experiences.

Another seasoned volunteer, Lily, reflected with me candidly about her experiences interacting with callers in a way she felt validated them as not only hotline callers but autonomous human beings:

I also just let people know they're making the right decision for them ... I always tell people they are making the right decision for themselves. I think just letting people know it is ok. This is what we do. We get a lot of callers. There are a lot of women making decisions about their futures, and that's just part of it ... I think we normalize it for them. I don't make a big deal out of it. I used to say procedure much more, and I now I just say abortion.

Lily noted here that she wanted callers to know they are alright, not alone, and—whether or not they decide to have the abortion—making the right decision for themselves. I also found it interesting how, in her moments spent reflecting, Lily started to articulate how embodying a feminist sympathy on the hotline leads not only callers but also volunteers to think and speak about abortion stigma differently.

In their ongoing practice of feminist sympathy, almost every hotline volunteer spoke to me about how often callers feel the need to justify their decision to end their pregnancy. As volunteer Kelly told me:

Callers feel the need to justify or explain to me why they're getting an abortion. I wish I were equipped to tell them more than "you don't have to justify this to me, I understand and we're here to help you." This is a legal procedure they have the right to get. They don't have to justify it to me or anyone else ... I can't count the number of times that women have said something to me where again I believe they felt the need to justify or let me know that this [decision to have an abortion] wasn't something they felt was okay.

Like Kelly and many other organizers and volunteers, I have experienced calls in which, despite my clear statements of validation, deeply embedded neoliberal and patriarchal stigma and shame drive the caller to continue to justify or talk through their reasons for calling the hotline and/or seeking an abortion. Callers have told me to not assume they are "*that* kind of black woman" when I asked if they already have children. Callers have sought my opinion on their pastor's condemnation of their abortion decision. Like Kelly said, I find myself repeatedly telling callers I do not judge them, could see myself in their situation, and feel no sense of superiority just because I am the one today connecting them to a third party's money. Yet, even with constant assurances, people who have been unjustly burdened with deep feelings of shame might need to "talk it out" on the hotline. The hotline might be the only place they talk to someone openly about their life and abortion decision who does not appear to judge them or have any "skin in the game."

Further, the hotline might be the *only* place they talk to someone openly about their abortion decision or experience at all.

In cultivating and practicing a feminist sympathy, then, volunteers often find themselves in a position to listen to callers and make only remarks like “I hear you” to affirm and validate what the caller is saying. Some volunteers saw this embodiment of feminist sympathy as an attempt to avoid emotionality altogether in their *immaterial intimacy* hotline labor.

For example, Althea Fund volunteer Hazel believed that “to be an effective hotline volunteer you cannot get involved with these folks emotionally—it would be much too difficult.” Through focusing on the creation of the funding voucher on the hotline, Hazel felt the emotionality of the exchange was tampered or even negated. A new hotline volunteer, Eleanor, echoed that she learned in hotline training that distancing oneself emotionally might benefit some volunteers. In her advice to new volunteers, Eleanor mentioned to “remember your job is to provide resources in a caring and kind manner, but you can’t take on all the other needs that some people have.” Similarly, Emma, a new volunteer on both the English and Spanish hotlines, recalled memories from her recent training and hotline experiences. As Emma’s potential advice for new volunteers, she said, “You want to be firm but also friendly. Try to be clear yet compassionate with callers and transparent about the way budget works.”

Even though some volunteers articulated their embodiment of feminist sympathy and approach to hotline work as somewhat detached, the emotionality present in some hotline exchanges is unexpected and unavoidable. In trying to be devoid of preconceived



stereotypes or expectations, volunteers found they actually left space for a wide range of emotionality to unfold in their intimate hotline labor.

*Emotionality on the hotline: Highly varied and hard to anticipate*

Training for Althea Fund volunteers focuses on familiarizing the trainees with the intersectional values of the Althea Fund, the norms of prioritizing and funding, and the basics of operating of hotline technologies. Volunteers who attend in-person trainings are able to take part in call scenarios and practice or observe people trying to respond to emotional or challenging hotline situations. The Althea Fund emphasizes volunteers should not, and usually cannot, assume what the caller is experiencing situationally or emotionally. Though the Althea Fund is dedicated to equipping volunteers to avoid positioning callers as “affect aliens” on the hotline, there is still unpredictable emotionality inherent in the *immaterial intimacy* of hotline labor.

In a series of meetings I attended with a committee of Althea leadership, the organizers focused on the emotionality of hotline labor. In these meetings, the organizers discussed ways to streamline hotline labor and decrease callers’ performance of need. In this series of several meetings, the organizers rigorously examined each question volunteers were required to ask on the hotline in terms of content and wording. The main criterion for evaluating questions was whether the value of the data generated by the question justified the emotional burden on volunteers asking or the callers answering the question. Overall, the committee tried to eliminate any questions they could not justify

keeping, provide justifications for the questions they kept, and, in the end, shorten and simplify the hotline process for volunteers and callers.

In trying to decrease the potential for unpredictable emotionality in hotline *immaterial intimacy*, the hotline committee suggested and implemented several changes to hotline protocol. The changes were mainly minor, such as editing the wording of questions to clarify the purpose of the question to volunteers and callers. The most significant change made by the committee, however, was the decision to discard a question asking callers if they felt currently unsafe or if their pregnancy was a result of domestic violence, sexual assault, or rape. The decision to cut this question was made for several reasons, but most importantly was the general lack of training for volunteers in handling various responses to this question. In almost every interview, volunteers discussed how they did not feel qualified to offer counseling to callers, and Althea trainings even stated volunteers should not try to act as counselors. Thus, to the committee, this meant volunteers and callers were enduring the sometimes painful emotionality of the domestic violence/sexual assault/rape question solely for the sake of data collection. Though some hotline organizers who manage Althea's data and communication outreach were concerned about not having data about domestic violence, sexual assault, and rape, the committee of organizers decided that the question demanded too much from volunteers and callers in a way that was not values-aligned with the Althea Fund<sup>19</sup>.

Even though organizers continually sought to streamline hotline work for volunteers who are primarily understood as connecting callers to resources, in practicing

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<sup>19</sup> Concerns about collecting data primarily for outreach purposes is discussed in Chapter V.

feminist sympathy there is still an openness in conversations that can lead to highly emotional disclosures from callers. Laura, a Spanish hotline volunteer of two years, spoke candidly about the many sad circumstances callers have described to her and how these admissions have affected her emotionally when doing hotline work:

It's really like important just to brace yourself for people to be in really shitty situations, and if you're really sensitive like me—it's really going to affect you. I'm not sure if anybody could have prepared me, but I would've liked to be more prepared myself.

Though she did not shy away from hotline labor, Laura felt the realities shared by some callers could be not only emotionally burdensome to volunteers but also difficult to prepare for before each call.

Fellow volunteer Sophia talked about her particularly difficult and emotional hotline experiences and their lasting effect on her:

I had one call that was really tough and I didn't know what to do. I don't remember what really happened. The person's story was really tragic and I had to keep my composure because it was really sad. I had to keep my composure to be professional and be able to make decisions. I had to reach out to the coordinator, and she had to be really serious with me like, "This is how it works." It wasn't something I didn't understand, but you can get as much training as you can and there are still people ... there's not something you can say to every person who has been through this or that.

The Althea Fund emphasizes the importance of approaching each caller as a resilient individual who will be experiencing a unique emotional and intellectual state. Yet,

volunteers like Laura and Sophia described a longing to understand how best to react to callers who appear to be undergoing emotionally painful circumstances.

Hazel, a volunteer on the English line, described the end of a tough and emotionally-draining shift: “I had \$50 left and I had already sent the vouchers and I was emotionally exhausted. The thought of calling someone else, I couldn’t face it. I felt like, ‘Really, is \$50 worth it to all of us?’” Once the budget for the day has dwindled to a number volunteers might feel not be “worth it” to callers who face hundreds or thousands of dollars in procedure costs, it is difficult to find the motivation to engage one last time in a potentially emotional exchange only to tell the caller they can offer to cover a sixth of their costs. Volunteers are trained in feminist sympathy that leaves space for the caller to set the emotional tone. Thus, in any hotline call, the volunteers cannot anticipate how emotion will factor into the interaction. By being asked to embody a nonjudgmental, sympathetic persona, hotline volunteers can become vessels for caller sorrow, rage, desperation, or hopelessness. This is the emotionality inherent in the *immaterial intimacy* of hotline volunteer work.

Lastly, Abby, a hotline volunteer and former board member, reflected on times where the emotionality of calls extended far beyond initial hotline interactions during her volunteer hours:

Every like four shifts someone will send me something [after the shift is over].

One person just texted me to say she had a miscarriage and just needed to tell someone. That’s typical non-voucher related follow-up, just a text with some info. I had one person text me that she was further along than she thought and

she wasn't going to be able to get the abortion. I had no idea how to respond to that. Probably the only time I've ever been unprepared.

Abby highlights a phenomenon experienced by many Althea Fund organizers and volunteers: being available for timely care labor regardless of being “on” the hotline or not. Though volunteers can use personal technologies for convenience and accessibility in working the hotline, this convenience brings the potential for intimate hotline labor to extend far beyond a several hour shift. Though personal devices afford users the possibility to disconnect through signing off or powering down, hotline volunteers are engaged in deeply intimate labor they often feel obliged to carry out when called upon at any time. Because it is difficult to know when a caller might reach out for follow-up contact, and since volunteers care *about* and *for* the callers, many Althea Fund volunteers and organizers make themselves always available—just a text, call, or email away.

### **Information Concerns and the Future of Hotline Technologies**

Thanks to freely available digital technologies and the efforts of dedicated individuals across geographic regions in Texas and beyond, the myriad technologies and personal devices running the *immaterial intimacy* of hotline labor at the Althea Fund has enabled the hotline to exist for over seventeen years. However, even though the hotline has survived and helped callers for nearly two decades in its current iteration, heightened concerns for information security and new substantial grant money have led to recent conversations about potential technological changes at the Althea Fund.

### *Information security on the hotline*

In a conversation with Jordan, a board member, former president, and one of the resident technology experts at the Althea Fund, I learned about technological vulnerabilities, contingency plans, and issues about which she felt it was important for organizers and volunteers alike to be aware. Jordan held immense respect for all that current and former Althea Fund organizers accomplished with a technological system she described as “cobbled together out of free things.” As access to abortion and reliable technologies both continuously shift, the Althea Fund has also continuously shifted their technological and other practices to respond to pressing material needs. Yet, through her personal experiences navigating cyberattacks for the Althea Fund and considering the documented rise in cyberattacks on abortion access groups and clinics (Grant, 2017), Jordan’s level of discomfort with the vulnerabilities she saw in the Althea Fund’s socio-techno practices also continued to escalate. Jordan described her information security concerns and frustrations in an interview one afternoon:

We’re all really concerned with the attacks on Planned Parenthood and the recent attack on the [Althea Fund fundraising] site. What was really upsetting about that was the vulnerability that was exploited, another tech volunteer and I noticed the vulnerability within our first few months on the board. We reported it to the [Althea Fund] president at the time, and she reported it to [national network], and then a year later it was used to attack the site. We were particularly upset that nothing had been done with that ... there are so many things [the Althea Fund] needs to do better as an organization for protecting

ourselves in the climate. After the election we really felt that particularly we needed to put extra investment in information security.

As she exposed technological vulnerabilities to both the Althea Fund and national network, Jordan did not seem to feel other organizers understood the gravity of these issues. On her own time, then, Jordan had been securing a Swiss-held domain name for the Althea Fund and was waiting for a Swiss company to offer business email accounts so the Althea Fund could purchase an organization-wide account. Though she was preparing for the worst, Jordan said she did not anticipate a “pure hack,” but rather was most concerned with anti-abortion activists “making use of what’s available and having resources and access to people with political power.”

Moreover, in protecting information, there are also concerns from Jordan and other organizers and volunteers about the actual hotline interactions and the vulnerabilities inherent in ongoing *immaterial intimacy*. For example, when calling someone on the hotline, like the Janes in Chicago, Althea Fund volunteers are trained to not mention the Althea Fund by name or the word abortion until they are confident (as they can be) that they are speaking to the caller. Sometimes during a shift a volunteer tries to call someone and it goes to voicemail. If the caller did not explicitly state in their original message that it was safe to leave a voicemail or text them, the volunteer hangs up. Later, if the caller tries to return the missed call, there is a tricky interaction in which the volunteer attempts to ensure they are actually speaking to the original caller, rather than their family member or partner, without outing the caller as seeking an abortion. So if someone calls a volunteer back and asks who they are, the Althea Fund volunteer must find a way to tactfully avoid

answering this question until they are sure they are speaking with the original hotline caller. This adds an interesting layer of trust, tact, and skill to *immaterial intimacy*.

An example of this delicate interaction was described by hotline volunteer Eleanor when trying repeatedly to get in touch with a caller: “a minor had called and the parent answered. There was that kind of back and forth... trying to get ahold of a minor without revealing... trying to get information out without outing them.” Eleanor described a situation in which volunteers, if not trained or careful, could accidentally divulge incredibly sensitive information about callers—potentially minors—to their own family members.

Despite the highly sensitive intimate nature of information shared in hotline conversations and across technologies, information security was not a topic discussed frequently amongst Althea Fund organizers or volunteers outside of Jordan, the “tech guru.” Most Althea people tended toward the belief that, when trying to respond quickly to pressing caller needs and concerns, the more people who have access to necessary information and technologies—the better. However, navigating return phone calls, using an amalgam of personal devices and usernames, and leaving multiple people with access to spreadsheets that contain highly personal and private information was more concerning to Jordan.

#### *Updating hotline technologies to streamline digital labor*

As Alice told me about her previous work at a feminist East Coast legal advice hotline, the hotline organization “could afford technologies” that were capable of



generating and systematizing the hotline's data forms, along with the physical office space to host volunteers during their hotline hours. In her experience, the in-house and highly technological nature of this hotline allowed volunteers and organizers to quickly carry out their calls and share knowledge amongst themselves. Though a robust physical and technological hotline set-up is undoubtedly useful in organizing caller data and fostering volunteer community, more extensive technological systems also mean more extensive costs. Thus, the Althea Fund typically chose to focus on funding callers over updating technologies. However, when the Althea Fund obtained a large grant, ongoing talks about updating hotline technologies became more central in organizer discussions. Rather than using personal lines and online spreadsheets, organizers hope to establish a virtual private network (VPN) service and encrypted data entry and storage program. In selecting and implementing new technologies, the *immaterial intimacy* of hotline labor is being taken into account. Key aims for new technology programs at the Althea Fund include streamlining volunteer labor, lessening caller performance, greatly expanding Althea's capacity for consistent information security, and improving and refining data entry.

By implementing one central system with more rigid user norms, the hope is that the technological aspect of *immaterial intimacy* would be more streamlined for volunteers. In theory, by creating a more rigid structure, the volunteer would focus less on technological maneuvering and more the intimacy of hotline interactions. With more structured and simplified technologies, discussions of intimacy, emotionality, and feminist sympathy could become more central to volunteer training and overall hotline experience.

Moreover, a more structured system could even potentially lead to callers accessing an intake form on their own and filling in data they feel comfortable sharing, rather than

feeling the need to perform for a volunteer. However, the idea of an online form brings serious concerns for accessibility and insuring the hotline is available to those who are most vulnerable. Being able to fill out an online form requires more technological access and literacy than using a cell phone to call a hotline. While talking on the phone can prompt client performance, it is also the most widely accessible communication technology. With these concerns for accessibility, there are talks of adding an online system while also maintaining the hotline, which might mean the labor of running the hotline could actually double.

Jordan is hopeful purchasing new technologies will help to enhance the Althea Fund's online security without requiring extra labor or knowledge on behalf of volunteers. When thinking about human error, the most glaring vulnerability in current Althea Fund technological practices, Jordan said: "You have to try and engineer those things out so the potential for error and requiring manual maintenance of security go down." Ideally, a new and privately-held technology would allow for less human error to occur, increasing data protection without increasing volunteer labor.

Finally, Alice is an organizer heavily involved in data collection and management. She is particularly hopeful new technologies with simple capabilities like drop down menus would establish consistency across volunteers in terms of gathering important caller information. In her previous hotline work, Alice told me volunteers completed standardized intake forms with drop down menus and specific parameters for gathering caller information. She hoped using a similarly highly regimented intake form at the Althea Fund could allow for consistent data entry and analysis without increasing the technological labor inherent in volunteer's *immaterial intimacy*. In the following chapter, I

explore the usefulness of this hotline data in the Althea Fund's communication and media strategies.

## Conclusion

In this chapter, I have argued the labor of hotline volunteers and organizers at the Althea Fund is a form of *immaterial intimacy* rooted in feminist consciousness. *Immaterial intimacy* is invisible to most of society but ubiquitous in volunteers' lives. *Immaterial intimacy* also involves intimate feminist labor performed in ephemeral exchanges between strangers on smartphones and other personal devices. This *immaterial intimacy* on the Althea hotline includes both digital information labor and intimate care labor. For many volunteers and organizers, this dual immateriality results in a feedback loop, in which both types of immateriality in *immaterial intimacy* enable and perpetuate the other in an endless cycle of ubiquitous labor. Hotline volunteers want to be helpful in intimate hotline interactions and carry out ethical feminist care labor that involves a feminist consciousness and embodied feminist sympathy. However, this desire to be helpful in the face of pressing systemic injustice means many volunteers choose to be perpetually connected to the hotline via smartphones and personal devices, ready at a moment's notice to engage in digital labor on behalf of the cause.

While people at the Althea Fund are not engaging in hotline labor for capitalist gain, their work as volunteers is still situated within the current neoliberal cultural context, which perpetuates an understanding that "good" individuals can and should engage in immaterial digital and gendered care labor without ceasing. In wanting to be ethical

feminist care laborers, hotline volunteers described numerous practices for ensuring they were always available to start laboring on behalf of the Althea Fund. This “always on” and highly individual nature of hotline labor seems potentially inconsistent with a movement that aims for systemic social justice change. If the RJ movement seeks systemic justice, can a small army of individual neoliberal subjects using their smartphones to conduct *immaterial intimacy* labor help to create societal, political, and cultural change? Some answers to this question are engaged in-depth in the conclusion of this project.

Before this, in Chapter V I will explore the affective labor involved in creating communication outreach content at the Althea Fund. This affective labor is also entangled in the neoliberal U.S. context. Thus, the Althea Fund organizers creating the content and managing the social media pages continue their neoliberal and immaterial labor beyond the hotline.

**CHAPTER V**  
**COMMUNICATION OUTREACH AND ADVOCACY FOR REPRODUCTIVE**  
**JUSTICE**

In the 2007 hit indie film *Juno*, the main character, a pregnant 16-year-old girl named Juno MacGuff, goes to visit a clinic called Women Now to schedule an abortion. After encountering a schoolmate outside the clinic chanting “all babies want to get borned,” who also tells Juno the fetus has fingernails, Juno makes it inside the clinic. She is greeted by an indifferent receptionist focused on a handheld video game who tells her to “surrender any bombs.” Juno responds by putting her hands in the air and saying she is “here for the big show.” The receptionist is not amused and gives Juno paperwork to fill out in the waiting room. Once Juno sits down, she is overwhelmed by the sound of fingernails in the room—scratching, being painted, and tapping. She runs out of the clinic to her car, having changed her mind about the abortion procedure.

Because the main character leaves the clinic, Juno’s narrative does not spread misinformation about abortion as a procedure, as many media depictions of abortion do (Conti & Cahill, 2017; Sisson, Herold, & Woodruff, 2017). Yet, the film still spreads misinformation by suggesting a 16-year-old in Minnesota could go to a clinic to schedule an abortion procedure on her own without parental consent or notification. Additionally, Minnesota has some of the scarcest abortion access in the U.S., and in the movie it is shown as a simple ride down the street to a clinic. As documented by Sisson and Kimport (2017), the underrepresentation of barriers to abortion access is rampant in media

depictions, which can lead the public to believe that restrictions to reproductive rights do not exist or are easily surmountable.

*Juno* is one of the more tame examples of the implausible narratives and medically incorrect information about abortion spread by mainstream media depictions of the issue. These depictions lead to further confusion, stigma, and silence around abortion and other reproductive rights. Thus, feminist organizations like the Althea Fund work to combat stigma and misinformation in order to advocate for more robust understanding of and policy about reproductive justice. While Althea Fund organizers are primarily focused on maintaining the hotline and directly serving clients, the organization also creates communication outreach content for both their supporters and the general public. With this outreach, Althea Fund organizers hope they can help break stigma around abortion, garner support for the RJ movement, and raise money for the hotline. The context surrounding abortion-positive media is stigmatized, though, which impacts how the messaging is created.

Understanding the impacts and realities of media representation is important with stigmatized issues like abortion. Because our societal and political context is increasingly mediated, individual and collective perceptions of reality are deeply influenced by media representations and depictions. Even though abortion is a common and safe procedure performed daily across the globe, due to stigma, discussions about personal experiences with or understandings of abortion are difficult to find in everyday conversation. Thus, language and narratives about abortion in policy, fictional stories, and news media continue to manipulate societal and individual understandings of abortion procedures, experiences, and accessibility.

In order to reclaim dominant narratives about abortion, RJ movement organizers want to offer counter narratives. To create robust counter narratives, organizers need data about real experiences. In particular, they need statistical data about the rates of abortion, what type of people seek funding assistance for abortion and other reproductive healthcare, and who is most harmed by anti-abortion policy. In order to destigmatize and humanize the issue, organizers also need personal stories and testimonies about experiences with abortion care.

Moreover, the RJ movement is anti-neoliberal in principle and seeks to affirm the existence of systemic inequality. Yet, persuasive counter messaging often tends toward statistics or individual stories that seem to justify the neoliberal and patriarchal mainstream discourse around abortion care. For instance, Althea Fund data shows a vast majority of funded callers are already parents. While this data might be true and persuasive to potential donors, there are concerns that using this data for RJ movement communication outreach could suggest people who are already parenting are more deserving of funding than non-parenting individuals. Though all data can be used strategically to produce counter narratives, there are ongoing discussions amongst Althea Fund and other organizers about how best to advocate for abortion rights and fundraise in a manner that does not reinforce a neoliberal, patriarchal framework.

In this chapter, I argue Althea organizers who create this communication outreach content continue immaterial and affective labor on behalf of the organization beyond just their work on the hotline. The Althea Fund, like other direct service organizations, acts as a source of data for communication outreach and advocacy in the RJ movement. With the intimacy of hotline interactions, the Althea Fund gathers rich quantitative and qualitative

data that can be used for outreach efforts. This alternative media can challenge dominant discourse about abortion and provide alternative, more complex narratives about abortion and the RJ movement. Data from the Althea Fund’s hotline is a “lifeblood” of sorts for the RJ movement in terms of documenting on-the-ground lived experiences with systemic inequity. However, even though they provide this vital information, Althea Fund organizers are not willing to stray from their anti-neoliberal, RJ principles to collect data, retain data, or create outgoing media content that serves only to persuade a neoliberal public. These Althea organizers are consistently interacting with supporters, donors, and anti-abortion activists via email newsletters, direct one-on-one contact, and social media interactions. In managing this outreach, these organizers consider the best ways to create and manipulate the affects of various publics in ways that not only align with RJ values but also compel people to donate to their organization. The question in this Althea content, as is the question in all stigmatized social movement messaging, is: how can one best advocate for deep ideological shifts while simultaneously asking for urgent and immediate collective action?

Though the Althea Fund’s direct service work can provide data for robust media and advocacy narratives, the collection of this data and its subsequent use in communication outreach are not the primary concerns of the Althea Fund. They rely on organizations and activists who are focused on narrative-shifting to create rich communication outreach on behalf of the movement at large. The Althea Fund, instead, is focused on their callers and on advocacy efforts that compel donors and potential donors to reject neoliberal individualism and donate their surplus wealth, which can then be redistributed to callers on the hotline.



To analyze how communication outreach is understood at the Althea Fund and in the RJ movement, I first briefly explore theories explaining how media teaches people about the world and their own opinions about and understandings of contentious popular issues like abortion. These media theories include agenda setting, priming, and vicarious learning. Then, I turn explicitly to reproductive justice and abortion, understanding how these issues continue to be depicted and stigmatized in policy language, news media, and fictional representation. Next, after describing how media can impact society generally and reproductive justice in particular, I explore how media, and especially the participatory culture of new media, is understood as a potential tool for advocacy efforts and in mobilizing counter-publics. Particularly, I discuss how RJ movement advocacy efforts have used alternative media to combat stereotyping and misinformation. I discuss two contemporary examples of alternative communication outreach in the RJ movement that have ties to Althea Fund organizers, *Comics for Choice* and *We Testify*, and their predecessors in the movement.

Finally, I return to interview and observation data from Althea Fund organizers. I explore how the Althea Fund as a particular organization in the RJ movement wants to create persuasive communication outreach in ways that allow for the least amount of burden on already vulnerable callers. At the Althea Fund, direct service on the hotline is the most important component of the organization's mission. The push to collect comprehensive, robust data for persuasive advocacy is often incompatible with the Althea Fund's central aims for insuring caller privacy, diminishing pressure on callers to perform need, and lessening overall volunteer labor. It is difficult to obtain data on the hotline for persuasive communication outreach that does not pressure callers to perform neoliberal

worth or jeopardize their personal safety. I examine how Althea Fund organizers are continuing their immaterial labor through consistently grappling with how to create compelling media messages for fundraising and advocacy that dismantle neoliberal ideology and stay true to RJ principles. Althea Fund organizers do not want to perpetuate a neoliberal focus on callers' individual "worth," but they want to create communication outreach that aligns with the RJ movement and, most importantly, compels donors to continue giving contributions.

### **Media, Society, and Representations of Reproductive Justice Issues**

Banet-Weiser and Gray (2009) suggest mediated "representations structure and construct the cultural meanings of identities, practices, and systems of power" (p. 14). Communication outreach and interventions on behalf of stigmatized issues like abortion occur within a public context saturated with meaning that has been constructed and shaped by media. In order to understand the mechanisms and reasoning behind communication outreach in the RJ movement, then, we must first briefly examine how media impacts public discourse generally and the issue of reproductive justice specifically.

#### **Mediated Society**

People exist in a mediated society where they learn from media what issues they should care about, what symbols and skin colors indicate certain outcomes, what opinions to hold about contentious issues, and how to act in various contexts.

In their influential book *News that Matters*, Iyengar and Kinder (1987) explore how television and news media not only influence consumers' opinions, but also inform audiences of the dominant values in society and define the issues about which they *should* have an opinion. Iyengar and Kinder (1987) note that by "attending to some problems and ignoring others, television news shapes the American public's political priorities" (p. 33). Iyengar and Kinder (1987) call this agenda setting. Agenda setting proposes "problems that receive prominent attention on the national news become the problems the viewing public regards as the nation's most important" (Iyengar & Kinder, 1987, p. 16). Agenda setting is a powerful means through which dominant media creators shape societal discourse and understandings of marginalized groups that, especially prior to digital media, have had fewer resources to intervene in dominant narratives (Iyengar & Kinder, 1987, p. 60). Further, agenda setting can have material implications in policy creation, as the focus on certain issues in mainstream media effectively tells public officials which problems they must address and which ones they can "safely ignore" (Iyengar & Kinder, 1987, p. 120).

Not only does dominant news media serve to set the agenda for public discourse and policy creation, but issues are also framed in a way that delineates what is or should be included in discussion about included issues. Framing is "the process of constructing and defining events for an audience through the control of the agenda and vocabulary" (Rohlinger, 2002, p. 480). A frame explains to the public what an issue is and how to discuss it.

While media informs the public about dominant societal values and issues worthy of consideration, there is also a priming effect. Priming is the process of providing heuristics, or "intuitive shortcuts and simple rules of thumb," for audiences to think about

social issues or demographic groups (Iyengar & Kinder, 1987, p. 64). For example, in his study on racialized news coverage of crime, Valentino (1999) describes how media consumers use “shortcuts” to simplify the decision-making process in thinking about race and crime. These “shortcuts” are “readily accessible information [that] is weighted more heavily” in cognitive processing (Valentino, 1999, p. 294). An example of these “shortcuts” are stereotypes of stigmatized issues and minority groups. Stuart Hall (1997) explains that mainstream depictions of minority groups are tied to a few defining characteristics and, thus, reduce the entire group to a racialized “essence,” or stereotype, in public discourse (p. 249). Molina-Guzmán (2010) also calls this process “symbolic colonization,” or an ideological process and “storytelling mechanism” that contributes to the homogenization of ethnicity, race, sexuality, and gender into stereotypical constructs more palatable to dominant white society (p. 9)

Thus, priming allows media consumers to quickly form opinions and make decisions based on the most repeated and available information. When it comes to minority groups and stigmatized issues like abortion, often the most readily available information in mainstream media includes biases and vicious stereotypes. This is important, as Entman and Rojecki (2000) note that media teaches people what to “notice, process, interpret, remember, and discard” in their interpretation of reality and everyday lives (p. 15). After being primed with stereotypes and misinformation, then, media consumers move through the world only taking in and interpreting new information and narratives in ways that reify their existing beliefs.

Finally, media representations not only teach consumers how to think, but also how to speak and act. In particular, media has become a means through which people can

engage with issues, ideas, and people they do not come across in their everyday lives. As Bandura (1986) describes, learning about the world “can occur vicariously by observing other people’s behavior and its consequences for them” (p. 19). Through observing representations in media, people learn “rules for generating and regulating behavioral patterns” with regard to issues they have no contact with outside of the media (Bandura, 1986, p. 19). Thus, through vicarious learning, media consumers learn how to act around people they have never met and how to talk about issues they have never experienced firsthand.

### **Mediated Understandings of Reproductive Justice and Abortion**

Through understanding how media impacts individual and societal reality, researchers can better understand how contentious issues, like abortion and reproductive justice, are understood in dominant society. Jaworski (2009) calls for researchers and activists to pay attention to the mainstream framing of reproductive issues, as these popular “attitudes and stereotypes might lead to support (or lack of support) for certain policies related to aspects of reproductive justice” (p. 117).

#### *Mainstream anti-abortion rhetoric*

Media messages by organizations like the Althea Fund in the RJ movement are crafted in direct response to the messaging of mainstream anti-abortion ideology (McCaffrey & Keys, 2000, p. 56). Through understanding the messaging of dominant

ideologies that attack social movements, we can see “the influence of political opponents and social detractors on movement ideology” (McCaffrey & Keys, 2000, p. 41). That is to say, dominant anti-abortion rhetoric continuously redirects counter RJ movement messaging.

The dominant anti-abortion, or pro-life, movement has multifaceted messaging. Anti-abortion messages are “intimately connected to the defense of traditional families, privatism, sexual restraint, and women’s roles in the private sphere,” all arenas in which abortion “serves a symbolic function in this lifestyle conflict, acting as rallying point for a broader right-wing platform” (McCaffrey & Keys, 2000, p. 47). In anti-abortion rhetoric, reproductive bodies are neoliberal and neoconservative subjects, which makes space for “the socially constructed nature of women’s responsibility, and the public support for policies and laws that punish women for ‘failing’ to appropriately put the care of their children above their own health and well-being” (Jaworski, 2009, p. 109).

For example, on their website, the Pro-Life Action League states they “reject abortion for the alleged purpose of preserving the health of the mother,” primarily because the “health of the mother” has been defined “so broadly as to include any aspect of mental or emotional health” (“Where We Stand,” 2018). Thus, to the Pro-Life Action League, a pregnant person’s mental or emotional health cannot and should not be more valued than their pregnancy. Potential life, here, outweighs the already living.

Furthermore, by identifying as a pro-life movement, anti-abortion advocacy situates anyone who supports the right to an abortion as “pro-death.” When it comes to pro-life rhetoric, Hayden (2009) argues in particular that the “significance of fetal imagery for the articulation of <life> cannot be overstated” (p. 114). To reiterate this point, beyond using

fetal imagery to portray the RJ movement as “pro-death,” the Pro-Life Action League’s website also explains they are opposed to embryonic stem cell research because “it is not right to sacrifice the lives of these tiny babies to save the lives of others” (“Where We Stand,” 2018).

Understanding the expansiveness and nuances of anti-abortion rhetoric is key to understanding the strategies used by RJ movement activists to create effective outreach content. Not only are activists seeking to dismantle neoliberal reproductive healthcare policies, they also hope to disrupt dominant narratives about reproductive healthcare that support the passage and implementation of such policy. These dominant narratives solidify abortion as a stigmatized topic and are repeated across policy, news media, and fictional representations.

#### *Learning from media: Abortion as a stigmatized topic*

Popular news media “sets the agenda” of dominant narratives and important issues in the public. While abortion is included in this public agenda, as will be discussed, it has long been framed in a polarized and misleading manner (Ferree, 2002; Hayden, 2009). Further, media consumers become primed to consider abortion not only as important but as a stigmatized and contentious topic. Language is used in mainstream media to prime audiences regularly in relation to abortion discourse. Thus, as Conti and Cahill (2017) find, the public is learning not only what to think but how to speak about and interact with the topic of abortion.

Reproductive justice advocates understand that, as recent research has documented, “media frequently use negative language and framing when covering abortion, and that such frames work to produce abortion stigma” (Sisson, Herold, & Woodruff, 2017, p. 395). Moreover, data from a 2015 research survey showed that, of survey participants, nearly 70% “reported that ‘media’ was the most popular source of abortion information” in their personal lives—far outweighing discussions in classrooms, with their family members, or with people who have had abortions (Conti & Cahill, 2017, p. 429).

Because of the stigmatized nature of abortion positive messaging in public sex education, and the general lack of sex education all together in places like Texas, “the media are particularly powerful and prominent sources” for dictating public understanding and opinions of abortion (Jaworski, 2009, p. 105). Though it is difficult to directly correlate public opinion and media imagery and consumption, Jaworski (2009) argues “the media may play a role in reflecting and perpetuating currently existing attitudes and political agendas rooted in stereotypes and oppressive ideologies,” along with “shaping attitudes and knowledge around lesser-known issues related to reproductive justice” (p. 108).

Thus, while abortions are a widespread common procedure amongst women (it is estimated that one in three U.S. women will have an abortion in their lifetime), there continues to be relative silence around personal experiences with abortion care. Simonds (1995) found in her experience working with abortion clinic workers that “clients do not see having an abortion as exercising a crucial right but, rather, experience it as a deviant act to undo a personal failure” (p. 252). As discussed in Chapter IV, hotline volunteers at



the Althea Fund also found callers often felt the need to justify why they were seeking an abortion to prevent being judged as potentially unworthy of funding assistance.

Situating abortion stigma historically, Ferree (2002) has described how the United States went through a “century of silence” around abortion, with abortion discourse being heavily suppressed from 1890 until 1950 (p. 25). With the signing of *Roe v. Wade*, abortion firmly reentered public discourse in the United States (Ferree, 2002), but only as a polarized, stigmatized, and misunderstood issue that is relegated to mediated depictions rather than meaningful conversations. Thus, the ways in which abortion is included and depicted on screen(s) warrants close attention when understanding how the public currently conceives of and talks about abortion and reproductive justice. Understanding dominant public depictions of and discourse about abortion and reproductive justice sets the stage for understanding the strategies used by activists like the organizers at the Althea Fund to shift the narrative.

#### *Anti-abortion language in policy*

Sun-Hee Park (1998) argues media coverage of the explicit language in public policy is important, as the attitudes and beliefs espoused through proposed policies “have the power to affect the everyday lives of individuals” through perpetuating stigma, taboo, and shame—regardless if the policy is passed or not (p. 193). The language used in reproductive healthcare policy discourse deeply affect the psyches of the general public and can silence people who have received or would seek abortion care.

There have been many documented examples of reproductive healthcare policy language chosen to prime citizens to side with anti-abortion beliefs. In 2004, the U.S. House of Representatives created the Unborn Victims of Violence Act, in which they shifted federal policy away from using the term “fetus” and instead used “unborn children” in their prenatal language (“Unborn Victims,” 2004). Similarly, in December 2017, *The Washington Post* broke a story that alleged Center for Disease Control officials had effectively “banned” seven words from being used in CDC documents for the upcoming budget (Sun & Eilperin, 2017). The list of words notably included the term “fetus,” suggesting other words should be used in the place of this medical term in public health documents.

More specifically, in Texas’s 2017 Senate Bill 8, policymakers repeatedly used the term “dismemberment abortion” to describe a common and safe abortion procedure. “Dismemberment” is not a term used or recognized by medical professionals in relation to the procedure, and was strategically chosen by public officials seeking support from the anti-abortion majority (“Texas Senate,” 2017). Writing the non-medical and violent term “dismemberment” into law situated abortion as a violent act and a stigmatized issue rather than a public health concern.

### *Abortion and reproductive healthcare in news media*

The language used in reproductive healthcare policy is important especially because of the ways in which this language is circulated in media coverage. As for contemporary coverage of abortion in popular news media, Jennifer Conti and Erica Cahill

(2017) of the Stanford School of Medicine produced a recent review of research about abortion representation in the U.S. media. Both Conti and Cahill (2017) and Sisson, Herold, and Woodruff (2017) describe how journalists find it difficult to accurately depict abortion experiences and medical opinions due to false equivalency norms in reporting, which suggest journalists have to appear unbiased and present all sides of an issue “even if one side is scientifically false or based on no evidence at all” (p. 427). Furthermore, Sisson, Herold, and Woodruff (2017) found 80% of the journalists they interviewed who report on abortion access with a progressive stance have faced harassment and even threats from anti-abortion media consumers.

Subsequently, there is an effort to create “balanced” news coverage of abortion and other stigmatized reproductive issues. Although in setting the public agenda this might mean abortion, then, is included in media and popular discourse, but it is depicted in a polarized and misleading manner. When anti-abortion rhetoric relies heavily on religious and neoliberal logics rather than medical evidence and abortion procedure statistics, the issue becomes increasingly tied to personal morality, political strategy, and societal acceptance. This is true not only for abortion, but all reproductive healthcare.

For example, Fixmer-Oraiz (2010) notes the “morning after pill” is framed in policy, media coverage, and advertising as a right for privileged (rich, white) group members to enjoy but a responsibility for marginalized (poor, nonwhite) groups to bear (p. 41). With this, Fixmer-Oraiz (2010) provides evidence for how racialized and lower-class people receive differential treatment not only in terms of abortion, but also in using emergency contraception and seeking reproductive healthcare in general. When abortion, contraception, and other aspects of reproductive healthcare are framed in political, social,

and individual neoliberal terms, it “deemphasizes the public health significance of these topics, and contributes greatly to the public’s misunderstanding of reproductive health” (Conti & Cahill, 2017, p. 428).

Through decentering the public health aspect of abortion, media continues to normalize polarized (and racialized) neoliberal pro-life and pro-choice rhetoric. In this false dichotomy, a woman either has a right to her body (if she is the right kind of woman) or chooses to murder the unborn. Vanderford (1989), in her study of highly publicized newsletters written by pro-life and pro-choice groups in Minnesota in the 1970s, exhibits how this vilification of the “other side” has been the prominent manner of abortion discourse coverage in mainstream U.S. news media both before and after the *Roe v. Wade* decision. Similarly, on a global scale, in their recent study of Polish college students, Mikołajczak and Bilewicz (2015) also found polarized, socially-charged, and often medically incorrect news media coverage of abortion affected student beliefs and was “reflected in the language used to describe prenatal life” in both media and policy (p. 500).

The language used in mainstream media coverage of abortion matters as to what individuals believe and act in regards to the stigmatized issue. As Mikołajczak and Bilewicz (2015) found in their multilevel experimental study of abortion public discourse, “people may unwittingly adopt and alter their attitudes related to abortion and rights of the unborn upon encountering [polarized language] in the public discourse” (p. 514). The use of specific images and terms, such as fetus, child, and rights, in media and public policy primes media consumers to think about the issue in certain ways. Offering certain words in relation to an issue creates heuristics, or short cuts to knowledge, for media consumers. For example, “knowledge about humans is made more accessible in the case of the term ‘child’

than the ‘fetus’” (Mikołajczak & Bilewicz, 2015, p. 502). Importantly, some heuristics and framing of the abortion issue have proven stronger than others. As Hayden (2009) describes, in the contemporary abortion debate, the “significance of fetal imagery for the articulation of <life> cannot be overstated” (p. 114). If one “side” of the issue frames the act as murder, it creates the opportunity to use strong, grotesque imagery in ways meant to prime citizens to think of unjust violence and death when considering the public health issue. Though RJ movement activists want to reframe the discussion to include violence against women and autonomous bodies, Hayden (2009) argues the “crime-scene photograph [of a woman who died from an illegal abortion procedure] is undeniably powerful, it is not an effective counterpart to fetal imagery” (p. 117).

News media coverage of public policy and the reproductive justice movement both serve to educate viewers about an issue they do not regularly engage with in everyday interactions. As policy makers and mainstream news media continue to perpetuate abortion as violent and contentious, they continue to silence productive discussion about abortion as a medical procedure, constitutional right, and human right.

### *Current fictional depictions of abortion*

While anti-abortion and reproductive justice language continues to permeate in news media and coverage of policy, ideally the realm of fictional media could offer a space in which to explore alternative and more complex viewpoints. There are some recent examples of abortion being represented in media as, if not a valid and safe choice for people, at least a multifaceted issue that encompasses many opinions, views, and

experiences. In 2014, actress Jenny Slate and writer and director Gillian Robespierre were praised for their depiction of abortion as a safe, common, and dignified choice for women in their film, *Obvious Child* (Kermode, 2014). The film follows a young female comedian who decides to have an abortion after a one-night-stand. Though there were many tropes *Obvious Child* could have used, the film was hailed by critics and activists as depicting the decision to have an abortion with a heartfelt, honest sensitivity that respects a woman's autonomy.

Also, at the 2017 Sundance Film Festival, the Short Film Jury Award went to *Lucia, Before and After*. This thirteen-minute short film shows how a young woman, Lucia, in west Texas spends the mandated twenty-four hour waiting period between her sonogram consultation and appointment for her abortion procedure. Like many people in Texas, Lucia has to travel to an abortion clinic out of town. She leaves straight from her job at an afterschool program to drive to the clinic. When she arrives at the clinic, Lucia is told she has to wait twenty-four hours between the sonogram and her procedure, which she did not know. Without money to spend during this waiting period, Lucia tries unsuccessfully to find a place to stay for the night, runs out of a bar without being able to pay for her meal, and sleeps in her car while trying to pass the time. After her procedure, Lucia is shown driving back and returning to her afterschool program job the next day. The film is celebrated for showing the realistic challenges a young person without wealth must navigate in rural Texas to access abortion care.

Lastly, later in 2017, one of *The New York Times* best fiction books of the year was Joyce Carol Oates's *A Book of American Martyrs*, which delves into the complexity surrounding the murder of an abortion doctor by an anti-abortion extremist in the 1990s—

illustrating how the pro-life versus pro-choice false dichotomy has become violent and vengeful at times.

However, in popular, mainstream fictional discourse, we see similar issues to news media coverage permeate. As Sisson and Kimport (2017) remind us, “television representations of all aspects of life, including different areas of medical care, often depart from reality for the sake of a good story” (p. 57). The issue of abortion is no exception.

In current fictional television and film depictions of abortion, Conti and Cahill (2017) culled several striking research findings: 37.5% of characters who obtained an abortion experienced a complication or negative health effect when in true life aggregate risk is 2.1%, and onscreen depictions of deaths due to abortion occurred in 5% of plotlines which over represents the actual mortality rate in U.S. abortions 7000 times (p. 428). Moreover, characters obtaining abortions were “disproportionately white, young, wealthy, and not parenting” in media depictions, with television portrayals in particular focusing on plotlines of immaturity and future opportunities (Conti & Cahill, 2017, p. 428). In addition to these findings, Sisson and Kimport (2017) note in their study of television depictions of abortion narratives that only 4% of all fictional abortion-related stories show a character meeting an “insurmountable” obstacle, which stops them from obtaining the procedure. This underrepresentation of systemic barriers to access suggests abortion and other reproductive healthcare procedures are more easily accessible than in reality. These misrepresentations continue to perpetuate a neoliberal, individualistic framework in which a person who chooses to have an abortion can readily access the procedure and makes their decision based on individual want rather than any potential individual or systemically-created need.

With depictions of abortion across news, entertainment, and other mainstream media continuing to spread misinformation and perpetuate neoliberal myths, alternative communication outreach created by RJ movement activists acts as a response to mainstream representation. Ideally, alternative media and advocacy on behalf of activists can shift the dominant narrative overtime to at least be more inclusive if not more close to medical and experiential truths about abortion and reproductive healthcare.

### **New, Alternative Media for Outreach and Advocacy**

Though Banet-Weiser and Gray (2009) state media in “the contemporary era continues to be influenced by expert knowledge holders who act as gatekeepers,” the authors echo others (Jenkins, 2006; Chun, 2009) who assert that new, interactive, and increasingly accessible media and technologies are challenging traditional gatekeeping (p. 15). It is true that many people still get their information through mass, mainstream media (Costanza-Chock, 2014; Downey & Fenton, 2003), paying attention only to the discourse of dominant media and ignoring the alternative messaging and organizing tactics of social movements. Still, as we have seen with *Black Lives Matter* and other recent social communication outreach, the use of new media to spread ideology can elevate a movement to widespread media coverage.

Therefore, media created in support of a cause by individuals, activists, and organizations warrants exploration. It is through the media we consume and create that we “relate to, visualize, and recognize each other” and ourselves (Chun, 2009, p. 9). In a time when most people’s daily interactions with media revolve around “rapid forms of



production and circulation enabled by new, mobile, miniature technologies of production and circulation,” there is potential in the participatory media culture for new ways of understanding ourselves, others, and cultural norms (Banet-Weiser & Gray, 2009, p. 15).

In his description of participatory culture, Henry Jenkins (2006) writes that “rather than talking about media producers and consumers as occupying separate roles, we might now see them as participants who interact with each other according to a new set of rules that none of us fully understands” (p. 3). By connecting online to like-minded individuals and activists, collective intelligence, or the possibility for knowledge gathering allow for by new media, creates a new form of power for social movements to harness (Jenkins, 2006, p. 4). In using new media to connect as media consumers and producers, Molina-Guzmán (2010) describes the possibility for “symbolic rupture,” or the “process of interpretation that allows audiences ... as cultural readers to disrupt the process of symbolic colonization” (p. 9). Media consumers use online communities to discuss and circulate what Hall (1993) would call oppositional readings of dominant narratives to produce symbolic rupture. Also, with new media capabilities, media consumers have become producers and can also create their own media to produce a rupture within dominant discourse.

By using new media, content creators can offer new narratives and counter stereotypes. If people can be exposed to these multiple narratives and counter stereotypes, often their understandings of issues and groups can become more complex. As Ramasubramanian (2011) documented in her study on white students and exposure to diverse media representation, “exposure to a few counter-stereotypical media exemplars can bring about a definite shift in racial attitudes” (Ramasubramanian, 2011, p. 14). Like

this study, many studies have shown counter narratives and diverse media representation can positively influence and expand viewers' understanding of and emotions about stereotypical groups and issues (Power, Murphy, & Coover, 1996; Ramasubramanian, 2007; Ramasubramanian & Oliver, 2007; Holt, 2013).

### **New Media and Social Movements**

Thus, new media's capacities for rupturing dominant narratives are important in social movements. Rohlinger (2002) writes that social movement organizations and organizers are no longer "simply the objects of media coverage," but rather "reflexive agents that interact with the structures of media" and strategically use new media tools to influence public discourse (p. 483). Sasha Costanza-Chock (2014) echoes this sentiment, noting how "over the course of the last twenty years, widespread changes in our communications system have deeply altered the relationship between social movements and the media" (p. 2). In their seven-year experience as a movement ally in transmedia immigrant rights activism, Costanza-Chock (2014) found social movements use the shifting media ecology to "build movement identity, mobilize people for action, shift cultural narratives, and advance policy goals" (p. 181).

Though counter-publics and activist enclaves can be formed and strengthened via new media connectivity and creation, critics suggest the value of media for organizing "depends ultimately on how influential these enclaves become in the context of the mass media public sphere and formation of public opinion" beyond radical activist circles (Downey & Fenton, 2003, p. 190). Yet, Costanza-Chock (2014) warns against exploring

movement advocacy only through the lens of mass media and dominant public discourse, suggesting instead research efforts should be focused on the everyday transmedia organizing done by activists offline and online using various available platforms (p. 5). Using new media, movement organizers and activists can foment counter-publics of “solidarity and reciprocity that are grounded in a collective experience of marginalization and expropriation” (Downey & Fenton, 2003, p. 194).

Using media for organizing is nothing new, as “social movements have always engaged in transmedia organizing,” using any means necessary to take their message to the public (Costanza-Chock, 2014, p. 19). Yet, the current and growing “indistinctness” between media producers and consumers creates new considerations for resistance via media creation when situated within the contemporary neoliberal and capitalist frame (Banet-Weiser & Gray, 2009, p. 16). The shifting media ecology includes the “ever-expanding, participatory, and frequently unruly space of social media” (Costanza-Chock, 2014, p. 181). However, while these online spaces created through free accounts on corporate media platforms allow for digital organizing and expression, the spaces created always exist within the capitalist, neoliberal online corporate world that also allows for increased surveillance. Activists and organizers using new media for outreach and advocacy, like those at the Althea Fund working in the RJ movement, must carefully consider and situate their media activism and outreach practices within the neoliberal context.

Therefore, in exploring contemporary examples of new media and transmedia organizing in social movements, the complex and interconnected nature of neoliberalism, surveillance, new media, participatory culture, and dominant society are all essential

components for understanding the constraints and freedoms offered to activists creating alternative communication outreach. In conducting research, like Costanza-Chock, which is done as an ally in partnership with activists utilizing new media and communication technologies, Downey and Fenton (2003) note how we must understand:

the complex dynamics of existing public spheres and counter-public spheres, their embeddedness in global and local contexts, their unstable make-up, the configuration of civil society and the particular ways of (dis)organizing social and collective experience—gaps and overlaps that can be used for agency and solidarity (p. 195).

### **Examples of Outreach and Advocacy in the Reproductive Justice Movement**

The Althea Fund and other RJ organizations are creating media that, thanks especially to the interactivity of new media, can serve to counteract mainstream media narratives and influence representation around abortion and RJ issues (Rohlinger, 2002, p. 483). RJ movement activists' understanding of the stigmatized context in which they work impacts how and for whom they create communication outreach. By understanding the neoliberal, patriarchal, and punitive framing of issues of sexuality and reproduction, RJ movement messaging can more concisely expand the scope of public discourse about, shift public understanding of, and even affect policy about reproductive health and abortion.

Movement supporters, the general public, and people in need of safe abortion care are all potential audiences for RJ movement communication outreach. McCaffrey and Keys (2000) note communication outreach crafted by RJ organizations serves to “both

align the movement with the larger cultural dictates of society and to mobilize or maintain the support of members” of the support community (p. 41). When creating outgoing messaging, McCaffrey and Keys (2000) argue messages concerned with both establishing the “legitimacy of the movement” and mobilizing support can be successful when crafted with care and tact (p. 44).

Often, when collective action does occur, it is a mobilization of base supporters who already believe in reproductive justice values. One instance of social media creating space for swift digital and transmedia organizing in the RJ movement was the use of Twitter during Wendy Davis’s famous eleven-hour filibuster in the Texas Senate to oppose the incredibly harmful anti-choice bill, HB2, in 2013. While nearly half of supportive tweets with linked hashtags such as #StandWithWendy and #StandWithTXWomen came from GPS locations across Texas, the rest of the Twitter support came from regions like “the West coast, the Mid-Atlantic, the Midwest, and the coastal North East” (Stevenson, 2014, p. 504). Though many people were physically in the Texas capitol watching Senators Wendy Davis and later Leticia Van de Putte speak out against the anti-abortion bill, hundreds of thousands more were tuning in to the livestream and engaging in real-time conversation about the filibuster online. Online consciousness-raising through hashtags that provides space for both real-time and asynchronous public discourse has been a practice lauded to “bridge gender issues in the public and digital spheres” (Lane, 2015, p. 5).

These spontaneous uses of new media to organize and even mobilize base groups of supporters are important in showing the public that support for abortion, reproductive rights, or other stigmatized issues is present and vocal (Conti & Cahill, 2017; Costanza-

Chock, 2014). Yet, a particularly important facet of the reproductive justice movement is the need to illustrate systemic inequity and shift the dominant narratives around abortion access and experiences.

However, the stigma around abortion is strong in U.S. public discourse. In this highly stigmatized context, organizers in the RJ movement try to create space for people to speak safely about their abortion experiences. Events like abortion speak outs break the silence from ashamed individuals about their experiences with the procedure. If a social movement organization like the Althea Fund can create successful communication outreach, “they can expand the debate around an issue, energize a movement by mobilizing a population, and increase movement and organizational legitimacy in the political sphere” (Rohlinger, 2002, p. 479). Furthermore, Rohlinger (2002) argues this increased “legitimacy in the larger public sphere ... may help build an organization in terms of membership size and political clout” (Rohlinger, 2002, p. 484). McCaffrey and Keys (2000) elaborate on the importance of establishing public credibility as it is “a crucial commodity for movement organizations because it translates into influence;” the media creator who possesses “the greatest degree of credibility has the power to define the issues and the bounds of the debate” (p. 56).

In navigating best practices for establishing credibility in mainstream discourse, activists and organizers can turn to previous examples of what did and did not work for the generations of organizers who came before them. Morgen (2002) wrote about this generational understanding as the result of “communities of memory” in social movements, noting “those who are encompassed in a community of memory need not have lived together the remembered events” in order to learn from them (p. 13). Rather, for RJ

activists, knowing and respecting the complex subjugated knowledges (Foucault, 1976) hidden in the history of women's healthcare activism can continue to inform the RJ movement in beneficial and progressive ways (p. 13).

There are two particular examples of current communication outreach in the RJ movement—*Comics for Choice* and *We Testify*—that follow successful models created by their predecessors in RJ communication outreach. While both of these alternative media platforms are well-known amongst current RJ organizers in Texas and the U.S., Althea Fund organizers have also contributed to both platforms.

### *Comics for Choice*

First, a recent collection of comics called *Comics for Choice* was released at the end of summer 2017. The comic anthology, co-edited by RJ organizers Hazel Newlevant, Whit Taylor, and Ø.K. Fox, was printed and distributed with crowd-sourced funding from an IndieGoGo online fundraiser. After production and distribution, all remaining funding was donated to the National Network of Abortion Funds to go directly to callers on the national hotline. The comics included in the publication were created, drawn, and written by RJ movement activists, almost all of whom are women. *Comics for Choice* was published due to the editors' expressed "outrage at the clinics closures and suffocating restrictions on abortion rights in states like Texas" (Newlevant, 2017, p. 1). To show how restrictions are directly impacting people, and to help break the silence around abortion that allows for such policies to be supported and passed, *Comics for Choice* is a collection of comics about personal experiences with and explanations of abortion from activists,

organizers, individuals who have had abortions, and OB-GYN doctors and medical professionals who align with RJ movement principles.

*Comics for Choice* is modeled after other published collections of stories and knowledge about abortion, reproductive care, and gendered healthcare experiences. The book *Women and Their Bodies*, later changed to *Our Bodies, Ourselves*, was first published in 1970 by The Boston Women's Health Book Collective, a group of women who met at a women's liberation conference in Boston in 1969 ("OBOS Timeline," 2017). Subsequent editions of *Our Bodies, Ourselves* have been published to continue expanding the collection to include more diverse and/or recent experiences with reproductive and other gendered healthcare (Kline, 2010, p. 39). In 2011, the ninth edition of *Our Bodies, Ourselves* was published, with editions translated and adapted to Italian, Japanese, Danish, French, Chinese, Russian, Telugu, Serbian, Korean, Arabic, Hebrew, and many other languages and cultures ("OBOS Timeline," 2017). In particular, the Boston Women's Health Book Collective worked with Leonor Taboada and Raquel Scherr Salgado to publish *Nuestros Cuerpos, Nuestras Vidas* for the first time in 1977, with over 50,000 copies being distributed throughout the United States and South America ("OBOS Timeline," 2017). In 2000, a new edition of *Nuestros Cuerpos, Nuestras Vidas* was created in partnership with nineteen women's health groups across eleven countries in Central and South America and the Caribbean ("OBOS Collaboration," 2017). This new edition aimed to be translatable not only in language but also in terms of context, cultural norms, and policies regulating reproductive and other healthcare.

As Kline (2010) describes, the publication of various versions and editions of *Our Bodies, Ourselves* has been considered "revolutionary not only for its attack on the medical



establishment, but also for its creation of an alternative knowledge base structured around personal stories” (p. 11). In the *Comics for Choice* anthology, the focus on documenting alternative knowledge about abortion is similarly centered in personal stories and descriptions of encounters with medical interventions. There are personal stories with titles like *Coming Out: A Texas Abortion Story*, *My Abortions*, and *The Story of My Abortion* that illustrate narratives of abortion experiences. In these comics, the hurdles faced by people seeking abortion care in states like Texas are laid out: feelings of personal shame, travel to clinics, rising procedure costs and financial insecurity, costly mandatory sonograms, and punitive mandatory twenty-four hour waiting periods between sonograms and procedures. There also one-page comics that depict the emotional burden of dealing with abortion as a stigmatized issue, which many people are forced to face alone. One of these comics is called *Sometimes I Can't Sleep*. The comic depicts a woman lying in bed surrounded by thought bubbles holding questions like “Will just people know?” and “Should I tell my mom?”

Furthermore, comics describing RJ movement history are included in *Comics for Choice* in order to record alternative history about reproductive healthcare access in the United States. One such comic is *They Called her Dr. D*, which tells the story of Dorothy Brown, Tennessee’s first black woman legislator who advocated for reproductive rights, abortion access, and anti-racist policy. Another comic, *Abortion Trials*, describes and illustrates material published in the legal transcripts of abortion trials held before *Roe v. Wade*. The comic depicts how information from the trials were published in local newspapers and local citizens filled courtrooms to listen to the public trials. In these trials, women who had terminated their pregnancies were asked perverse questions about

abortions, like how they had undressed in the office and whether or not the practitioner had inserted a finger or hand into their private parts. By including this information in a comic book format, *Comics for Choice* not only preserves this violent history but also does so in a mediated, powerful manner.

### *We Testify*

Along with *Comics for Choice*, the website *We Testify* serves as a second example of current efforts to dispel misinformation, break abortion stigma, and advocate for policy through alternative media. *We Testify* (<https://wetestify.org/>) exists as a digital space for documenting and circulating ongoing abortion speak-outs. *We Testify* is an online platform for “abortion storytellers” to have their voices recorded and heard. The site and organization behind it aim to shift “the way the media understands the context and complexity of accessing abortion care” (“About,” 2017). Stories from *We Testify* have been featured in mainstream media publications, including *Glamour*, *Teen Vogue*, *Women’s Day*, and *Elle* magazines. The *We Testify* organization also uses the hashtag #ShoutYourAbortion to break abortion stigma through Twitter and across other social media.

While the Guttmacher Institute is a research and policy organization providing statistics on abortion and other reproductive healthcare accessibility in the United States and abroad, *We Testify* is a platform on which people can document and share their abortion stories. Stories can be accompanied by a photo, or told anonymously or with a pseudonym. The idea is to dismantle misinformation spread about abortion due to silencing

shame and stigma. By posting on *We Testify*, storytellers speak their truth and “demand to be counted” in public discourse (“Testify,” 2017).

Abortion speak-outs have a long history in reproductive justice and women’s rights activism. As many have described them (Shuman, 1980; Salmon & Neuwirth, 1990; Ross, 1993, Dubriwny, 2005), abortion speak-outs have typically been organized spaces in which people could tell their abortion stories. Ideally, larger numbers of individuals speaking out about their experiences with abortion could serve to break the “spiral of silence” around the stigmatized issue (Salmon & Neuwirth, 1990). In turn, breaking the silence through this consciousness-raising practice could improve both individual and societal understandings of abortion obstacles, policy, procedures, and personal experiences (Dubriwny, 2005). Further, in raising societal awareness and shifting dominant narratives about abortion and reproductive healthcare, centering women of color and other marginalized voices in abortion speak-outs can illuminate the sexist, racist, classist, ableist, and other oppressive forces underpinning neoliberal inequity. Particularly, rather than suggesting abortion speak-outs are “pro-choice,” Loretta J. Ross (1993), a founder of the RJ movement, reminds us to listen to black and other minority women’s experiences with abortion and other reproductive healthcare in order to comprehend how abortion access specifically is linked to systemic inequity broadly (p. 141).

Beatriz, the executive director at the Althea Fund, described *We Testify* as a “storytelling cohort” that centers women of color and marginalized folks in their leadership and narratives. She commended *We Testify* as an excellent platform for sharing abortion stories that combat the neoliberal narrative. As Beatriz told me:

[They are] a great example of story tellers who use real stories and voices of people who have had abortions to change the narratives, to be upfront, and to center their experiences. As opposed to, like, this “good” abortion, or exceptional or moral *blah blah blah* examples. It’s great. The majority of people who receive abortions are women of color, and [We Testify] is women of color run and centers women of color. That’s the kind of shifting I think we need in the movement and they’re in the thick of that.

As Beatriz mentions, *We Testify* focuses on stories shared from people “of color, those from rural and conservative communities, those who are queer identified, those with varying abilities and citizenship statuses, and those who needed support when navigating barriers while accessing abortion care” (“About,” 2017). In doing this, the platform aims to challenge dominate understandings of abortion and expand on the choice component of the RJ movement.

The *Comics for Choice* book and *We Testify* digital platform serve as examples of current RJ movement communication outreach that follow rich traditions of advocacy in the movement. These storytelling and creative media cohorts cultivate the RJ movement’s public outreach and efforts to dismantle neoliberal logic, while organizations like the Althea Fund organize the movement’s efforts to directly combat neoliberal logic as it affects individuals on a daily basis.

## Communication Outreach at the Althea Fund

*Comics for Choice* and *We Testify* are only two initiatives of many being organized by individual activists and organizations in the RJ movement. There is a healthy infrastructure of organizations and initiatives working on behalf of reproductive justice, and direct service organizations like the Althea Fund and other abortion funds, hotlines, and clinics rely on these initiatives to continue sustaining and fighting for the RJ movement. However, even direct service oriented organizations like the Althea Fund create communication outreach. As Riya, the current president at the Althea Fund, told me, communication is an essential part of the Althea Fund—though not the centerpiece. Riya described her experience interacting with people who engage with Althea Fund outreach efforts: “people see our organization as one that has an anti-oppression voice and one that talks about our work in a way that is meaningful to them.” In the large part, Riya contributes the success and longevity of the Althea Fund to the communication outreach efforts of the organization and its members.

Because the Althea Fund’s leadership recognizes the positive impact of consistent organizational communication outreach, these outreach efforts are highly valued. Also, outreach and advocacy efforts are the primary way through which the Althea Fund solicits donations to their hotline. Thus, outreach is critical to the organization’s survival. Yet, the primary function of the Althea Fund is wealth redistribution—taking funds raised and redistributing them to hotline callers in order to help them pay for abortion procedures they cannot afford. So, any efforts in communication outreach at the Althea Fund are intended to be succinct in terms of labor but persuasive to potential donors. However, Althea

organizers who manage communication outreach are often consistently interacting with supporters, donors, and anti-abortion online activists, which extends the immaterial, affective labor of their Althea labor beyond the hotline. Though they rely primarily on other organizations' narrative-shifting efforts, Althea Fund organizers think carefully about the role of their communication outreach. Althea organizers consider the labor necessary to create outgoing communication content, the audiences they intend their content to reach, how to be persuasive to potential donors without feeding into the neoliberal framework, and how to respond effectively to internal attacks from supporters or donors and external attacks from the anti-abortion movement and dominant media.

### **Outreach Content Creation**

First, because the Althea Fund is a small organization run largely by volunteers, the content creation for media and communication outreach is mostly contained within a small team of organizers in leadership. Not only does this make the labor more streamlined, as there are less voices and opinions involved in its creation, but, ideally, this also keeps any outgoing content aligned closely with RJ values. Althea organizers are seasoned volunteers and activists who have long worked in the name of reproductive and other social justice. By keeping content creation and planning primarily within this circle, the Althea Fund hopes to keep its messaging clear, succinct, and values-aligned.

*Althea content: Created by a small organizer team*

In creating communication outreach, Rohlinger (2002) has argued an organization with labor clearly divided amongst fulltime staff in a centralized office or location is better equipped to respond to and create consistent media messaging than a dispersed organization run largely by volunteers (p. 481). The Althea Fund is run almost entirely by volunteers and volunteer organizers. As Riya, the current president, told me:

We haven't figured out a good way to get more people involved in communications work, it's been an ongoing challenge. Part of it has to do with how communications works. You have to pay really close attention to detail and be in constant communication with those you're working with. It's not something people can dip in and out of.

Because of this need for consistency in messaging content and creation, the Althea Fund mostly adheres to Rohlinger's (2002) suggested small communications team—even though only the executive director is fulltime staff at the Althea Fund. Thus, most of the interview data was obtained by the few organizers who have a direct hand in crafting communication outreach for the Althea Fund.

*Caller privacy and comfort over data collection*

Beatriz said caller demographics and individual stories from people who have navigated abortion access in Texas often yield the most persuasive data for Althea Fund outreach. However, by trying to obtain more data or stories from callers, there can be an

inadvertent increase in threats to caller privacy and in callers feeling pressured to perform their need or worthiness. Alice, a board member heavily engaged in the Althea Fund's data management as used for advocacy, described her process when thinking through how best to explain the need for volunteers to care about the labor involved in consistently gathering data while on the hotline:

[I would tell the volunteers], "We need this done consistently to analyze the data to then reach x, y, z goals in terms of getting people to give us money and making legislative change ... we need to make arguments with statistical backing, without statistical backing our arguments aren't as strong." That's a useful way of thinking about how we make the case for consistency.

Even with board members like Alice still thinking strategically about how best to inform and motivate volunteers about data collection on the hotline, Beatriz noted the only information the Althea Fund is comfortable using from callers at this point comes from handwritten notes callers can fill out when they sign the voucher for their Althea Fund grant at the abortion clinic.

Beatriz described these handwritten notes from funded Althea Fund callers: They mention the volunteer [they talked with] or say "this has changed my life thank you so much." We share that stuff because there is a disclaimer there when they write in that box. We also like to share amalgamations. Nothing that contains identifying information, but pieces of many stories presented in a cohesive way that portrays people's experiences without identifying them. That's why we kind of reconcile ourselves with, if clients decide to write a note, that'll be it for now. We just get what we can get and focus on just helping folks.



Beatriz affirmed the Althea Fund's core belief that callers should be respected and helped discreetly. Though Althea Fund organizers like Alice might have excellent ideas for how best to use data and stories from callers to create persuasive communication outreach, the dominant rule at the Althea Fund is to conduct ethical direct service and help fund callers with as little hassle as possible.

Callers to the Althea Fund hotline are resilient, but are in a vulnerable position when they call the hotline. Thus, protecting the caller from any further harm is prioritized over gathering the most robust data for communication outreach purposes. Across nine months in 2017, Althea Fund organizers had ongoing meetings discussing the data gathered on the hotline. Conversations revolved around what questions were asked on the hotline, how to justify these questions as necessary for communication outreach, and how data would be protected.

After rigorous debate and discussion amongst board members, as discussed in Chapter III, several questions were eliminated from hotline scripts. These included questions asking about callers' experiences of domestic violence or abuse, rape, or sexual assault and callers' immigration status. Althea Fund leadership agreed in these meetings that explicitly asking about abuse, rape, and other sexual violence served only to compel more client performance in the name of neoliberal advocacy efforts. That is, if the Althea Fund advertised the percentage of funded callers whose pregnancies resulted from repeated violence or rape, the Althea Fund could be contributing to a neoliberal and patriarchal logic that suggests only battered individuals are deserving of dignified abortion care. Depicting funded callers as "deserving" help could serve to perpetuate the neoliberal belief

that individuals must earn the right to their dignified, safe, and constitutionally guaranteed reproductive healthcare.

In these meetings, organizers also decided any self-disclosed immigration statuses from callers should not be recorded as part of the caller's information. This was seen as asking for and/or keeping extremely sensitive data about vulnerable populations for the sole purpose of communication outreach. Though some board members suggested efforts could be made to separately tally undocumented folks who use the hotline's services, the organizers agreed the risk was too great to callers to justify documenting this data for persuasive materials. In these many meetings, I repeatedly saw organizers at the Althea Fund valuing callers' emotional state and personal privacy and safety more deeply than communication outreach efforts.

### **Social Media, Outreach, and the Public Face of the Althea Fund**

In his influential book *The Presentation of Self in Everyday Life*, Erving Goffman (1959) suggested people have a public self they curate and show to society, which they try to keep consistent and aligned with purported values. The same goes for organizations like the Althea Fund, who are especially careful about values-alignment with the RJ movement as a whole. At the Althea Fund, a public image is maintained via social media interactions, emails and mass letters, and a website that aims to reach their supporter and donor bases. The labor necessary to maintain this outgoing communication involves manipulating affects, and adds to existing immaterial, affective labor.

### *Social media for the public*

As the only fulltime staff member, the executive director, Beatriz, spends a lot of time creating and monitoring the Althea Fund’s outreach. She manages the Facebook and Instagram pages, while also writing emails to supporters, which Riya later edits before distribution. Recognizing the power of Twitter to support spontaneous organizing or cull online conversations with hashtags, Beatriz will take to Twitter “on big days when [the Althea Fund] needs to have a presence.” Past examples of these “big days” include days on which when public hearings and testimonies were being given about anti-abortion bills SB8 and HB214 during the regular and special 2017 summer sessions in the Texas legislature.

Outside of live-tweeting major policy and protest events, Beatriz told me she logs into the Facebook page to post material “two or three times a day,” especially utilizing the repost capabilities of the platform to spread information about the RJ movement and keep followers engaged. In sharing information, Beatriz and other Althea Fund organizers can use platforms like Facebook to also continue educating their followers about the robust nature of the RJ movement. Many view organizations like the Althea Fund as only concerned with abortion access, but recently Beatriz and other RJ organizers in Texas posted about state-wide organizing for mandatory paid sick days for Texas workers. Along with these posts, Beatriz and other connected organizers reminded followers that economic inequity leads to reproductive inequities—so worker and other economic justice is part of the reproductive justice movement. The Althea Fund and other RJ organizations in Texas also link to each other and post regularly about issues of immigration, queer and trans

representation, and the maternal mortality rate in Texas, which is currently the highest in developed nations (Chuck, 2017).

*Outreach goals: Mobilizing supporters*

In creating what is hopefully educational but also persuasive outreach, I asked Beatriz who she envisioned interacting with the communication outreach she and other organizers create:

I'm thinking of people who are already with us. I'm not trying to persuade anyone—trying to make someone who is anti-choice pro-choice. I'm thinking of people who have shared values. But I'm also thinking very much of our donors. Other executive directors say “anyone can be a donor,” so I would be remiss to not take that advice as the main fundraiser for our organization. But ... our main kind of donor is pretty much a grassroots advocate. The majority of our donations are grassroots smaller amounts. We aren't top heavy—we're super bottom heavy. Yes I'm thinking about them as donors, but I'm also thinking of them as grassroots advocates. People who give \$10 or \$5 a month, that's our base. People who participate in our [yearly fundraisers]—that's who keeps us going.

Even though she is always thinking about funding campaigns and potential donors, Beatriz also described the typical Althea Fund donor as a grassroots advocate. These advocates are donating to and fundraising for the Althea Fund, but they are also already squarely within the RJ movement. Beatriz agreed when I pointed this out: “Yeah, I think we're in an echo

chamber of the movement. We're trying to validate our base. I'm working hard to activate people who are already on board and just need a little push or need some validation."

Alice, an Althea Fund board member, echoed these sentiments about mobilizing the RJ movement base, but she also reflected on how often she interacts with a "pro-choice" advocate who is not aware of abortion funds. When trying to fundraise for the Althea Fund, Alice said a "shocking number of people don't understand what abortion funds are – so a corollary number would not know about hotlines." Even though Beatriz, Alice, and other organizers see the Althea Fund as speaking mainly to RJ movement supporters, they still find even "pro-choice" folks often take abortion access as a right for granted. As Beatriz said, "you hear the saying that people don't think about abortion until they need one." Alice agreed, speaking bluntly about her frustrating experiences interacting with people who identify as pro-choice: "People don't realize what the Hyde Amendment is. People don't realize this stuff is not covered. People don't realize how much it costs. I don't think people understand the system of policies and inequities producing the need for abortion funds."

Despite the frustrations felt by some Althea Fund organizers at the general lack of knowledge around the financial and other obstacles to abortion access put in place by policy, Beatriz acknowledged these RJ supporters usually acted as ideal targets for Althea Fund communication outreach. When thinking about crafting communication outreach and outreach for the Althea Fund, Beatriz reflected:

I don't think it's about changing people's hearts and minds. Like if someone is anti [abortion], that's not necessarily a target. But I think there is this sort of... this profile of a person. A person who says "I wouldn't have an abortion, but

I'm ok with it. I don't really want it in my face." We reach those folks, too. I would say we do some narrative shifting in that way.

To do this narrative shifting, even if for generally supportive RJ believers, stories like those in *Comics for Choice* and *We Testify* tend to be persuasive. By describing real experiences, the Althea Fund can highlight the undue burdens faced by Texans seeking abortions. Yet, Althea Fund caller privacy is of utmost importance, and organizers are insistent that concerns for outgoing media cannot interfere with caller privacy or place unnecessary burdens on callers. As myriad organizers regularly stated, "the client owes us nothing."

*Outreach goals: Appeasing donors*

Though the Althea Fund thinks about supporters and anti-abortion activists alike when crafting communication outreach, the primary audience for communication outreach is potential donors to the hotline. Through producing strategic and persuasive communication outreach, funding to the Althea Fund can increase, which in turn sustains their hotline and direct service – the basis of the organization's mission. I asked Riya what the goals of the Althea Fund were in her mind when crafting communication outreach. While still describing some general advocacy efforts, Riya verified fundraising was the central goal:

Our goals are communicating our message of abortion access, advocating for change to the movement for reproductive justice, spreading our intersectional feminist lens, and doing all of those things in a general way that's good for our

movement. But also spreading them in a way that engages people as donors, because we are an abortion fund and we're trying to raise money from people. Sometimes our mass email can be informational or advocacy oriented, but a lot of the time it has to do with fundraising. To get people engaged in our work so that we can continue to [do it].

When talking to Riya how she conceived of the notion of fundraising in terms of outreach, she described the anti-neoliberal notion of wealth redistribution:

I don't like to think of fundraising as asking for money. I think of it as giving people an opportunity to be involved with our movement and with work they care about. One way to be involved is by sharing funds. We're redistributing wealth and letting donors get involved with what they believe in.

Through framing fundraising as an intermediary step for wealth redistribution, the Althea Fund firmly centers itself in an anti-neoliberal ideology, which acknowledges structural inequities and seeks to organize funds to directly combat these inequities.

However, in being persuasive particularly to larger, regular donors, being anti-neoliberal is not the only or particularly most persuasive strategy Althea Fund leadership considers. Beatriz began to describe ways in which what she called organizational "optics" play into creating organizational policy and media strategies:

If we're serving more people, that's more compelling to our donors. That helps them feel like we're making more of an impact across a larger number of people. And that's true. It's not that we're not [making an impact], but I think we can't ignore that people are interested in reaching as many people as possible—we are, too. While we also want to increase the amount of money we give.

Particularly, in trying to show the Althea Fund is affecting many people and, thus, deserving of donors' financial support, Beatriz reflected on how concerns about optics affect the fluctuating average grant size offered to callers.

Average grant amounts at the Althea Fund have varied over time, primarily due to redemption rates of vouchers. As in, if the vouchers are too low, they do not help callers enough, so callers do not have their abortion procedures because they still cannot afford them. If a client misses their appointment, their voucher is not redeemed by the clinic, and the Althea Fund retains the money. While it is good the Althea Fund does not lose money on missed appointments, the idea that clients would not be using the funds is antithetical to the Althea Fund's mission – helping people pay for abortion procedures they unjustly cannot afford. As of now, Beatriz hopes the Althea Fund has hit a “sweet spot” in terms of providing voucher amounts that are large enough to be redeemed by callers but also small enough so the distribution percentage across callers remains persuasive to potential donors. In her description of the voucher amount planning process, Beatriz said:

Let me tell you, the call volume [and number of funded callers] of course play a big part in that. We're only funding... not even a quarter of our callers. That's a sad statistic. To me that feels bad. Not to discount the substantial impact we're having on people we're supporting, but, to a donor, they ask, “Why are y'all only funding [a quarter]?” Just think if it was an eighth of our callers [if we increased our voucher amounts]. We try to think through what we're comfortable with and what will compel donors to continue donating. How can we work toward two goals at once? We're always working to support as many people with as much money as possible.



The amount of need the Althea Fund is trying to address is overwhelmingly large compared to the financial resources they have readily available. Thus, difficult decisions are constantly being made about the “right” amount of money to allot to callers experiencing various levels of disenfranchisement and extenuating circumstances.

### **Crisis Management**

Reproductive healthcare, and abortion in particular, is a subject that foments silence, misunderstanding, tense debate and, at times, open hostility. In order to manage the range of opinions and emotions directed at the Althea Fund by supporters and opponents alike, Althea organizers partake in continuous cognitive and affective labor. Affective labor includes any “creation and manipulation of affects” (Hardt, 1999, p. 96). Althea organizers and volunteers take part in this labor not only when they interact with callers, but also when they interact with supporters, donors, and hostile detractors. Through educating supporters and donors about intersectionality and managing the hostility projected onto them by anti-abortion advocates, all through personal digital technologies in stolen moments throughout the day, Althea organizers continue to partake in immaterial, affective labor even when not on the hotline.

#### *Internal attacks: Educating donors and sticking to anti-neoliberal values*

At the Althea Fund, there is regular discussion about balancing these action-oriented decisions and messaging with ideological values-alignment. How should the

Althea Fund craft persuasive communication outreach that sustains their mission to redistribute wealth in regards to a stigmatized issue in neoliberal society? Beatriz and other organizers are often catering to donors who are not fully aware of the myriad social and financial barriers in place hindering callers from obtaining safe and legal abortion care in the state of Texas. Due to the centrality of neoliberal myths in Texas and U.S. society, Althea Fund organizers continuously battle against not only stigma and misinformation but also a lack of donor consciousness in terms of the deeply intersectional nature of reproductive and other inequities. Even supporters of the RJ movement and donors to the Althea Fund can be unaware of the vastness of the RJ platform and its many antiracist, feminist, anti-ableist, and queer and trans positive facets. If someone is unaware of this platform, instead holding a traditionally understood “pro-choice” stance, the RJ movement decision-making and messaging of the Althea Fund can come as a surprise.

Not only has there been intense discussions amongst Althea Fund organizers about how best to craft persuasive media in a neoliberal context, but some major donors have also expressed concerns about the RJ platform and its impact on Althea Fund decision-making and messaging. When Philando Castille and Alton Sterling were killed by police on consecutive days in the summer of 2016, the Althea Fund echoed solidarity with the Black Lives Matter movement through an email to supporters. Riya described how this email was, at first, received poorly by a major (white male) donor who was unfamiliar with the RJ platform:

We have an intersectional, antiracist lens. We’ve had two donors push back—two white male donors. They don’t like it for various reasons ... they’ve been major donors. When Philando Castille and Alton Sterling were killed, that same

week [we] put out a Black Lives Matter email by [Tiffani]. She wrote a beautiful piece that we put out. We were really proud of it and then our donor—the most significant family of our donors, they’ve given more money than anyone else—he wrote to us with an earnest concern, I think. He thought we might do [the Althea Fund] a disservice if we were “straying from our message and starting to talk about other things, we might turn donors off.” So what we did is we worked very carefully on drafting a response to him that was like “Look, these are major issues in our clients’ lives. This is part of our mission. This is how we’re carrying out our mission. And by talking about these issues, we’re actually bringing more people into our organization. We’re going to be able to do more.” I’m very proud because we brought him along with us and he actually continued to donate.

In this experience, Riya felt Althea Fund leadership was able to successfully explain to a “well-meaning” donor how and why the RJ platform encompasses an antiracist logic. By taking time to talk with the donor about the intricate nature of neoliberal oppression, Althea Fund organizers were able to sustain a relationship with the powerful funder, but do so in a way they felt would not compromise their RJ principles.

However, in another instance of donor-pushback Riya told me about, the “calling in” tactic was not considered. The second instance happened in late summer 2017 after Donald Trump had been president for several months:

This past week, though, we sent out our annual report.... Well, we get this nasty email from this donor—this millionaire—who said I have racist views and that I was insulting white people. There’s a line in the letter that says “because the

majority of white people voted for Donald Trump.” It’s a factual statement about how Donald Trump was elected—primarily white people accepted bigotry and other things. Well, he had a huge problem with it and his email was really nasty. We’re having our white board members respond to him. They’re telling him why this is an issue—since the majority of policies being passed are by white men ... It’s not a “bring him along” message, because his message was nasty. For people who don’t think they are racist but are racist, they’re going to have a problem with our message. That’s ok, we don’t need their support. There are other people who can support us. We’re not trying to alienate donors, but we’re also not trying to cater to racists. We don’t need to compromise our values for support, we have plenty of people who want to support because of our values.

In this case, Althea Fund organizers were explicit. RJ principles are antiracist, and the Althea Fund is entrenched in these principles while carrying out their work of financially assisting people who are seeking abortion care. The racism and prejudice inherent in dominant white society contributes to a political context ripe for passing anti-abortion policies with racist and classist implications. Though the Althea Fund acknowledges and addresses systemic racism in their work, organizers know their organization’s primary goal is not to explain how white racist society perpetuates itself to fragile rich white donors. As Riya explained, the donor’s message to her was “nasty,” and white Althea Fund organizers did not feel their response message needed to be one of “bringing him along.” Though the Althea Fund does not want to bend their organizational principles to big donors, the

decision to potentially sever ties with a large donor is still a difficult decision for the leadership team to make.

*External attacks: Preparing for and responding to threats*

Because the Althea Fund focuses on protecting callers and volunteers from further harm or abuse in the public sphere, the Althea Fund organizers themselves are usually the voices and faces included in Althea Fund communication outreach. Being “the face” of the Althea Fund can be difficult at times due to the stigma surrounding the issue of abortion and hostility in the pro-life versus pro-choice cultural debate. In using corporate social media platforms and free communication technologies from giants like Google, Facebook, and Twitter to conduct their internal operations and external outreach, Althea Fund organizers “face increased surveillance when they take their activities online” (Costanza-Chock, 2014, p. 8). Not only could media corporations keep close tabs on the Althea Fund, but, by putting organizers’ faces and names in communication outreach, so can anti-abortion activists, or “antis” as Althea Fund and other RJ organizers call them.

When I asked the Althea Fund’s media creators about their experiences with external threats due to media exposure, I was greeted with several stories of individual organizers and the Althea Fund as an organization being targeted and threatened online. The president, Riya, described an incident that happened where she was personally threatened:

We actually had to lock down our Instagram ... Our Instagram was public before and there was a picture of me and other board members and I was wearing ...

this dress that says “Abortion” with hearts all over it. I was wearing it in the picture and some like terrible right-wingers downloaded it from our Instagram and tweeted it all over the place saying really terrible things about us. It was ... it was really nasty. We started to realize we had to get some control over that.

Riya told me this story particularly because Althea Fund organizers had recently moved to being “more forward” with their names and images. Particularly with the connectivity and exposure of social media sites, individual organizers are often connected to the Althea Fund across several social media platforms even if only through “Liking” or following the page.

Riya and Beatriz both described the ways in which the Althea Fund actively considers the privacy and safety of any individual connected to their communication outreach. Riya said:

If we’re going to put out pictures or names it’s generally someone very involved in the organization like a board or staff member. If we have a volunteer that wants to write something for us, it might just be their first name... or if they include their last name, they approve it. We are primarily concerned about our executive director’s safety. [Beatriz] is the public face of our organization. She’s in the news all the time. An anti-choice publication quoted her last year. That is a concern for all of us. I don’t know if we’ve quite figured out what to do with that.

Similarly, even though her face is the one most prominently featured in news media and Althea Fund outreach, Beatriz explained the many ways in which she thought about exposure of others in Althea Fund media materials. For example, I attended an event

during the regular Texas legislative session meant to educate attendees about abortion advocacy language based in reproductive justice rather than pro-choice principles. At the event, we worked in groups to discuss best practices for reproductive justice advocacy, and then donned t-shirts and walked to the capitol building to speak with representatives about anti-abortion bills being introduced that session. There were many small and large group photos taken featuring all of us in shirts with the word “Abortion” written repeatedly inside of a heart. Beatriz gave us all forms listing individual social media platforms where any images of us might be shared on the Althea Fund’s page. If you did not sign next to a social media platform, images with your likeness would not be posted on that site. This was one of many small precautions taken by Beatriz and other Althea Fund organizers.

When I reminded her about my experience at this particular event, Beatriz began to elaborate on her considerations for her own and others’ safety in media exposure:

I do think about [safety]. If we’re at a rally and there’s a cute photo of a woman and her kid, I would never post a photo of a kid without permission ... or pretty much at all on our organization’s page. People we don’t know, I think about. But our board members, spokespeople, the ambassadors of our organization, that’s kind of the job. You’re out there, kind of high profile ... I mean I guess I’m technically the most high profile. I go in front of the media. There was one documentary done by *The Guardian* where they showed an entire shot of my house. They interviewed me at my house, but some of the B roll was just a shot of my full house. This is my house that I own. Y’all can’t be doing that.

Beatriz continued to tell me about other times she was featured on various media platforms when she testified at policy hearings, in front of protest crowds, and in op-eds featured in

print and online newspapers. Beatriz served as an example of how leaders at even the most egalitarian social justice organizations like the Althea Fund can become the most visible face, if only to protect other individuals affiliated with the organization and movement.

Not only are individual leaders at the Althea Fund targets of backlash, but the organization's pages on social media are often gathering places for anti-abortion sentiment to be spread by online trolls and "antis." One particularly intense infiltration of the Althea Fund's Facebook page happened after Hurricane Harvey in late August 2017. A graphic about already precarious abortion access in Texas being even more limited after natural disasters was posted to the Althea Fund's page to boost fundraising. Somehow, this graphic was found and circulated by a conservative news organization in a manner meant to incense anti-abortion activists.

On the news organization's Facebook page, they linked a story about the Althea Fund's Harvey relief fund along with the Althea Fund Facebook page. The news organization used quotation marks strategically in their post and headline, putting quotation marks around the word "emergency" when referring to the funds being raised by Althea supporters—suggesting, perhaps, there is no such thing as an emergency when it comes to abortion care during natural disasters and in their aftermath. Another accompanying story also reached a national audience and suggested organizations like the Althea Fund were run by "left-wing activists" who are known for "politicizing tragic events" in the name of their social justice "pet projects." The public post was reacted to over 40,000 times by the conservative news organization's Facebook followers, with thousands of comments on the post suggesting there is a "special place in hell for these folks" who are "still promoting killing babies" while people in Harvey-ravaged areas were



still in shelters and without homes. The comments on the post echoed the post's title, suggesting there could be no "emergency" when it comes to abortion care. In a state with reproductive policies like Texas, clinics closing for several weeks becomes an emergency for anyone in the affected area seeking abortion care. These people are in a race against time, as with each week that passes the procedure costs increase or the procedure edges closer to becoming illegal in the state.

The organization's post and accompanying news stories succeeded in rousing anti-abortion advocates and crowds to action. The Althea Fund's Facebook page was flooded with aggressive threats and calls for the fund to shut down. Beatriz recalled, "They just went after us. We had to shut down comments. We had to block people. We had to be on 24/7 watch. We were getting horrible threats ... really violent shit."

Though the Althea Fund cannot plan for instances such as this, they do have some procedures in place to try and mitigate potential harm to their organization and its members and supporters. Beatriz told me many organizations creating communication outreach in the RJ movement have "plans in place for when shit like that does happen." Beatriz told me how the Althea Fund organizers reacted with the Facebook page was flooded: "I went straight to [our] networks that have lawyers on hand. The national network is known for security resources, so people asked if we wanted to contact them about our physical safety."

Even though the online attacks faced by Riya, Beatriz, and the Althea Fund at-large were often persistent and even violent, the organizers tried to use the attacks strategically to mobilize their supporter base. The Althea Fund cannot control when attacks will arise, but, as Beatriz said, "What we can control is how we respond. So we actually

leverage it. We fundraised even more [after the news incident]. We raised \$15,000 from that.” While navigating threats and temporarily disabled social media sites is laborious and stressful, it is apparent to Althea Fund organizers that only when the right to access abortion feels truly in jeopardy do RJ supporters “freak out” and organize to defend the right.

### **Conclusion**

In this chapter, I have argued Althea organizers creating communication outreach content for the Althea Fund continue their immaterial, affective labor on behalf of the organization and RJ movement beyond their hotline labor. At the Althea Fund, a small group of organizers create outgoing communication outreach, decide the most ethical practices for gathering hotline data, interact with supporters and donors, and actively put themselves on the line as the face of the organization. In managing the many affective states of supporters, donors, and opponents alike, these organizers extend their constant neoliberal, immaterial, technological, and affective labor, far beyond their hours talking to callers on the hotline.

While outreach is not the central purpose of Althea Fund labor, with rampant misinformation and silence around the issue of abortion, other organizations and activists in the RJ movement are working to break stigma, correct misinformation and misunderstanding, and advocate for more robust protections for reproductive rights and healthcare. Current examples of media advocacy in the RJ movement like the *Comics for Choice* comic book and *We Testify* abortion speak-out website utilize new digital

technologies to distribute their content while following popular models of successful and memorable advocacy throughout the history of the RJ movement.

Though the Althea Fund is primarily concerned with using communication technology and media to serve disenfranchised people and redistribute wealth, they still engage with these advocacy-oriented organizations and manage their own public outreach. Althea organizers are managing Althea's outreach and manipulating the affects of different publics through interacting with supporters, donors, and anti-abortion activists via email newsletters, direct one-on-one contact, and social media interactions. The Althea Fund's hotline is also consistently providing data for communication outreach and advocacy in the RJ movement broadly. Because they are sources for data collection, the Althea Fund and other direct service organizations think strategically about how best to obtain data, communicate with their supporters, and interact with their detractors in order to forward the RJ movement and its anti-neoliberal agenda. Yet, as also shown in Chapters III and IV, this outreach labor still entails highly neoliberal and immaterial labor performed by many networked activists using their personal devices and investing their personal time.

## CHAPTER VI

### CONCLUSION

Over the past year, I have witnessed firsthand the kind of endurance and fortitude it takes to organize a community of volunteers on behalf of a movement and issue that are demonized, misunderstood, and silenced in public discourse. I have watched organizers respond swiftly to rapidly changing political contexts, while still holding the values of the movement and the organization close. I have listened to callers tell me I am helping to save their lives, and I have interviewed volunteers who worry about the lives of all the callers they cannot reach. In the face of great need, Althea organizers and volunteers continue to work for a more equitable society through personal Internet connections and a belief in wealth redistribution and justice. I have spent much of my year reading email chains in bed at night, logging into a hotline using my home computer on weekday afternoons, and answering emails at a moment's notice to resend a funding voucher for a caller waiting at a clinic to have her procedure.

Throughout my time spent “at” the Althea Fund, or immersed in the digital community of Althea organizers and volunteers, I have come to understand not only aspects of the organization, but also of the reproductive justice movement, feminist and anti-neoliberal organizing, and the robust and sometimes contentious ways in which communication technologies and media are used for contemporary, networked activism. Thus, as I discuss in the implications of this work, I have come to think more subtly about the potential drawbacks and benefits of individual technological labor driving an anti-

neoliberal movement dedicated to systemic action and justice. I am particularly interested in how this individualized technological labor is further enabled and perpetuated indefinitely by the gendered expectations of intimate care labor.

In what follows, I first reiterate the primary and supplementary research questions that guided this study. I also refer to the existing lack of research about the intersection of feminist technology studies, reproductive justice activism, and neoliberalism that I aimed to address with this project. Then I summarize the key findings of this project. These include insights into: the anti-neoliberal prioritization policies on the Althea hotline, the *immaterial intimacy* of Althea hotline labor, and the ways in which Althea organizers engage in ongoing immaterial and affective labor to create successful communication outreach that is anti-neoliberal but also persuasive to supporters and donors. Then, I discuss the implications of neoliberal, immaterial, and gendered care labor being used in anti-neoliberal and systemic-justice oriented movements. Finally, I discuss limitations of the study, noting in particular the limitations of only having access to self-reported data from current Althea Fund personnel, and suggest future directions for work. Future work can continue analyzing the intersecting impacts of neoliberal subjectivity, personal technologies, and gendered labor in activism.

Situated in intersectional feminism, the movement for reproductive justice, and feminist studies of healthcare and technology, this project explored the practices of technology and media activists at a feminist and anti-neoliberal organization, the Althea Fund. The project was guided by two primary and five supplementary research questions. The first primary research question guiding this study addressed how the communication technology use, discourses, policies, and labor practices at the Althea Fund were mutually

shaping one another. The second primary research question considered how these several mutually constitutive elements were talking back to or reiterating the omnipresent neoliberal context. Though neoliberalism was present throughout the project, Chapter III particularly focused on the ways in which the Althea Fund's policies and hotline norms work within, around, and through this all-encompassing ideology.

The first supplementary research question in this project addressed ways in which intimate labor and/or performance on behalf of both volunteers and callers at the Althea Fund were considered in the hotline norms. This question was addressed in Chapter IV. The second supplementary research question was also addressed in Chapter IV, as it considered how the labor of both volunteers and callers were considered in the norms of technology use at the Althea Fund. In Chapter V, I addressed the third and fourth supplementary research questions. These questions considered the labors involved in the creation of the Althea Fund's communication outreach and how concerns for volunteer and caller physical, technological, and emotional safety shaped this outreach labor. The fifth and final supplementary research question was considered throughout Chapters III, IV, and V, as I explored how hotline labor and communication outreach efforts at the Althea Fund are understood by organizers and volunteers as in tension with one another in achieving the anti-neoliberal goals of the fund.

In exploring these research questions, this project attends to an existing gap in research in which the complex contemporary interactions between neoliberalism, personal communication technology, and labor within the context of intersectional feminist and anti-neoliberal organizing has not been fully addressed. Though intersectional feminist critiques of hegemony include robust anti-capitalist and anti-neoliberal critique (Banet-

Weiser & Portwood-Stacer, 2006; hooks, 1981; Davis 2016), this project focused particularly on how personal technology use as enabling immaterial neoliberal labor functions in anti-neoliberal organizing.

This project was grounded historically and theoretically in the interventions made by intersectional feminist scholars and activists in healthcare studies (de Onís, 2015; Lagro-Janssen, 2007; Nelson, 2005). In particular, this project was situated within the reproductive justice movement (Kline, 2010; Roberts, Ross, & Kuumba, 2005; Silliman, Friend, Ross, & Gutiérrez, 2004). In its attention to intersectional feminist technology activism, this project was also grounded in intersectional feminist interventions in technology studies (Balsamo, 1995; Cockburn, 1992; Fortunati, 2009; Haraway, 1991; Wajcman, 2004; Wallis, 2013). In this project, I explored how technology can be understood as a potential mechanism for fostering greater gender equity (Haraway, 1991), or extending gendered labor (Fortunati, 2009). I also attended to the norms of intersectional feminist approaches to technology studies, which predominantly focus on the ways in which technology is used on behalf of marginalized issues or by disenfranchised populations (Sandoval, 2000a; Molina-Guzmán, 2010).

To think critically about the intersection of neoliberalism, personal technologies, and labor in feminist and anti-neoliberal organizing, I embarked on a one-year feminist ethnography with an abortion fund in Texas, the Althea Fund, that uses free communication technologies to run their hotline and entire organization. I began by interviewing volunteers and observing organizer meetings, but over time I was invited to more fully participate in the fund's work. This helped me not only understand the processes, practices, and conversations more fully, but it also enabled me to give back in

tangible ways to the organization—an important tenet of feminist research (Hesse-Biber & Yaiser, 2004; Sprague, 2016). By the end of the year, I had participated in nearly every digital function of the organization’s internal operations. This included working weekly hotline shifts, coordinating other organizers and volunteers on email threads, and working with spreadsheets of data to chart patterns on the hotline for Althea Fund leadership. With hundreds of hours logged with the Althea Fund, I began to understand the dedication it takes to run a hotline that responds to imminent need. I also became immersed in the subtleties of the work, experiencing the “always on” (Baron, 2009) connectivity of the hotline and the organization at large.

In Chapter III, I argued it is difficult to uphold the ethical feminist values of caring *for* vulnerable individuals and *about* systemic justice equally on a wealth redistribution hotline that exists in the neoliberal context. In this chapter, I first discussed neoliberalism in the U.S. as an ideology that suggests racial, gendered, and other inequity is historical (Bonilla-Silva, 2014; Gray, 2015; McRobbie, 2009), turning society and policy away from systemic change and instead toward a focus on individual responsibility (Banet-Weiser & Gray, 2013; Harvey, 2007). I also explored how neoliberalism works in tandem with neoconservative morals in current U.S. policy, which is particularly important when discussing abortion policy (Brown, 2006). The Althea Fund seeks to dismantle the neoliberal ideology in the U.S. by confronting and communicating about the ways in which systemic injustice still thrives across the nation and in Texas in particular. The Althea Fund attends to ethics of feminist justice and care in their hotline values and practices, suggesting they strive to care *about* systemic justice in the long term while also caring *for* callers and their lived experiences and autonomy in real time (Baier, 1995; Tronto, 1995).



In an effort to care both *about* long-term justice and *for* people facing immediate injustice, the Althea Fund created hotline policies that prioritize callers facing an imminent decrease in their ability to access abortion care based on neoliberal Texas policies. One volunteer described these prioritization policies as “some combination of who needs the most help in the least amount of time,” suggesting hotline callers facing the biggest and most pressing barriers to access will be prioritized. An example of callers that were prioritized are minors, who, amongst other struggles, do not have bodily autonomy in the state of Texas when it comes to abortion procedures. Thus, anyone under the age of eighteen must have a parent or guardian’s permission to have an abortion procedure. Obtaining this permission can be difficult or impossible, leaving many minors to go through an arduous judicial bypass process to be able to obtain an abortion without parental consent. When minors call the hotline, then, not only did the Althea Fund prioritize them because they are young and vulnerable, but also because of these systemic realities.

Even with established policies for caller prioritization, individual interpretation of RJ movement values and the needs of individual callers happened on the Althea hotline. Individual volunteer interpretation was exacerbated by the limited amount of funding on the hotline. Because all hotline callers are facing systemic injustice and unable to access a protected constitutional and human right, it was difficult for volunteers to avoid reverting to neoliberal and individual “deservedness” framing when making quick decisions about who to call in what order and how thin to stretch the budget for the day. The level of comfortability with this individual interpretation varied across organizers and volunteers. Some people spoke candidly about their individual biases in hotline decision-making,

while others spent time explaining how their decisions were meticulous, formulaic, and as unbiased as possible. Further, even though volunteers were trained in RJ and feminist principles for selecting and interacting with callers, each hotline shift and individual call is unique, so creating policies that take all of these unknown variables into account is not possible. Therefore, Althea volunteers who were “taking the hotline with them” on their smartphones, laptops, mobile applications, and Internet connections ended up taking on some of the inevitable cognitive and emotional labor involved in not only talking to callers but also hotline decision-making.

In Chapter IV, I paid particular attention to the intricate nature of the labors necessary for hotline work. I used the term *immaterial intimacy* to explore the labor of hotline volunteers. I argued the labor of hotline volunteers is best understood as ubiquitous *immaterial intimacy* rooted in a feminist consciousness. *Immaterial intimacy* on the Althea Fund hotline is labor that is invisible but ubiquitous, and intimate but ephemeral and conducted between strangers. *Immaterial intimacy* on the Althea Fund hotline is invisible labor to most of society, as this immaterial labor is done individually by volunteers discreetly using digital technologies in private spaces. At the same time, I discussed how *immaterial intimacy* includes two labors that produce immaterial, intangible products: digital information and intimate gendered care labor. These two elements of hotline labor serve to perpetuate one another in an endless feedback loop that situates *immaterial intimacy* as ubiquitous for volunteers. This meant Althea hotline volunteers were “always on” potential care laborers. In wanting to be ethical and “good” feminist care laborers, hotline volunteers described and demonstrated myriad ways to be sure they were always connected and digitally available to other volunteers and hotline callers through mobile

applications, emails, and forwarded notifications. Through being “always on,” Althea hotline volunteers were always prepared to engaged in unplanned, fleeting exchanges of care with strangers on the hotline.

In addressing the labor of hotline volunteers, I discussed immaterial labor (Lazzarato, 1996; Hardt & Negri, 2000), or information work that creates intangible products like cooperation and communication. I also examined the affective, intimate care dimension of immaterial labor (Boris & Parreñas, 2010; Fortunati, 2009; Hardt, 1999), which also creates intangible products like care and affective shifts. As for the intimate care labor of hotline work in particular, I analyzed how hotline interactions requires a feminist consciousness and the ability to embody feminist sympathy. For a volunteer to embody feminist sympathy, as discussed by Sara Ahmed (2017), she must refrain from acting on her internal biases or assumptions when talking to callers. In trying to avoid creating “affect aliens,” or people who feel alienated by others or society for experiencing certain emotions, volunteers on the Althea Fund hotline were trained to let the caller dictate the emotionality of the hotline interaction whenever possible. This meant volunteers had to be ready to validate and normalize a wide range of emotions, which resulted in a feminist intimate care. The misinformation, stigma, and shame surrounding abortion in public discourse further complicated the task of ethical feminist sympathy and *immaterial intimacy* on the hotline.

In Chapter V, I addressed how stigmatization and misinformation about abortion in dominant narratives affects not only hotline labor, but also the immaterial and affective labor that goes into creating outgoing communication and media outreach at the Althea Fund. I argued Althea organizers creating this outreach content continue immaterial and

affective labor on behalf of the organization beyond just their work on the hotline. Because the hotline is a “lifeblood” of sorts for the RJ movement in terms of providing narratives and data about the effects of systemic inequity, hotline organizers described to me the immaterial, affective, and cognitive labors they engaged in when trying to think how best to ethically gather data from the hotline, utilize the data, and consistently respond to both internal and external threats to the Althea Fund.

To understand the context surrounding this Althea and RJ movement outreach labor, I first discussed how society and public discourse are mediated—meaning media can serve to teach people what to think, how to think, and how to move through the world (Bandura, 1986; Entman & Rojecki, 2000; Hall, 1997; Iyengar & Kinder, 1987). I next discuss how reproductive justice and abortion in particular continue to be misrepresented and stigmatized in policy language and news and fictional media (Conti & Cahill, 2017; Ferree, 2002; Sisson & Kimport, 2017). Then, I discuss how media, and especially the participatory culture of new media, is also understood as a potential tool for advocacy efforts and in mobilizing counter-publics (Costanza-Chock, 2014; Jenkins, 2006; Molina-Guzmán, 2010). I explored the long history of outreach and advocacy in social justice movements broadly, and in the RJ movement in particular.

Though the Althea Fund takes part in outreach, they are a direct service organization with the primary goal to redistribute wealth to callers in order to help them access abortion care. Thus, the Althea Fund and other direct service organizations rely on content creators and advocacy organizations to take the data they provide and use it to tirelessly combat misinformation and stigma on behalf of the RJ movement. In this chapter, I discussed two contemporary examples of outreach. First, I examined a

reproductive rights comic book *Comics for Choice*. Then, I examined an abortion speak-out website *We Testify*. Both of these examples of outreach showcased how others in the RJ movement are working to advocate for more robust and equitable reproductive healthcare.

After looking at *Comics for Choice* and *We Testify*, I analyzed the use of new media for outreach by Althea Fund organizers. In the organizers' adherence to RJ principles and values when raising awareness, invigorating supporters, and fundraising, the question facing these Althea organizers seemed to be: how can we best advocate for deep ideological shifts while simultaneously asking for urgent and immediate collective action? Organizers described the many times they have had to educate donors and supporters about how intersectionality functions to explain systemic inequities, and why that means, for example, the Movement for Black Lives directly relates to the RJ movement and Althea's values. This was, at times, a painful process for organizers, supporters, and donors alike. I explored in the chapter the internal and external threats these Althea organizers navigated. Threats came both from disgruntled donors who did not understand Althea's outreach content and angry anti-abortion activists who saw an Althea Fund Facebook post shared by the a conservative news organization's Facebook page. Through recognizing the range of these threats, I explored how these particular organizers were continuing their affective labor for Althea far beyond hotline hours and caller interactions.

## Contributions

Due to the current neoliberal context in the U.S. and the proliferation of personal communication technologies, the notion of truly anti-neoliberal and feminist activism is complicated by the notion that activists using personal technologies are perpetually resituated as neoliberal subjects. Personal communication technologies afford individual activists the ability to carry out work that would traditionally require some kind of physical space and/or volunteer travel. Instead, organizers and volunteers at organizations like the Althea Fund are using personal devices to create networks of labor that sustain hotlines and other similar services. What I observed at the Althea Fund are the nuances of how networks of individual and highly-engaged activists function to dismantle and/or reify the neoliberal ideology.

In this age of retweeting and reposting, there has been a steady critique of technology, and social media in particular, being used for activism. My study reveals this is not always the case when communication technologies are used by organizers and activists. Typically, we have heard the term “slacktivism” used to describe the use of communication technologies like social media to forward causes and movements. “Slacktivism” suggests people can feel satisfied with posting a status update or sharing a photo to show support for an issue and boost their personal image without having to actually do any work on behalf of that cause.

However, the type of networked and individual, enduring labor I witnessed at the Althea Fund goes far beyond slacktivist norms. Instead, I saw volunteers carry out intimate digital work that fills up peoples’ personal time and space with its presence bleeding across

people's everyday lives (Gregg, 2011). The work of Althea organizers and volunteers involved individuals working tirelessly across a connected network. Networked activism, or the use of widely available communication technologies for activism, "seeks to democratize human rights advocacy by providing a framework that can be used to broadly mobilize individuals on human rights issues and encourage them to participate fully in the work" (Land, 2009, p. 240).

Through observing and working with Althea organizers and volunteers, I was able to critically think about the ways in which new media and technology allow individuals connected across technologies to labor for a cause in substantial and ongoing ways. Communication technologies can be used to engage individuals in hands-on social justice work, like the *immaterial intimacy* of hotline labor and caller interaction at the Althea Fund. If hands-on work is enabled via new media technologies, perhaps the "choice between mobilization and participation ... may not be necessary" in thinking about digital technology activism, as originally suggested by technology critics in their definition of slacktivism (Land, 2009, p. 228).

Yet, at the same time, the current focus in U.S. culture on digital information work and neoliberal individualism enables immaterial labor on personal technologies to thrive and become normalized as a "nonstop" task. This is especially true when tied to notions of immaterial gendered care labor, which suggests women should be available at any time to put their lives on hold and focus on the people who need care. Because communication technologies like smartphones make immaterial labor accessible at any moment, people working on behalf of feminist causes can be "always on" and available to fellow organizers, volunteers, and people seeking help.

Considering again the tenets of ethical feminist justice, perhaps the *immaterial intimacy* on the Althea hotline could be understood as the labor of caring *for* the immediately disenfranchised in ethical feminist care. Then, outreach and advocacy efforts to dismantle neoliberal inequity via protest and digital media strategies would function as the labor of caring *about* long-term justice. Both of these types of labor are equally important in any social justice movement: organizers care for people and their immediate circumstances when possible, while long-term advocacy and hope for a more just world drive the movement.

Yet, one could argue the perpetuation of *immaterial intimacy*—or neoliberal, individual, and gendered care labor—via personal technologies seems inconsistent with a movement that aims for systemic change. Then again, as the title of Angela Davis’s (2016) latest book suggests, activists have long understood that “freedom is a constant struggle.” Committed activists in different movements across various eras have dedicated their lives to their causes. There was high engagement and high burn out in social movement organizing long before new media technologies and their tie to the omnipresent neoliberal context. However, the connectivity of personal devices allows the lives of organizers, volunteers, and activists to become even more entangled in their social justice work. While passionate activists have always been committed to social movements, now they are able (and might be expected) to be incessantly in contact with others in the movement, disenfranchised individuals seeking assistance, and even their critics and disparagers. With the connectivity of new media, the labor of love that activists and volunteers carry out can become—like all labor—nonstop.



Furthermore, in social movements, it has also been well-documented that the distribution of labor still often follows gendered expectations (Ferree & Roth, 1998; Robnett, 1997; Springer, 1999). Women in social movements are often still expected to partake in the immediate world, performing intimate, reproductive, and care labor, in which contributions are either largely ignored, immaterial, or both. This is especially true when the issue, like reproductive justice, has been constructed as a women's issue. Though technology can be used to work for gender equity (Haraway, 1991; Sandoval, 2000a), it can also be used in ways that perpetuate inequitable gender conditions both in social movements and in society broadly.

### **Limitations and Future Research**

As for the limitations of this study, while intersectional feminist research is supposed to be localized and specific in its inquiry (Hesse-Biber & Yaiser, 2004; Mohanty, 1984), this study was limited to only the current organizers and volunteers at the Althea Fund. Since some organizer positions, volunteers, and technology policies turn over every year or two, being able to include the thoughts and experiences of past Althea Fund personnel might have provided a more robust understanding of how the use of technology and the relation of Althea values to technologies has changed over time.

In addition, because organizers and volunteers are geographically dispersed and engage with the organization and hotline using personal devices, the data I relied on to understand actual hotline technology and labor practices was limited to self-reported data. Though using digital technologies as my primary means for interacting with the Althea

Fund enriched my analysis and understanding of the organization and labor, I was unable to observe other volunteers working the hotline and making real-time decisions in terms of technology, funding, and caller interaction. Being able to compare self-reported data to actual hotline practices might provide rich insight into how immaterial technological labor is talked about versus carried out.

In thinking about future research, using alternative methods to observe activist labor might provide rich insight beyond self-reported data. For example, though observation can serve to change the research situation, the researcher could “join” the hotline volunteer via video conference while she carried out her hotline shift. The researcher could connect with the volunteer, then mute their own video and microphone. Ideally, this could allow the volunteer to interact with the spreadsheets, callers, and her devices during the hotline shift without being physically or audibly interrupted. Alternatively, if observation proved too invasive, organizers and volunteers could complete time and photo logs of labor done on behalf of the organization. The time log could include the type of labor and time spent to complete it. Photos could include the spaces organizers and volunteers inhabit while doing their hotline shifts, along with screenshots or images of their notes as they carried out their calls.

In future work, I also suggest close analyses of organizations doing direct service work on behalf of myriad social issues could serve to help researchers comprehend how technology impacts activism and activist labor more broadly. This research could elaborate on ways in which individuals or groups of activists are being utilized as laboring neoliberal subjects to use their personal technologies to carry out the care *for* people and their immediate circumstances. Researchers could expand on the apparent paradoxes inherent in

how this highly neoliberal and individual labor is posited as forwarding the goals of anti-neoliberal movements focused on long-term, systemic change. I do not mean to suggest this work is not empowering or important, but the individualized nature of neoliberal and technological labor warrants further investigation when tied to anti-neoliberal and systemically-oriented values. As Angela Davis (2016) stated, “progressive struggles—whether they are focused on racism, repression, poverty, or other issues—are doomed to fail if they do not also attempt to develop a consciousness of the insidious promotion of capitalist individualism” (p. 1). The relationship between personal technologies, capitalist individualism, and anti-neoliberal activism seems to be wrought with potential complications and paradoxes.

Moreover, future work could look specifically to organizations and movements that are not almost entirely run by women, trans folks, queer and gender-fluid folks, and people of color like the RJ movement. As part of the RJ movement, the Althea Fund is run by a group of women—Latinx, black, brown, white, hetero, queer, cis, and trans women. Even as I explored the gendered nature of the neoliberal labor these organizers and volunteers partake in on the hotline and in creating communication outreach, I was not able to consider the labors expected of these Althea members in relation to those of typical male organizers and volunteers in the same or a similar movement.

Despite observing and sharing in Althea organizer and volunteer exhaustion from ongoing *immaterial intimacy* and other digital labor, I also shared in the rich satisfaction felt when a caller’s needs were met or an organizer explained how a donor was persuaded to make a substantial recurring contribution. At times, I bore witness to Althea members working across all hours as efficient neoliberal subjects on their many connected personal

devices. Yet, I also watched a group of friends, comrades, and hopeful organizers and volunteers who were reinvigorated by each other's passion and showed incredible stamina in their ability to constantly rise to the occasion, fill in for each other, and take on extra labor when needed. Even with lingering concerns for neoliberalism's infiltration into activism via invasive personal technologies, this project and the relationships I formed moved me—at times to hearty laughter, and at times to tears. Even if we were receiving constant communications from other organizers, volunteers, and callers, we were also making substantive change in the lives of people—people like us.

## REFERENCES

- “About.” (2017). In *We Testify*. Retrieved from <https://wetestify.org/testify/>.
- Ahmed, S. (2017). *Living a feminist life*. Durham, NC: Duke University Press.
- Alcoff, L. (1992). The problem of speaking for others. *Cultural Critique*, 20, 5-32.
- Anzaldúa, G. (2015). Acts of healing. In C. Moraga & G. Anzaldúa (Eds.). *This bridge called my back, 4th edition* (p. xxvii – xxviii). Albany: SUNY Press.
- Associated Press. (2017, May 20). Texas House approves new limits on abortion. *The New York Times*. Retrieved from <https://www.nytimes.com/2017/05/20/us/politics/texas-house-approves-new-limits-on-abortion.html?mcubz=1>.
- Baier, A. C. (1995). The need for more than justice. In V. Held, *Justice and care: Essential readings in feminist ethics* (p. 47 – 60). Boulder, CO: WestView Press.
- Balsamo, A. (1995). *Technologies of the gendered body: Reading cyborg women*. Durham, NC: Duke University Press.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Upper Saddle River, NJ: Prentice Hall.
- Banet-Weiser, S., & Gray, H. (2009). Our media studies. *Television & New Media*, 10(1), 13 – 19.
- Banet-Weiser, S., & Portwood-Stacer, L. (2006). ‘I just want to be me again!’ Beauty pageants, reality television, and post-feminism. *Feminist Theory*, 7(2), 255 – 272.
- Baron, N. (2008). *Always on: Language in an online and mobile world*. New York: Oxford University Press.

- Bartky, S. L. (1975). Toward a phenomenology of feminist consciousness. *Social Theory and Practice*, 3(4), 425 – 439.
- Bartky, S. L. (1998). Foucault, femininity, and the modernization of patriarchal power. In R. Weitz (Ed.), *The politics of women's bodies: Sexuality, appearance, and behavior* (p. 25 – 45). New York, NY: Oxford University Press.
- Bhattacharya, K. (2007). Consenting to the consent form: What are the fixed and fluid understandings between the researcher and researched? *Qualitative Inquiry*, 13(8), 1095 – 1115.
- Bhattacharya, K. (2009). Othering research, researching the Other: De/colonizing approaches to qualitative inquiry. In J.C. Smart (Ed.). *Higher Education: Handbook of Theory and Research*, 24, (p. 105 – 150). Berlin: Springer-Verlag.
- Bhavani, K. (2004). Tracing the contours: Feminist research and feminist objectivity. In S. N. Hesse-Biber & M. L. Yaiser (Eds.), *Feminist perspectives on social research* (p. 65 – 77). New York: Oxford University Press.
- Blee, K. (1998). White-knuckle research: Emotional dynamics in fieldwork with racist activists. *Qualitative Sociology*, 21(4), 381 – 399.
- Bonilla-Silva, E. (2014). *Racism without racists: Color-blind racism and the persistence of racial inequality in the United States* (4th ed.). Lanham, MD: Rowman & Littlefield Publications, Inc.
- Boris, E. & Parreñas, R. S. (2010). Introduction. In E. Boris & S. R. Parreñas (Eds.). *Intimate labors: Cultures, technologies, and the politics of care* (p. 1 – 12). Stanford, CA: Stanford University Press.

- Briggs, K. C. (2012). "The most dangerous place": Race, neoliberalism, and anti-abortion discourses (Master's thesis). Retrieved from University of Texas Electronic Theses and Dissertations repository.
- Brown, W. (2006). American nightmare: Neoliberalism, neoconservatism, and de-democratization. *Political Theory*, 34(6), 690 – 714.
- Buch, E. D., & Staller, K. M. (2013). *What is feminist ethnography?* In S. N. Hesse-Biber (Ed.), *Feminist research practice: A primer* (2<sup>nd</sup> ed.) (p. 107 – 144). Thousand Oaks, CA: SAGE Publications, Inc.
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York, NY: Routledge.
- Caldwell, J.T. (2009). Hive-sourcing is the new out-sourcing: Studying old (industrial) labor habits in new (consumer) labor clothes. *Cinema Journal*, 49(1), p. 160-167.
- Chen, B. X. (2011). *Always on: How the iPhone unlocked the anything-anytime-anywhere future—and locked us in*. Boston: De Capo Press.
- Christians, C. G. (2011). Ethics and politics in qualitative research. In N. K. Denzin & Y. Lincoln (Eds.). *The SAGE Handbook of Qualitative Research (4th ed.)*, (p. 61 – 80). Thousand Oaks, CA: SAGE Publications, Inc.
- Chuck, E. (2017, Aug 12). Texas has the highest maternal mortality rate in the developed world. Why? *NBC News*. Retrieved from <https://www.nbcnews.com/news/us-news/texas-has-highest-maternal-mortality-rate-developed-world-why-n791671>.

- Chun, W. (2009). Introduction: Race and/as technology; or, How to do things to race. In L. Joyrich & W. Chun (Eds.), *Camera obscura: Feminism, culture, and media studies*. Durham, NC: Duke University Press.
- Clifford, J. (1983). On ethnographic authority. *Representations*, (2), 118–146.
- Clifford, J. (1986). Introduction: Partial truths. In J. Clifford, G. E. Marcus, & K. Fortun (Eds.). *Writing culture: The poetics and politics of ethnography. 25<sup>th</sup> anniversary ed.* Berkeley, CA: University of California Press.
- Cockburn, C. (1992). The circuit of technology: gender, identity and power. In R. Silverstone and E. Hirsch (Eds.), *Consuming technologies: Media and information in domestic spaces* (p. 32 – 47). London: Routledge.
- Combahee River Collective. (2015). A Black feminist statement. In In C. Moraga & G. Anzaldúa (Eds.). *This bridge called my back, 4<sup>th</sup> edition* (p. 210 - 218). Albany: SUNY Press. (Original work published 1977).
- Conti, J. A., & Cahill, E. (2017). Abortion in the media. *Current Opinion in Obstetrics & Gynecology*, 29, 427 – 430.
- Cook, E. A., & Wilcox, C. (1991). Feminism and the gender gap—a second look. *The Journal of Politics*, 53(4), 1111 – 1122.
- Costanza-Chock, S. (2014). Out of the shadows, into the streets!: Transmedia organizing and the immigrant rights movement. Boston, MA: MIT Press.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 1241-1299.
- Davies, B. (2005). The (im)possibility of intellectual work in neoliberal regimes. *Discourse: Studies in the Cultural Politics of Education*, 26(1), 1 – 14.



- Davis, A. (2016). *Freedom is a constant struggle: Ferguson, Palestine, and the Foundations of a Movement*. Chicago, IL: Haymarket Books.
- Denzin, N. K., & Lincoln, Y. (2011). *The SAGE Handbook of Qualitative Research* (4<sup>th</sup> ed.). Thousand Oaks, CA: SAGE Publications, Inc.
- Devault, M. L. (2004). Talking and listening from women's standpoint: Feminist strategies for interviewing and analysis. In S. N. Hesse-Biber & M. L. Yaiser (Eds.), *Feminist perspectives on social research* (p. 227 - 250). New York: Oxford University Press.
- Domke, D., McCoy, K., & Torres, M. (1999). News media, racial perceptions, and political cognition. *Communication Research*, 26, 570 – 607.
- Downey, J. & Fenton, N. (2003). New media, counter publicity, and the public sphere. *New Media & Society*, 5(2), 185 – 202.
- Drovetta, R. I. (2015). Safe abortion information hotlines: An effective strategy for increasing women's access to safe abortions in Latin America, *Reproductive Health Matters*, 23 (45), 47-57.
- Dubriwny, T. N. (2005). Consciousness-raising as collective rhetoric: The Redstockings' abortion speak-out of 1969. *Quarterly Journal of Speech*, 91(4), 395 – 422.
- Dubriwny, T. (2012). *The vulnerable empowered woman: Feminism, postfeminism, and women's health*. New Brunswick, NJ: Rutgers University Press.
- Ducey, A. (2010). Technologies of caring labor: From objects to affect. In E. Boris & S. R. Parreñas (Eds.). *Intimate labors: Cultures, technologies, and the politics of care* (p. 18 – 32). Stanford, CA: Stanford University Press.

- Duffy, B.E. (2015). The romance of work: Gender and aspirational labour in the digital culture industries. *International Journal of Cultural Studies*, p. 1-17.
- Duggan, L. (2003). *The twilight of equality? Neoliberalism, cultural politics, and the attack on democracy*. Boston: Beacon Press.
- Entman, R., & Rojecki, A. (2000). *The black image in the white mind: Media and race in America*. Chicago, IL: University of Chicago Press.
- Evans, E. (2015). The politics of Third Wave feminisms: Neoliberalism, intersectionality, and the state in Britain and the US. London: Palgrave Macmillan.
- Evans, L. (2013). *Cabin pressure: African American pilots, flight attendants, and emotional labor*. Lanham, MD: Rowman & Littlefield Publishers, Inc.
- Evans, M. (2017, May 19). Texas House approves new abortion restrictions. *The Texas Tribune*. Retrieved from <https://www.texastribune.org/2017/05/19/texas-house-approves-sweeping-anti-abortion-bill/>.
- Fernandez, M. (2001). Whatever happened to the cyborg manifesto? *Mute*, 1(20).
- Fernandez, M. (2013, July 18). Abortion restrictions become law in Texas, but opponents will press fight. *The New York Times*. Retrieved from <http://www.nytimes.com/2013/07/19/us/perry-signs-texas-abortion-restrictions-into-law.html?mcubz=1>.
- Ferree, M. M. (2002). *Shaping abortion discourse : Democracy and the public sphere in Germany and the United States*. Cambridge, UK: University of Cambridge Press.
- Ferree, M. M., & Martin, P. Y. (1995). Doing the work of the movement: Feminist organizations. In M. M. Ferree & P. Y. Martin (Eds.), *Feminist Organizations* (p. 2 – 23). Philadelphia: Temple University Press.

- Ferree, M. M., & Roth, S. (1998). Gender, class, and the interaction between social movements: A strike of West Berlin day care workers. *Gender and Society*, 12(6), 626 – 648.
- Ferriss, S. (2015). Working girls: The precariat of chick lit. In E. Levine (Ed.), *Cupcakes, Pinterest, and lady porn: Feminized popular culture in the early twenty-first century* (p. 177 – 195). Chicago: University of Illinois Press.
- Fisher, J. A. (2007). Coming soon to a physician near you: Medical neoliberalism and pharmaceutical clinical trials. *Harvard Health Policy Review*, 8(1), 61 – 70.
- Fixmer-Oraiz, N. (2010). No exception postprevention: “Differential biopolitics” on the morning after. In S. Hayden & D. L. O’Brien Hallstein (Eds.), *Contemplating maternity in an era of choice: Explorations into discourses of reproduction*, (p. 27 - 49). Lanham, MD: Lexington Books.
- Fortunati, L. (2009). Gender and the mobile phone. In G. Goggin and L. Hjorth (Eds.), *Mobile technologies: From telecommunications to media* (p. 23 – 37). New York: Routledge.
- Foucault, M. (1975). *Discipline and punish: The birth of the prison*. New York: Vintage Books.
- Foucault, M. (1976). Two lectures. In C. Gordon (Ed.), *Power/knowledge: Selected interviews and other writings 1972-1977*. New York: Pantheon Books.
- Freire, P. (1970). *The pedagogy of the oppressed*. New York: Bloomsbury.
- Geertz, C. (1973). Thick description: Toward an interpretive theory of culture. *The interpretation of cultures* (p. 3 – 30). New York, NY: Basic Books.

- Gerdtts, C., Fuentes, L., Grossman, D., White, K., Keefe-Oates, B., Baum, S. E., & Potter, J. E. (2016). Impact of clinic closures on women obtaining abortion services after implementation of a restrictive law in Texas. *American Journal of Public Health, 106*(5), 857–864.
- Gleeson, K. (2014). The limits of ‘choice’: Abortion and entrepreneurialism. In M. Nash (Ed.), *Reframing Reproduction* (p. 69 – 83). London: Palgrave Macmillan.
- Goggin, G. & Hjorth, L. (2009). The question of mobile media. In G. Goggin and L. Hjorth (Eds.), *Mobile technologies: From telecommunications to media* (p. 3 – 8). New York: Routledge.
- Gomperts, R. (2002). Women on Waves: Where next for the abortion boat? *Reproductive Health Matters, 10*(19), 180 – 183.
- Grant, R. (2017, Oct. 5). The disturbing rise of cyberattacks against abortion clinics. *Wired*. Retrieved from <https://www.wired.com/story/cyberattacks-against-abortion-clinics/>.
- Gray, H. (2013). Subject(ed) to recognition. *American Quarterly, 65*(4), 771 – 798.
- Gray, H. (2015). The feel of life: Resonance, race, and representation. *International Journal of Communication, 9*, 1108 – 1119.
- Gregg, M. (2011) *Work's intimacy*. Malden, MA: Polity Press.
- Hall, S. (1993). Encoding, decoding. In S. During (Ed.), *The Cultural Studies Reader* (pp. 507-517). New York, NY: Routledge.
- Hall, S. (1997). The spectacle of the other. In S. Hall, *Representation: Cultural representations and signifying practices*. London: SAGE Publications.

- Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective. *Feminist Studies*, 14(3), 575 – 599.
- Haraway, D. (1991). *Simians, cyborgs, and women: The reinvention of nature*. New York, NY: Routledge.
- Harding, S. (1987). Introduction: Is there a feminist method? In S. Harding (Ed.), *Feminism and Methodology* (p. 1-14). Bloomington: Indiana University Press.
- Harding, S. (2004). Rethinking feminist standpoint epistemology: What is ‘strong objectivity’? In S. Harding (Ed.), *The Feminist Standpoint Theory Reader* (p. 127 – 140). New York: Routledge.
- Hardt, M. (1999). Affective labor. *boundary 2*, 26(2), 89 – 100.
- Hardt, M. & Negri, A. (2000). *Empire*. Cambridge: Harvard University Press.
- Harris, A. (2004). *Future girl: Young women in the twenty-first century*. London: Routledge.
- Harvey, D. (2007). *A brief history of neoliberalism*. New York: Oxford University Press.
- Hayden, S. (2009). Revitalizing the debate between <life> and <choice>: The 2004 march for women’s lives. *Communication and Critical/Cultural Studies*, 6(2), 111 – 131.
- Held, V. (1995). Feminist moral inquiry and the feminist future. In V. Held, *Justice and care: Essential readings in feminist ethics* (p. 153 – 176). Boulder, CO: WestView Press.
- Herskovitz, J. (2017, Aug. 15). Texas governor signs bill to limit insurance coverage for

abortions. *Reuters*. Retrieved from <https://www.reuters.com/article/us-texas-abortion/texas-governor-signs-bill-to-limit-insurance-coverage-for-abortions-idUSKCN1AV2F4>.

Hesse-Biber, S. N., & Leckenby, D. (2004). How feminists practice social research. In Hesse-Biber, S. N., & Yaiser, M. L. (Eds.), *Feminist perspectives on social research* (p. 209 - 226). New York: Oxford University Press

Hesse-Biber, S. N., & Yaiser, M. L. (Eds.). (2004). Difference matters: Studying across race, class, gender, and sexuality. In Hesse-Biber, S. N., & Yaiser, M. L. (Eds.), *Feminist perspectives on social research* (p. 101- 120). New York: Oxford University Press

Hesse-Biber, S. N. (2013). Feminist approaches to in-depth interviewing. In S.N. Hesse-Biber, (Ed.). *Feminist research practice: A primer* (2<sup>nd</sup> ed.) (p. 182 – 232) Thousand Oaks, CA: SAGE Publications, Inc.

Hine, C. (2000). *Virtual ethnography*. London: SAGE Publications Ltd.

Holt, L. F. (2013). Writing the wrong: Can counter-stereotypes offset negative media messages about African Americans? *Journalism & Mass Communication Quarterly*, 90(1), 1 – 18.

hooks, b. (1981). *Ain't I a woman: Black women and feminism*. Cambridge, MA: South EndPress.

Hochschild, A. R. (1979). Emotion work, feeling rules, and social structure. *American Journal of Sociology*, 85(3), 551 – 575.

Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling*. Berkeley, CA: University of California Press.

- Iyengar, S., & Kinder, D. R. (1987). *News that matters: Television and American opinion*. Chicago, IL: University of Chicago Press.
- Jaggar, A. M. (1994). Abortion and a woman's right to decide. In A. M. Jaggar (Ed.), *Living with contradictions: Controversies in feminist social ethics* (p. 281 - 287). Boulder, CO: WestView Press.
- Janghorban, R., Roudsari, R. L., & Taghipour, A. (2014). Skype interviewing: The new generation of online synchronous interview in qualitative research. *International Journal of Qualitative Studies on Health and Well-Being*, 9, 1 – 3.
- Jarrett, K. (2014). The relevance of “women’s work”: Social reproduction and immaterial labor in digital media. *Television & New Media*, 15(1), 14 – 29.
- Jaworski, B. K. (2009). Reproductive justice and media framing: a case-study analysis of problematic frames in the popular media. *Sex Education*, 9(1), 105 – 121.
- Jenkins, H. (2006). *Convergence culture: Where old and new media collide*. New York: New York University Press.
- Kaplan, L. (1995). *The story of Jane: The legendary underground feminist abortion service*. Chicago: University of Chicago Press.
- Kennedy, A. (2001). Abortion, patriarchy, neoliberalism. *Studes: An Irish Quarterly Review*, 90(358), 162 – 170.
- Kermode, M. (2014, Aug. 30). Obvious Child review – a forthright romcom that tackles abortion. *The Guardian*. Retrieved from <https://www.theguardian.com/film/2014/aug/31/obvious-child-review-gillian-robepierre-abortion-jenny-slate>.
- Kline, W. (2010). *Bodies of knowledge: Sexuality, reproduction, and women's health in the second wave*. Chicago, IL: University of Chicago Press.

- Lazzarato, M. (1996). Immaterial labor. In P. Virno & M. Hardt (Eds.). *Radical thought in Italy: A potential politics* (p. 133 – 150). Minneapolis: University of Minnesota.
- Land, M. B. (2009) Networked activism. *Harvard Human Rights Journal*, 22, 205 – 243.
- Lane, L. (2015) Feminist rhetoric in the digital sphere: Digital interventions & the Subversion of Gendered Cultural Scripts. *Ada: A Journal of Gender, New Media, and Technology*, 8, 1 – 14.
- Lipman, P., & Hursh, D. (2007). Renaissance 2010: The reassertion of ruling-class power through neoliberal policies in Chicago. *Policy Futures in Education*, 5(2), 160 – 178.
- Lorde, A. (2015). The master’s tools will never dismantle the master’s house. In C. Moraga & G. Anzaldúa (Eds.). *This bridge called my back, 4<sup>th</sup> edition* (p. 94 – 103). Albany: SUNY Press. (Original work published 1979).
- Lugones, M. C. & Spelman, E. V. (1983). Have we got a theory for you! Feminist theory, cultural imperialism and the demand for “the woman’s voice.” *Women’s Studies International Forum*, 6(6),573-581.
- Lykes, M. B., & Crosby, A. (2013). Feminist practice of action and community research. In S. N. Hesse-Biber (Ed.), *Feminist research practice: A primer* (2<sup>nd</sup> ed.) (p. 145 - 181). Thousand Oaks, CA: SAGE Publications, Inc.
- MacKinnon, C. A. (1994). Abortion: On public and private. In A. M. Jaggar (Ed.), *Living with contradictions: Controversies in feminist social ethics* (p. 275 - 280). Boulder, CO: WestView Press.



- Madden, E. F. (2015). Cultural health capital on the margins: Cultural resources for navigating healthcare in communities with limited access. *Social Science & Medicine*, 133, 145 – 152.
- Marcus, G. E. (1995). Ethnography in/of the world system: The emergence of multi-sited ethnography. *Annual Review of Anthropology*, 24, 95 – 117.
- Martin, K. (2018, Jan. 22). Anti-abortion harassment goes way beyond picketing clinics. *The Huffington Post*. Retrieved from [https://www.huffingtonpost.com/entry/opinion-martin-abortion-harassment\\_us\\_5a5e540fe4b0106b7f65ccc6](https://www.huffingtonpost.com/entry/opinion-martin-abortion-harassment_us_5a5e540fe4b0106b7f65ccc6).
- McCaffrey, D., & Keys, J. (2000). Competitive framing processes in the abortion debate: Polarization-vilification, frame saving, and frame debunking. *The Sociological Quarterly*, 41(1), 41 – 61.
- McGregor, S. (2001). Neoliberalism and health care. *International Journal of Consumer Studies*, 25(2), 82 – 89.
- McIntosh, H., & Cuklanz, L. M. (2013). Feminist media research. In S. N. Hesse-Biber (Ed.), *Feminist research practice: A primer* (2<sup>nd</sup> ed.) (p. 264 - 295). Thousand Oaks, CA: SAGE Publications, Inc.
- McRobbie, A. (2009). *The aftermath of feminism: Gender, culture and social change*. Thousand Oaks, CA: SAGE Publications Inc.
- McReynolds-Pérez, J. (2017). No doctors required: Lay activist expertise and pharmaceutical abortion in Argentina. *Signs: Journal of Women in Culture and Society*, 42 (2), 349 -375.
- Mikołajczak, M. & Bilewicz, M. (2015). Foetus or child? Abortion discourse and attributions of humanness. *British Journal of Social Psychology*, 54, 500 – 518.

- Minh-ha, T. (1989). *Women, native, other: Writing postcoloniality and feminism*.  
Bloomington, IN: Indiana University Press.
- Mohanty, C. T. (1984). Under western eyes: Feminist scholarship and colonial discourses.  
*Boundary 2*(12/13), 333–358.
- Mohanty, C. T. (2003). *Feminism without borders: Decolonizing theory, practicing solidarity*. Durham, NC: Duke University Press.
- Molina-Guzmán, I. (2010). *Dangerous curves: Latina bodies in the media*. New York: NYU Press.
- Morgen, S. (2002). *Into our own hands: The women's health movement in the United States, 1969 – 1990*. New Brunswick, NJ: Rutgers University Press.
- Murthy, D. (2008). Digital ethnography: An examination of the use of new technologies for social research. *Sociology*, 42(5), 837 – 855.
- Naples, N. A. (1998). Women's community activism and feminist activist research. In N. A. Naples (Ed.), *Community Activism and Feminist Politics: Organizing across race, class, and gender* (p. 1 – 27). New York: Routledge.
- Naples, N. A. (2003). *Feminism and method: Ethnography, discourse analysis, and activist research*. New York, NY: Routledge.
- National Network of Abortion Funds. (2017). "About." In *National Network of Abortion Funds*. Retrieved from: <https://abortionfunds.org/about/>.
- Newlevant, H. (2017). Editor's notes. In H. Newlevant, W. Taylor, & Ø.K. Fox (Eds.). *Comics for Choice: Illustrated abortion stories, history, and politics*. Published, printed, and distributed by H. Newlevant with funds from IndieGoGo fundraiser.

- “OBOS Collaboration.” (2017). In *Our Bodies, Ourselves*. Retrieved from <https://www.ourbodiesourselves.org/global-projects/usa-latin-america-collaboration/>.
- “OBOS Timeline.” (2017). In *Our Bodies, Ourselves*. Retrieved from <https://www.ourbodiesourselves.org/history/obos-timeline-1969-present/>.
- Overall, C. (1987). *Ethics and human reproduction: A feminist analysis*. Boston, MA: Allen and Unwin.
- Pink, S., Horst, H., Postill, J., Hjorth, L., Lewis, T., & Tacchi, J. (2016). *Digital ethnography: Principles and practice*. London: SAGE Publications Ltd.
- Plankey-Videla, N. (2012a). Informed consent as process: Problematizing informed consent in organizational ethnographies. *Qualitative Sociology*, 35(1), 1 – 21.
- Plankey-Videla, N. (2012b). *We are in this dance together: Gender, power, and globalization at a Mexican garment firm*. New Brunswick, NJ: Rutgers University Press.
- Power, J. G., Murphy, S. T., & Coover, G. (1996). Priming prejudice: How stereotypes and counter-stereotypes influence attribution of responsibility and credibility among ingroups and outgroups. *Human Communication Research*, 23(1), 36 – 58.
- Ramasubramanian, S. (2007). Media-based strategies to reduce racial stereotypes activated by news stories. *Journalism and Mass Communication Quarterly*, 84 (2), 249-264.
- Ramasubramanian, S. & Oliver, M. B. (2007). Activating and suppressing hostile and benevolent racism: Evidence for comparative stereotyping, *Media Psychology*, 9(3), 623 – 646.

- Ramasubramanian, S. (2011). The impact of stereotypical versus counter-stereotypical media exemplars on racial attitudes, causal attributions, and support for affirmative action. *Communication Research*, 38, 497 – 516.
- Reingold, B., & Foust, H. (1998). Exploring the determinants of feminist consciousness in the United States. *Women & Politics*, 19(3), 19 – 48.
- “Reproductive justice.” (2018). *SisterSong Women of Color Reproductive Justice Collective*. Retrieved from <http://sistersong.net/reproductive-justice/>.
- Roberts, L. L., Ross, L. J., & Kuumba, M. K. (2005). The reproductive health and sexual rights of women of color: Still building a movement. *NWSA Journal*, 17(1), 93-98.
- Robnett, B. (1997). *How long? How long?: African American women in the struggle for Civil Rights*. New York: Oxford University Press.
- Rohlinger, D. A. (2002). Framing the abortion debate: Organizational resources, media strategies, and movement-counter-movement dynamics. *The Sociological Quarterly*, 43 (4), 479 – 507.
- Rosenbaum, A. & Calhoun, J. F. (1977). The use of the telephone hotline in crisis intervention: A review. *Journal of Community Psychology*, 5, 325 – 339.
- Ross, L. J. (1993). African-American women and abortion: 1800 – 1970. In A.P.A. Busia & S.M. James (Eds.), *Theorizing Black feminisms: The visionary pragmatism of black women* (p. 143 – 162). New York: Routledge.
- “Safe Abortion Hotlines.” (2016). In *Women on Waves*. Retrieved from <https://www.womenonwaves.org/en/page/2583/safe-abortion-hotlines>.

- Salmon, C. T., & Neuwirth, K. (1990). Perceptions of opinion “climates” and willingness to discuss the issue of abortion. *Journalism & Mass Communication Quarterly*, 67(3), 567 – 577.
- Sandoval, C. (2000a). *Methodology of the oppressed*. Minneapolis: University of Minnesota Press.
- Sandoval, C. (2000b). New sciences: Cyborg feminism and the methodology of the oppressed. In D. Bell & B.M. Kennedy (Eds.). *The cybercultures reader* (p. 374 – 390). New York, NY: Routledge.
- Savage, J. (2017, July 18). Eight key issues in play for Gov. Abbott's special legislative session. *The Dallas Morning News*. Retrieved from <https://www.dallasnews.com/news/texas-legislature/2017/07/18/gov-abbotts-special-legislative-session-starts-today-expect>.
- Scott, J. W. (1992). Experience. In J. Butler & J.W. Scott (Eds.), *Feminists theorize the political* (p. 22 – 40). New York, NY: Routledge.
- Sengupta, S. (2017, Jan. 23). Trump revives ban on foreign aid to groups that give abortion counseling. *The New York Times*. Retrieved from [https://www.nytimes.com/2017/01/23/world/trump-ban-foreign-aid-abortions.html?\\_r=0](https://www.nytimes.com/2017/01/23/world/trump-ban-foreign-aid-abortions.html?_r=0).
- Sherwin, S. (1992). *No longer patient: Feminist ethics and health care*. Philadelphia, PA: Temple University Press.
- Sherwin, S. (1994). Abortion through a feminist lens. In A. M. Jaggar (Ed.), *Living with contradictions: Controversies in feminist social ethics* (p. 314 - 324). Boulder, CO: WestView Press.

- Shulman, K. (1980). Sex and power: Sexual bases of radical feminism. *Signs*, 5(4), 590 – 604.
- Simonds, W. (1995). Feminism on the job: Confronting opposition in abortion work. In M. M. Ferree & P. Y. Martin (Eds.), *Feminist Organizations* (p. 248 - 260). Philadelphia: Temple University Press.
- Sisson, G., Herold, S., & Woodruff, K. (2017). “The stakes are so high”: Interviews with progressive journalists reporting on abortion. *Contraception*, 96(6), 395 – 400.
- Sisson, G., & Kimport, K. (2017). Depicting abortion access on American television, 2005–2015. *Feminism & Psychology*, 27(1), 56 – 71.
- Smith, A. M. (2008). Neoliberalism, welfare policy, and feminist theories of social justice. *Feminist Theory*, 9(2), 131 – 144.
- Smith, B. (1982). Racism and women’s studies. In A. Hull, P. Bell-Scott, & B. Smith (Eds.). *All the women are white, all the blacks are men, but some of us are brave. Black women’s studies* (p. 48 – 51). New York: The Feminist Press.
- Smith, B. (1994). Choosing ourselves: Black women and abortion. In A. M. Jaggar (Ed.), *Living with contradictions: Controversies in feminist social ethics* (p. 290 – 292). Boulder, CO: WestView Press.
- Smith, M. (2017, August 8). Texas House passes bill restricting insurance coverage of abortion. *The Texas Tribune*. Retrieved from <https://www.texastribune.org/2017/08/08/texas-house-abortion-insurance/>.
- Spivak, G. C. (2010). Can the subaltern speak? revised edition. In R. C. Morris (Ed.). *Can the subaltern speak?* (p. 21 – 78). New York: Columbia University Press. (Original work published 1999).

- Sprague, J. (2016). *Feminist methodologies for critical researchers: Bridging differences* (2<sup>nd</sup> ed.) (*Gender lens series*). Lanham, MD: AltaMira Press.
- Springer, K. (Ed.). (1999). *Still climbing: Contemporary African American women's activism*. New York: New York University Press.
- Springer, K. (2007). Divas, evil black bitches, and bitter black women: African American women in postfeminist and post-civil-rights popular culture. In Y. Tasker, & D. Negra, (Eds.). *Interrogating postfeminism: Gender and the politics of popular culture* (p. 249 – 276). Durham, NC: Duke University Press.
- Stacey, J. (1988). Can there be a feminist ethnography? *Women's Studies International Forum*, 11(1), 21 – 27.
- State facts about abortion: Texas. (2017). The Guttmacher Institute. Retrieved from <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-texas>.
- Stevenson, A. J. (2014). Finding the Twitter users who stood with Wendy. *Contraception*, 90(5), 502 – 507.
- Suleri, S. (1992). Woman skin deep: Feminism and the postcolonial condition. *Critical Inquiry*, 18, 756 – 769.
- Sun, L. H., & Eilperin, J. (2017, Dec. 15). CDC gets list of forbidden words: Fetus, transgender, diversity. *The Washington Post*. Retrieved from [https://www.washingtonpost.com/national/health-science/cdc-gets-list-of-forbidden-words-fetus-transgender-diversity/2017/12/15/f503837a-e1cf-11e7-89e8-edec16379010\\_story.html?utm\\_term=.066dcb338ea5](https://www.washingtonpost.com/national/health-science/cdc-gets-list-of-forbidden-words-fetus-transgender-diversity/2017/12/15/f503837a-e1cf-11e7-89e8-edec16379010_story.html?utm_term=.066dcb338ea5).
- Sun-Hee Park, L. (1998). Navigating the anti-immigrant wave: The Korean women's hotline and the politics of community. In N. A. Naples (Ed.), *Community Activism*

- and Feminist Politics: Organizing across race, class, and gender* (p. 175 - 195).  
New York: Routledge.
- Terranova, T. (2009, Mar. 30). Free labor: Producing culture for the digital economy.  
*Electronic Book Review*. Retrieved from: <http://www.electronicbookreview.com/thread/technocapitalism/voluntary>.
- “Testify.” (2017). In *We Testify*. Retrieved from <https://wetestify.org/testify/>.
- Texas Senate Bill 8. (2017). Retrieved from Texas LegisScan website: <https://legiscan.com/TX/bill/SB8/2017>.
- Tronto, J. C. (1995). Women and caring: What can feminists learn about morality from caring? In V. Held, *Justice and care: Essential readings in feminist ethics* (p. 101 – 115). Boulder, CO: WestView Press.
- Unborn Victims of Violence Act, Public Law 108–212 (2004). Retrieved from GPO’s Federal Digital System: <https://www.congress.gov/108/plaws/publ212/PLAW-108publ212.pdf>.
- Valentino, N. A. (1999). Crime news and the priming of racial attitudes during evaluations of the president. *Public Opinion Quarterly*, 63, 293 – 320.
- Vanderford, M. L. (1989). Vilification and social movements: A case study of pro-life and pro-choice rhetoric. *Quarterly Journal of Speech*, 75, 166 – 182.
- Varman, R., & Vikas, R. (2007). Rising markets and failing health: An inquiry into subaltern health care consumption under neoliberalism. *Journal of Macromarketing*, 27, 162 – 172.
- Wajcman, J. (2004). *Technofeminism*. Cambridge, UK: Polity Press.



- Wajcman, J., Bittman, M., & Brown, J. E. (2008). Families without borders: Mobile phones, connectedness, and work-home divisions. *Sociology*, 42(4), 635 – 652.
- Wallis, C. (2011). Mobile phones without guarantees: The promises of technology and the contingencies of culture. *New Media & Society*, 13(3), 471 – 485.
- Wallis, C. (2013). *Technomobility in China: Young migrant women and mobile phones*. New York, NY: New York University Press.
- “Where We Stand.” In *Pro-Life Action League*. Retrieved from [https://prolifeaction.org/fact\\_type/where-we-stand/](https://prolifeaction.org/fact_type/where-we-stand/).
- Whitten, D. & Block. M. (Producers), & Whitten, D. (Director). (2014). *Vessel* [motion picture]. United States: Filmbuff.
- Wolf, D. (1996). *Feminist dilemmas in fieldwork*. Boulder, CO: WestView Press.
- Wolkomir, M., & Powers, J. (2007). Helping women and protecting the self: The challenge of emotional labor in an abortion clinic. *Qualitative Sociology*, 30, 153 – 169.
- Wright, L. (2017, July 10). America’s future is Texas. *The New Yorker*. Retrieved from <https://www.newyorker.com/magazine/2017/07/10/americas-future-is-texas>.
- Zelizer, V. (2010). Caring everywhere. In E. Boris & S. R. Parreñas (Eds.). *Intimate labors: Cultures, technologies, and the politics of care* (p. 267 - 279). Stanford, CA: Stanford University Press.