Closing gaps in the fault zone:

Abortion funding and practical support in Texas

McGill University, Montréal

December 2022

A thesis submitted to McGill University in partial fulfillment of the requirements of the degree of MA Medical Anthropology

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Acknowledgements

Years ago, Sandra Hyde mentioned in class that volunteers in Texas drove people long distances to their abortion appointments, and that she used to do the same thing in California. Later, as my supervisor, she gave sage advice, steadied the course, and lent me her office so that I could churn out more pages than I had previously thought possible. Samuele Collu encouraged me to write (and write better) about the odd aspects of research from a distance and my engagement with abortion in Texas. Jennifer Fishman introduced me to telemedicine abortion and put me in touch with the people who later became my colleagues at Women on Web. Thank you, all of you, for being such a supportive committee.

Everyone in my department has been a blessing and a half. I can't believe I get to learn alongside such brilliant people.

I'm grateful to my parents — for supporting me always, but also for explaining abortion to me in sweet and simple terms early in my life, so that I could easily devote myself to it later. Another thank-you to my sister, who at first made me wish that I were an only child, and later turned out to be my favorite person.

I can't thank Sara for something specific, because no sentence can hold everything that is twenty-five years of friendship. Diana stayed with me three times while I was writing this thesis, during two equinoxes and a solstice. Campbell called me from the road while cycling across the country and raised more than one thousand dollars for abortion funds in Texas by singing silly songs in his overalls. Kate masterfully completed her dissertation in a way that made me want to finish mine, fed me chocolate, and took me skating. Anne treated me to grade-A gossip whenever I got stuck in a rut. Rebecca and Damon made me cupcakes during what I thought would be the last week of finishing my thesis. Back when I could not spell "coronavirus", when this was going to be the kind of thesis that had fieldwork on the ground rather than panic attacks at a keyboard, Vin set me up with people to know and places to live in Texas. He stuck it out with me for the first year and a half of my extended grad-student tour and took care of me after surgery. Cheers! I am so glad to have lived next to Dan, Lauren, Andrea, and Sean. I can't believe I got lucky enough to know wonderful, caring people just a hallway and a flight of stairs away. Ariella talked abortion funds with me morning, noon, and night for two full calendar years and texted me every day. I am so lucky to have been able to talk things through with you. Kayla sent me very funny texts that I forgot to respond to for weeks. Alex, Pat, Joe, and everyone at the cafe kept me upright and in good spirits. Heydar brought grapes to the office-on-loan from

Sandra and laughed with me for hours. I shared that office with Kit (my brilliant co-worker, my joy, my rock). Kit: I'll never have the right words, but can I run something by you? When one morning, groggy and grieving, I shattered a French press for the third time in a year and called to tell you that I was a useless failure, that everything that passed through my hands went to pieces, you told me it was going to be okay, and that they made French presses in metal. Thank you for teaching me to surround myself with things that can survive a fall.

During a week where I had taken on too much and written too little, S walked into my kitchen and took over chopping vegetables for a dinner party. She told me when my ideas made no sense, shared the couch while we finished med school apps and thesis respectively, reminded me to drink water. S, thank you for loving me.

I am sure I'm forgetting a lot of friends— but to everyone named and not, I wake up every day so grateful that I get to know you, learn from you, love and be loved by you.

This thesis is most of all for everyone I love who has had an abortion, and to everyone who helped them. My research was only possible through collaboration with incredible people building a world where every person can decide to have or not have children, and can raise their children in environments of love and abundance, free of violence. I am astounded and grateful every day for the work they do, and humbled to be included in it. Thank you infinitely to the Texas funds and practical support organizations who shared their time and expertise with me. You trusted me with your knowledge, your experiences, and your dreams for a better world. I hope I have written something that lives up to that responsibility, and I'm sorry it took me so long. Here it is.

Notes

1. This project has been approved by the McGill Research Ethics Board (REB-I), File # 20-02-48.
2. This project is supported by an FRQSC Masters-B1Z Scholarship.

Introduction

Names, appointment dates, dollar amounts, and destination clinics spill from sixty-second voicemails.

There are hundreds of these messages. The details blur together, leaving in their wake the way some clients talk fast, others cautiously. Some pause before hanging up, as if wondering what else there is to say. *If you could please give me a call back.*

This thesis explores a distinct social context in which the burdens of getting an abortion—paying out of pocket, having multiple appointments separated by a waiting period, traveling to the clinic—become meeting points between strangers. Texan activists established organizations that provide funding for procedures and travel costs, rides to the clinic, childcare, overnight accommodation, logistical assistance, and emotional support for people seeking abortion. I refer to this work collectively as "abortion support", a set of practices that emerge in the rifts of unmet need and undue burden in Texas.

Situating our gaze at the level of abortion support casts light on the state of affairs in Texas and the United States more broadly, where actual *access* to abortion—until recently, a constitutionally protected decision between a woman and her doctor—has become increasingly dependent on the voluntary interventions of third parties.

Purpose & Background

This thesis examines grassroots networks that help people access abortion in an environment of state neglect and restriction. I focus on abortion funds (groups that help pay for the cost of procedures but may also cover associated expenses) and practical support organizations (groups that help with the logistics of accessing clinic appointments, such as travel and accommodation). Both types of organization are often collapsed under the descriptor "abortion funds". Although some abortion funds are run in-house by health care providers or professional associations, such as Planned Parenthood's in-house abortion fund and the Tiller Fund of the National Abortion Federation, this thesis focuses on independent funds formed through community organizing. They range from all-volunteer groups to established non-profits with 501(c)3 status and paid staff. About eighty such organizations are affiliated with the National Network of Abortion Funds (NNAF), an umbrella organization that provides fundraising and movement-building infrastructure. The last two decades have seen abortion funds

scale up and proliferate with increased granting activity and growing involvement in advocacy. Abortion funds in the United States supported upwards of 30,000 people in 2019 (National Network of Abortion Funds 2019).

The expanding role of abortion funds nationwide follows a flood of state-level abortion restrictions that make abortion expensive and logistically burdensome to access. For many, the only way to get an abortion is by relying on networks of strangers to secure funding, transportation, and judicial bypass (legal authorization in lieu of parental consent) for minors. Over the last decade, states enacted more than five hundred new abortion restrictions, totalling nearly half of all such laws since *Roe v. Wade* (Guttmacher Institute 2021).

Access to abortion is inextricable from where a person lives and how their position is circumscribed by class, race, age, and immigration status. Access is not simply a matter of abortion politics, but broader negotiations of the obligations of the state to its citizens, and of citizens to one another. Texas has a massive wealth gap and a heavily means-tested social safety net that leaves many living in poverty, including undocumented people, ineligible for state support. Nearly one in five Texans has no health insurance–the highest uninsured rate in the nation (U.S. Census 2019). Texas is home to a powerful anti-abortion movement with disproportionate representation in both houses of the legislature. Strict voter eligibility laws and extensive gerrymandering have prevented the state's demographic and cultural shifts from translating into more progressive elected seats. As a result, Texas politics tilts ever more steeply anti-abortion even while the Texas public grows more accepting of abortion (UT Austin Texas Politics Project 2022).

Texas has virtually every variety of abortion restriction on the books. Even before the bans, getting an abortion in Texas was a catastrophic out-of-pocket expense. Public insurance coverage of abortion is prohibited, as was private insurance coverage during the last years of legal abortion in Texas.[1] High procedure costs (~$700USD for a first-trimester aspiration) reflected the steep expenses clinics incurred to comply with targeted regulations that imposed costly operating requirements. Such cost barriers compound other state restrictions that make abortion logistically burdensome for patients, such as the state-mandated waiting period between counseling and procedural appointments and the requirement for parental consent or judicial bypass for minors. Other Texas abortion laws rely on a tactics of dissuasion: the counseling appointment includes a mandatory ultrasound that must be shown and described to the patient, as well as the 'option' to receive state-authored information designed to discourage patients from having an abortion. As Texas restricted the provision of legal abortion, the

number of abortion providers in the state fell precipitously until just 22 clinics were left to serve a vast geographical area nearly 800 miles long and wide. The decades-long pattern of diminished service availability and increased restriction across the country has often been described as the "erosion" of abortion rights.

Texas has a particular gravity in the history of abortion restrictions and efforts to cope with them. Just as it has every variety of abortion law on the books, Texas has a larger and more diverse network of abortion support organizations than any other state. It was a Dallas woman's need for an abortion—bolstered by an abortion referral network's desire to test the limitations of the state's abortion statutes—that led to the Supreme Court case *Roe v. Wade (*1973*)*. Later, the death of McAllen resident Rosie Jiménez from an unsafe abortion after she was denied Medicaid coverage of a clinic procedure became a rallying point against the ban on federal funding of abortion. Two of the state's targeted regulations of abortion providers under House Bill 2 were deemed unconstitutional in the Supreme Court case *Whole Woman's Health v. Hellerstedt* (2016). Texas is where Jane Doe, a pregnant undocumented minor, was denied access to an abortion while held in immigration detention. These are flashpoints when abortion in Texas surged to the forefront of conversations about abortion access write large. This thesis, in turn, was written during an unrelenting landslide of abortion access crises. The governor issued an executive order banning abortions as "non-essential" medical procedures during the first months of the COVID-19 pandemic. A year later, Texas passed a six-week abortion ban (SB8) that allows private citizens to sue anyone who helps a Texan get an abortion in violation of Texas statute. When the Supreme Court declined to enjoin the bill, activists on both sides read the writing on the wall: blatantly unconstitutional abortion restrictions would be left to stand. Yes, it is Mississippi whose 15-week abortion ban teed up the death blow for *Roe* in *Dobbs v. Jackson*— but Texas was the canary in the coalmine of Trump-appointed judges and anti-abortion political strongholds. As we transition into a post-Dobbs landscape, Texas stands a lesson in what may change as the footing of federal abortion legality gives out from beneath us.

This thesis confronts a problem of description. Representing all that constrains access to abortion for some and not others —in the words of a kind stranger who listened to me struggle to explain my thesis topic in a campus elevator—means "stringing a hell of a lot of shit together". The work of environmental anthropologists and science and technology scholars on infrastructure, ecologies, and entanglements are useful for approaching the relationships that organize getting an abortion in Texas. In this pursuit, Alberto Corsín Jiménez calls for a spider-web anthropology that:

> "...offers an apposite metaphor for a world that holds itself in precarious balance, that tenses itself with violence and catastrophe but also grace and beauty, and that calls out and silhouettes promissory worlds of entanglements" (2018, 54)

Jiménez's attention to fragile contingency is useful for my problem of representing ever-changing environments. Long before I started this thesis, decades of mounting restrictions made it impossible for scholars to talk about abortion in the United States without evoking images of precarity.[2] In headlines, court testimonies, and mission statements, access to abortion in Texas was *always* being eroded, always teetering, always hanging by a thread. Jimenez's spider-webs turn us to what is being held together, to who steps forward in the absence of state support. They are spun from the necessity of imagining *beyond* the world we are living in as "a technique of 'double environmentalisation': weaving worlds into existence at the same time as it re-captures existing worlds" (55). Pace is a challenge for describing the myriad shifts in abortion (il)legality in Texas within the span of two years. To meet the challenge of describing structures and practices that produce and counteract harm, Sandra Hyde and Laurie Willis advocate:

> "a mode of storytelling that is itself paced to detect the shell game that creates precarity: delay, forgetfulness, inattention, and misuse...To tell these stories and capture their contradictions requires a pacing that can apprehend practices as betwixt and between; and illuminate the ways they flourish, wither, and stagnate under different arrangements of power and practice" (2021, 397)

Attending to pace in precarity and care means writing abortion in Texas as a landscape in motion that defies fixed representation. I sought a more dynamic metaphor for capturing the fragmentation of a landscape of laws and services. Neither spider-webs nor erosion capture the shifting and disparate power relationships that convene travel to clinics and payment for procedures. *Fault zone* evokes a geography in flux traversable only through a certain degree of privilege or certain forms of aid. The term *fault zone* attends to the slow creep of hairline cracks in what was once a constitutional right, to seismic shifts that exert uneven forces along lines of race, class, and gender. Approaching abortion support in terms of what comes together in upheaval and who gets caught in the rifts lets me attend to the tectonic frictions between Texans who seek to restrict abortion and those who help Texans get abortions in a legally hostile and resource-limited context. Quaking the bedrock of abortion support cleaves apart a compacted strata of power relationships — between the anti-abortion movement and

the conservative right, between those who need abortion funding and those who give it—such that they become visible and open to questioning.

Research Questions

I ask three core questions of abortion funding and practical support in Texas. First, what spheres of interaction surround abortion in Texas, and how did they arise? How do abortion support organizations intervene in the interest of making things better than they would otherwise have been (Mol 2008)? Whose needs are met— and how—and what is done to address the world that those needs came from? Answering these questions places abortion support within a shifting saga of legal contexts and political discourses around race, class, and gender stretching from the Roe decision in 1973, through the devastating tenure of omnibus anti-abortion House Bill 2, until the COVID-19 ban on abortion as a "non-essential procedure" in the spring of 2020 and finally, the passage and enforcement of Senate Bill 8 last year, which made most abortions illegal in Texas eight months before the Supreme Court's decision in Dobbs unleashed a wave of abortion bans across the United States.

I begin by excavating the political, economic, and material conditions that make the work of abortion funds necessary. From there, I explore how abortion support deploys interpretive frameworks around abortion that conflict with those of the state and anti-abortion movement. Such conflicts reveal frictions between the world that abortion support inhabits and the one it seeks to bring about, as advocates push for more supportive policies while the state targets and criminalizes their networks. This thesis illustrates abortion support's response to the law in Texas, its refusal of the state's interpretive control over abortion, and finally, its efforts to remake the landscape of abortion access entirely.

Approach

Anthropology is home to influential conceptual work on the politics of reproduction (Ginsburg and Rapp 1995) and studies that touch on abortion as part of their investigation of new reproductive technologies (Press and Browner 1997) and cultural constructions of motherhood (Paxson 2004). However, few studies since Faye Ginsburg's 1989 study of anti- and pro-choice activists in North Dakota examine the affective place of abortion within communities. Just a few years ago, Elise Andaya and Joanna Mishtal lamented that research on abortion in the United States had "largely moved to other fields with more narrowly defined research questions" (2017, 43) than anthropology: primarily public health and law, as well as sociology and feminist studies. This literature, particularly the work

of the Texas Policy Evaluation Project, documents the abortion access disparities that elicit community-based mobilizations of support. Many people are compelled to disclose their abortion to more people than they would have liked, as they must rely on a network of friends, family members, and strangers to secure resources needed for an abortion (Gerdts et al 2016; Fuentes et al 2016). In their sociolegal analysis of barriers to abortion access in the United States, David Cohen and Carole Joffe (2020) include the practical contributions of abortion funds, practical support organizations, and clinic escorts in helping people overcome an "obstacle course" of access barriers. Although they have received relatively little scholarly attention until recently, abortion funds and practical support networks have an extensive knowledge of the lived experience of abortion restrictions in their communities. In the works that document the magnitude of movement work happening around abortion, some recent contributions show how abortion support creates opportunities for discursive shifts that bust stigma and encourage public support for abortion rights (Basmajian 2014, Posega 2018).[3] Among these, my emphasis on how abortion support responds to laws and policies resonates with Elyse Ona Singer's ethnography of accompaniment in Mexico after legalization of abortion in the country's capital (2019).

Anthropological work on care and neoliberalism affords indispensable conceptual frameworks for situating abortion support in Texas within broader patterns across the United States. These bodies of work have been critiqued for a propensity towards conceptual inflation (Deacon 2006) such that seemingly every interpersonal act can be called care, every phenomenon attributable to neoliberalism. However, select contributions shed light on abortion support as value-laden relationships convened through the voluntary exchange of resources—money, time, transportation— between those who have them to give and those who lack them.

I find common ground with Joan Tronto's political concept of care as human pursuits that aim towards a better world (1993). The notion of *better* worlds obliges us to speak of the causative tectonics of the arrangement where Texans call strangers for help driving to clinics or paying for procedures. A miasma of state, federal, and municipal policies restrict legal abortion access and marginalize abortion from mainstream health and social infrastructure. Beyond (or rather, *behind*) these restrictions, the inaccessibility of abortion speaks to a widening and increasingly racialized wealth gap and the marketization of health care. All reflect a decades-long transition in governance that prioritizes the freedoms of market consumers rather than state guarantee of social goods. As economist Asha Banerjee wrote in the last weeks prior to the Supreme Court's decision in Dobbs v. Jackson,

> Many of the states with pre-existing abortion bans held at bay by *Roe* are also states that have created an economic policy architecture of low wages, barely functional or funded public services, at-will employment, and no paid leave or parental support. In these states, the denial of abortion services is one more piece in a sustained project of economic subjugation and disempowerment. (2022, 1)

This 'sustained project' is best described as neoliberal. Anthropological reckonings with neoliberalism in the 1980s attended to harmful effects of slashed public spending, the decline of secure employment in manufacturing, and public discourses that blamed individuals for the poverty they experienced as a result of these policies (Ortner 2016). I follow many of these scholars in employing David Harvey's understanding of neoliberalism as:

> ...a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterised by strong private property rights, free markets and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practices (2005, 2)

Neoliberal policymaking underwrites the poverty that simultaneously deprives Texans who call abortion funds of the resources needed to care for children they might otherwise choose to have, and of the money to pay for an abortion. However, Harvey leaves us wanting an explanation for how neoliberal economic and social platforms champion free markets and decry government interference in citizens' lives while (for example) simultaneously wielding a sophisticated apparatus of targeted surveillance and criminalization of pregnancy outcomes. I draw on anthropologist Loic Wacquant's understanding of neoliberalism "not as an invasive economic doctrine or migrating techniques of rule but as a concrete political constellation", employing Bourdieu's bureaucratic field to examine "the remaking of the state as stratification and classification machine that is driving the neoliberal revolution from above" (2012, 66). Wacquant approaches the state as "a space of forces and struggles over the very perimeter, prerogatives and priorities of public authority, and in particular over what 'social problems' deserve its attention and how they are to be treated" (73).

Abortion ties together a set of "social problems" defined during the conservative political establishment's strengthening political alliance with the religious right. Anthropologist Dána-Ain Davis describes how the practices of neoliberalism "pull into its orbit a market of ideas about a lot of things including the family, gender and racial ideology" (2007, 349). Most people who have abortions in the United States are low-income, about half are Black, Hispanic, or AAPI, and more than half already have children (Jerman, Jones, and Onda 2016).[4] People who live at the intersections of these identities

make up the majority of those seeking help from abortion funds (Kotting and Ely 2017). Nevertheless, neoliberal readings of abortion rights explain away class and race disparities in access as matters of the private and personal spheres (Duggan 2003, Davis 2007) rather than functions of the mutually constitutive relationship between racism and neoliberalism (Roberts and Mahani 2010). As an interpretative framework active in our makings of mutual obligations as citizens, communities and governing bodies, neoliberalism is equally legible in court decisions and public discourses around who deserves access to abortion and under what conditions (see Lyon-Callo and Hyatt 2004). These discourses circulate within a material landscape in which matters of care by non-state actors are "distributed into racialized, postcolonial, economic, and transnational stratigraphies" (Murphy 2015, 722). Following Khiara Bridges, the question of abortion funding can "get to" issues of race by "going through" issues of class (2011, 9) to understand how abortion access disparities speak to irreducible and intersecting power differentials.

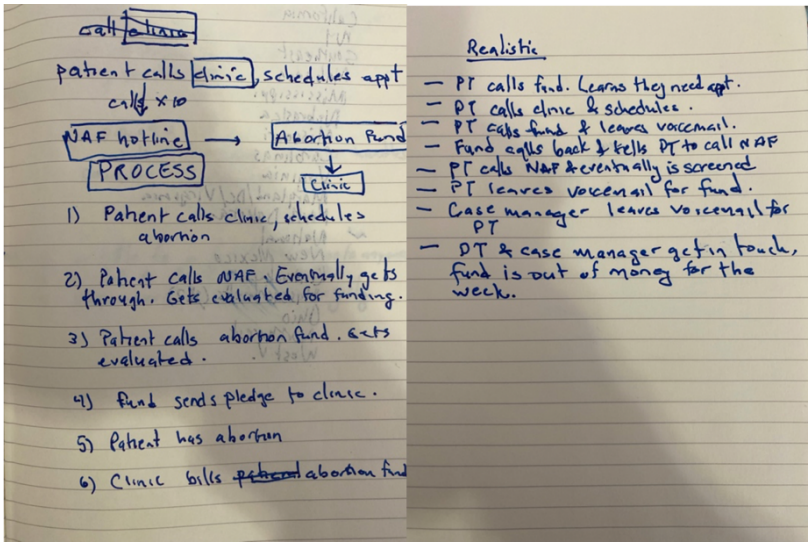
I avoid conflating care with repair (Murphy 2015) by exploring how abortion support mobilizes around a perceived harm through the lens of *response*. The origin stories of Texan abortion support organizations read as strata of restrictive laws and coping tactics. Before Roe, abortion referral networks arranged appointments at clinics in states where abortion was legal or referred callers to vetted doctors who performed illegal abortions in-state or across the border in Mexico (see Kaplan 2014, Reagan 1997, Weddington 2013).[5] These networks largely dissipated as legal clinics proliferated after the court's decision in Roe. Following the Hyde Amendment's ban on federal Medicaid payment for most abortion services, advocates established new abortion funds to help people afford their procedures. After Texas's parental involvement law came into effect in 2000, lawyers created an attorney network to represent minors who sought judicial bypass to access abortion without the support of their parents.[6] The practical support organizations that help Texans travel to clinics were founded after House Bill 2 left Texans with half as many places to get an abortion and twice as many required trips to the clinic.

Infrastructure—which Ashraful Alam and Donna Houston define expansively as "a specific form of life" (2020)— renders the oft-cited "abortion desert" legible as a place where getting an abortion requires money, time, and mobility; and where those without must rely on others. Infrastructure also makes sense of gaps and boundaries in the fault zone—vast distances between clinics traversable only by private vehicle, dividing walls that separate abortion-providing facilities from other family planning services— as formations of targeted political decisions. AbdouMaliq Simone's concept of people as

infrastructure (2004) offers a material and relational approach to the way oppressed communities organize their lives in response to state neglect and restriction. Attending to the networks that move people and resources around abortion in Texas demands that we "recognise both care and infrastructure as relational projects in an unequal world" (Alam and Houston 2020, 3)

Hazard Maps

At the kitchen counter, I cradle my phone in the crook of my neck and jot spidery flow-charts onto the back of an envelope. *Call clinic*, *make appointment, call fund*. On the end of the line, my friend Ariella does the same. She's writing her dissertation on abortion funds. *This is the official version of how it's supposed to go*—Ari's felt-tip shrieked a strike-through—but *I can't square that with what actually happens, how quickly it can dissolve into phone tag. You know, like how a lot of people call the fund first, before they make an appointment, because they don't want to make an appointment until they know how they're going to pay for it*. I nod, scribble another set of arrows. *Call fund* ↔ *Call clinic*. Ari sighs, frustrated. *It's not linear. You're told that the fund can only help after you've made an appointment, and you call the clinic, then call the fund back*. She was right. The phenomenon we struggled to diagram is what Diana Parker-Kafka of the Midwest Access Coalition calls the *bop-around*: a volley of calling and waiting to hear back from different organizations, following referrals, and enduring multiple intake processes to assemble the money and resources needed to get an abortion (panel presentation, Society for Family Planning, 2020).



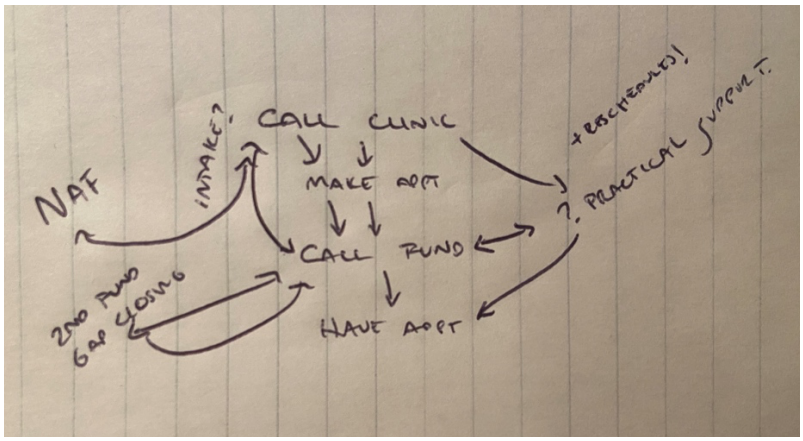


Figure 1-2: Attempts to map out care trajectories of abortion fund clients. © Rhian Lewis and Ariella Messing 2021.

People seeking abortion in restrictive environments often ricochet between multiple resources and organizations to access services. This might start when a client calls the clinic for an appointment. The clinic might have in-house financial aid available, or they may ask a patient to call a separate abortion fund for help paying for the procedure. If that fund is able to help, they will typically cover part of the cost. If an outstanding balance remains, the patient may be asked to call another fund for additional help. If a patient needs help getting to their appointments, Texas clinics and funds refer to one of the state's practical support organizations. After the patient figures out how to get to the clinic, their first appointment includes state-mandated counseling and an ultrasound given, as is law, by the same doctor who will perform their actual abortion at the second procedural appointment. Many abortion providers travel between clinics on a rotating basis. Most patients need someone else to drive them home after their second appointment. Scraping together the money, sorting out two round-trip rides to the clinic and back, and scheduling two in-person appointments for the same patient and doctor set off a Rube Goldberg machine of logistical hurdles.

Searching for people as infrastructure in the shadow of abortion restrictions reveals entire worlds set in motion to comply with and compensate for such laws. We can bring these worlds into focus by overlaying Vincent Duclos and Tomás Sánchez Criado's *ecologies of support*—"the material strata, as well as the habitual and gestural substrata, that pave the way for, afford, or suggest specific care practices" (157)—with Eben Kirksey's *emergent ecologies*, new and unusual assemblages of actors, things, and processes eking out survival amidst threat and destruction (2015). Abortion funds and practical support organizations adjust their tactics to meet the needs of Texans weathering concurrent forms of oppression in a constantly changing legal environment. A portmanteau lens of 'emergent ecologies of

abortion support' accommodates abortion support's responsiveness to disruption and crisis while placing it within the structures that compel communities to shoulder the responsibility of meeting essential needs in the wake of state neglect. Describing this work in the language of natural disaster feels appropriate in the wake of Dobbs, when the ad hoc networks that have long served people without the resources to 'float above' restrictions on legal abortion (Krauss 2021) now constitute the backbone of abortion access infrastructure in many states.[78]

In mid-February 2021, winter storm Uri battered Texas. About five million Texans endured days of subfreezing temperatures without power. Hundreds of people died. Most of the state's abortion clinics were forced to temporarily close, cancelling a slew of appointments for ultrasounds and abortion procedures (Solis 2021). In other jurisdictions, abortion providers cushion the impact of extreme weather events by using telemedicine to care for eligible patients. In Texas, the law prohibited these adaptations.

The closures unleashed an agonizing and expensive cascade effect. After the freeze, calls poured into abortion funds from Texans had rescheduled their appointments and learned their procedures would cost more because their pregnancies were further along. Others had bled out the money for their abortions on emergency expenditures—space heaters, hotel rooms, replacing spoiled food—to survive a crisis that the state declined to prevent.[9]

The storm was natural, the disaster manmade. Texas is powered by a stand-alone electric grid disconnected from the two major power grids in the United States. The decision to create a separate grid in 1935 ensured that Texas could not draw power from the other two major electric grids in the United States during a catastrophe. A subsequent process of deregulation in the 1990s-early 2000s that encouraged cost-cutting and disincentivized preparation for extreme weather. These were categorically neoliberal policy decisions that favored free markets over state oversight, ushered in by state leadership that ignored warnings of the threats that extreme weather events posed to the grid. When the vulnerabilities of the system were laid bare during Uri, Texans were effectively told to go it on their own. Mutual aid groups distributed money, food, and water, while elected officials blamed renewable energy sources and fled for warmer waters.

After the storm, Governor Greg Abbott promised to prioritize reforms to the power grid during the 87th legislative session. But after passing a few bills that superficially addressed the grid and those most impacted by Uri, legislators devoted countless hours to tightening the state's already-restrictive voting laws and passing several abortion restrictions (see Monroe, 2022, 1). "I had the sense, watching the

legislative session, of an enormous amount of energy being expended in exactly the wrong direction," Rachel Monroe wrote of the failure to fortify the grid after the deep freeze, adding, "Texans have good reason for internalizing the idea that state officials aren't going to look out for our interests" (2022, 1). For abortion funds, this was a familiar conviction.

By considering who abortion funds and practical support organizations help and how they go about it, I explore how participants make sense of their obligations in response to harm and what their work leads them to care about (Glenn 2000). Interventions convened by structural violence are opportunities to perpetuate or contest its guiding logics. This tension plays out in Michelle Murphy's four interlaced meanings of care:

> *1. the state of being emotionally attached to or fond of something;*
> *2. to provide for, look after, protect, sustain, and be responsible for something;*
> *3. attention and concern, to be careful, watchful, meticulous, and cautious;*
> *4. to be troubled, worried, sorrowed, uneasy, and unsettled.* (2015, 721)

Murphy resists equating care with positive feelings, following Sara Ahmed's argument that "it is the very assumption that good feelings are open and bad feelings are closed that allows historical forms of injustice to disappear" (2010, 12). What is better can be subsumed by what simply *feels* better (Duclos and Criado 2020, Berlant 2016). Most of the money that abortion funds distribute for procedures and travel comes from private donations or foundation grants. Whether given by community members or wealthy philanthropists, this is ultimately money given by choice to replace public funds withheld by the state. Many abortion funds are run partially or entirely by volunteers. As such, funding and practical support bear the tension of an exchange that is largely elective for those giving aid and functionally obligatory for those receiving it, who could not otherwise get their abortions.

Sara Ahmed draws attention to moments of unease and discomfort that horizon feminist, queer, anticolonial, and non-nationalist politics (Ahmed, 2010, cited in Murphy, 2015). Ahmed's uneasy feelings points us towards the bittersweetness of needs partially met: the one caller in four that receives funding, the intake call that ends with an outstanding balance for a procedure tomorrow. While helping someone get an abortion, you become aware of how much else needs mending—unpaid utility bills, an abusive relationship, raising existing children—that lies outside the scope of the aid offered. These uneasy feelings remind us that care is not simply an act, but a vision of how things should be.

Contentment with one's own response to a perceived harm can dissolve into being at ease with injustice (Ahmed 2010). Still, there is a radical potential to good feelings around abortion. Abortion funding

and practical support sustain spheres of interaction where hardship, unmet need, and systemic violence cohabitate with collaboration, gratitude, and joy. Texas abortion funds make care kits and write love notes to people who travel long distances for their appointments. They fundraise by selling t-shirts with slogans like "everybody loves somebody who had an abortion" in a state that has taken every action possible to restrict abortion, where pro-life billboards crowd highway shoulders and abortion providers regularly receive death threats. These acts raise the hackles of a pervasive abortion apologetics that speaks in euphemisms and promises support laden with caveats like *safe*, *legal*, and *rare*. Abortion funds make rhetorical commitments to abortion into matters of practice. We can chase the good feelings of abortion support towards cracks in the ostensibly totalizing project of neoliberalism (Goode and Masovsky 2003). Such feelings are not about contentment with things as they are but believing that they can be otherwise.

Situating care in neoliberalism lets me feel out abortion support as a practice of *can* and *must*, a source of positional obligations oriented towards an imagined better. Michelle Murphy uses *unsettling* to mean "the purposeful undoing and troubling of particular arrangements so that they might be acknowledged and remade in better, less violent, more livable ways" (2015). Unsettling is a tool for historicizing the work of abortion funding and practical support. Asking *why* so many Texans must call strangers to get their abortions shifts our attention to how state and federal governments shed their responsibilities to ensure abortion access to be assumed by private actors. Furthermore, unsettling lets us reckon with why abortion rights have backslid so dramatically since the decision in Roe.

Unsettling, Murphy writes, "is a politics of reckoning with a world already violated" (2015, 732). During the tenure of federal abortion legality in the United States, advocates achieved limited state-level success at passing protective legislation while a landslide of TRAP laws and funding restrictions encumbered access. Today, the gargantuan access barriers historically shouldered by marginalized pregnant people are increasingly impacting everyone who needs an abortion, albeit not equally. Court-based recourse strategies have largely dried up in many jurisdictions. As the medicolegal framework of abortion access in the United States unravels, abortion funds and practical support organizations are tasked with "desedimenting relationships that set the political, economic, and geopolitical conditions of knowledge-making, world-making, forgetting, and world destruction" (Murphy 2015, 732). Unsettling situates all that happened around abortion in Texas from 2020-2022 amidst simultaneous processes of undoing and remaking the world around us: the Black Lives Matter uprisings against anti-

Black racism and police violence, the upheaval of the COVID-19 pandemic, and the ongoing climate crisis.

Largely white and middle-to-upper class sectors of the abortion rights movement have historically failed to commit to projects of racial and economic justice (Yansa Hernandez 2019). While they rallied for abortion rights, white women often turned a blind eye to obstetric violence against women of colour when setting movement priorities in the years surrounding the court's decision in Roe. In response, Black women members of the SisterSong Women of Color Reproductive Justice Collective developed the concept of reproductive justice: the right to have children, to not have children, and to raise the children one has within healthy communities free from violence (SisterSong 1996, Ross & Solinger 2017).

Reproductive justice does not envision our present world rid of abortion restrictions, but a different world altogether. Achieving this vision requires dismantling the entrenched racial and economic injustices deployed through neoliberal policymaking. Reproductive justice also endows an obligation to account for the "non-innocent histories" (Murphy 2015) of previous feminist mobilizations of care. Many advocacy strategies center abortion without pushing for freedom from coercive sterilization, fertility control, and state strategies that respond to inadequate parenting or neglect—often descriptors for the effects of poverty—by removing children from "unfit homes" (see Roberts 1997). Unsettling means accounting for the ways that white movement leaders have endorsed racist and classist arguments for abortion rights as a "solution" to poverty (Luna 2011; Roberts 2015; Ross & Solinger 2017).

In recent years, more abortion funds, practical support networks, and their supporters have adopted the reproductive justice to guide their work. Abortion funds are increasingly led by people of colour, particularly Black and Latinx women, and people who have abortions. They question the positionality of those providing and receiving support in a movement that is struggling to define itself as a collective justice effort while shedding the structures of charity work. Abortion funds today are reinventing themselves amidst a flood of abortion restrictions, many of which directly target their support of people in restrictive states.

Methods

This is a good time to cast off any pretense of having 'been there'.

Over the course of my planned fieldwork, I was prevented from traveling to Texas by my university's COVID-19 travel ban, my immigration status, and the fact that my presence was an epidemiological risk to my collaborators and anyone I met along the way**.** Conducting anthropological research from one's living room lends itself to solipsism. I found myself excavating my own strata of internalized Texases.

I remember Wendy Davis standing in her pepto-pink sneakers while testifying during her filibuster of House Bill 2, the protestors who swarmed the capitol building in a sea of orange shirts. All talk of abortion seemed to revolve around Texas. Later, in my first year of university, I had a pregnancy scare. My best friend set a timer on her phone, and we waited to read the test. *Either way*, she said, rubbing between my shoulders while I stared at the grimy tile of our dorm bathroom. *It'll be fine. It doesn't need to be a big deal. You can get an abortion here. It's Montreal, not Texas.* Just a few months earlier, the Fifth Circuit had allowed the ambulatory surgical center provision of HB2 to take effect, forcing eleven of Texas's remaining eighteen abortion clinics to close. For a few weeks, there more abortion providers on the island of Montreal than in the entire state of Texas. *It's Montreal, not Texas.* Had Texas become synonymous with "hard to get an abortion"? Lots of (white, well-educated, self-described pro-choice) people in the northeast still saw abortion restrictions as an affliction circumscribed to Texas or to "red states" more generally. Not even a year later, New Hampshire's state legislature would vote to defund Planned Parenthood. *You can get an abortion here.* Tenuous geographies of possibility take shape in three-minute intervals and reactive paper strips, moments that surface the question of what it would take to get an abortion. After that, whenever I peed on a stick, I found myself thinking *It's Montreal, not Texas.*

Today, I find myself still in Montreal, not Texas, trying to finish this thesis after three years of studying abortion politics in a place where I have never spent any real time. Methodology establishes the credibility of a representation. I know Texas almost exclusively from afar and through abortion, as if seen through a pinhole camera— no surprise that the Texas cast on the back wall of my mind is upside-down, its colours inverted. Most of the material in this thesis was gleaned second or thirdhand, or through distanciated immersion. My memory of Wendy Davis's pink sneakers is the recollection of someone who only remembers events that made the news outside Texas. In its shadow are the thousands of Texans who flooded the Capitol to share their abortion testimonies in a people's filibuster that quashed House Bill 2 before the governor resurrected the bill in the special session where Davis took the floor for thirteen hours (Gim 2022). I wasn't there, and cannot claim to represent "the real"

Texas in this thesis (as if a singular, monolithic Texas existed). I acknowledge freely the gaps in this representation and refer to the words and writing of people who actually *were* there whenever possible.

There are many kinds of support for abortion. However, the scope of this thesis is largely confined to funding and practical support because paying for a procedure and getting to an appointment are—were—intrinsic hurdles of getting a legal clinical abortion in Texas.[10] Abortion funds face a complex set of ethical engagements in addressing a state-created chasm of unmet need that vastly outstrips their resources. Doula accompaniment and after-abortion counselling, for example, do not pose such immediate questions about money that one person gets and another does not, nor are they so stratified by race and class divisions in who requires help from to exercise a constitutional right. While I draw throughlines in values and practices shared between the different organizations that provide funding and practical support for abortion in Texas, I do not intend to homogenize "Texas abortion funds" into a monolithic group. Funds have wide-ranging practices and priorities, as well as distinct and irreducible histories within their respective communities.

To understand the state's interpretive framework for abortion, I analyze ordinances and laws pertaining to abortion in Texas, bills and public comments submitted during the legislative session, and lawsuits filed to enjoin or enforce abortion restrictions. I also examine Texas regulations on abortion clinics and associated material documentation of compliance, including the state-mandated consent, disclosure, and licensing forms. In turn, I explore the guiding values and narratives of abortion funding and practical support by studying founding documents, mission statements, flyers, zines, and infographics. My discussion of these artefacts is grounded in an analysis of newspaper clippings from the early 1970s to the present day that document the public presence of abortion support and referral networks during and after the transition to legal clinical services. I also reviewed intake forms and answering messages to broaden my practical understanding of how abortion support organizations address unmet need. At times, I refer to other organizations such as advocacy groups because there is substantial overlap between the priorities and people involved in different areas of abortion organizing in Texas and elsewhere.

From June 2020-February 2021, I conducted twelve semi-structured interviews with current volunteers and staff of three Texas organizations that provide funding and transportation to people having abortions. Interviewees included hotline staff and volunteers, coordinators who plan and book travel, and volunteer drivers. Our conversations focused on their experiences of helping Texans get abortions and their perspectives on the commitments proposed by their organizations. In developing the

framework for this research, I also drew on my notes from five interviews with volunteer drivers and travel coordinators that I conducted during my undergraduate research in 2018. Although several interviewees came to this work after experiencing barriers accessing abortion, I did not recruit clients of the organizations in question. The decision to limit my discussions of patient experience to that relayed by interviewees and in public-facing materials comes from a desire to do this work respectfully while recognizing my limitations as a master's student.

No client data or information about organizational operations from my work as a hotline volunteer is used for any research capacity. However, I often journaled after my hotline shifts to decompress and reflect on the tensions raised in being a liaison between a client with need and an organization with limited support to offer. Examining these entries yielded uneasy and crucial questions about my positionality within this research as an economically secure white woman able to access abortion at no cost without needing to seek aid from other people. This led me to attend deliberately to the power to the structures that left me in my position and my clients in theirs, and to consider the strangeness of my own involvement in the care trajectories of Texans seeking abortions.

I virtually observed the committee and floor hearings on a spathe of anti-abortion bills introduced during the 87th Texas legislative session. These observations form the evidentiary scaffolding of Chapter 3. Throughout the session, I watched livestreams of protests and phone-banked. I focused on the claims staked around Texans who have abortions and those who help them, focusing on the arguments are mobilized in the process to elicit support and defend against further restriction. During this time, I participated in the annual Fund-a-Thon, where teams compete to raise money for abortion funds at bowling alleys, dodgeball tournaments, and (virtual) trivia competitions. I paid close attention to the tactics that advocates employed in asking people to care about abortion in Texas during a period now recognized as the preamble for the demise of Roe.

Chapter Overviews

Abortion funding and practical support have become a defining feature of Texans' care trajectories. Clinics refer clients to funds through long-established working relationships, and extensive advocacy efforts have spread awareness about sources of funding and how to access them. However, mainstreaming recognition of abortion funds should not preclude critical analysis of the arrangement that has long required Texans to disclose their abortion decision to strangers to exercise a then-constitutional right of privacy. I begin by tracing histories of abortion support prior to federal legality

(Weddington 1992, Kaplan 1995; Carmen and Moody 1973) to understand the role of referral networks pre-Roe. Rather than approach legality simply in terms of abortion rights and restrictions, the works of Black legal scholars Loretta Ross, Dorothy Roberts, Khiara Bridges, Michele Goodwin and historian Rickie Solinger place these laws within discourses about state obligation and individual rights during the acceleration of neoliberal economic policies that proliferated and obscured racial and socioeconomic injustices. To situate the Hyde Amendment as a turning point in the priorities of abortion support, I discuss how funding restrictions preserve state power over childbearing decisions of the poor (Bridges 2017; Copelon and Law 2010) by employing strategic discourses around (un)deservingness to erode public support and void privacy rights. These same discourses produce the work of abortion funding and practical support as interventions that at once voluntary and vital for poor Texans to access essential abortion care.

The following chapter considers how abortion funds take stock of the work to be done. I focus on the period in which abortion was banned as a non-essential procedure in the first wave of the COVID-19 pandemic. The matter of the essential raises productive questions for how abortion is treated as "optional" when it is so crucial in the life trajectories of those seeking it. I draw on sociological and legal studies of the restriction and marginalization of abortion from the medical mainstream in the United States (Freedman 2011, Cohen and Joffe 2020) to understand how people seeking abortion enter a political economy of suffering where they must prove their need to terminate a pregnancy (see Puga 2016, Ordóñez 2008, Cruz 2022, Bridges 2019). When these gaps in access come to be recognized as matters of care (Puig de la Bellacasa 2011), abortion funds and practical support organizations function as alternate infrastructure (Alam and Houston 2020) in the wake of state restriction and withholding of support. Funds and practical support organizations[11] refuse and reformulate the terms on which the state begrudgingly permits abortion by approaching abortion as essential care. Fletcher (2016) describes how abortion-seekers and those who help them can "negotiate the strangeness" of their interactions to confront the estrangement created by restrictive laws. Pinpointing strangeness makes actionable the conditions that make it uncomfortable, difficult, and alienating to access a very common and safe medical procedure. However, the narrative of abortion as essential care presents problems when participants don't have enough resources to make that a reality for everyone. I dialogue Ahmed's uneasy feelings with work on conflicts in care by Sandra Hyde (2018) and Joan Tronto (1993) to understand how abortion support groups negotiate conflicts between their ideals and the day-to-day challenges of addressing the very conditions that made their work necessary. What opportunity structures do abortion rights activists and the state perceive amidst new legal formations in an

increasingly restrictive abortion access landscape (Gloppen 2021)? What futures can we dream of from the fault-lines of an unjust reproductive present, and what responsibilities do we have within them?

In the third chapter, I turn to the Texas legislative session in the spring of 2021. During this time, abortion funds pushed for bills that sought to restore insurance coverage of abortion and repeal state-imposed restrictions. These efforts were launched with a staunch anti-abortion majority in both chambers of the state legislature, who unleashed amidst a flood of anti-abortion bills. Of these, the chapter focuses on SB8, which authorizes civil action against anyone who assists with, aids, or abets an abortion performed in Texas after cardiac activity is detectable in the embryo (about 6 weeks). To situate SB8, I draw on the work of anthropologists Rebecca Howes-Mischel and Lisa Mitchell on the use of gestational surveillance technologies to weaponize knowledge of pregnancy against people seeking abortion. I evaluate the facts weighed in abortion lawmaking and critical approaches to the construction of evidence (Woodruff and Roberts 2020, Ahmed 2015, Gribaldo 2019) to understand the conflict between the arguments that abortion funds use in their advocacy and the kind of proof admissible to a state hell-bent on restricting abortion (Huq 2021, Gloppen 2021, Krauss 2021).

This thesis closes with a meditation on the shifting geographies of access and constraint in the wake of SB8 and the decision in Dobbs. Amy Krauss uses *legal guerilla* to describe the practices for intervening in uneven legal contexts roiled by pre-Roe abortion statutes and freshly minted trigger bans. Increasingly, Texans navigate "ambiguous spaces and temporalities of inclusion and exclusion of abortion legality and clinical care" (Krauss 2021, 4) as they travel to other jurisdictions or acquire pills online to terminate their pregnancies at home. The matter of jurisdiction poses questions of power and responsibility for abortion funds finding their footing in the wake of Dobbs: who has control over what bodies, who takes responsibility for sustaining access, and who is culpable or liable under the laws of the state? What can be done now that everything is falling apart (Tsing 2015)? These reckonings horizon what abortion funds might become in a devastated access landscape that has not yet ceased to quake—reminding us, following Vincent Lyon-Callo, that nothing is as irreversible as it seems.

How Much, How Long, How Far

There's a printout above my desk titled *What it really takes to get an abortion.*[12]

It shows an illustration of a suitcase stuffed with credit cards, house and car keys, government-issued ID, an ultrasound printout, a cell phone, a calendar. I first saw the graphic while training as a hotline volunteer for a Texas abortion fund. One corner is cramped with chicken-scratch amendments: *immigration papers for checkpoints, enduring state (mis)informed consent documents, time off, grey market misoprostol. An explanation for being out of the house*. Below that, *help,* and in highlighter *willing friends or strangers*. Sometimes I want to cross it all out and write *money* or *power*. Sometimes I want to write, *a miracle.*

The question of what it takes jostles open gaps and sticking points in the fault zone. Abortion funding and practical support have defined the access landscape in Texas for so long that it is almost impossible to picture how Texans would access care without their assistance. Still, following Michelle Murphy, it is necessary to unsettle the arrangement that has long compelled poor Texans—mostly women of colour—to have to leave voicemails for strangers with their personal information in order to exercise what was until recently a constitutional right of privacy.

Asking *why* these encounters happen unsettles the bedrock of legal restrictions that make abortion funding and practical support necessary, revealing what ethnographer Philippe Bourgois calls "the relationship between large-scale power forces and intimate ways of being" (5).

Myriad legal restrictions control the circumstances under which Texans can access abortion. Rather than enumerate each state law at the outset, I hold a few pieces of federal legislation up to the light — the Supreme Court's decision in *Roe v. Wade* in 1973, the initial passage of the Hyde amendment in 1976, and the decision in *Casey v. Pennsylvania* (1992) — to trace Texas's transition from criminalizing abortion before Roe, to withholding state support for abortion after Hyde, to unleashing a steady barrage of state restrictions following Casey. Beyond the laws themselves, I turn to the discourses that naturalize a situation where for many Texans a procedure that one in four American women will have in her lifetime (Guttmacher Institute 2017) is accessible only through ad hoc networks of complete strangers, if it all. Wacquant's attention to how states define and address social problems offers a starting point (2012, 73). It's not enough to say that politicians pass abortion restrictions because they want to ban abortion. However, mainstream outcry against these laws tends to bifurcate explanations for (mostly conservative) politicians' anti-abortion stance as either patriarchal zealotry—"they just

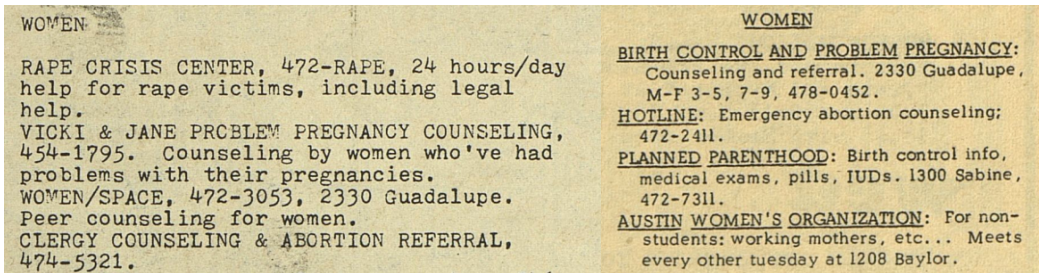
want to control women's bodies" — or blatant hypocrisy — "they'll only support a fetus while it's in the womb". Fixating on the apparent contradictions in abortion policies distracts from the very real power relations that determine not only who is most harmed by abortion restrictions, but who *benefits* from them. Here, we should recall Foucault's impetus to consider both the productive and repressive functions of power:

> What makes power hold good, what makes it accepted, is simply the fact that it doesn't weigh on us as a force that says no, but that it traverses and produces things, it induces pleasure, forms knowledge, produces discourse. It needs to be considered as a productive network which runs through the whole social body, much more than a negative instance whose function is to repress. (1984, 61)

This chapter asks what abortion restrictions produce for the people who push for them, and for those who access abortion despite them. Mapping the large-scale power forces that play out in intake calls and drives to the clinic requires scrutinizing how race, class, and gender stratify the distribution of reproductive burdens in America after nearly fifty years of neoliberal policymaking. Once read in the language of power, abortion restrictions in Texas – however bizarre the congressman receiving an honorific plaque that reads *Representative Jonathan Strickland, Former Fetus,* the taxpayer-funded billboards of smiling babies that proclaim CHOOSE LIFE in a state with one of the country's highest maternal mortality rates[13] — *do* make sense.

Privacy Rights

From 1854 to 1973, performing an abortion in Texas was a criminal offense punishable by imprisonment.[14] The statute extended criminal liability to any "accomplice" who provided "medication or other means" to assist in the abortion. During this time, getting an abortion involved relying on networks that arranged travel to jurisdictions where abortion was legal, or provided abortions themselves, either through layperson training or through agreements with trustworthy doctors. Across the United States, much of the referral work was carried out by the Clergy Consultation Service on Abortion, whose Texas chapter eventually joined forces with the abortion referral project at the University of Texas Austin.[15]



WOMEN

RAPE CRISIS CENTER, 472-RAPE, 24 hours/day help for rape victims, including legal help.
VICKI & JANE PROBLEM PREGNANCY COUNSELING, 454-1795. Counseling by women who've had problems with their pregnancies.
WOMEN/SPACE, 472-3053, 2330 Guadalupe. Peer counseling for women.
CLERGY COUNSELING & ABORTION REFERRAL, 474-5321.

WOMEN

BIRTH CONTROL AND PROBLEM PREGNANCY: Counseling and referral. 2330 Guadalupe, M-F 3-5, 7-9, 478-0452.
HOTLINE: Emergency abortion counseling; 472-2411.
PLANNED PARENTHOOD: Birth control info, medical exams, pills, IUDs. 1300 Sabine, 472-7311.
AUSTIN WOMEN'S ORGANIZATION: For non-students: working mothers, etc... Meets every other tuesday at 1208 Baylor.

Figure 2: The classified section of the Rag, a progressive paper well-read in Austin during the 1970s, listed phone numbers that people could call to get birth control, "problem pregnancy counseling", and referrals for abortion.

Sarah Weddington, then a recent law school graduate and member of the UT Austin referral project, found that the uncertain legal implications of making referrals worried members who "did not know whether their own activities were legal or illegal under the criminal statute, or what penalties they risked through their involvement" (2013, 42). Weddington's research on the application of the law led her to team up with another young attorney, Linda Coffee. The pair started searching for plaintiffs to bring a suit against Dallas County Attorney General Henry Wade, with the goal of overturning the state's abortion statute.

In early 1970, Weddington and Coffee met with Norma McCorvey at a pizza parlor in Dallas. McCorvey had been referred to the lawyers by an adoption attorney she consulted when she wanted to terminate an unwanted pregnancy. A few weeks after that first meeting, Norma signed an affidavit and became Jane Roe. The case was filed in the U.S. District Court for the Northern Division of Texas, and a trial date set for May 22, 1970.

Roe v. Wade slowly made its way up to the Supreme Court. Finally, on January 22, 1973, the justices decided 7-2 to prevent states from infringing on the right to decide to terminate a pregnancy before the end of the second trimester. The decision in Roe did not simply legalize abortion. It changed what what one had to do to get an abortion. Access to safe abortion in Texas was no longer contingent upon leaving the state or "knowing someone who knew a name", as Weddington described it (2012, 38). In the wake of Roe, legal clinics proliferated. Well-to-do Texas women no longer boarded flights to California and New York. Few women of lesser means went to Mexico.

***

I try dialing the numbers listed in the *Rag* classifieds. After a tinny chorus of *the number you have dialed is not in service,* I search online to see who they were last registered to: a campus office at UT Austin, a

recently-shuttered custom cake shop. Of course. The lapse of one legal landscape into another creates a certain subduction among those who helped people get abortion pre-Roe. After all, who needs an out-of-state abortion referral network when you can find a legal clinic in town just by flicking through the yellow pages?

The years since Roe saw a widening chasm between the constitutional right to decide to have an abortion and what it took to actually get one. Before the rise of neoliberalism, the United States government expanded access to public benefits to a larger swathe of the American population. Loretta Ross and Rickie Solinger write that the successful claims for rights by women, racial minorities, and disabled persons during the civil rights movement "threatened to cost money, to redistribute wealth, and to boost the political clout of groups previously lacking power" (2017, 99) thus potentially destabilizing largely white and primarily male elites' once-secure hold on disproportionate socioeconomic power and resources." (99) By the 1970s, federal legislators responded to slowing economic growth, declining corporate profits, rising unemployment and falling tax revenues by cutting public services (98). In turn, "middle Americans"—whites facing economic and cultural stress—"associated their own economic vulnerability in a time of high unemployment and falling federal aid with the government's support for 'special rights' for people of colour and with family-threatening guarantees for women, such as 'equal rights' with men and legal access to contraception and abortion" (Ross and Solinger 100). Gains in judiciary prohibition on state infringement on rights were unmatched by resources and mandates to support their exercise. [16]

Weddington and Coffee argued and won Roe under the umbrella of privacy rights, as the contraception case *Griswold v. Connecticut* had been decided a few years earlier. Privacy rights are a type of negative right that designate freedom from state interference. The Supreme Court's decision in Roe did not grant Americans the right to legal abortion, but rather "permitted women, in consultation with their physicians, to decide in the privacy of a physician's office whether or not they wanted to end a pregnancy" (see Schoen 2015, 11),[17] and protected against punitive governmental sanctions for exercising said right.

The emphasis on expanded choices and personal freedoms during the acceleration of neoliberal economic policies plays out in discourses surrounding Roe. In the decade prior to the Roe decision, advocates had generally called for legal abortion *rights*. However, Rickie Solinger explains that the desire to develop a palatable and nonconfrontational movement post-Roe encouraged many proponents to adopt the term "choice" instead (2001, 5). She argues that historical racial and class distinctions

between women took on new meaning during the heyday of "choice". For white women who were not disabled or living in poverty, contraception and abortion were associated with freedom. They already had the right to birth and parent their children. For these groups, securing reproductive rights meant removing government obstacles that kept them from choosing to prevent or terminate their pregnancies, rather than resisting coercive government interventions like forced sterilization. Rather than an umbrella that integrated action against coerced sterilization and the abuses of the foster care system, *reproductive rights* became a lukewarm discursive stand-in for abortion and (sometimes) contraception.

Given the political power held by those with choices, Ross and Solinger write that the choice framework "seriously undermines the possibilities for people working together, across race and class, for human rights and social policies that would support the reproductive lives, childbearing, and child rearing of all" (103). For decades, Black legal and feminist scholars have documented the racial stratification of pregnancy, birth, and parenting as evidence that non-infringement is insufficient in a broader apparatus of reproductive control and coercion. After Roe, pro-choice white women were more willing to go to bat for the hypothetical rights of "all women" than to tackle the forces of power that constrained every aspect of poor women's lives, including their reproduction. The structures that constrained pregnancy, birth, and parenting for Black women in particular also directly benefited white women's greater hold on wealth, political power, and economic security. Abortion rights advocates focused mainly on combatting abortion restrictions rather than building coalitions to target the conditions that made it difficult to access an abortion.

Abortion Support after Roe

After Roe, anti-abortion activists pushed for a constitutional amendment to outlaw abortion while simultaneously lobbying for state and federal restrictions on legal abortion. Political support of their efforts was not partisan, as Republicans and Democrats had roughly equal rates of support versus opposition to abortion during the 1970s and 1980s. Marlene Fried, the founder of the National Network of Abortion Funds, describes this as a period in which "anti-welfare sentiments dovetailed with opposition to abortion across party lines and throughout the branches of government" (2006, 1). In 1976, anti-abortion language was added to the GOP platform in a bid to win the votes of Catholic Democrats. However, opposition to abortion soon became a rallying point where "business elites devoted to capital accumulation, financial innovation ... and class privilege made a peculiar and

enduring political alliance with economically and culturally vulnerable whites hostile to racial and gender equality and devoted to religious traditions that justified their resistance to social change" (Ross and Solinger 100).[18,19] By targeting newly legal abortion, conservative Republicans attracted the support of Catholic and evangelical voters, who, in Stacey Taranto's words, "tended to see abortion in stark moral and religious terms — as murder and pure evil — and thus could be counted on to get to the polls to support conservative Republicans who vowed to recriminalize it, regardless of whether they agreed with them on other issues" (2018, see also Luna 2020).[20,] Contrary to the persistent characterization of abortion bans as *irrationally* draconian, the increasing restrictions on abortion rights post-Roe *make sense* within the ideological-political marriage of white backlash to the Civil Rights movement (the "Moral Majority") and the concurrent dismantlement of the post-WWII welfare state.

The anti-abortion movement's first major post-Roe legislative victory was the Hyde Amendment, which withheld federal Medicaid funding for most abortions. In 1977, when the amendment was first introduced, approximately one-third of all legal abortions in the United States were funded by Medicaid.[21] The amendment's sponsor, Republican Henry J. Hyde of Illinois, explained during a floor debate that he "would certainly like to prevent, if [he] could legally, anybody having an abortion, a rich woman, a middle-class woman, or a poor woman. Unfortunately, the only vehicle available is the [Medicaid] bill" (cited in Luna 2020, 46). In states that did not use their own Medicaid funds to pay for abortion, Hyde sheared a chasm between Medicaid recipients and those with other coverage. The American women with the least disposable income were told to pay for their abortions out of pocket. The Hyde Amendment provided precedent and blueprint for peeling public funding away from abortion at every level imaginable (Fried 2006)[22] as states copied the amendment into their own budgets. Thirty-two states and the District of Columbia now prohibit the use of public funds for abortion. Although several presidential candidates subsequently promised to repeal Hyde in their electoral campaigns, it was renewed every year until Biden's proposed 2022 budget.

Poor Choices

Opponents of the Hyde Amendment warned that Medicaid recipients who could not pay for their abortions would be either be forced to carry to term or resort to seeking the services of "back-alley" providers or self-inducing their own abortions.[23] Widespread death and injury from unsafe abortion did not materialize as many had feared.[24] Instead, Hyde inflicted stratified forms of social suffering that were often naturalized (Holmes 2013) as the status quo and strategically erased from concern in

public discourse. Legal abortion remained accessible for women of means who could more readily draw on insurance, disposable income, credit, or money from family and friends. Hyde's impact fell instead on those who were already low-income and could not borrow money from their extended social networks, those who did not have access to loans or credit. Overwhelmingly, this vulnerable population consisted of low-income Black and Hispanic mothers: women like Rosie Jimenez.

Rosaura (Rosie) Jimenez was 27 years old, a Chicana mother of a five-year-old daughter, and one semester away from finishing college when she died in McAllen, Texas of complications from an unsafe abortion on October 3, 1977. Rosie is known as the first victim of the Hyde Amendment.

In the wake of Rosie's death, local and national abortion rights organizations protested and held vigils. To many, the question of causation seemed cut and dried. Rosie was a Medicaid recipient who had died from an unsafe abortion. Still, the last few weeks of Rosie's life became a matter of public dispute over whether she had in fact been able to pay for a safe, legal abortion at a clinic, and if so, why she had sought the services of an informal *partera.*[25]

Initially, news articles and CDC incident reports claimed that Rosie had gone to Mexico for her abortion. Investigative journalist Ellen Frankfort interviewed Rosie's friends and learned that Jimenez had used her Medicaid coverage to pay for an abortion at doctors' office. When she learned she was pregnant in the late summer of 1977, she consulted a doctor in McAllen who refused to terminate her pregnancy because Medicaid no longer reimbursed for abortion services. This denial of care led Rosie to seek a cheaper abortion from Maria Piñeda, a local *partera* (midwife) who performed abortions at her home. Piñeda told Rosie that if she had complications, she was to go to the emergency room and say she had an abortion in Mexico. Rosie did, and the story caught on.

"Who knows why someone goes to Mexico for an abortion?," asked Lila Burns, then the director of McAllen's Planned Parenthood. "Is it money? Or is it that they don't want anyone to know about it?"" (quoted in Garcia Ditta 2015, 1).[26] Her comment casts shame on Rosie for exercising a right to privacy that, in theory, she had. This sentiment was repeated by critics who disputed whether the Hyde amendment was truly responsible for Rosie's death. Rep. Hyde himself dismissed the claims that his amendment had led to her death as hysterical.

Rosie wasn't the only one. A report from the Centers for Disease Control and Prevention shows that five women presented at the emergency room in McAllen with post-abortion infections and related complications in the two months after a judge allowed the Hyde Amendment to come into effect.

This pattern extended across the region: Cates et al (1979) found that the proportion of hospitalizations for complications from illegal abortions was nearly 75 times higher in border states that ceased public funding of abortions than it was in non-border states that continued public funding.

The denial of Hyde's impact continues in anti-abortion narratives to this day. While searching for a copy of Frankfort's out-of-print book, I find a blog post decrying the abortion rights movement's "martyrdom" of Rosie.

> What's additionally puzzling about this whole turn of events is that the facility to which Planned Parenthood referred abortion patients charged only $130 for an abortion for poor women, just $10 more than Rosie paid for the amateur abortion that took her life. It's difficult to believe that a $10 price difference put the legal abortion out of Rosie's reach, especially if we consider that the day before her abortion she'd spent $8 on a cake for a friend's baby shower, and when she died she had a $800 scholarship check in her purse. (Dunnigan 2012, 1)

In these post-mortem narrations of Rosie, why did it matter whether the abortion took place on one side of the border or the other, whether it cost $40 or $120, whether the scholarship cheque in her pocket was for $700 or $800? Why did public figures and news outlets so often point out that Rosie might not have died had she decided to use the scholarship cheque to pay for an abortion at a legal clinic in the United States, as if to say, *this could all have been avoided, if only she had chosen better?*

The spiralling public discourse in the wake of Rosie's death shows the scale of investment in the idea that people who struggle to access abortions are responsible for any harm they experience along the way. This is the violent rationality of "the market framework concept of choice" (Roberts 2015), which depends on individual preferences considered in a vacuum without regard for context or other contributing factors weighed in the decision of whether or not to continue a pregnancy (Ross and Solinger 2017, 101).

Choice is a persistent rhetorical framing in abortion jurisprudence that alleviates the state of its obligation to ensure access and quality of services— as Zakiya Luna explains, choice fits comfortably within Americans' preference for limited government interference (2020, 60). In 1980, the Supreme Court's decision in *Harris v. McRae* found the Hyde Amendment constitutional. Despite the privacy right laid out in *Roe v. Wade*, the Court concluded "it does not follow that a woman's freedom of choice carries with it a constitutional entitlement to the financial resources to avail herself of the full range of protected choices", and as a result,[27] "although government may not place obstacles in the path of a woman's exercise of her freedom of choice, it need not remove those not of its own creation, and

indigency falls within the latter category".[28] The majority opinion in *Harris v. McRae* positions poverty as an unfortunate state of being rather than the calculated and foreseeable result of a politics of deprivation.[29] Solinger writes that *McRae* and cases like it allowed the state to shirk responsibility for both causing and alleviating poverty (2001, 17). Although the court acknowledged that the impact of Hyde would fall on the poor, they eschewed an intersectional analysis of class, race, and gender by considering poverty alone, even though women of colour were more likely to be enrolled in Medicaid.[30,31] Following Dána-Ain Davis, this single-lens reading reflects the early stages of dismantling the welfare state through a strategic maneuvering of the intersecting ideologies of neoliberalism, welfare reform, and white privilege (2007, 348) within a free-market enterprise of race-blindness. Because poverty alone did not constitute a suspect classification, the court ruled that "the only requirement of equal protection is that congressional action be rationally related to a legitimate governmental interest", which included "protecting potential life". As Gayle Binion explains,

> The decisions of the United States Supreme Court require no positive acts of support for choice by any level of government: there is neither an obligation to foster the conditions necessary for reproductive choice effectively to take place nor an obligation even to maintain a position of official neutrality as between the choices. (1990, 13)

Harris v. McRae is a time-capsule from the dismantling of the welfare state. Court decisions on abortion funding "gave politicians and jurists a chance to resist publicly the government's expanding association with rights and its expanding role in ensuring access to rights" (Solinger 2001, 16), alleviating the state of the responsibility to close the gap between a right and its exercise.[32]

After Hyde, women of means had the right to choose to end a pregnancy in consultation with a doctor, while poor women had the right to struggle to afford a legal abortion or to be blamed for their injury, death, or eventual child-bearing when they failed to do so. Dorothy Roberts attests:

> The language of choice has proved useless for claiming public resources that most women need in order to maintain control over their bodies and their lives. Indeed, giving women 'choices' has eroded the argument for state support, because women without sufficient resources are simply held responsible for making 'bad' choices. (2015, 80)

The dispute over whether Rosie was a victim of the Hyde amendment reflects a burgeoning tendency in public discourse throughout the late 1970s and early 1980s to blame the poor, and especially poor

pregnant women, as "bad choice-makers" (Ross and Solinger 2017, 103) in an attempt to make Rosie's death one of *private* rather than public shame.

Arguments against Hyde from largely white and middle-to-upper class supporters of abortion rights largely failed to reject the subjugation of "undesirable" or problematic motherhood. Instead, they focused on criticizing the Hyde amendment's perceived incongruency with the fiscal policies of its proponents given the higher cost of birth and infant care compared to abortion. Loretta Ross posits that "seemingly contradictory policies can best be explained through a reproductive justice lens based on the inherent intersectionality of the human rights framework" (2017, 9). During Reagan's demonization of Black mothers who received state assistance as "welfare queens", the issue of Medicaid abortion coverage targeted blatantly racialized conceptions of undesirable mothers and morally suspect sexualities of the undeserving poor. This discursive strategy falls within what Ange-Marie Hancock (2004) calls the "politics of disgust" that facilitated the dismantling of the welfare state with the enthusiastic collaboration of white middle-class Americans.[33] By using "vehicles that imply race without direct mention to it", Dána-Ain Davis writes that politicians maneuver the conflation of Blackness with welfare in public representations while evading mainstream accusations of racism when making policy changes that disproportionately harm Black people (Davis 2007, 348). Medicaid's refusal to pay for abortion is in fact *congruent* with "family caps" that deny welfare benefits for women who have additional children—and with duration limits on childcare subsidies, paternity proof requirements and mandatory work hour minimums. While abortion restrictions satisfy the GOP's obligation to its largely white evangelical voting base, whether Medicaid recipients have abortions or not is secondary to the broader purpose of strategic and systemically racialized reproductive coercion in enabling the subjugation of the poor that sustains the power stronghold of conservative politicians and their corporate donors.[34]

When the Hyde Amendment first passed, the average cost of an abortion in the United States was $280, higher than the average monthly AFDC (welfare) cheque for an entire family (Solinger 2001, 12). On the hotline, I've spoken with Texans whose abortions that cost more than a month's living expenses, more than an entire semester's tuition, more than they and I paid to immigrate to our respective countries. Yet by discussing the cost of abortion as if it were any other consumer good or service, anti-abortion policymakers insist that poor women have always "had ways of rounding up the money" (Frankfort 1996, 40) to pay for their abortions. In a debate on the Hyde Amendment, Senator Orrin Hatch of Utah described the abortion-seeking woman as someone who, like anyone else, could

"stash away a five or ten", "either exercising self-restraint, or from sacrificing on some other item for a month or two to afford [her] own abortion" (cited in Solinger 2001, 17). Those involved in abortion funding and practical support know intimately the most widespread effect of Hyde. Our clients struggle to scrape together the funds to pay for an abortion by borrowing money from family, friends, or payday loan sharks, selling possessions, or forgoing essentials like food or rent.[35] Not having the money for an abortion often leads people to delay obtaining the procedure, and the increasing costs of later abortions often outstrip the ability of people who need them to save up the money. Contrary to Hatch's assumption, people seeking abortion do not have "time to save" (Solinger 2001, 17).[36] These intertwined policies and discourses highlight the necessity of approaching abortion funding as more than simply a response to individual peoples' unmet need for money to pay for their procedures, but as one facet of a broader system wherein non-state actors who support abortion step in to compensate for the absence of structural support.

Ellen Frankfort and her collaborators established an abortion fund in Rosie's memory. The Rosie Jiménez Fund initially provided small grants of about $75 to women seeking abortion at a few Texas clinics. Although a headline from an Austin-American Statesman article about the Rosie Jiménez Fund trumpeted, "poor still have access to free legal abortions", the sources quoted in the article reveal a familiar refrain of unmet need that far outstrips a meager cash cushion (Bernhard and Virag 1980). Grassroots groups could not meet the gap left by withheld Medicaid reimbursements. Running out of money was a constant problem for abortion funds in the years following Rosie's death, as it still is for many now. In 1989, Pam Fridrich, then the director of the Rosie Jimenez Fund, estimated that her organization helped between 50 and 80 women a year with about $200 each, but that they had "to be on a lucky streak to have a chance of connecting with the right clinic at the time I have money" (quoted in Stein 1989). Many more were turned away.[37,38]

The proliferation of local funds seeded a network that would eventually serve as vital infrastructure for abortion access in the United States. Nevertheless, funds are part of a system wherein poor women must seek the cooperation of many others to get an abortion, one in which Khiara Bridges has concluded that poor mothers have no effective privacy rights (2017). For women of means, accessing abortion was a private matter of discretionary funds or insurance. For those without, access to abortion shifted to a mechanism of largely voluntary, community-based, ad hoc contributions held and distributed by abortion funds—funds you have to know about, that you must call and call again, funds that run out.

Bargaining Chips

Invigorated by the political loyalty of the anti-abortion movement, restricting abortion quickly became a non-negotiable platform for Republicans. Rather than lay out a correspondingly strong affirmative platform, Democrats often used abortion — and abortion funding in particular— as a bargaining chip. Candidates' promises to overturn funding prohibitions often reverted to tacit acceptance of the Hyde once they were in office.[39] Khiara Bridges concludes that "poor women's lack of rights subsidizes wealthier women's rights" (2017, 186) as Congress uses public funding restrictions to preserve legal access to abortion for middle and upper-class women while mollifying an increasingly influential pro-life contingency (Dolgin and Dieterich 2011, 392).

The idea that public funds should pay for abortion just as they pay for any other medical procedure became a radical proposal. Lyon Callo and Hyatt write that neoliberal policies encompass "discursive means for conceptualizing and imagining the world in particular ways", and most concerningly, often the assumptions of these policies come to be regarded as 'totalizing and natural' (2003:189)— just how the world works. Hyde is not a constitutional article but a budget restriction that is intentionally renewed every year by U.S. elected officials. Still, for decades, mainstream pro-choice groups like NARAL Pro-Choice America refused to target the Hyde Amendment on the basis that polling data showed insufficient support of taxpayer funding for abortions. All the while, as Loretta Ross points out, Hyde created cracks in the notion of a constitutional abortion right that later served as justification for a plethora of additional abortion restrictions (2016, 9).[40]

While the alliance between the anti-abortion movement and conservative politicians was strengthening into a political armada capable of gutting Roe, the courts began to allow overt restrictions on abortion. In *Webster v. Reproductive Services* (1989) the Court ruled that no affirmative right to use any state aid for nontherapeutic abortions existed. Just a few years later, Court's decision in *Casey v. Pennsylvania* (1992) cast out the strict scrutiny standard to permit abortion restrictions based on legitimate state interests "in safeguarding health, in maintaining medical standards, and in protecting potential life" so long as they not have "the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus".[41]

Despite upholding Roe, the decision in Casey tipped the scales in favor of the state's ability to restrict abortion and limited the recourse available to challenge those restrictions. The Court held that "the

means chosen by the State to further the interest in potential life must be calculated to inform the woman's free choice, not hinder it" (cited in Ziegler 2017). Soon, so-called "woman-protective" laws restricted abortion on the grounds of an ostensible protective effect on women's health and safety. States began to require parental consent for minors to access abortions, impose mandatory counseling (often with inaccurate information) and waiting periods, and require strenuous and expensive licensing and reporting requirements for providers. These laws reduced service availability, increased costs, and compounded the logistical burden of accessing abortion. However, states successfully argued that these obstacles are constitutional because "undue burden" is largely taken to mean "so hard it's impossible", as legal scholar Mary Ziegler (2017) explains in her study of U.S. abortion jurisprudence. This is unsurprising, given that the Court had a decade earlier dismissed the most significant obstacle to getting an abortion: being able to pay for it.

Casey set the stage for a rockfall of state restrictions on abortion that created nationwide variation in abortion access. However, the consolidation of anti-abortion political action at the state level was not matched by a shift in the priorities of large national abortion rights organizations like NARAL Pro-Choice America and Planned Parenthood, who continued to focus primarily on federal policy and elections, and large court cases. Abortion rights strategy at a national level was largely divorced from the on-the-ground priorities of grassroots networks who increasingly dealt with the impact of state-level access barriers (Andaya & Mishtal 2017, Littlefield 2021). Over the years, state restrictions that were once deemed unconstitutional in federal court decisions—such as waiting periods and parental consent requirements—were later allowed to take effect. The steady trickle of state abortion restrictions strengthened to a landslide, eroding the practical exercise of the abortion right under Roe as anti-abortion activists to repeatedly probed what Casey's undue burden test would withstand. The breaking point, of course, happened in Texas.

Breaking Points

Until last year, the omnibus House Bill 2 (HB2) was the juggernaut of Texas abortion restrictions. Passed following a dramatic swing of state legislatures to the right during the 2010 midterm elections, HB2 required abortion patients to make an extra visit to the clinic for a mandatory ultrasound at least 24 hours before their procedures, banned abortion after twenty weeks post-fertilization, restricted the provision of medication abortion, held clinics performing surgical abortions to the same standards as ambulatory surgical centers and required providers to get admitting privileges at a local hospital. As

the bill's provisions gradually came into effect, more than half of the abortion clinics in Texas closed because they were unable to comply with the new requirements. The closures occurred primarily in rural and low-income areas, which exacerbated the burden of costly, time-consuming travel for Texans who already struggled to pay for their abortions. Even before SB8, Texas was home to several abortion deserts, including Lubbock, Midland, Odessa and Amarillo, where women had to travel up to three hundred miles for care (Cartwright et al 2018).[42]

HB2 and its contemporaries spawned a new coercive mathematics for getting an abortion: twice the miles driven to a clinic, twice the appointments that needed payment, time off work, and childcare. Michele Statz and Lisa R. Pruitt describe how distance "implicates more intricate and often 'invisible' realities of gender, poverty, rurality, and immigration status, as well as the intersections among these" (3). Distance surfaces whether you have a vehicle, money for gas, a friend to drive, documents to pass border checkpoints, an explanation for being out of the house for so long on two separate days. Legal scholar Madeline Gomez describes how HB2 compounds "an intricate series of obstacles, each entangled with the other, that stand between a woman and the care she requires", noting

> For many women, the first or second barrier may be possible to overcome, but the third, fourth, or fifth ultimately proves an insurmountable hurdle, even before the issue of travel distance or time arises. Looking at this matrix comprehensively illuminates the ways it is exploited and exacerbated by H.B. 2 and makes clear how the challenged provisions unconstitutionally limited meaningful access to the abortion right. (2016, 56)

However, when deciding whether a statute imposes an undue burden on those seeking abortion, judges often consider only the regulations, not the lived realities within which people confront them (Gomez 2016, 52). Although key portions of HB2 were struck down by the Supreme Court in 2016, testimony of the burdens wrought by the law were often dismissed during prior appeals. When the law went before the Fifth Circuit, Judge Edith Jones dismissed the challenges that travel would pose to women whose nearest abortion clinic might be 150 miles away, citing Texas's 75-mile-per-hour speed limit and "peculiarly flat and not congested highway".[43] Jones's statement reflects the same individuating blame that attributes Rosie Jimenez's death to the scholarship cheque she didn't use to pay for her abortion, rather than the funds that Hyde withheld from Medicaid recipients.

Restrictions after Casey compounded the burden deemed constitutional in Hyde. Those who did not privately possess the resources needed to get their abortions increasingly had to prove to others that they deserved help. Arranging travel often compels unwanted disclosures, as patients must often

explain their abortion decision with family members or third-party gatekeepers (such as abortion funds) in order to find assistance with the costs and logistics of traveling further and attending an additional appointment.[44] After HB2, new practical support organizations formed to address the travel burdens that spawned under the law. Ruth Fletcher's term *abortion trail* — a "timespace of care" paved by people who travel for abortion and those mobilized in response— is useful for understanding what it takes to get an abortion in Texas and who steps in to help along the way (2016, 28).

Although the Supreme Court's decision in *Whole Woman's Health v. Hellerstedt* (2016) knocked back HB2's admitting privileges and ambulatory surgical center requirements, the decision did not endow an obligation to repair the already-devastated landscape of access. Most of the clinics shuttered under the law did not reopen.[45] Moreover, although the Court's ruling in HB2 attended to the compounding impacts of barriers for rural women, many of those obstacles were naturalized as status quo features of life in America rather than areas for redress in their own right.

Voluntary Confinement

The task of getting an abortion discriminates in soft barriers and impenetrable blockades.

Jane Doe was seventeen years old when she entered the United States without parents or legal documents. She sought asylum and was placed in an immigration detention facility for minors in Brownsville, where she learned of her pregnancy during a routine checkup.

"I knew immediately what was best for me then as I do now," Doe wrote: "that I'm not ready to be a parent" (ACLU 2017b).

Jane Doe obtained the judicial bypass she needed to get an abortion with the help of an attorney from Jane's Due Process (now a member of the National Network of Abortion Funds). However, DHHS refused to allow Doe to leave the facility for her initial counseling appointment at the abortion clinic.

Doe didn't ask the government to help her get an abortion. She simply requested that they not stand in her way. Instead, DHHS officials took her to a crisis pregnancy center to receive biased and medically inaccurate counseling. They forced her to view a sonogram. The agency's director tried to talk her out of having an abortion, as he had reportedly done to previous pregnant minors in immigration detention (ACLU 2017a, Chappell 2017). The ACLU sued on Doe's behalf and won after several weeks of delay.

In a statement to the court, Doe voiced a sentiment shared by many Texans who seek abortions: "People I don't even know are trying to change my mind." (Chappell 2017, Garsd 2017). All the while, lawyers for Trump's Justice Department argued that by choosing not to return to her country of origin ("voluntarily" remaining in custody), Doe had consented to being refused an abortion. Any alleged 'obstacle' to Ms. Doe's ability to obtain an abortion," they wrote, "is by her own choice." (cited in Chappell 2017a).

Abortion was illegal in Doe's home country.

Closing Gaps

Since Naomi joined the staff of a large Texas abortion fund, she's weathered innumerable crises. "The most common question I get from callers," she told me, "is just 'How do I do this?'"

Abortion funds work in the difference between what is on hand and what is needed, whether that is money, time, support, or mobility. Case managers often talk about referring someone to close their gap (to make up the difference between what they have and the total cost of a procedure). They witness gaps in the system that fail clients who make too much to qualify for National Abortion Federation funding but too little to afford the procedure without help. Funds and practical support organizations work in the gaps in jurisdiction that let people travel out of state for easier access or abortion at later gestational ages. If gaps are where things come apart and might be brought together, frictions in the fault zone point to the solutions that don't work as intended. Talia reflected on how these complexities arose in her work helping people travel to clinics.

> *Practical support is definitely messy […] It's not as easy as 'We get you from point A to point B', it's also, here's a million things to do to get you from point A to point B to point C to point D.*

Talia ticked off the ways that a practical support plan might fall apart. A tire might blow out during late-night travel for an early morning procedure, or the ground could give way after an outright abortion ban.[46] She and her colleagues managed improvisational balancing acts to help clients switch clinics, reschedule appointments, and absorb unexpected expenses. The frictions that bothered her most were the "bop-around" (Kafka-Parker 2020) challenges of getting support from multiple organizations.

> *I think that even though there's a really solid network, there are nine [organizations providing abortion support] in Texas, and we all have different phone numbers, and we all have different ways to get in contact*

> *[…] I know it can be really confusing […] The biggest thing I hear from people is just that calling all these numbers and leaving all these voicemails, and just sitting by the phone and hoping that someone gets back to them, that can be very debilitating, I would say, especially given whatever else they're going through.*

By acknowledging the burden of seeking help, she situated her own work within the political and economic apparatus that sent clients pinballing between clinics and support organizations. Talia's frustrations spoke to the challenges of building end-to-end support infrastructure from scratch in the face of state opposition.[47]

Wild Possibilities

Abortion funds and practical support organizations take shape at the meeting point of systemic injustices and staunch the fallout of new legal attacks. Contemplating what we might build together in response to devastation, Kirksey proposes transforming anguish into moments of hope by "forging convivial alliances, exploring wild possibilities" (2015, 218) of a world that could be otherwise. When I asked what she dreamed of, Talia said, "*I envision a world where abortion funds don't have to exist, let alone nine in one state, a world where people can meet their own needs without having to struggle".*

What would it take for abortion funds to not have to exist?

Asking why people struggle to access abortion is like asking what leads a building to collapse during an earthquake. The answer is everything: the churning frictions of tectonic plates, the softness of the soil, the construction of buildings too high, too rigid, too weak. Did Jane Doe struggle to get her abortion because of abortion laws in Texas, or because of immigration policies that made it legal–profitable, even–to detain her?[48] Both / and. Every fault-line begats another. The policies that led to Doe's detention were formed in the same clay as the amendment that denied Rosie Jiménez Medicaid coverage of her abortion. Each asks what is owed to another. In his critique of care theory's failure to engage substantially with anti-Blackness, Christopher Paul Harris writes that "our 'hegemonic epistemic framework' bounds how we apply notions of worthiness to those bodies we do not or cannot identify with as like our own ... It creates the condition of possibility for othering, as such, preventing recognition as human meriting care and concern" (2021, 893). We find ourselves staring at the same fundamental problems: the "wizard behind the curtain" (Lyon Callo and Hyatt 2003) of neoliberal rationality crystallized in policies that dispossess every abortion fund caller of their fundamental rights while blaming them for making the wrong choices. This is why the Texas of sanctuary cities for the unborn and the Texas of immigrant children detained in cages are the same Texas.

Vincent Lyon Callo and Hyatt put forth that countering neoliberalism requires sustained engagement with communities to explore "the subject-making effects of dominant discourses and to unmask how such discourses produce particular ways of thinking about and acting in the world that then come to seem inevitable and beyond the power of human intervention" (2003, 199). Texas abortion funds and practical support organizations reject the worldview implicit within abortion restrictions. Where Edith Jones saw a peculiarly flat and unobstructed highway, funds see the onerous chasm of leaving your children behind and forgoing sedation to drive yourself home after your abortion. Where some saw a scholarship cheque that could have bought an abortion that let Rosie live, they see a future that was wrongfully stolen from someone who knew her situation better than we do, someone who should still be here. Each of these perspectival shifts puts people who have abortions at the center of determining what they need. Each cracks the bedrock of the landscape before us, lets us imagine a world that is otherwise.

WASKOM, 13 JUNE 2019

A few months after I started on the hotline, a small town in east Texas declared itself a sanctuary city for the unborn.

Waskom has a population of about two thousand people and no abortion clinic. Its city council of five white men passed an ordinance that declared Roe v. Wade "null and void" within city limits and defined abortion as murder.

Some in the movement saw the ordinance as showmanship, not a threat to be taken seriously. But Texas abortion funds took heed. The ordinance specifically criminalized funding abortions and helping people get to their appointments. It named seven abortion clinics, funds, and advocacy organizations as criminal organizations prohibited from operating in Waskom. The funds countered by putting up billboards that read "ABORTION IS FREEDOM" on the shoulder of Interstate 20 as it passed through Waskom. [49]

After watching other states pass six-week bans, Texan anti-abortion activists felt their state had fallen behind. Mark Lee Dickson of Texas Right for Life heard a rumor that Louisiana's ban would lead the Hope Medical Clinic in Shreveport to relocate across the border. He decided to prevent the clinic from relocating in Waskom. Dickson reached out to Jonathan Mitchell, a former Solicitor General of Texas who helped write HB2. To avoid a constitutionality challenge, Mitchell suggested adding a provision to the ordinance that would hand enforcement power to citizens, rather than the municipal government (Schmit 2021).

Hope Medical had no plans to relocate to Waskom. When the ordinance passed, the clinic was at the center of the Supreme Court case *June Medical Services L.L.C vs. Russo*. Louisiana had passed a law requiring abortion providers to have admitting privileges at a state-authorized hospital within 30 miles of their clinics — the exact provision that the Supreme Court had struck down as unconstitutional in *Whole Women's Health v. Hellerstedt* just a few years earlier. To stoke fears of an abortion clinic in Waskom, Dickson and his allies cited a newspaper article published nearly three decades earlier, when Hope Medical's former director considered moving operations to Texas ahead of a different Louisiana abortion ban.

Federal law supersedes local regulations. The ordinance could not go into effect so long as Roe stood.[50] Still, the ordinances were adopted by a smattering of cities across Texas and in other states.

Even some anti-abortion activists thought the ordinances were a failing strategy. What court would uphold a law that relied on filing civil lawsuits against people exercising their constitutional rights? (Ziegler, quoted in Glenza 2021; Pojman, quoted in Walters 2019).[51]

Two years later, we helped Texans pay for their procedures at the clinic in Shreveport when they had to leave the state after SB8, a law with the same private enforcement mechanism as the sanctuary city ordinance. They drove hundreds of miles to get there. Before crossing into Louisiana, they passed through Waskom, SB8's testing ground.

2. Essential Procedures

Sylvie remembered it as the time when her client's appointment was cancelled three times in as many weeks.

On March 22, Texas Governor Greg Abbott issued an executive order that halted most "non-essential" medical services for one month to preserve personal protective equipment and hospital capacity during the first wave of the COVID-19 pandemic. A day later, Attorney General Ken Paxton issued a press release that specifically prohibited abortions performed for any reason other than to preserve the life or health of the mother. "Those who violate the governor's order, Paxton warned, "will be met with the full force of the law." Clinics canceled hundreds of appointments.[52] While the ban ricocheted between courts, funds and practical support organizations scrambled to staunch the damage by helping clients rebook their procedures and travel out of state.

The ban on abortion as a non-essential procedure offers a lens into the little worlds of all kinds (Stewart 2011) that surround abortion in Texas, sites where care takes shape at the intersections of restrictive anti-abortion policies and systemic racial, gendered, and economic oppression. I approach the fallout from the ban by tracing two conflicting infrastructures of care: that of a state that portrays abortion, like so many necessities, as optional—and that of those who respond by funding procedures and getting clients to their appointments. Through intake calls and rides to the clinic, the daily work of abortion support plays out in intervals of shared presence where structural harm can be contested through techniques of care. Caring *about* abortion and caring *for* (Glenn 2000) people who have abortions are sources of new commitments within a broader reproductive justice project (see Thelen 2015, Ross and Solinger 2017).

It is no surprise that anti-abortion state officials saw an opportunity in the state of emergency powers granted during the pandemic. However, the COVID-19 ban was notable for its strategic engagement with concepts of essential care and medical necessity. The executive order from Governor Abbott ostensibly sought to preserve medical equipment and resources for the treatment of coronavirus patients. The notion of the *essential* is a dense site of examination during a pandemic year of ceaseless negotiation over what will or will not be prioritized and preserved. The essential is grounds to sow thorny questions about what people need and why these needs are comprehensively denied by the state.

Like many jurisdictions, Texas was quick to classify certain groups of workers as essential in the earliest days of the pandemic. Most essential workers in Texas are women. Like the majority of people who have abortions in Texas, essential workers are often low-income people of colour. Jessica Ding writes that "these disadvantaged subpopulations have been newly recognized as essential so that they can continue to serve others" (2020, 77; see also Matthieson 2022). The acknowledgement that essential workers' in-person labor was vital for the continued functioning of society did not compel Texas to meet their needs for protective equipment, paid sick leave, hazard pay, childcare, housing, or even electricity. On the contrary, conservative state legislators tried to restrict local governments' ability to require benefits like paid sick leave. They justified this on the grounds that businesses ought to be able to expand their operations statewide without wading through conflicting municipal regulations. Furnishing one's labor in the service of profit-making entities is apparently essential, but demanding protections in return is an untenable logistical hassle

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Strange Choices

Outside the essential, lawmaking and policy construct other categories through mutable logics of choice. Anything not essential is framed as discretionary, optional, or even frivolous. This punitive logic is familiar to advocates and scholars working on abortion, where the notion of choice poses shaky commitments for formulating justice-based claims (see West 2008). Dorothy Roberts finds that the emphasis on choice evokes the just-world fallacy of a neoliberal market logic that ensures maximal choices for its wealthiest and whitest beneficiaries while rationalizing the denial of essentials to low-income people and people of colour.

State officials portrayed getting an abortion as a discretionary activity that risked the health of the broader public. Following Wacquant, these uses of moral behaviorism provide "a prime theatrical stage onto which governing elites can project the authority of the state and shore up the deficit of legitimacy they suffer whenever they forsake its established missions of social and economic protection" (2012, 67). Paxton claimed that abortion providers who refused to comply with the order were "demonstrating a clear disregard for Texans suffering from this medical crisis", and complained that "for years, abortion has been touted as a 'choice' by the same groups now attempting to claim that it is an essential procedure" (2020, 1). By invoking the division between needs and choices, Paxton and Abbott defended their ban within pandemic discourses that brought individual agency into conflict with collective responsibilities. "Every person affected by these temporary measures could argue

that his individual actions won't spread the virus, so his individual noncompliance won't have a negative effect on public health," Paxton wrote in a brief filed during a challenge to the ban, "But the rules must apply to *all* to protect us *all*" (quoted in Smith 2020).

Reflecting on the ban, legal scholar Jessie Hill notes the widespread use of *elective* to describe abortions performed for any reason other than immediate risks to a person's physical health, and the conflation of this *elective* with *elective surgery* (any surgery that can be scheduled in advance). She identifies "two kinds of abortion exceptionalism that make a recognizable appearance in the COVID abortion ban cases: considering most abortions to be *elective*, unlike comparable medical procedures, and framing abortion providers' requests for equal treatment as requests for special treatment" (2021, 111). Paxton's brief filed with the Fifth Circuit claimed that it was justifiable to delay abortions for a few weeks.

> Many people across Texas will not be able to have a desired surgery for the next three weeks because of the grave threat of COVID-19. Physicians have been postponing surgeries for cancer patients, for patients with heavy bleeding that can be controlled temporarily with medication, for orthopedic procedures, bariatric surgeries, and tubal ligations ... The temporary burden on women seeking abortion is commensurate with—and exceeded in some cases—by the burdens being placed on many other Texans seeking other types of procedures during this unprecedented time (2020,1)

By muting the differences between abortion and other medical procedures, Paxton shrugged off criticism of the measure as a targeted attack on abortion rights. Yet the executive order was understood universally by abortion advocates as a targeted measure that would impact their clients differently than someone waiting for a knee replacement. Becca described a client whose care was delayed by the bans:

> *When she first made her appointment, she was seven weeks. And that procedure, depending on where she's going could be under five hundred dollars, maybe six hundred fifty, plus the cost of the ultrasound. But because of waiting and the bans, her appointment kept getting pushed back. She's 17 [weeks] now, and so that procedure is in the thousands of dollars. She's still unemployed and she's going to have to take care of her children and pay rent for the past three months. Those types of bills don't just stop! And the fact that, you know... she could've had this abortion done 10 weeks ago!*

Advocates saw through the narrative that these decisions were "just the way things had to be" in coping with a crisis. Shortly after the executive order, Elana spoke with a client whose clinic had called to say they couldn't come to their appointment "because of the coronavirus". She scoffed as she recalled the conversation, still angry.

> *Maybe they were saying that because it's just easier to say. I don't know. But I was like, it's not because of coronavirus! It's because of Paxton's interpretation of how he can use coronavirus to shut this down.*

Lauren, a volunteer who drives people to their appointments, described her habituated suspicion towards the Texas legislature:

> *[Before moving to Texas] I didn't read laws trying to read in-between the lines about how they're actually trying to restrict people's access to abortion, and now I know better. Any law around abortion, I'm like 'okay, which way, from which angle are they trying to attack people?' I mean, when you hear 'there's a ban on non-essential surgery', in New York I'd think 'oh, okay, that probably makes sense, it's COVID times'—but now, being in Texas, I'm like, 'okay, what they're really saying is they're going to ban abortion,' you know?*

Lauren's comment draws our attention to how the federal government, the Texas state legislature, and the broader medical system (Freedman 2010) use a combination of elisions and overt exclusions to marginalize abortion. In truth, abortion was *not* like other medical procedures in Texas. Beyond targeted regulations on abortion patients and providers, abortion has been alienated from normal or familiar experiences of health and reproduction[53] in Texas through bans on private and public insurance coverage, and exclusion of abortion providers from receiving state health funding.[54] Ruth Fletcher finds that "making care 'strange' has been a key technique for making it less accessible, not denying it altogether, but making people work harder to get it" (2016, 14). These policies reveal a comprehensive treatment of abortion as *other*: something that should not be supported, funded, or made accessible by those who did not personally support the right to an abortion, and therefore not by the federal government.

Since 2005, Texas has operated a state program called Alternatives to Abortion (A2A). The program offers loosely-defined pregnancy and parenting support services provided by anti-abortion contractors. A crisis pregnancy center (CPC) is an establishment that offers services to pregnant people who are considered at risk of having an abortion. They may offer pregnancy tests, ultrasounds usually performed by unlicensed staff, parenting classes, baby clothes, diapers, formula, and adoption referrals. Across the United States, there are far more "fake clinics" (a term often used by activists) intended to convince you not to have an abortion than actual abortion-providing facilities.[55] Before the Dobbs decision, CPCs outnumbered abortion clinics in Texas nine to one (Reproaction 2021).

In the last three years, Texas lawmakers have increased funding for A2A by making cuts to the Temporary Assistance for Needy Families and Healthy Texas Women programs. Reading between the budget lines, this organization of care asserts an irreconcilable difference between abortion and other maternal, child, and family services. Because crisis pregnancy centers provide essential infant care

items, Sara Matthieson argues that they constitute a privately funded "network of lifelines of last resort for families facing poverty and insecurity" (2022,1). The state's failure to provide for the material needs of pregnant and parenting women (Oaks 2015, Holland 2020) leaves them increasingly "vulnerable to the [anti-abortion] movement's deeply compromised support" (2022, 1). CPCs require clients to attend pregnancy and parenting classes to earn points towards car seats and other essential infant care items. They fail to address the injustices that interfere with some women's ability to raise their children (Oaks 2015, 64), and instead provide essential resources as "incentives" in exchange for participation in programs of moral tutelage designed with the expectation that people who lack the resources to care for their children also lack the ability to parent.

What You Have to Go Through

In defense of the ban, Paxton argued that abortion clinics would spread COVID-19 because infected patients would travel across the state and spread the virus. This description of abortion as a public health risk evades an honest reckoning with the impact of the pandemic on a service landscape roiled by years of targeted restrictions. Traveling and making multiple in-person clinic visits—both factors that increase the number of potentially infectious contacts—are an essential part of ending a pregnancy in Texas due to the state's twenty-four-hour waiting period, prohibition on telemedicine for abortion, and spatial disparities lingering after a restrictive law shuttered more than half of the state's clinics in 2014 (Grossman et al 2017). In an open letter to Abbott, abortion storytelling organization We Testify pointed out the hypocrisy of forcing Texans to travel for in-person abortion care while demanding they stay home to slow the spread of the virus (2020).

Talia, who helps arrange peoples' travel to abortion clinics, told me that her clients "felt betrayed by lawmakers […] felt like lawmakers didn't care about them, and forced them to [travel for abortion]". Picking up Marcia Inhorn and Pasquale Patrizio's work on reproductive exile (2009), Elyse Ona Singer (2020) uses "abortion exile" to describe the experiences of women who must travel for abortion when the procedure is criminalized or unavailable in their jurisdiction. Talia recounted the questions her clients asked when traveling to out-of-state clinics during the ban:

> *'Is this illegal? Am I going to get stopped on the drive from Houston to Colorado?' That fear was just so evident in folks… a lot of times when people get home [from the clinic] they feel relief, but [now] a lot of people are feeling really jaded when they get home, they're thinking, 'I can't believe what I just had to go through to do something that was completely legal and safe.'*

Talia highlighted the burdens of making pregnancy decisions in an environment of opportunistic reproductive coercion. Despite Paxton and Abbott's insistence on portraying abortion travel as elective, fund clients were effectively forced to leave and ordered to stay put. Their "choices" were impossible decisions about how to use insufficient resources to survive in a Jenga tower of systemic harm.

Interventions I: Response

When we contemplate the real-world demands of the reproductive justice framework, essential turns us to what an oppressed person needs and what others must do in response. By turning towards organizations' intake and case management protocols as essential procedures in their own right, I follow Lisa Stevenson in attending to "the way someone comes to matter and the corresponding ethics of attending to the other who matters" (2014, 3) in care relations.

Intake questioning for procedural funding generally followed the lines of *date of appt / cost / gestational age / which clinic/ is there anything else I need to know*. The intake formula for practical support was more complicated. A ride between cities might produce questions along the lines of *date of appt / pickup location / clinic / is there anything else I need to know*. Longer trips and out-of-state travel often require multiple forms of transportation and hotel stays— Talia's "*point A to point B to point C to point D"*– and involved a continual adjustment of needs-meeting over the course of care.

Abortion funds and practical support organizations address the gaps in a broken system where unmet need vastly exceeds available support. To allocate limited resources, abortion funds must assess need without replicating the implicit logic of the policies that make their work necessary. The protocols used to triage requests vary between organizations. Some are able to fulfill most requests for their support, and rarely have to turn people away. Most, however, have protocols for distributing aid in a context where unmet need far exceeds the resources they have on hand. Some rely on a first-come, first-serve model while others allocate funding (partial or full) based on the cost of the procedure and/or travel and how soon the appointment is. Some funds use a set contribution amount, others have grant ranges calculated based on the typical price ranges for procedures at different gestational ages. Nevertheless, all of the funds whose members I interviewed had to turn away many or most of the people who needed their help.

The National Abortion Federation—home to a large abortion fund— has been criticized for replicating the structure of means-testing questions used by state benefits-granting administrations. Cara saw the intake and eligibility screening processes of other funds as a challenge to working together:

> *There's some things that I don't agree with [about] those sort of funds that do, for example, ask for income. Why do you give a fuck about income? It's like you're going to screen people out just like the government does. I don't agree with it.*

Cara felt that abortion funds should not replicate the structures of the political system that marginalized their clients and made their work necessary. She and her colleagues wanted to place trust in clients rather than external and arbitrary assessments of their financial resources. There were many things that did *not* get asked in their intake questions: namely, the reasons someone is having an abortion. Cara was firm in this.

> *That's one of our values. We don't care what the reason [for the abortion] is, we don't need a justification. You need the money. I got it. I can provide it. Here goes. No questions asked.*

In mainstream discourses on abortion, reasons are a currency that determines who deserves access to an abortion, and what help they deserve from others in the process. Polls ask the public if they believe abortion should be legal for a specified set of reasons (rape, incest, health and well-being, or on demand). Legality and insurance coverage stipulate that abortions performed for certain reasons are condoned or reimbursed, others not. A political economy of suffering (Puga 2016, Ordóñez 2008) attends most sympathetically to those whose decisions to terminate pregnancies were due to risks to the life of the pregnant person. This reflects the assumption that "therapeutic" or "medically necessary" abortions are necessary, while "elective" abortions performed for any other reason are optional.

Getting an abortion requires navigating an interrogative apparatus where patients are expected to justify their reasons for terminating a pregnancy. Needing help in the process only compounds this burden. Handling the financial and logistical burdens posed by restrictive laws often forces abortion patients to disclose their decision to more people than they had intended in order to borrow money, find transportation, and arrange time off from work or childcare (Fuentes et al 2016). People seeking exemptions from restrictions—such as getting Medicaid coverage for abortion in the case of rape or incest, or judicial bypasses for minors—may find that the initial regulatory barriers are replaced with burdens of proof and another round of coerced disclosures.[56,57] Judges presiding over judicial bypass hearings routinely ask minors questions to evaluate whether they are mature enough to make the decision to have an abortion, or that informing their parents would be harmful to their well-being. For poor pregnant people, receiving aid is conditional upon submitting a justification that fits the bill

(Bridges 2017, Goodwin 2020).[58] Rather than protect the most vulnerable, these eligibility restrictions protect policymakers' comfort in wielding power over them. Janice had helped her fund revise their demographic questions because she felt that asking directly if someone had experienced domestic violence or sexual assault was asking someone to perform their hardship and trauma in the process of seeking support. The decision to limit questioning to what was necessary for intake reflects the desire to minimize the burden of seeking aid, as well as an awareness that survival at the intersections of poverty, racialization, and reproduction often means being subjected to incessant violations of privacy.

Staff and volunteers recognized that clients' contact with their organizations could not be considered voluntary: Cara emphasized that her clients often did not have other options for paying for the procedure or getting to the clinic. Naomi told me that she wanted volunteers to recognize this asymmetry when speaking with callers: "you have a whole institution behind you. You have to be aware of the power that you have, of that dynamic, be aware of bias and things like that, that harm a client." This position of non-innocence (Murphy 2015) is useful for understanding how oppression can be perpetuated or challenged in the space of a ten-minute intake call. Joan Tronto (1993) argues that care delineates positions of power and powerlessness. Caring about and taking care of, Tronto says, fall to those in power, while those with less power assume the roles of care-giving and care-receiving (1993, 114). Even if fund staff and volunteers did not hold the same power as lawmakers or agents of public institutions, they were gatekeepers of vital aid. For clients, receiving support from abortion funds could entail the same harm they experienced when seeking essential services from other institutions. Naomi noted that the intimacy of supporting someone through an abortion could lead volunteers to overlook their role as part of an institution, but that clients rarely had the privilege of losing sight of the power dynamics of the interaction. As clients often had to navigate many different organizations in seeking care, Naomi felt her role was "to make sure that this is not an organization that's going to do them harm like other institutions might have."

Interventions II: Refusal

If, following S Lochlann Jain, "the most important thing we ever give each other is our attention" (2013, 217), what do hotline case managers and drivers attend to when they help strangers get abortions? How do they try to make the experience of accessing abortion less alienating when so many barriers stand in the way of essential care?

Talia told me that it wasn't always safe for her clients to contact her organization, much less leave their homes. Helping with travel meant first checking whether a client could receive calls or text messages safely, or whether they needed to be picked up around the corner from the house to avoid alerting an abusive partner. Clients might shoulder the compounded uncertainty of juggling different forms of aid delivered through different processes and schedules. The possibility of cancellation—funds not coming together in time, or an act of cruel political opportunism like the COVID ban—meant that clients needed additional support in reassembling their plans. Staff and volunteers described feeling things out to see if clients needed more than just help paying for their procedures. Sylvie, a hotline volunteer, described what callers had experienced before she picked up the phone to tell them her group could help them pay for their abortions.

> *You have to realize that the state's putting this person through hell, but it's not just the state. You have to realize that this person might be having a bad time at home, might have had a bad time at their first appointment and didn't get all their questions answered, or maybe they weren't in a place where they could take in the information because it can be really stressful, and so maybe you're the only person in all of this who can take the time to talk them through things and make sure they actually have what they need.*

Making sure clients had what they needed meant broadening the scope of her role to include translating, walking clients through online intake forms for other organizations, or providing referrals to other resources. Other people I spoke with tried to focus just on the immediate need that brought clients into contact with their organization — just the money for the abortion or the transportation to the clinic— to minimize their intrusion into someone else's private experience. Reflecting on her clients' right to a "neutral space", Lauren described her desire to intrude as little as possible during the ride to the clinic.

> *I try to approach the experience as like what I would want out of it, which is someone who is just gonna let me be quiet and not really engage all that much […] My way of taking care of you is not asking you anything.*

She tried to make the drive to the clinic "normal, like any other day– even though, for the client, it probably isn't". Similarly, when funding callers, Michelle said that she sought to be "a little bit clinical with how I respond, because I want it to be like a normalized procedure...I don't want to treat it like it's like this secret, bad, shameful thing that we're doing here". Becca felt that her organization could carve out a space for callers to experience abortion differently than they would in a broader context of stigma and coercion.

> *There are loud people on the other side who make it seem like abortion is this horrible thing... Those intimate conversations with our callers and just being able to provide that one-on-one support and just empathizing and listening, I think that makes all the difference.*

Abortion support staff and volunteers described small gestures that let clients express their emotions, at times validating them and at others gently resisting when they repeated stigmatizing interpretations of what they had experienced. Vicky used intake calls as a place to reassure her clients:

> *Good phone calls are usually when I can actively de-stigmatize. People call the line and they know they're making the choice that's right for them […] but to be able to kind of step in … and say, 'you know, this is okay', just removing a little bit of stigma and saying, 'you're not bad [for having an abortion]. Because [some clients] say they're a bad person or that this is the easy way out, and to be able to actively help someone realize that you're a good person, this doesn't remove your good-person status … you're doing what you need to do for you and your family.*

These tactics shift the lens of critique towards the structural barriers that force Texans to rely on third-party organizations to help them pay for their abortions and get to the clinic, so that (following Fletcher) "strangeness is not an attribute of the unfamiliar 'out of place' abortion-seeking woman, but a feature of the set of relations which displace her and put her in touch with people unfamiliar to her" (2016, 9). The COVID-19 ban led Talia to "get more personal" with clients by addressing the sense of alienation they felt:

> *This is not your fault. The state wants you to think that you're doing something wrong, but this is not your fault. There are laws that exist that only try to harm people in your position, people who are seeking abortion.*

The staff and volunteers of abortion funds negotiate strangeness on the abortion trail by "challenging the trouble" (Fletcher 2016, 16). They position the 'problem' of their interactions with those who need support in terms of the circumstances that brought them together, circumstances that both parties believe should not exist (Fletcher 2016, 16). Like Vicky and Talia, Sylvie saw the calls as a space to affirm clients in their decisions.

> *I know I don't have to and it's not part of the script … but I'm always telling clients that they deserve better and it shouldn't be like this. People are made to feel bad because they're having an abortion and bad about not being able to pay for it and bad about needing [our] help … And it's devastating. They deserve more than our help. Nobody should have to be calling strangers for money for an abortion. Nobody should struggle to afford what they need in the first place. They deserve better, so I tell them that.*

Abortion fund staff and volunteers spoke bittersweetly of both the necessity of their work and discomfort that people had to rely on them for essential care. Deservingness—deserving better, deserving more than help paying for an abortion—was a frame for staff and volunteers to identify frictions

between the world as it was and as they believed it should be. Vicky lingered on the moments of gratitude and relief she shared with clients who could now access abortions that they wouldn't otherwise have been able to afford. Still, she told me, "I wish that they weren't in a situation that was so desperate that they needed to be so appreciative."

Christopher Paul Harris emphasizes that an ethic of care must transcend good feelings to unsettle and undo hegemonic epistemic frameworks that naturalize 'the suffering of others' (2022). Frances said that abortion funding "feels like it's one of the most active, tangible things I feel like I've been able to do, where I really feel like I'm having some effect on the stuff that I don't like about how our society works". These reflections reveal the mutually reinforcing relationship between the drive to do something about abortion restrictions, and to undo the restrictions themselves.

Interventions II: Reformulation

Helping Texans get to the clinic and pay for their abortions is a matter of addressing lived harm. However, these acts in themselves do not resolve the inequities that perpetuate said harm. Naomi noticed increasing recognition of the need for abortion funding to be connected to tackling systemic barriers.

> *There's always immediate, practical needs. But we know that [...] these things are difficult because of the system that we're in [...] Unless the system itself is addressed, we can only do so much for clients."*
>
> *When we talk to clients, we talk about what the barriers are, what is making this so difficult. And they'll say, well, it's the cost, or it's driving. But you know, the cost is high because of the Hyde amendment and because of [private] insurance restrictions. And they're driving long distances just because they closed so many clinics in Texas after HB2. Those things are so related that we have to work on everything all at once for patients' [situations] to improve.*

Over the last few years, Texan abortion support networks have expanded their capacity to advocate for policy change.[59] There is a historical division between arms of the repro movement dedicated to advocacy and political action and those ensuring access to services on-the-ground.[60] In the past, funds and other local groups lacked support from large policy-focused national organizations. Recent partnerships between abortion funds and the ACLU to form the Texas Abortion Advocacy Network and ReproPowerTX point to new initiative-building on the basis of expertise developed through direct assistance work.

Before the start of the 87th legislative session, three Texas abortion funds—Lilith Fund, TEA Fund, and Frontera Fund—collaborated with Rep. Sheryl Cole and Sen. Sarah Eckhardt to push for Rosie's Law—named for Rosie Jimenez—which would expand coverage of abortion for Texans enrolled in the state's Medicaid program and repeal the ban on private insurance coverage of abortion.[61] Funds also supported the Abortion is Healthcare Act, which would remove all state restrictions on abortion. The bills were introduced with anti-abortion majorities in the House and Senate, and a governor who had banned abortion as an "elective procedure" just a year earlier. However, abortion funds use legislation as a vehicle for broader cultural change by framing policy demands in questions about which people cannot access abortion and why.

The staff and volunteers of funds and practical support organizations have in-depth personal and professional knowledge of the disproportionate burden that restrictive abortion laws have on low-income people of colour. Cara, a Latina hotline coordinator, emphasized the intentionality of decisions about representation in fund leadership: "It should be the community who's calling the shots. It should be the people getting these abortions," Cara said. "Our community's majority Hispanic and Black. That's who we serve." Sylvie echoed this commitment, feeling that her perspective should not be centered in funding work.

> *I think it matters so much who is in the room making decisions about what policies to push for. You and I are white. Most of our clients aren't. And most of our clients are living in poverty. I don't know your background but speaking for me, I grew up comfortable, you know, never worked during school. My big worry about needing an abortion was how embarrassing it was to ask my mom for money to pay for it, but first of all, I knew she would say yes, and more to the point, I knew she had the money.*
>
> *That kind of privilege means that you come into this work a certain way [...] So already I am coming in with certain preconceptions about how the world works that don't necessarily lend themselves to dismantling structures of oppression... Like people [doing fund work] should be asking each other, what gets you angry? Is it just the law that makes it a big expensive hassle to [get an abortion]? Or are you mad at all the other policies, like all the [...] shit-storm of inequality that makes it so that some people can just fork over the five hundred dollars and call out of work for two appointments, and yeah, it sucks but it's not— you know, like they're not late on rent, they're not in debt, and they didn't ever question if it was in reach for them [...] Meanwhile other people have to call us, you know, and then when we ask what they can afford to put towards the abortion it's sometimes zero dollars. Because that other stuff isn't going away when their gap gets closed or even when Hyde goes away. They still have zero dollars.*

Sylvie lingered on uneasy feelings (Ahmed 2010) around advocacy work. She felt it wasn't enough to treat race and class inequalities as inert variables that compounded restrictions when they were areas of intervention in their own right. Similarly, Becca didn't just want to repeal abortion laws. She wanted

to transform the conditions of deprivation and subjugation constrained every aspect of her client's lives, especially their access to abortion. "We already know that this system isn't built for women of colour," she said. "They continuously fail us, but here we are, doing the work to make sure that this is a reality where everybody can have access to their abortions."

Policies that distribute individual rights search for specific violations. Following Dean Spade, the individual rights framework centers "the question of whether the government is affirmatively and explicitly blocking a given woman from accessing abortion or contraception." (2013, 1036). Abortion funds see how these rights play out on the ground. Practical access to abortion is limited by informal disenfranchisement of rights that did not constitute a constitutional violation. In contrast, Dean Spade explains that within the reproductive justice framework, "all of the conditions that determine reproductive possibilities—subjection to criminalization, displacement, immigration enforcement, and environmental destruction; the unequal distribution of wealth and access to health care; and more—are the terrain of contestation about the politics of reproduction." (2013, 1036)

Abortion funding and practical support make these conditions practical and actionable in questions of who had access to a car or gas money, who had cash on hand and who knew someone who could loan them money for an abortion. Often, the specific barriers that made it hard to get an abortion were inseparable from multiple forms of suffering compounded by the COVID-19 pandemic. Becca told me:

> *We really see how a part of this whole [reproductive justice] framework is lots of [...] ways that the system is failing people, because they don't have the resources that they need. Of course, if they don't have the resources for employment and feeding their children and childcare and getting to work, and are already having a hard time navigating the health care system, then of course for something as highly politicized as abortion, they're not going to have the resources to support them there.*

To funds, people who do not have meaningful privacy rights—those who struggle and experience alienation when seeking an abortion— are the rule, not the exception. Sociologist Zakiya Luna explains that the perception of rights as "settled" can foreclose opportunities for organizing to tangibly improve people's lives (2020, 193) in a system where institutional support for abortion is discouraged and "alternate justifications of abortion rights predominate" (Bridges 2017, 280). By speaking in terms of what people deserve, not of their legal rights, those involved in abortion support generate new discursive grounds for advocacy. Anthropologist Sarah Willen approaches deservingness as the flip side of rights: "whereas rights claims are expressed in a formal juridical discourse that presumes universality and equality before the law, deservingness claims are articulated in a vernacular moral register

that is situationally specific and often context-dependent" (2012, 813-814). By speaking in terms of deservingness, abortion funds make demands for what people need from a state already failing them.

Interventions IV: Representation

The stories of people who have abortions distribute responsibilities in what it means to treat abortion as essential care. Often, abortion stories document the reasons people have abortions, how they are harmed by abortion restrictions, and what their abortions meant in their lives. Sharing these stories to compel people to care about, take action for, or donate to support people who struggled to access abortion has long been a strategy among abortion funds.

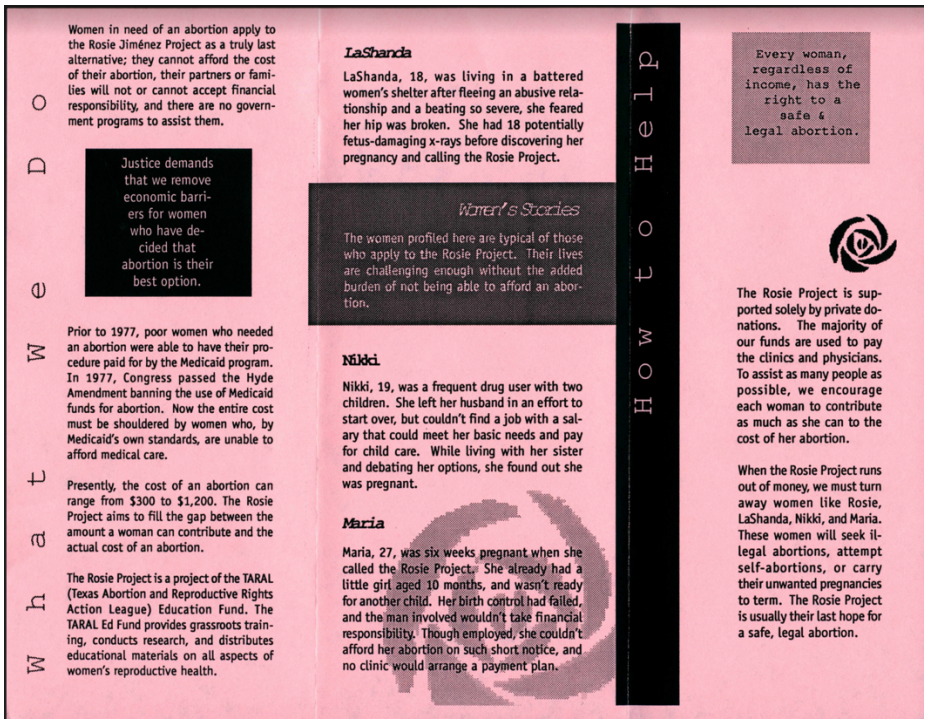

Figure 3: Flyer encouraging donations to the Rosie Fund. © Smith College - Collections of the National Network of Abortion Funds.

Early donation flyers (ca. 2003) for the Rosie Fund (the new name of the Rosie Jiménez Fund after it was absorbed by the state chapter of the National Abortion Rights Action League) reveal some tensions in these representations. Although the three client narratives make a clear case for unmet need, they read like case-reports: age, how they got pregnant, why they were constrained in accessing an abortion. These are closed narratives, dislocated from the people they are supposed to represent.

Although the stories are likely composite profiles of clients (in some versions of the flyer, the names are swapped), even if these *were* the stories of individuals, it seems unlikely that the women whose stories are told in these snippets could recognize themselves in them.

Sujuatha Jedusason (2015) has critiqued abortion movement narratives that focus on barriers and marginalization without affirming the agency or subjectivity of people having abortions. "We neglect to tell the stories of how women overcome challenges, what they learned about themselves and their society in seeking an abortion, and what meaning they derive from the need for an abortion and the process of accessing or being denied an abortion," she writes, and instead "tell stories where the courts and the legislators and the clinics are the saviors that need to rescue women from the hardship, suffering, and burdens in their lives" (2015, 3). Without this agency, the representations of people navigating access barriers often settle for convincing people that poor women should be able to access abortion, rather than contesting broader conditions of reproductive injustice.

Unsettling care demands shifting power in the exchange of abortion stories. Part of the 'strangering' of abortion-seeking people is their exclusion from many of the same forums where their rights are advocated. Becca reflected on this as she spoke about ensuring that her fund's services and advocacy met the needs of clients.

> *Our work demands intersectionality, because nobody's coming to us as a singular type of person with one story line. There's so many multifaceted aspects of a person. Recognizing that about every single person who calls us allows us to empathize more, but also reveal the structures ... that are in place to keep them disenfranchised.*

Becca's approach "rejects both the declaration of a universal experience of a given vector of harm and the notion that people affected by multiple vectors are enduring conditions that are simply experiences of single-axis harm added together" (Spade 2013, 1050; citing Crenshaw). Abortion funds increasingly favor modes of representation where people who have abortions are the ones talking, rather than talked about. She worked to create opportunities for clients to narrate their identities, situations, and experiences of seeking abortion care in their own voices, without demanding disclosure as a condition of receiving help.[62] Becca mentioned specifically that her fund compensates former clients for serving on the organization's client advisory board. "That's another opportunity for economic justice," she said, "we're not expecting free labor, we're paying them for their time and feedback." This approach creates space for people who have abortions to represent themselves and take on meaningful leadership positions in the movement. Furthermore, it recognizes that people who have abortions do not

owe their stories to anyone, including those who help them navigate forms of oppression they should never have had to endure.

Abortion funds move beyond advocacy frameworks that portray people who have abortions suffering subjects to secure deservingness, towards narratives that situate them as the only person who could know their own lives, needs, and circumstances. In response to the 2020 ban, "abortion is essential" became a rallying cry. In their letter to Greg Abbott, the Texas abortion storytellers of We Testify wrote,

> We had abortions and we have children. We know what's at stake. Our abortions were essential health care for each and every one of us, our families, and our lives. Abortion is a human right and it must be deemed essential healthcare in Texas and across the nation. (2020, 1)

Caitlin Cruz writes that abortion storytellers share their experiences "in the hopes that their public honesty might mean those in power finally realize people who have abortions are simply that: people." (2022, 1). Often, she concedes, politicians are unmoved. When faced with criticism that the COVID-19 abortion ban would cause people needing abortions to suffer from not being able to access time-sensitive care, the Abbott administration responded simply that everyone was suffering. The next chapter explores how and why anti-abortion politicians duck the arguments that abortion funds mobilize against restrictive legislation.

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It is strange to call abortion non-essential in the same Texas where elected office is underwritten with anti-abortion politics.[63] In the documentary *Reversing Roe*, John Seago, the director of Texas Right to Life, proclaims that any candidate for public office in Texas "must declare their opposition to abortion if they hope to be elected" (2021). Seago's comment is not as far-fetched as it sounds. Virtually every conservative legislative seat in Texas is a vote against abortion. Several of the Democratic seats are, too.

It wasn't always like this. Texas conservatives rely on strategic gerrymandering and blatant voter suppression to ensure they can reliably get (re)elected with the votes of a carefully circumscribed minority of voters that flock to the polls for candidates who promise to end abortion. These tactics have ensured that Texas Republicans maintain power despite profound demographic and ideological shifts in the state.[64]

The 2011 Texas congressional map was amended by court order to remedy findings of racial discrimination. Despite these edits, Republicans held a steeply disproportionate lead until demographic shifts in the state electorate and loss of suburban white voters to Democrats left them with only slim majorities in the state house and senate as of 2018 (Li and Boland 2021). The 2020 elections brought the possibility of a new, bluer Texas, but only a few seats traded off. In 2019, the Supreme Court declined to rule on gerrymandering. Texas could now redistrict and change voting ID laws without submitting those changes to the Department of Justice for approval. On the eve of the 2021 redistricting— and the 87th legislative session— Republicans were hanging on to a slim majority, and the pro-life movement was out for blood given the anti-abortion majority on the Supreme Court.

It did not have to be like this. Lawyer Imani Gandy argues that national abortion rights organizations' refusal to commit resources to state and local voting rights battles was a death sentence for constitutional abortion rights (2021, 1) As Gandy put it, "Both sets of rights are fundamental, yet neither is explicitly protected by the Constitution. And so both are up for grabs, to hear conservatives tell it. Both rights were under attack" (2021, 1). The neglect of voting rights multiplied the task of dislodging the anti-abortion right's legislative stronghold in Texas. Without the capacity to defeat anti-abortion ballot initiatives and shift state legislatures in favor of abortion rights, the movement was depending heavily on a court system increasingly populated by anti-abortion judges.[65]

3. The Undue Burden of Proof

Misty Tate held her phone up to the mic to fill the senate chamber with an amplified fetal heartbeat. Tate, a registered sonographer with the anti-abortion group Human Coalition, was testifying in support of Senate Bill 8 before the Senate State Affairs Committee. She explained that the recording was a fetus over twenty weeks' gestation, and then played a second clip of the softer *whoosh-whoosh-whoosh* of the cardiac activity of an embryo at six weeks. Tate paused the recording and turned to the committee.

"Why is one of these heartbeats protected, and the other is not?"[66]

Senate Bill 8 (SB8) is part of an avalanche of abortion bans that prohibit abortion at early stages of gestation in an attempt to pose a constitutional challenge to *Roe v. Wade*. Like other "heartbeat bills", SB8 bans abortion as soon as cardiac activity can be detected in an embryo. This is roughly six weeks after the first day of the last menstrual period, before most abortions are performed and before most people know they are pregnant. Since North Dakota passed the first U.S. heartbeat bill in 2013, similar bills have been introduced in twenty states. None of these restrictions are in effect, as they have been enjoined or struck down as unconstitutional.

SB8 was different. The law is enforced not by the state, but by private citizens who can sue anyone who performs or assists in the obtention of an abortion in violation of the law. The work of funding, arranging transportation, booking hotel rooms, and finding childcare for people having abortions was as much at the heart of SB8 as the cardiac activity it targets.

Abortion funds and practical support organizations are multiply entangled in SB8, at once those targeted by the law and those who would help Texans cope with its devastating effects. Texas abortion funds and practical support organizations were the first to sound the alarm about the bill. They spent weeks at the capitol building testifying. Turning to the disputes over personhood and legal protections that played out on the floor of the Texas legislature in the spring of 2021, I evaluate the evidentiary terrain of abortion lawmaking (Ahmed 2015, Woodruff and Roberts 2020) to understand how people who have abortions and those who help them become legible in abortion restrictions.

From Viability to Fetal Veto

In the text of the bill, an embryo has a heartbeat before it has a heart. An ultrasound performed around six weeks from the last menstrual period (roughly four weeks after implantation) can detect a flickering of electrical signals in the fetal pole. The heart itself does not develop until the second trimester. However, SB8 insists that "cardiac activity begins at a biologically identifiable moment in time, normally when the fetal heart is formed in the gestational sac,"[67] borrowing the language of biomedicine to inscribe a distortion of its agreed-upon terminology and tenets.

During the second House reading of SB8, Slawson vowed, "once that heartbeat is detected, that life is protected".[68] The hearings on SB8 follow decades of efforts by the anti-abortion movement to whittle away at constitutional protections for abortion by making fetuses into viable political subjects. Until the end of June, *Roe v. Wade* protected the legal right to abortion before the gestational age at which a fetus could survive outside the womb.[69] After this point, states were permitted to place restrictions on access to abortion, including outright bans. The decision in Roe rationalized the liberalization of abortion as a matter of evolving medical science and evidence. Aziza Ahmed (2021) argues that this allowed the Court to fend off accusations of political motivation for its decision. However, Joanna Erdman finds that viability "presents a blurring of boundaries, where the ethical or moral significance of abortion is derived from scientific or medical knowledge and then encoded into law" (2021, 33). Abortion opponents leverage medical advances that enable survival of babies born prematurely as grounds for more restrictive abortion laws based on a shifting target of viability. Increasingly, the power of deciding outcomes around viability is placed into the hands of the state, which is given the power to provide representation *ad litem* for a legal construct of a fetus whose only interest is to be born alive.[70] SB8 declares that a "fetal heartbeat has become a key medical predictor that an unborn child will reach live birth",[71] conflating viable pregnancy—a pregnancy that is progressing normally and has no signs of failure—and fetal viability meaning survival outside the womb. To understand the role of abortion funds in the passage and enforcement of abortion laws, I turn to what proof—which, following Gribaldo (2019), I approach as the combination of evidence and persuasion— means in abortion courtrooms.

Abortion restrictions like SB8 make knowledge around pregnancy such that the entanglements of abortion-seeking people and those who help them are newly subject to veto by the cardiac flicker of an embryo. In the primer to her testimony, Misty Tate assured legislators that they would learn of "scientific and technological developments that have altered our understanding as a society of human

life and life in the womb".[72] Gestational surveillance technologies have played a key role in leveling proof against pregnant Texans seeking abortion over the last two decades. In *Fetal Images*, Rosalind Petchesky describes ultrasound within the *panoptics of the womb*, a techno-apparatus of knowledge of pregnancy whose objective is "to establish normative behavior for the fetus at various gestational stages" (1987, 263) and maximize medical control over pregnancy. When Petchesky wrote *Fetal Images*, only about one-third of U.S. women had ultrasound imaging during their pregnancies. Today, an average of five ultrasound scans are performed prior to delivery. The increased surveillance of pregnancy is taken by abortion rights opponents as a source of 'better' or more comprehensive information in support of fetal claims to personhood (see Mitchell 2001, Franklin, 1991). As such, Lisa Mitchell asserts that "talk about the fetus and ultrasound is inseparable from talk about women and power" (2001, 4). Petchesky (1987) finds that the sonographic detailing of fetal anatomy discredits a woman's *felt* evidence of a pregnancy in favor of more "objective" information conveyed through the ultrasound probe and video screen. Before ultrasound, the sign of a viable pregnancy was quickening, the feeling of fetal movement. Faye Ginsberg writes that the efficacy of American physicians' attempts to criminalize abortion in the early twentieth century "required that they gain interpretive control" (30) by "convincing American women to abandon the "outdated' doctrine of quickening" in favor of a recognition of fetal life that rendered abortion morally impermissible (1998, 31).[73] So-called informed consent laws borrow the rhetorical construction of a "right to know" to undermine the knowledge authority of people having abortions. Tate testified:

> [The ultrasound] brings the real truth to the surface: it allows a woman to see and hear exactly what is going on in her body, that it is not just a plus sign on a pregnancy test. What she is growing is not just a clump of cells, it is a real human heart, beating inside of her womb…This is truth. This changes things and makes her pregnancy real, because the scientific facts are there for her to hear, and for her to see. [74]

Tate aligns ultrasound with objective proof that "changes things". Mandatory knowledge *of* pregnancy features within a regime of proof leveled against abortion-seeking Texans outside the clinic and in the exam room. To get an abortion in Texas, you must undergo a sonogram prior to the procedure in the name of informed consent—or rather, consent given in spite of information delivered with the intention to dissuade. Since 2003, Texas has required that an informational leaflet titled *A Woman's Right to Know* be offered to all abortion patients.[75]

> If you are reading this because you are already considering an abortion, the doctor who agrees to perform the abortion must first perform a sonogram, allow you to see your baby, describe the features that can be seen and have you listen to the heartbeat if it can be heard. The doctor must wait at least 24 hours before performing the abortion so that you can consider all the facts and make this important decision freely. Only you have the right to decide what to do. (Texas Department of Health and Human Services, 2016)

Texas abortion restrictions position those seeking abortion as minds in need of changing, people who would decide not to abort if given the right knowledge. The Women's Right to Know leaflet illuminates a specific lexicon of interpretive control. The authors use *baby* rather than embryo or fetus, *facts* to describe emotionally laden and medically inaccurate statements[76] delivered by legal mandate, and consistently frame coerced compliance as informed consent. In this vein, Rebecca Howes-Mischel finds that heartbeat bills "propose that increasing women's access to social knowledge of their fetuses—mediated by medical technologies—is crucial for shifting their assumed affective relationship—that is, hearing a heartbeat will persuade women to not abort because of the power of this fetal 'voice'" (2018, 260). Carol Sanger describes mandatory ultrasounds as "harassment masquerading as knowledge"(2008, 360). Although such restrictions rarely dissuade people from having abortions, they ensure that knowledge of the fetus is conveyed on the State's terms, and they reflect attempts by the anti-abortion movement to gain interpretive control over fetal proofs.[77,78]

Detecting a heartbeat shifts the tectonics of evidence implicated in abortion restrictions. Prior to SB8, the Texas ban on abortion at twenty weeks post-fertilization was interpreted to allow abortions until up to twenty-one weeks and six days after the first day of the last menstrual period. In the letter of the law, a single day makes the difference between having an abortion in one state or the next. Although many abortion restrictions prohibit termination of pregnancy after a specified gestational age, few specify how that age is to be measured and inevitably there is a range of normal measurements for a given point of development.[79] All measurements of gestational age are professional interpretations with an inherent margin of error: as Erdman argues, measurement is ultimately left to the discretion of individual physicians, which can create substantial variations in access. So-called heartbeat bills often do not stipulate a specific gestational age cut-off, which has led to some debate about the application of the laws with respect to pregnancy dating.[80] Under SB8, the *presence* of cardiac activity is sufficient proof on its own, no interpretive measurement of gestational age need be made.

Although the law does not specify a modality, cardiac activity at six weeks can only be detected by a transvaginal ultrasound.[81,82] Abortion bans treat pregnant people as suspect grounds for the excavation

of potentially incriminating evidence, sending potential litigants digging through patient files and transducers digging through bodies. The same is true of the law's narrow grounds for exemption. SB8 waives the cardiac activity veto for abortions performed in the event of a medical emergency. However, the physician must maintain a record of their belief in the imminent medical emergency and the specific causative condition—a requirement that Sen. Bryan Hughes justified on the grounds that "it always helps us to have information like that" — a chilling assurance to abortion providers who understand that their professional judgment can be subject to audit during subsequent legal challenges.

Carol Sanger argues that the mandatory ultrasound "requires the woman to participate in the very production of information that she is now urged to consider" (2008, 392). However, SB8 demands the production of information for *others* to consider: those who would provide the abortion if no cardiac activity is detected, and those who would sue on the basis of a suspected violation of the law. The findings of this test, along with the diagnostic modality used, will be catalogued with other disembodied proofs that can later be used as evidence for an unspecified subsequent audit: the state-mandated disclosure and consent form where patients must certify that they have been informed of all alternatives to abortion, the *Induced Abortion Report* form that must be filled in for each Texas abortion patient documenting their date of birth, race, marital status, pregnancy history, method of pregnancy verification and method of termination. Abortion rights opponents weaponize a "right to know" about the pregnancy decisions of Texans to discredit their knowledge authority and construct the fetus as a viable political subject.

Courtroom Dramas of Life Before Birth

The hearings on seven anti-abortion bills during the 87th legislative session became a brutal gravitational center for the staff and volunteers of abortion funds and practical support organizations in Texas. Rosie's Law and the Abortion is Healthcare Act stalled out in committee while anti-abortion bills were fast-tracked and later given a dedicated special session.

The livestream of the 87th session allowed me to peer into the hostile womb of the legislative chamber with the blurry sonic eye of a transducer. I developed an ambient diagnostic practice of opening the livestream, watching the video feed flicker to life, and pacing around my apartment awaiting the gentle *thunk* of a microphone and the murmur of people entering the chambers.

There was aura of exclusion in the livestream I took in across national borders, distance, screens and plexiglass COVID barriers. Petchesky writes that fetal imagery "epitomizes the distortion inherent in all photographic images: their tendency to slice up reality into tiny bits wrenched out of real space and time" (1987, 268).[83] I could only see and hear people within the frame and audio range of the video feed, without any option to look around the chamber at those waiting in the gallery or lined up to testify. During COVID-19, the Texas state legislature neither opened sessions to virtual testimony nor required masks in the chamber. The staff of abortion funds and advocacy organizations spent twelve-hour days at the Capitol building with the knowledge that their presence was crucial yet rendered them susceptible to risk. In contrast, my so-called fieldwork took place mostly at my kitchen table in Montreal, where I hung on the digitally mediated words of legislators and witnesses without sharing the epistemological and epidemiological exposures of physical presence. The tinny chatter that fills the Capitol chamber before the hearings mingles with the drone of traffic outside my apartment, the clinking of forks and plates as I wash, rinse, and dry dishes to calm my nerves. The disconcerting ordinariness of my home intruding into the elsewhere of my so-called fieldwork was mirrored by the wrenching banality of Texans' bodily autonomy being debated among the bric-a-brac of legislative business as usual. Bills governing the right of way across a landowner's property and the job descriptions of school psychologists went up alongside bills forcing people to carry unviable pregnancies to term and requiring the appointment of a guardian *ad litem* for the fetus during judicial bypass hearings where minors sought to get abortions without their parents' consent.[84]

My observations were punctuated with evidence that rolled in as tremors and quakes— the thrum of ambient noise in the chamber, the flicker of a fetal heartbeat, my phone vibrating with a text from a client whose fund pledge needed to be resent—*whoosh*, the gavel racing to strike at the end of the session—*whoosh*, the drop in your stomach when the ground gives out beneath you.

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Despite the prohibition on virtual testimony during the session, fetuses were emphatically brought into the chambers to testify by proxy. In the Senate State Affairs Committee hearing on March 15, Senator Zaffirini reached into her purse and retrieved a rubber fetus doll identical to those wielded by protestors outside clinics, a "visual aid" she received from a Catholic priest during hearings on pro-life bills from a past legislative session.

Figure 4: Judith Zaffirini (D-Laredo) holds a fetus doll. Screen capture, Texas Senate Committee on State Affairs, 15 March 2021.

The fetus's visual resemblance to a person has long served as the primary evidence of personhood for the pro-life movement—however, as Howes-Mischel points out, "framing heartbeats as a form of preverbal, and yet public, communication locates "personness" in fetal biology in a way that elides the temporal and developmental differences between embryo, fetus, and baby" (2018, 270).

Aziza Ahmed writes that over the course of abortion jurisprudence, "Courts pick and choose which facts are relevant; continuing to draw and redraw the boundaries of what is rigorous medical evidence and what is not." (2015, 107). The legislative hearings for SB8 often sought to map personhood onto an embryo or fetus through the appropriation of biological terms and measurements.[85] Senator Zaffirini asked Dr. James Mauldin, a physician testifying in support of SB8,[86] to explain "how [the fetus doll] would compare to the development of an unborn child when the heartbeat can be heard." In response to another question about early fetal development, Mauldin directed his audience to the images taken by Swedish photographer Lennart Nilsson of embryos and fetuses in various stages of gestation.

We ought to consider what the evidence favored by proponents of SB8 suggests about their representation of pregnant Texans. Much of the popular discussion of the Nilsson's work has focused on the use of an endoscopic camera to take pictures in-utero. However, Nilsson primarily photographed fetuses that had been "surgically removed for a variety of medical reasons" at a Stockholm hospital.

It is the fetuses photographed outside the womb in a dedicated cold-water tank and staged lighting that appear most visually 'real', rather than dimly lit and fuzzied by the interference of the body carrying them. It is the fetuses photographed outside the womb that captured public attention, adorned pro-life protesters' placards, [87] and were used in the original version of the Texas Woman's Right to Know leaflet.

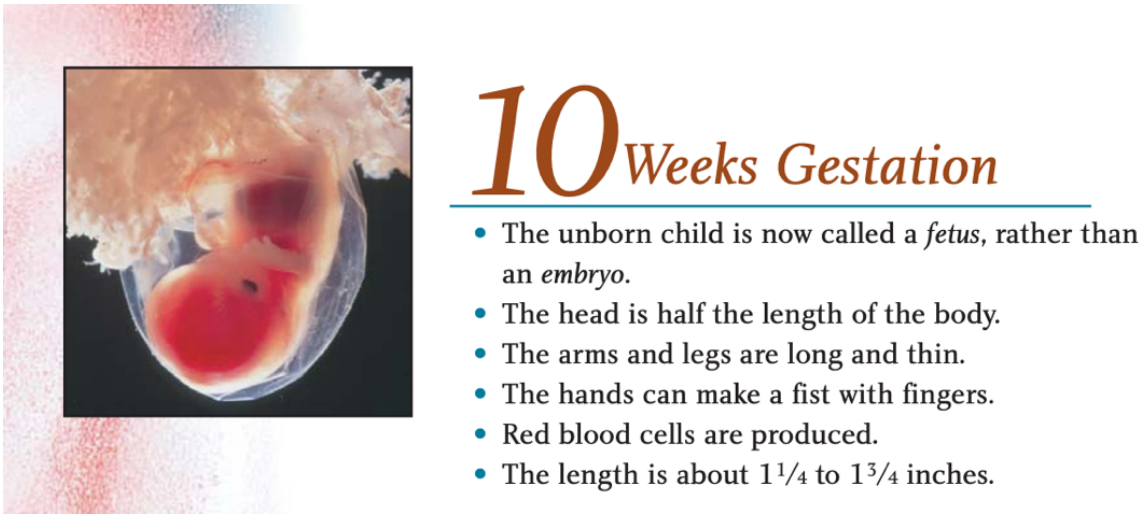

Figure 5: Portion of the original Women's Right to Know booklet. © Texas Department of Health and Human Services 2003.

The cover of LIFE's April 1965 proclaims "DRAMA OF LIFE BEFORE BIRTH". The tint of the cover photograph is rosy, the fetus's head is turned to the side under a beatific amniotic veil. The photo is carefully cropped from the Nilsson's original, which like the others in the series, shows the fetus, umbilical cord, and placenta, floating on their own against a dark background—detached from the person who gestated them, perhaps still living, but not for long. These are the "spaceman" photographs at the heart of Nilsson's fame, on which Barbara Katz Rothman reflects,

> *"The fetus in utero has become a metaphor for 'man' in space, floating free, attached only by the umbilical cord to the spaceship. But where is the mother in that metaphor? She has become empty space."* (1986, 114)

In the cover photo, the far edge of the placenta is interrupted by the right-hand border of the page so that the fetus looks "attached" while casually disappearing the pregnant woman into the background.[88,89,90] Lauren Berlant writes that representations of contemporary reproduction cast the fetus "as a complete and perfect thing and or a violently partial thing, somehow ripped away from the mother's body that should have completed it" (1997, 86). In the State Affairs committee hearing on March 15, Senator Hall stated that "[embryos] get this discrimination [*sic*] just because their residence

at this time happens to be in a womb, rather than in a bedroom or a bassinet"—flattening the needs, hopes, and struggles of the people whose wombs these plausible lives "happen to be in" into an interchangeable incubating substrate.

While pregnant people are relegated to political emptiness, the fetus is a vessel for the political projections of abortion opponents. The fetus is an especially convenient political subject, because legislators can step in to testify for a wordless entity that in itself it has no reasons other than to be born.[91] Howes-Mischel writes that this abstract individualism "gives the fetal image its symbolic transparency, so that we can read in it ourselves, our lost babies, our mythic secure past" (2014, 270).[92] One witness testified in support of SB8's sister bill HB1515 on the grounds that he was unable to hire for his ranch because his would-have-been work force had been aborted.[93] In these hearings, anti-abortion lawmakers and activists invest the fetus with innumerable possibilities: at once future child, innocent victim, autonomous person, and potential ranch-hand. The person who is pregnant is empty space, interference, a place where a possible life happens to be. People who have abortions are afforded at best partial representations by anti-abortion legislators. The 'facts' deployed in support of bills like SB8 are all about fetuses, leaving only a narrow base for admissible evidence about what getting (or being denied) an abortion meant for the person who was pregnant. In a later session, State Rep. Toni Rose emphasized the hypocrisy of her colleagues' fixation on banning abortion.

> Sometimes I think the only time we care about a person is in the womb, but when a person is here living, we chip away everything, they go to prison, they come back, they can't get housing, they can't get a job. And we make all of those barriers for them, in this body, but it seems the only time we want to stand up and care about a life is when it's in the womb.[94]

Rose's statement highlights why fetal representations have become such profitable idols for politicians devoted to cutting social benefits. If the rights of mothers as actually existing persons are sidelined and excluded from consideration, a fetus cannot place any demands on legislators. This statement might turn us to consider how repeated violations of privacy rights are enabled by the construction of fetuses as blank political subjects claimed to require protection from the would-be decisions of the women who carry them. Michele Goodwin has traced the intensification of policing pregnancy over the last decade. State apparatuses of means testing, drug testing, and ultrasound testing make reproduction a terrain of public dispute and subjugation justified to the public on the basis of fetal protection. Years of "creative application of child abuse statutes, anticorruption laws, and drug conveyance legislation" (Goodwin 2020, 16) to prosecute Black women for substance use during pregnancy now

provide the scaffolding for arresting women who have abortions outside the legal or conventional medical system. Lauren Berlant uses "fetal motherhood" to name the subjugation of pregnant peoples' political representation to the privileged status of the fetus in contemporary America (1994, 147). She writes that the mother's "technical irrelevancy to the child's reproduction is a condition of political erasure, since all reproduction is now public, the condition under which fetuses and mothers vie for personhood in America" (1994, 169).

Reasonable Expectations

Activists who had moved mountains to cope with the last volley of restrictions returned to give testimony about how SB8 and the other anti-abortion bills would harm their clients. This juggling act — direct support to cope with the present, community advocacy to build a desired future, and legislative action to prevent a dystopian one— has become part and parcel of the work of Texas abortion funds. Funds have comprehensive evidence of how devastating access barriers are for Texans accessing abortion, but the legislators passing said bans are not inclined to heed it. Noting that legislators were generally unswayed by empirical evidence that refuted the claims they made in anti-abortion legislation, Woodruff and Roberts caution that "further research about the safety of abortion or the harms of not having access to abortion care will not stop the flood of non-evidence-based state-level restrictive abortion policies" (2020, 254). Information about the harms of not being able to access abortion care — that being denied an abortion pushes people into economic precarity, interfere with their desired professional and educational trajectories, emperil their health, and make it difficult for them to live in safe situations—is unlikely to sway legislators who routinely enact other policies that do exactly those things.

It was a double-edged inertia. Anti-abortion bills were relentlessly fast-tracked while Rosie's Law and the Abortion is Healthcare Act stalled out without committee hearings. The 87th Texas legislative session was a fertile political context for gestating a draconian abortion ban. The electoral map had been fractured by decades of voter suppression and racial gerrymandering. SB8 met with an anti-abortion majority in the House and Senate, and Governor Greg Abbott promised to sign off on the bill long before it passed the House. Bills that passed the governor's desk were buffered by an anti-abortion Fifth Circuit and Supreme Court.

Between hearings, I rewind and replay segments of testimony. *A fetal heartbeat has become a key medical predictor that an unborn child will reach live birth. Sure*, I fret, *just as the fact that I am alive now is the best available predictor that I will still be alive in two weeks; just like how an anti-abortion bill read before a special committee of anti-abortion elected officials will likely prove viable before a majority anti-abortion chamber during a floor vote.* Dr. Mauldin described the progress of gestation: "Each day that goes by, new things happen, things fall in place".[95,96,97] The regular legislative session in Texas lasts for twenty weeks, coincidentally the gestational age cut-off in the state at the time. There are innumerable places where a bill can stall out in session without becoming a law. I scan the Texas legislative calendar each morning with my stomach in knots. Last session, there was a bill that punished abortion with the death penalty, but it died in committee. *Each day that goes by, new things happen,* I think. *Things can fall apart.*

Already that session, the legislators had held closed-door meetings, rearranged the schedule, canceled hearings. This left advocates constantly worried about missing something. I catch myself glancing at the oven clock and realize a client from the last shift is on the way to her appointment. Other volunteers mentioned feeling out these blocks of time, a kind of *jobs in progress* that must be attended to for fear of losing someone in the cracks that form when laws require doctors to lie to their patients, when an abortion costs more than a month's living expenses, when crisis pregnancy centers with names like True Options move into the vacant offices of clinics shuttered by abortion restrictions. The voicemails, appointment reminder slips, intake forms, call logs, and vouchers that circulate between client, clinic, fund: is it any surprise that things sometimes get lost? The fax machine stalls because of a paper jam and loses the jobs-in-progress when it restarts, a client misremembers the name of her clinic, a receptionist doesn't speak Spanish. Once, a power outage left the clinic's fax, ultrasound, and vacuum aspirator equally out of commission just as my client arrived for her appointment. The fault zone is full of these frictions, snags where plans carefully assembled come undone at the seams.

* * *

It's the annual abortion Fund-a-Thon, and Texas funds are trying to raise a huge portion of their direct service budgets while fighting the rockfall of abortion restrictions moving through the legislature. My friends and I have been trying to get people to react to the threatened abortion bans by opening their wallets. It feels like nobody outside Texas is listening.

I call Ari for help and devolve into fretting. It's April, and hot—the kind of changed-climate day we still dare to call unseasonable— and I'm lying under the kitchen table again, doors and windows open, staring at the ceiling. *It'll be enjoined,* she says. *It's unconstitutional.* There's a new crack in the ceiling

plaster, an unsteady fault that runs diagonally across the seam of the wall to the doorframe. I can't remember when it appeared. *You should see them in the hearings.* I remember John Seago's confident smirk as he explained how the bill would avoid a pre-enforcement challenge. *They really think they've got a loophole.*

They've all been enjoined. She's right. Other so-called heartbeat bills were challenged as quickly as they were enacted. But SB8 doesn't have to be constitutional to devastate access, it just has to come into effect. *They weren't like this*, I say. *They didn't have this bounty-hunting schtick. Who do we even sue to get this enjoined?*

Diagonal cracks appear when one wall sinks faster than another. My building sags under decades of added burdens—briefly modern appliances, new floorboards laid over old. The ground surface area of Montreal is increasingly cloaked in asphalt, the summers increasingly hot. Parched of rain and snowmelt, the clay soil sucks hungrily at the bones of the city's old rowhouses. I learn later that the proper name for this is *subsidence.*

When I moved here, I loved rolling a tennis ball from one end of the apartment to the other to send my dog scampering across the funhouse floor. But you get used to it. After a while, you barely notice the slant, until you get down on the floor and see the feet of appliances and furniture carefully shod in popsicle sticks and folded cardboard.

When I moved here, Georgia, Mississippi, and Alabama had just passed heartbeat bills. People were outraged— more to the point, they were scared. Donations poured into the states' abortion funds. In total, heartbeat bills were introduced in sixteen states that year. The one in Texas died in committee, but nine other states signed the bills into law. All were enjoined. It's April, and hot, and SB8 has barely made the headlines outside of Texas. I guess we got used to it.

I text the superintendent a photo of the crack and ask if I should worry about the earth opening and swallowing me up. *Usually*, he responds, *a building sinks for a few years and then it stops*. He instructs me to mark the tip of the crack in pencil with the date, as if marking a child's height on a doorframe. I am to wait and see if it grows.

It'll be enjoined, Ari says again. But she's worried, too. I turn my head to the side and watch the crack. *I don't know. I have a feeling about this one.*

* * *

The news that SB8 is scheduled for a floor vote comes as the first jolt of a long-dreaded earthquake. On May 5, the advocates and opponents of the bill take their seats in the elevated gallery over the chamber, while I watch the hearing lying on the floor. I alternate between staring up at the knots in the wood of my kitchen table and making unilateral eye contact with Speaker Dade Phelan after weeks of urging his constituents to inundate his office with demands to withhold SB8 from the floor. The clerk rattles off the bill title in the same flat tone she used for bills governing property boundaries and school psychologists. Rep. Shelby Slawson strides to the microphone with her glasses perched atop her head. "Not that many years ago, a woman in north Texas was pregnant with her first child." Slawson recounted how the woman received a prenatal diagnosis of a gestational abnormality, and decided not to abort upon hearing the cardiac activity of her fetus. "That heartbeat continued," Slawson repeated, before revealing "that little girl is standing in this chamber, her heart beating as strongly and as rapidly as it did all those years ago, as she lays out before you Senate Bill 8, the Texas Heartbeat Act".[98] After she cedes the microphone, legislators wearing orange ribbons line up to stake their own claims against the claims made by anti-abortion legislators, who in turn stand secure in their knowledge that the bill has the votes needed to pass.

I flinch at the piercing *ding* of the representatives registering their votes. The bill passes 81-63. SB8 coasts through minor edits and final approval votes before Gov. Abbott gleefully adorns it with his signature.

After the vote, Rep. Nicole Collier offered a scathing read of the relentless attacks on abortion access:

> It seems like every year, we come back, and it's chipped away. Any type of responsibility that I have for myself, any type of control that I have over myself, is chipped away, and it's chipping away at me, as a person. Every year, the legislature comes and takes away some right that I have.

Two days before SB8 was signed into law, the Supreme Court announced it had decided to take up Dobbs v. Mississippi, a 15-week ban that posed a direct challenge to *Roe v. Wade.* As SB8 wound its way through the legislative session and the Supreme Court declined to enjoin it, Texas abortion advocates noticed spidering cracks in their scant remaining recourse.

Any Person

SB8 imposes no criminal penalty against the person whose pregnancy is terminated. Anti-abortion advocates often say that they are not interested in criminalizing women who have abortions. [99] A handful of states have laws on the books that criminalize self-management of one's own abortion, but most do not. The state does not need laws that target the person who has an abortion to criminalize women who terminate their pregnancies. They already possess an intricate apparatus of criminalizing pregnancy and parenting built around reproductive control of Black, indigenous, Chicana, and Latina women (Goodwin 2020, Bridges 2019). Before the Dobbs decision, Texas resident Lizelle Herrara was arrested for the "murder of a preborn person" even though there was no law on the books to prosecute her for attempting to induce her own abortion (Vásquez 2022). Harkening to the existing apparatus of criminalization of pregnancy outcomes shows how the state's reach into questions of reproduction was for decades largely unquestioned by a largely white and economically secure sector of the public who felt assured that their pregnancies would not cross the legal lines of criminal deviance.

While the abortion-minded woman is backgrounded as the site of a potentially criminal offense, in her place appears the village it takes to get an abortion in Texas. S.B. 8 authorizes civil action against any person who provides an abortion or "knowingly engages in conduct that aids or abets the performance or inducement of an abortion" in violation of SB8. This includes the work of abortion funds and practical support organizations, such as paying for an abortion "through insurance or otherwise", and applies "regardless of whether the person knew or should have known that the abortion would be so performed or induced". The bill further authorizes action against anyone who "intends to commit such a violation or engage in such aiding or abetting conduct".

For the last fifty years, abortion regulations that impose criminal penalties have generally focused on providers. SB8's vaguely-defined category of "aiders and abettors" signals a return to laws that implicate legal subjects outside the doctor-patient relationship, like the Texas statute first challenged in Roe. This raises new tensions for abortion support networks that are often excluded from standing in the jurisprudence of undue burdens on private decisions between women and doctors.[100]

The use of private enforcement might be a mere technicality employed to evade judicial review, but targeting abortion support networks is the whole point. Such networks are the most visible and influential manifestation of the last fifty years of fracturing abortion right. Far from a private decision or

an individual choice, abortion is something happens between people. Individually prosecuting people who have abortions is less effective than targeting entire support networks. However, the Texans most affected by SB8 are not just "any person". Those with private access to funds, practical assistance, and assured confidentiality do not face the same barriers under the law. The fact of having to ask for help—to borrow money for a procedure, to reach out to the unknown staff of an unknown organization for help getting funding, a ride to the clinic, a plane ticket out of state—seeds a stratified burden of evidence. The support network of funds and practical support organizations that has long sustained access now presents the risk of other people knowing about an abortion. The lawsuit filed against SB8 emphasized this point:

> "...S.B. 8 will decimate the support system on which Texans with low incomes rely to access abortion. Indeed, by imposing aiding-and-abetting liability "regardless of whether the person knew or should have known that the abortion would be performed or induced in violation of S.B. 8 ... it will chill support even for those few early abortions that remain permissible."[101]

Legal scholar Aziz Huq (2021) draws analogies between SB8 and the suppression of voting rights during the Jim Crow era. By handing over the reins of enforcement to private citizens, SB8 insists that *any person* (other than an officer or employee of a state or local governmental entity in Texas) has an interest in the protection of fetal life by intervening in the circumstances of someone else's abortion.[102]

The success of a legal challenge to SB8 depends on the type of proof detectable to the diagnostic transducer of the judicial system. Jonathan Mitchell, the architect of SB8, deployed his strategy on the basis that courts can only prevent actual litigants from enforcing a law. There is an uneasy resonance as prospective defendants grapple with how to protect themselves from legal prosecution by undefined, imagined people, as those testifying in support of the bill demand protections for imagined fetuses. Testifying in support of the bill, John Seago asserted that the civil lawsuits authorized under SB8 would escape a pre-enforcement challenge: "there are no state actors who will enforce SB8, because of that, the federal courts have no activity to enjoin or stop" (Senate State Affairs hearing, March 15 2021). No activity detected, nobody to sue, no foothold in court to enjoin the bill before it comes into effect.

Any Proof

Those implicated as potential defendants under SB8 were left wondering what counts as knowingly aiding or abetting an abortion. The bill's authors provided minimal guidance about what activity could be targeted under the law. During the House Public Health Committee hearing on April 7, Kamyon Connor of the Texas Equal Access Fund testified that the vagueness of what constituted a violation would be devastating for their organization, as it could implicate staff, volunteers, and even donors.[103] In the week before the law came into effect, anti-abortion advocates with Texas Right to Life created a "whistleblower" website to collect reports of suspected violations of the law.[104] The organization encouraged citizen "whistleblowers" to take advantage of an **"**unprecedented opportunity to hold the abortion industry accountable and to prevent future abortions" (Texas Right to Life, 2021). Immediately, abortion rights activists and bored Twitter users took to spamming the website with false reports— *I saw Goody Proctor performing an abortion!— Greg Abbott is a failed abortion!*— to bury the desks of Texas Right to Life in a landslide of falsified proofs (Sherman 2021).

Private lawsuits did not actually need to be filed to devastate abortion access in Texas.[105] SB8's terms of enforcement are designed for deterrence and depletion. The bill casts the net of standing infinitely wide, opening the floodgates to potentially infinite civil lawsuits, each of which is incentivized with a minimum of $10,000 in "damages" if litigants prevail on their claims. Those sued under SB8 cannot recover their costs.[106] For abortion providers and support networks, shouldering these burdens involves bleeding out resources in material compliance. The clinic closures after HB2 happened not due to legal prohibitions on abortion, but through onerous and costly requirements for ambulatory surgical centers, for admitting privileges at nearby hospitals. Most of those clinics never reopened.

Legal scholar Siri Gloppen uses the concept of abortion lawfare to understand how abortion rights activists and opponents "use courts as a site of contestation rather than, or in addition to, legislative bodies and other forms of mobilization" (2021, 3). Lawfare refers to any use of rights and law to advance a sociopolitical goal within the context of a conflict between organized social interests (2021, 12). Although court-based strategies for securing rights have long been fundamental to U.S. abortion lawfare, they hardly offer a level playing field. Caitlin E. Borgmann writes that plaintiffs seeking to overturn abortion restrictions are often tasked with proving that the law effectively prevents people from getting abortions, while courts "are highly deferential to the states' own fact-based assertions about why these laws are needed" (2013, 149).[107,108] SB8's procedural backflips forced plaintiffs to challenge the law without knowing who, exactly, would sue them under it.

Khiara Bridges (cited in Smith 2021) cautioned that the 'success' of SB8 was not a matter of cunning procedural loopholes so much as the judges ruling on whether it could take effect.

The Supreme Court let the clock run out before it declined to enjoin the law. On August 31, women waited until late at Texas clinics that kept performing abortions until just before midnight. In Fort Worth, protestors shone floodlights onto the property and called the police to enforce SB8's new regime of proof.

MONTRÉAL, 30 NOVEMBER 2021

The constitutionality and enforcement question shifts the focus away from the impact of the bill on people in Texas towards the minutiae of legal procedure. For months, opponents of SB8 were stuck proving that they had standing to prove the harms of the bill in court.[109]

I have a cardstock wheel that you can turn to estimate the dates of ovulation, conception, implantation, and expected birth. I align the notches, set the date of conception as November 1. Texans who got pregnant when the Supreme Court heard oral arguments against SB8 are now running out of time to get a legal abortion at one of the state's clinics. Some of them have already stopped performing abortions. Abortion providers in Texas faced a Hobson's choice—they couldn't sustain operations only for patients under six weeks, nor could they violate the law and risk being drowned in civil suits.

Abortion bans will make you wait. I wrote this thesis in intervals between shockwaves: first the COVID-19 ban, then SB8, now, soon, Dobbs. Before that, Hyde, the burdens proliferating in the wake of Casey, the mandatory ultrasounds, the parental consent, the waiting period, the clinics shuttered under HB2. Abortion funds in Texas have spent years in throes of unrelenting crisis. They're looking at their budgets and wondering how much they can do, for how much longer. Waiting for the courts is equal parts breath-holding and scrambling to save all you can before the next shattering quake.

Tomorrow morning marks three months since SB8 came into effect. For the last three months, patients have entered the waiting rooms of Texas clinics and paid one hundred dollars for a state-mandated consultation visit where they will find out if they can get a procedure or have to leave the state, buy abortion pills on the grey market, or carry their pregnancies to term. We hear about patients who sono'd just fine on the first visit only to be turned away after a second ultrasound at their procedural appointment picks up a cardiac flicker. We hear about patients with ectopic pregnancies turned away by their doctors, forced to drive hundreds of miles for a procedure that is still legal under SB8. Cars with Texas license plates fill the parking lots of clinics in New Mexico, Oklahoma, Louisiana, even Mississippi, where the state's last clinic brought the suit in Dobbs. I heard one in four of their patients these days come from Texas. A friend who works at a clinic in New York tells me they're seeing Texans, too. SB8 sends people crisscrossing the country, coming painfully close to my side of the border as they travel brutally far.

Tomorrow morning, I will wake up, make coffee, walk the dog. At 10:00AM, I will listen to the oral arguments in *Dobbs v. Mississippi*. At noon, I'll return the calls of any person who reaches out to the fund for help. Sometime in between, I'll look at the clock, realize a client from my last shift is at her appointment. She'll check in, wait, and lie back on the clean parchment that covers the exam table. The ultrasound screen must by law be pointed towards her, although she does not have to look. I'll join everyone I know, in and outside Texas, opening the court livestream at our desks, on sofas, under kitchen tables. All of us wait, listening.

Conclusion

For ~~200~~ ~~217~~ ~~327~~ 484 days, most abortions have been illegal in Texas.

I set out to write tectonics of repair. I wanted a narrative of tremors that drove people to attend to the cracks in access in the name of justice or better care. A quickening.

Instead, a series of quakes roiled the abortion access landscape in Texas: the COVID-19 ban, the flood of anti-abortion bills with SB8 at their heart, the ~~looming~~ decision in Dobbs.

Grieving and rebuilding each demand excavations. In digging through the rubble, Texas abortion advocates come up with gaps: the ten daily calls to the fund where there were once sixty, sighs of relief not heard over the phone, the calculations of need that remain unsolved. Staff and volunteers think of the people who would normally call for help and wonder how many of them are purchasing abortion pills in the mail, how many scrape together enough money on their own to get to Colorado or New Mexico, how many are stuck.

In their January 2022 newsletter, the Texas Equal Access Fund vowed "in Texas, we don't need to imagine about what abortion access will look like if SCOTUS overturns Roe" (2022, 1). The Supreme Court's refusal to enjoin SB8 was an agonizing foreshock. Within weeks of SB8 coming into effect, copycat bills were introduced in Florida, Missouri, and Idaho. Ten other states followed suit. Kentucky banned abortion, then Oklahoma. The only abortion clinic in South Dakota stopped performing procedures. The leaked Supreme Court opinion sounded the alarm for many in the United States to take stock of the impending quake. Advocates already knew the ground would ream apart; it was just a matter of when.

After SB8 took effect, Texas abortion funds had posted updates on their social media channels: *For the last 30 days, Texans have had to leave the state for their abortions*— then 60 days, 90, 180. The posts measured the steady subsidence of a recent past where abortion was legal in Texas.

After Roe fell, anti-abortion lawmakers argued that the state's 1854 abortion statute was the law of the land. The year prior, they had passed a "trigger ban" that made abortion a felony. Just in case.

What does it take to get an abortion in Texas now? You cannot inhabit the fault zone without reckoning with one landscape becoming another. For many, getting an abortion in Texas now largely happens outside Texas. The question of what it takes might transect extralegal or illegal methods of sourcing abortion pills or navigating jurisdictional fissures with the help of abortion funds and practical support organizations. The fault zone is a threshold where cconstructing a coherent narrative of past and present seems impossible.

Texas bleeds into every conversation I have about abortion. At a colleague's kitchen table, we inhale lunch while outlining a telemedicine workshop. *You know,* Catherine says between bites, *the thing is, Texas wasn't always like this.*

> *When I worked on the NAF hotline in the nineties, we had a big map—you know, there was no internet, so we had to look everything up—and every state on the map had the gestational cut-off in weeks, every state was color-coded for the restrictions they had, you know, the waiting periods, the parental consent. And Texas was outlined in yellow, with a big 24, for 24 weeks. At that time Texas was—I mean, maybe oasis isn't the right word, but Ann Richards was governor—anyone, especially minors from elsewhere in the South, we would end up referring them to a provider in Texas, because they had no parental consent law, and they had—*

I cut her off— *so many clinics.*

Yeah, she says. *So many clinics. It was before everything.*

I did the math. Anti-abortion activists were working themselves into a frenzy over the Casey hearings, warning that Texas "could become a hub for the abortion industry" (Grimes 2022). So many clinics. It was before everything.

Before everything surfaces a pattern in how advocates make sense of frictions in abortion time-space. We talk about *somewhere*, Texas, where getting an abortion is no longer what it once was, *before everything*, an access reality that is always becoming something else. After HB2, advocates and journalists created animated maps to show the state's abortion clinics thinning like drought-stricken trees. I only knew Texas in the wake of the juggernaut. By the time I started on the fund hotline, the devastated post-HB2 landscape with half as many clinics had become the status quo. Now, the Texas I intended to study is a rapidly vanishing memory-scape where things were bad, but nowhere near as bad as this.

Lingering on sites of change lets us resist the flattening effect of compounded abortion restrictions that seek to become the norm. Cushman and Risteen (2020) look to crumbling ruins of infrastructure as places to envision futurity by reflecting on all that was/is/will be.[110] Whole Women's Health McAllen was the only abortion clinic in the Rio Grande Valley. It closed after HB2, reopened, and now is shuttered again. The clinic is a block away from McAllen City Hall, formerly McAllen General Hospital, where Rosie Jimenez died of sepsis. South Texans for Reproductive Justice raised money to buy the clinic building—offer whatever services they could legally provide, keep it from being bought by a crisis pregnancy center. That kind of thing happens all the time.

Whole Women's Health sold the building to a buyer that turned out to be a shell. Two weeks later, the office was owned by a McAllen Pregnancy Center, a well-funded provider of alternatives to abortion.

I type *abortion clinic Abilene* into Google and a bouquet of rose-red markers spring up with ambiguous names like Pregnancy Resources of Abilene. I had wondered if the CPCs will close now that abortion is illegal in Texas, would dissipate like an algal bloom leaving just another eutrophic dead zone, another abortion desert. Maybe there will be one on every corner. I zoom away from the scarlet *Permanently closed* under the name of each shuttered clinic, away from the grey spiderweb cracks of streets in cities where you used to be able to get an abortion. I pan the map back and forth, in and out, flooding the screen with a blurry *somewhere* of endless flat land and enormous Texas sky, *out*, swallowing the borders of the state, *out,* a patchwork of states where you can and can't get an abortion, a blurry somewhere of funds and practical support organizations managing matters of how much, how long, and how far.

Until Recently

I want to remember what Texas was like in the 480 days between SB8 taking effect and the Supreme Court releasing their decision on June 24—when things were really, really bad, but not as bad as this, when Texas abortion funds and practical support organizations built networks and strategies that an entire country would come to rely on in the fallout after Dobbs.

During intake, I asked callers for their zip codes and checked the round-trip distance to the clinic. Before SB8, anything upwards of three figures was unusual. Sometimes, I would scroll the map and realize that few years ago, the client could have gotten an abortion in Midland or Lubbock, whose clinics stopped offering abortions in 2013 after House Bill 2 passed. Instead, they woke up at dawn to

travel nearly halfway across the state on I-10, where switchgrass tangles the legs of billboards that begged them to "choose life". I would stop and say something — that I was sorry, that it wasn't fair that they had to go so far— and then ask if they needed gas money.

During my last shifts before Dobbs, the round-trip distance fund clients traveled was rarely under four digits. I still tell them that they deserve better, still ask if they need gas money. But there's no jolt of surprise, only the numb ache of a violence rapidly becoming routine. It's familiar now. It's what it takes to get an abortion in Texas.

After SB8 was signed into law, journalists repeatedly asked abortion fund leaders to explain how bad the effects of the bill would be. By that time, Texas funds had been sounding the alarm for months. The news coverage is littered with the same well-worn analogies used to explain SB8 to those who would not be forced to understand it. Advocates and clinicians gave careful explanations of missed periods, irregular cycles, of the impossible labyrinth of having two weeks to decide, find a clinic, make one appointment and then another, to figure out how to get there, how to pay for it. *An abortion ban at 6 weeks is just 2 weeks after you miss a period.* Clinics are booked out two weeks in advance. There is time off work to arrange, children that need caring for. Two weeks is nothing, two weeks is no time at all. *An abortion ban at 6 weeks is a near-total abortion ban.*

Getting people to understand how things *really* are is a problem of anthropology, of writing this thesis. It is a problem of making the case that people should care about things that are not (yet) happening to them personally. At times, convincing the public of the threat posed by SB8 felt like screaming into the void. After all, a myriad of previous heartbeat bills had been signed into law and promptly enjoined by the courts. The private enforcement action probably seemed to many an odd technicality, if they knew about it at all. Perhaps they assumed that something so blatantly unconstitutional would stand no chance when challenged in court. After all, conservative politicians in general and in Texas especially are always trying to ban abortion.[111]

Soon, the figures rolled in to quantify the impact of SB8. The average Texan woman of reproductive age lived 17 miles from an abortion clinic but might have to travel 247 miles to a clinic where she could actually get an abortion (Texas Policy Evaluation Project 2021). Nearly one and a half thousand Texans leave the state each month for their procedures. From the epicenter, waves of people fill the schedules at clinics in Oklahoma, New Mexico, Louisiana, then Kansas, Colorado, California, even New York.

The ecologies of support that long sustained access to abortion in Texas adapted to distribute more funds and expand their service areas. "We've had to turn off the hotline because our capacity is maxed," explained Anna Rupani of Fund Texas Choice, whose clients traveled an average of 1105 miles round-trip after SB8. "It is roughly two and a half times more expensive to send a client out of state than to fund an abortion in state; it is also significantly more complicated, when it is possible at all." (quoted in Tolentino 2021, n.p.) Truly coping—addressing every harm—would be impossible even with unlimited resources. Even with infinite money and support, many people just cannot leave. As Jia Tolentino writes, "money can only mitigate a state-generated disaster that was designed not to end" (2021, n.p.) Moreover, leaving is a coping tactic, not a solution. In the words of Montoya Frasier, founder of the Buckle Bunnies ad hoc abortion fund, "dignity isn't leaving the state to get health care" (quoted in Dimmick 2022).[112]

Even with the statistics, advocates struggled to sum up the extent of the damage. An embryo at 6 weeks is a sunflower seed. An embryo at six weeks is the difference between a legal abortion in Texas and a trip out of state or a weekslong wait for pills online. Before SB8, an abortion at six weeks costs six, maybe seven hundred dollars—and for a time, so did an abortion at eight, ten, or twelve weeks. An abortion at six weeks, one day, in a clinic out-of-state is $1708, which is roughly a month's household income for the one-sixth of Texas women of reproductive age who live below the poverty line. Money for an abortion is always money someone needed to pay for something else. It too much to represent. On the hotline, clients ask unanswerable questions. *How likely is it that they can get back to me in time for the appointment? How much of a chance do I have?* No impact statement can contain the explanations for days taken off work, hotel nights spent out of town, the calls from the airport when a flight gets canceled. Summing it up is impossible. SB8 pinned Texans within overlapping strata of temporal and spatial violence (Winston 2015), turning *getting an abortion in Texas* into a place where one is always running out of time.

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This did not happen suddenly.

While they were banning abortion, a testifying witness directed the legislators to Lennart Nilsson's photograph of an aborted embryo floating freely against a dark expanse, the now-famous "spaceman" image. While waiting for the hearing announcement for SB8, I heard the chair of the Space Caucus commemorate the 60th anniversary of the first American spaceflight. Those testifying against the bill were repeatedly told that there was not enough time for them to speak. Six weeks, supporters of the

bill argued, was enough time to decide to end a pregnancy and get an abortion. Enough time to have two appointments, separated by a twenty-four-hour waiting period, and even, we surmise, to reschedule one or both of those appointments because the money isn't there yet. Enough time for patients to put off paying bills and rent, buying groceries, enough time to sell something they would rather have kept or told someone they wish didn't have to know so that they could borrow money. Enough time to make call after call after call.

While they were banning abortion, Elon Musk used tax subsidies from the state to build Starbase, a "space travel hub" in the Rio Grande Valley near where Jane Doe was barred from leaving immigration detention to end her pregnancy.

While they were banning abortion, the main border detention facility for undocumented minors in Texas held more than 4,000 people crammed into a space meant to hold no more than 250. *Meant to hold no more than 250.* Immigration Customs and Enforcement standards for detention facilities state that each detainee should have at least seven square feet of unencumbered space (ICE, 2019). *At least. Meant to hold.* One of the original provisions of HB2 was that that clinic hallways measure at least eight feet wide. In *Hellerstedt*, the Supreme Court knocked down the ambulatory surgical center provision, but left intact the requirement that anyone who lives less than 100 miles from their nearest abortion clinic attend two in-person appointments.

While they were banning abortion, an explosion at Starbase showered debris over a five-mile radius of wildlife refuge classified as critical habitat. In 2014, the Supreme Court struck down the "buffer law" that protected a thirty-five-foot radius around the entrances of abortion clinics from impingement by protestors. [113] Abortion clinics resorted to desperate and expensive measures to protect the slim margins of space left to them, including leasing adjoining offices to keep protestors from setting up shop and harassing patients. The year I started on the hotline, in between hearings to ban private insurance coverage of abortion, Texas lawmakers made it illegal to protest at the sites of "critical infrastructure"— pipelines and refineries.

The exodus of Texans leaving the state for their abortions now numbers in the tens of thousands. In the Rio Grande Valley, the Frontera Fund makes care packages and writes love letters to people traveling for care.

For those from the RGV who need an in-clinic abortion, the only option is travel to other states or to Mexico.

Other states start using SB8 as a blueprint to enact their own bans on abortion and insulate them from judicial review. The closest U.S. clinic where someone from McAllen could legally terminate a pregnancy is in

~~Baton Rouge, Louisiana~~

~~Las Cruces, New Mexico~~

~~Shreveport, Louisiana~~

Las Cruces, New Mexico, which is ~~622~~

~~511~~

~~663~~

511 miles away by car.

Viable passages to care flicker in and out as state abortion bans are enforced, enjoined, enforced again. It is too much to keep track of, let alone to navigate. Getting an abortion in Texas dissolves into a landslide of fractured and conflicting if/thens:

If you drive north from McAllen to get an abortion, then you will be stopped at the Falfurrias checkpoint and asked for immigration papers. If you live within one hundred miles of the border, then leaving means passing through these checkpoints. If you live within one hundred miles of an abortion clinic, then you must make two visits.

If you have the documents needed to pass through the checkpoint, then your route to Baton Rouge passes eight clinics that used to offer abortions. Poppy Northcutt, a former NASA engineer and volunteer clinic escort, used to stand outside one of them (Smith 2021). The round-trip distance travelled by the 1391 Texans who leave the state for their procedures each month is longer than the flight path of the Apollo 8 shuttlecraft she guided on its journey to and from the moon.[114]

Here & Now

Pondering how to survive amidst ruins, Anna Tsing asks, "What do you do when your world starts to fall apart?" (2015, 1).

At the outset of this thesis, I suggested that speaking of the erosion of abortion rights implies passivity in the face of inevitable decline. The fault zone afforded a means of thinking affectively about a territory in flux — a place to follow the cracks of causative forces in determining what is wrong and what must be done about it.[115] Earthquakes make familiar things strange by wrecking them, revealing the

internal mechanisms that leave some structures standing while others collapse. Emergent ecologies of [abortion] support (Duclos and Criado 2020, Kirksey 2015) should turn our attention to what surfaces in this stirring of the landscape and what opportunities are there for surviving within it.

What do you do when your world starts to fall apart?

Anthropologists document. Activists respond. On good days I manage to do both, on bad days neither. When the world falls apart, I take shelter under the kitchen table. I take calls and make calls for abortion funds. I write my thesis and don't write my thesis because documenting the world falling apart is not enough (Lyon-Callo and Hyatt 2004).

What do you do when your world starts to fall apart?

Abortion funds and practical support groups find ways to string it back together. In the wake of each crisis, abortion funds across Texas proclaimed *we are still here*. They saw the cracks in Roe, sounded the alarm at tremors we should have heeded at the time.

Still here points us to what can be done from where we are. While some states are passing or strengthening protections for abortion rights, many more are banning abortion. Some states are trying to extend the applicability of their bans to people accessing abortion in other jurisdictions. Tsing reminds us that "precarity is a state of acknowledgment of our vulnerability to others", that "in order to survive, we need help" (2015, 29). The country depends on a "patchwork infrastructure of people doing what they can" (Tsing 2015, 29) to help others navigate conflicting jurisdictions of restriction and outright criminalization. Abortion funds are now enmeshed in what Amy Krauss calls *legal guerilla*, "a critical practice among those who move through overlapping and contradictory [abortion] legalities and jurisdictions without the economic power to float above them" (2021, 18). This is not as simple as crossing from a place without a right to one with a right, as "complex geographies of race and class stick to the body" (2021, 10). The organizations in this network are well-practiced in patching gaps, but few would claim that they are meeting everyone's needs. Abortion funds across the nation are pivoting to meet the needs of their communities in the wake of Dobbs. Texas funds led by people of colour are assessing their vulnerabilities in a state on criminalizing aiders and abetters.[116] The application of the state's pre-Roe abortion statute forced all but one of the funds in Texas to stop funding abortions. Now, they're suing the attorney general for the right to pay for abortions that take place outside Texas.

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Still here surfaces historical care work.

Before Roe, abortion rights advocates gathered to stake claims on behalf of those no longer here: women who died from or barely survived the complications of septic abortions. After Roe, the proliferation of legal clinical services decimated the grassroots support networks that had arranged interstate travel, appointments with vetted, discreet doctors, and the funds to pay for it all. Abortion was now a legal procedure, ostensibly available on demand. This private decision and soon became a matter of privately held resources, as the state withdrew public support in a rockfall of neoliberal policy changes.

Arlene Carmen and Howard Moody, members of the Clergy Counseling Service on Abortion, lament that changing abortion laws left untouched the underlying attitudes and practices that created harm in the first place: "plenty of people were willing to settle for a little reform," they write, "thus forfeiting whatever future opportunity there might be for real change" (1973, 104).[117]

Real change demands working in the faults to unsettle the grounds where the anti-abortion movement gained power since Roe. In 1973, Carmen and Moody wrote confidently that "increasing numbers of all people in this nation, including Catholics, believe that the matter of abortion is something that the law should not dictate," (102)— yet today, states are banning abortion in droves while the majority of the American public supports abortion. The pro-life movement has not swollen to encompass the majority of the United States population, but we are witnessing a seismic consolidation of anti-abortion power in courts and state legislature, vanishing the avenues for judicial recourse.

Since the courts will not save us, we ought to consider what it means to save each other.

The roiled landscape of abortion legality across the United States churns up protests where people hold signs emblazoned with coat-hangers, chant *we won't go back*. In the wake of Dobbs, pundits' comments about abortion-restrictive states going "back to the dark ages" offer thorny reckonings with time and space in conversations around abortion.

Before Roe, those with money and privilege who knew a name could get their abortions, those without often could not. As many as 5,000 women died annually from complications of unsafe abortions (NARAL 2017). Neither whiteness nor wealth guaranteed a safe abortion in the years prior to Roe, but they certainly made it much more likely, particularly after travel to New York and California became an option once those states legalized abortion. Sarah Weddington's story of traveling to Mexico for an abortion highlights the fear and shame that saturated abortion travel, but also shows how the

threat of death from unsafe abortion figured into jurisprudence that later proved unresponsive to other forms of harm incurred from abortion access barriers.

Journalist Amy Littlefield writes that the current generation of abortion rights advocates has "been shaped by the cruelty of incrementalism, the quieter process of access disappearing law by law" (2021, n.p). Countering incrementalism means working in the disparities that make abortion restrictions porous for some but impassable for others. This work has long been the terrain of abortion funds and practical support organizations. Watching as some Texans leave while others remain stuck draws our eye to what happens when white and comparatively affluent women who need abortions confront obstacles already well known to low-income racialized Texans.

It was three years *after* the court's decision in Roe that Rosie Jiménez died from an unsafe abortion just a few miles from when safe and legal clinical services. Rosie lingers as a source of obligations in Texas abortion funds' work today— the amendment that killed Rosie Jiménez is still in effect, still enacted in each subsequent federal budget.[118] Rosie's death surfaces a tension between a largely white arm of the mainstream pro-choice movement and reproductive justice advocates, primarily Black and Latinx women, whose calls to build coalitions with economic and racial justice movements were largely rejected by national abortion rights organizations (see Ross and Solinger 2017, Bridges 2017). Hers is the kind of death that some women continued to die[119] after Roe— not because they were too ill-informed or ashamed to get a safe abortion, but because they were denied one. Memorializing these deaths is not a matter of "not going back", because we are *still here*. For abortion funds, this landscape is anything but new.

Rosie's death is an interregnum in discourses on the harm of abortion restrictions. Until very recently, death faded from view as the primary imaginary around the impact of abortion restrictions and the backsliding of abortion rights. The spectre of death from septic abortions disappeared into nominally due burdens increasingly shouldered by a poor and non-white population. These struggles–disclosing an abortion to more people than you would have liked in order to get help paying for the procedure or getting to the clinic, having to seek the consent of a parent or permission of a judge, having to leave home and travel long distances for care—broadly define the expertise of abortion funds and practical support organizations, who since Roe have stepped forward when the medicolegal framework of abortion fails to fulfill its premise of safe and accessible care. These failures speak just as much to the conditions in which people live all the time—not just when they need an abortion—as they do state-mandated periods and Medicaid coverage restrictions.

We can start by bringing questions of life and death back to the fore.

There is no going back to a pre-Roe landscape. Thankfully, abortion outside legal clinics is safer than it ever has been. An increasing number of Americans know about safe and effective abortion pills—mifepristone and misoprostol—that can be used to end a pregnancy at home. Still, more people will die because of abortion restrictions in the wake of Dobbs. They will die from complications of unsafe abortions if they do not have access to safe methods. They will be denied lifesaving care by providers who fear prosecution for terminating the pregnancies of patients insufficiently close to death to legally justify an abortion to "save the life of the mother".[120] They will face violence at the hands of domestic partners or family members who discover their pregnancies.

The problem with talking about the end of Roe in terms of death is that people are *already* dying from abortion restrictions. I am not referring to "just" the one or two people who appear in CDC surveillance statistics as deaths from illegal abortions each year, or those who die in childbirth from pregnancies they did not intend to continue. People who die from abortion restrictions today die from poverty and preventable disease. They die from air pollution and gun violence. People who die from abortion restrictions today die incarcerated, die of thirst in the U.S.-Mexico borderlands, die in the hundred-mile-wide strip of the Rio Grande Valley without lifesaving medical care kept out of reach by immigration checkpoints. For decades, the promise of restricting abortion has been the perhaps the most powerful political engine for anti-immigration, anti-welfare, and anti-regulation policies. The decision in Dobbs follows a half-century overhaul of the state's obligations to its citizens underwritten by the collaborative efforts of conservative politicians and the pro-life movement to redraw electoral districts and remove restrictions on campaign financing (Ziegler 2022).

Class and race disparities in the suffering dealt by this political alliance show that life and death are profoundly and increasingly stratified by policymaking that favors market freedoms and deregulation over the fulfilment of individual rights and the assurance of collective well-being. This, following Rob Nixon, is "a violence that occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space, an attritional violence that is typically not viewed as violence at all" (2011, 2) Nixon originally described *slow violence* as gradual accrual of harms from environmental contamination and destruction enabled under neoliberalism, concentrated in communities with less power. but the term also illustrates how access to abortion is entwined with state racism, prison industrial complex, and environmental catastrophe in ordinary people's experiences of state power

under neoliberalism.[121] Doing good around abortion means focusing not on whether people deserve to have abortions and live, but on the kinds of lives they deserve to lead.

***

This is not a call to mend something broken. There is no going back.[122]

The thought of changing *everything* at play in abortion bans at first seems overwhelming and insurmountable.[123] Contemplating the magnitude of the racialized prison industrial complex, Ruth Wilson Gilmore reminds her reader that "All these other things had to happen that made it turn out like this. It didn't have to turn out like this" (quoted in Kushner 2019, n.p.). She proposes that the vastness of a problem should turn our attention towards all the potential grounds for intervention. The more there is to be done, Gilmore argues, the more that *can* be done. The Cicada Collective, a practical support group in North Texas run by queer people of colour, declares a tenacity of action directly proportional to the severity of the matter at hand:

> Cicadas sing their loudest during the hottest hours of the summer day; here in Texas, it's hot as hell, the abortion clinics are dwindling, and the state's attacks against our healthcare are only gaining in aggression. (2013-17, 1)

There is so much to do. Changing everything demands action articulated in service of sweeping visions.[124] In her study of activists' work to position reproductive justice as a human rights issue in the United State, Zakiya Luna concedes that human rights-related arguments can often be dismissed as impractical and idealistic when passing legislation (198). The problem is that pragmatism has often been understood in terms of diluting the demands of abortion-rights messaging and adopting single-issue framing to avoid shifting focus away from a politically controversial issue. Renee Bracey Sherman and Tracey Weitz explain how these rights claims have tread water at the expense of a sea change:

> Piecemeal legislation will always leave the most marginalized people without full protections and subject to criminalization—that is, unless decriminalization becomes the goal. No one should fear arrest for their pregnancy decisions. No one should have to tiptoe on eggshells to avoid prosecution and obtain an abortion along the narrow edges of a poorly written law. And no one should have to explain anything to anyone. Our humanity is unconditional. (2021, 1)

Perhaps we can rethink pragmatism when the world is falling apart in more ways than one. Access to abortion is constrained by processes and policies that harm entire communities. There are more people suffering under the status quo than those who are not, and increasingly, they recognize it. The

proliferation of protests against soaring economic inequality, rampant ecological degradation, and racial oppression show that more of the U.S. population is questioning the terms on which their country is organized (Luna 2020, 217), including people whose privilege allows them to thrive at the expense of others.[125] This is an opportunity.

During a pandemic, Texas conservatives spent much of the legislative session banning abortion while their constituents froze and scorched due to power grid failures. Recent polling shows that just 11% of their constituents support a total ban on abortion (Texas Freedom Network 2022). Jurisdiction does not exist a priori of the people who comply with and reinforce its effects (Krauss 2021).[126] Those with privilege and opportunity can make headway by refusing to be vectors of state power. Already, through concerted work by abortion funds, the municipal governments in Dallas and Austin have passed resolutions that deprioritize enforcement of the state's abortion statutes. Waco and San Antonio are also considering the measures. [127] In dialogue with Audra Simpson's argument for alternate moral horizons, Amy Krauss writes that such practices of *doing* law serve to "acknowledge its failures and exclusions and to stake a claim within our intersectional feminist abortion politics to the capacity to imagine nomos beyond the state – to our juris generative wisdom grown from collective practices of solidarity and care" (2021, 18).

Marsha Jones directs the Afiya Center, a Dallas organization devoted to Black women's reproductive health that houses the Support-Your-Sistah abortion fund. She mourned the lack of action against voter identification laws by the abortion rights activists who had turned out to mobilize against abortion bills introduced in the same session.[128] Jones had successfully used abortion as an inroad to talk about economic, environmental, and health justice for Black birthing people. She saw extending abortion rights organizing to coalition-building issues as a matter of strengthening the movement, rather than diluting its message. "We had so many people say, 'I get it.'," Jones said ruefully (1).

Abortion funding and practical support have created tangible inroads for achieving visions of reproductive justice. Consider their origins: politicians, advocates, and the public co-created a situation where strangers became immersed in the circumstances of other people's abortions, and by extension the circumstances of their lives. Over the years, the legal and logistical situation of abortion access grew immeasurably worse. Abortion funds scaled up, built networks, and kept dreaming of a world where they would not need to exist. Christopher Paul Harris writes,

> The process of undoing the world is already taking place, informed by an ethics of care that understands that a world undone is the only option to break the cycle of racial violence and precarity that situates and organizes racialized, classed and gendered otherings. (2022, 893)

Abortion access is worse. Yet undeniably, some things are better. You can see it in the minutiae of abortion fund intake procedures and the broad-level visions of operating principles. Thirty years ago, abortion was more often stated in cautious terms – "women's health"—"reproductive rights" — "choice". People who had abortions were at the periphery of fund organizing and often confined to representations of suffering subjects. Intake processes often included invasive questions to allocate funds based on hegemonic concepts of deservingness. Funds today rarely ask people seeking help to prove that they need it or require them to disclose personal information beyond what is need to fund a procedure or book a ride. Rather than rely on loan repayment by people who are already poor, most abortion funds raise money through crowdfunding and other forms of ad hoc wealth redistribution in addition to foundation grants. It is increasingly common for practical support organizations to fund meals, childcare, and transportation costs for people traveling with children and partners. These changes demanded more money and time, more capacity, more thought, more humility and accountability from organizations. Ultimately, they demanded more of those giving care in what they owe to those receiving it. These changes are directly attributable to the work of Black and brown movement leaders in shifting abortion funds' missions from narrow pro-choice foci to the reproductive justice framework. They reflect the increased presence of people who have abortions in fund leadership and decision-making. The fact that these things are better speaks to the messy evolution of practice, a nonlinear process that it is far from complete.[129]

This is not to claim that getting help from abortion funds is no longer burdensome. However, the actual phone calls and long car rides of abortion support are a site for reimagining obligations to one another. There are few situations where people orient themselves so readily around the intrinsic agency and deservingness of strangers. There are few contexts so dense with discursive challenges to the slow neoliberal violence of explaining structural problems as individual moral failures. Tsing writes that encounters like these contaminate us, "change who we are as we make way for others", and that keeping precarity in mind "makes us remember that changing with circumstances is the stuff of survival" (2015, 7). As we spoke about our experiences on the hotline, Vicky emphasized the continual shifting of her perspective to be a better advocate:

> *If you're really clued in and always learning and growing, the ground is constantly shifting underneath us as activists or people who care about [people who have abortions]. The work we do is always shifting and growing and changing, and it's beautiful. It's a lot to keep up with, but it's beautiful.*

This is reproductive justice made tangible in encounters that expand the terrain of common ground for action towards racial and economic justice, that convince us anew of the possibility of thriving in tandem with others. Christopher Paul Harris offers a "desire for something else, something more, the practice and process of undoing and then remaking the world offers the possibility of a different kind of relation, an unbounded with and for on the other side of domination" (2021, 893). If the discursive contamination of neoliberal policies convinced broad sectors of the American public that marginalized people deserved their lot in life, abortion funding invites us to consider what more we can ask of each other.

The obstacle to "real change" as Carmen and Moody called it may not be our feelings about abortion so much as how we deal with the other issues that real abortion access raises. Much of the slow violence that happens around abortion takes shape through discourse on otherness and deservingness. As abortion funding and practical support make rhetorical commitments tangible, they are an ideal context to generate the discursive shifts that must precede policy change (see Bridges 2019). This means interrogating our complicity in the conditions of each other's suffering and thriving—[130] as Zakiya Luna suggests, we might relate to one another differently, "until you have your [rights], mine do not mean as much because they come at the expense of yours" (2020, 212). Eve Tuck moves beyond damage towards desire-based frameworks that account for "the loss and despair, but also the hope, the visions, the wisdom of lived lives and communities", that are "involved with the not yet and, at times, the not anymore." (2009, 417). Desire turns our attention to the fact that it *did not have to be like this*. As such, desire "more closely matches the experiences of people who, at different points in a single day, reproduce, resist, are complicit in, rage against, celebrate, throw up hands/ fists/towels, and withdraw and participate in uneven social structures—that is, everybody" (Tuck 2009, 419). Tuck's words recall the Cicada Collective's testament to the power of numbers in everyday acts of resistance.

> Cicadas are also known to sing loudly, embodying the voices of those resisting on a daily basis, growing stronger in numbers each season. Listening to the clicking of the cicadas' tymbals, we imagined a decade beneath the earth, and the excitement, the fear, and the freshness of finally emerging above the surface. We dared to do the same. (2013-17, 1)

In Texas, it's hot as hell, the abortion clinics are dwindling, and each week, hundreds leave the state for their abortions, hundreds more use pills to end their pregnancies at home. From the cracks of the fault zone emerge others—some familiar, many strangers—who help Texans navigate the ever-shifting landscape. The work of making things better than they would otherwise have been (Mol 2008) is increasingly constrained and criminalized by the state, but it has never been more crucial. "We will always fight," said Texan Rev. Erika Forbes at the March for Abortion Rights. "We will keep fighting until this hell freezes over, and then we will fight on the ice" (quoted in Littlefield 2021). Texas abortion funds have seen hell freeze over, and they are still here. In the wake of Dobbs, their convictions are unshakeable: that everyone loves someone who has had an abortion, that there is so much left to fight for— so much to do, and so much that cries to be undone.

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Figures

Notes

[1] Texas banned private insurance coverage of abortion in 2019.This restriction did not apply to self-funded plans, which are not regulated by the state.

[2] In 2014, health policy researchers Grossman et al warned that Texas was attempting to "regulate abortion out of existence" (73).

[3] In a clinical context, sociologist Wendy Simonds (1996) examines the ideology and practice of feminist abortion providers, and gender studies scholar Jeannie Ludlow (2011) has written about how clinic staff centre the needs of patients by mobilizing ideas of love and goodness. In the context of abortion support, Dilorio and Nusbaumer (1993) have examined negotiations of rage and relief among clinic escorts, and Alyssa Basmajian has explored the role of abortion doulas in shifting stigmatizing narratives around pregnancy termination (2014).

[4] Jerman et al 2016's analysis is based on CDC abortion surveillance statistics, which provide limited demographic information. In 2014, 49% of abortion patients were white, 28% black, 25% Hispanic, 6% Asian or Pacific Islander, and 3% identified as other races or ethnicities.

[5] These groups primarily coordinated referrals and travel, with occasional funding for those who could not afford their procedures.

[6] I use "support" because JDP originally formed in response to a parental notification law, which was later changed to a parental consent requirement for minors.

[7] After Hurricane Harvey, the director of three clinics in Texas promised to cover abortion costs for everyone affected by flooding during Hurricane Harvey in 2016. Practical support groups absorbed an influx of people needing transportation to their appointments, driving record numbers of patients to clinics and running out of funds.

[8] Writing in Fortune, Marie Solis commented "When unforeseen weather is combined with a state-level push by conservatives to legislate away abortion access, it becomes a complicated storm of medicine, access, and affordability" (2021, n.p.).

[9] The Lilith Fund tweeted "One LF caller who reached out this wk is a single parent of three children, unemployed, & all of their food went bad in the fridge from the power outage. All of her money went towards finding food to keep her family alive during subfreezing temperatures." (2021, tweet, @lilithfund).

[10] This claim is intentionally limited to legal abortion. Texas has long been a place where many people self-manage their abortions, often with misoprostol acquired online or from Mexico, where the drug is available over-the-counter at pharmacies. One weakness of this thesis is that it does not bridge the gap between representations of securing access to legal-but-inaccessible abortion in clinics and accessing abortion through means that don't fit readily into a binary of "legal"/ "illegal". Today, the conversation about self-managed abortion in the US is often focused on groups such as Plan C and Aid Access. However, these groups are relative newcomers. The movement for safe abortion with

pills at home in the United States follows decades of collaborative work and paradigm-building by Latin American feminist networks (see: Las Libres in Mexico, Socorristas en Red in Argentina) to enable self-managed abortion (SMA) and accompaniment beyond/outside the medicolegal framework in contexts with legal restrictions. Further research might examine how U.S. activists and networks are incorporating/appropriating this existing work on SMA in the wake of Dobbs.

[11] This is what Annemarie Mol (2008) understands as actions calibrated to the context at hand and the needs of those participating in care.

[12] The graphic was created by the Third Wave Foundation, no date located.

[13] The severe maternal morbidity rate in Texas in 2015 was 19.7 per 1,000 deliveries (Salahuddin et al 2018). The maternal mortality rate in Texas is for 2018-20 was deaths per 100,000 live births (Centers for Disease Control and Statistics 2018). The rate guises stark racial disparities. Black women account for just 11% of live births in Texas, but 31% of maternal deaths.

[14] As Taranto (2018) reminds us in her overview of the anti-abortion movement, the initial criminalization of abortion in the United States stemmed in part from male allopathic doctors seeking to crack down on the work of midwives. This objective overlapped with a nativist discourse that feared a decline in the birth rate of white Anglo-Saxon Protestant women in comparison to the fertility rates of immigrant groups. Thus, Taranto explains, outlawing abortion was a measure that promoted births among "desirable" populations and pulled the management of women's reproduction under the professional purview of primarily white male physicians.

[15] For a detailed explanation of the collaboration between these projects, see Weddington 2013.

[16] Fortifying the precedent for subsequent court interpretations of the state's responsibilities in upholding these new rights as a matter of not infringing on rights rather than ensuring them. While the Constitution is most often interpreted as a source of negative rights, and Court's role to prevent states from infringing on those rights, Khiara Bridges points out that any action to prevent infringement on a right should not be categorized differently from action taken to ensure a right (2017).

[17] See Joanna Schoen: "In January 1973, the Supreme Court issued a 7–2 decision in McCorvey's favor ruling that the Due Process Clause of the Fourteenth Amendment to the United States Constitution provides a "right to privacy" that protects a pregnant woman's right to choose whether to have an abortion. But it also ruled that this right is not absolute and must be balanced against governments' interests in protecting women's health and prenatal life. The Court resolved this balancing test by tying state regulation of abortion to the three trimesters of pregnancy: during the first trimester, governments could not prohibit abortions at all; during the second trimester, governments could require reasonable health regulations; during the third trimester, abortions could be prohibited entirely so long as the laws contained exceptions for cases when they were necessary to save the life or health of the mother. The Court classified the right to choose to have an abortion as "fundamental", which required courts to evaluate challenged abortion laws under the "strict scrutiny" standard, the highest level of judicial review in the United States." (2015, 11)

[18] Through the 1970s, Republican and Democratic politicians differed little in rates of support for abortion, and the national parties did not have distinct platforms on the issue (Carmines and Woods 2002). By the mid 1990s, more than 80% of Democrats voted in favor of abortion rights, and 80% of Republicans opposed abortion rights (Adams 1997)

[19] The alliance with white evangelicals was enabled by their desire for a new political "cause" after they had failed to secure support for tax-exempt status for "segregation academies.

[20] Prudence Flowers (2018, 2019) argues that the anti-abortion movement's relationship with the Reagan administration was precarious and changeable, and that the anti-abortion movement had various motivations and policy objectives throughout the Reagan administration. However, Flowers' focus on the mixed reception of Reagan's actions among anti-abortion movement eclipses a thorough reckoning with the damage Reagan and his allies wrought on abortion access in the United States simply by holding ground on the line that withholding support from abortion was a purportedly "neutral" position, and by wreaking devastation on women of colour through discriminatory welfare reforms that depended on coercive state interference with reproductive liberty. The Reagan era may not have included a "pro-life amendment" as some anti-abortion activists sought, but it cemented layers of public support (among whites) for de facto government regulation of the reproductive lives of poor people through denial of the resources they needed to manage their reproductive lives.

[21] About 300,000 per year.

[22] This includes (via Fried 2006): health services covered by Medicare, the Indian Health Service, the Peace Corps, the Federal Employees Health Benefits Program, the Veterans Health Administration, the Department of Defense, and the Children's Health Insurance Program, Immigration and Customs Enforcement, and federal inmates.

[23] Estimates vary between studies, but approximately one quarter to one third of Medicaid insured women who would otherwise have had an abortion carry their pregnancies to term due to the lack of coverage (Center for Reproductive Rights 2011).

[24] A stark uptick in deaths from complications of "illegal" abortions (a problematic term in itself) did not materialize. However, the ruling in Roe did not happen in an abortionless vacuum, and many pre-Roe abortions were performed without complications by discreet doctors or providers who operated outside the scope of the mainstream medical profession. See also Murillo (2016) on the El Paso-Ciudad Juárez abortion corridor. The extent to which this practice would be visible in public health surveillance is unclear, as many informal networks of abortion providers did not cease operations after Hyde, not all illegal abortions were performed in unsafe conditions, and not all unsafe abortions led to complications requiring hospital visit. A report from the Centers for Disease Control and Prevention shows that five women presented at the emergency room in McAllen with post-abortion infections and related complications in the two months after a judge allowed the Hyde Amendment to come into effect. This pattern extended across the region: Cates et al (1979) found that the proportion of hospitalizations for complications from illegal abortions

was nearly 75 times higher in border states that ceased public funding of abortions than it was in non-border states that continued public funding.

[25] Much of the treatment of Maria Piñeda has followed the same currents which cast all "back-alley" or informal abortion providers as unscrupulous and unskilled. In all likelihood, Maria Piñeda had been practicing since before Roe into effect, and continued to offer services for those for whom the legal right to abortion was unsupported by actual access.

[26] . These comments show how quickly the abortion corridor between the Rio Grande Valley and northern Mexico (see Murillo 2016) had switched from being a well-established means of accessing abortion for women with the ability to travel to a stigmatized trajectory of seeking care outside legal clinics in the wake of Roe's failures. At the heart of the clinic director's derision, Hyde's rebuff, and Piñeda's instructions is a through-line that cleanly apportions a binary fault: pay for an abortion in the U.S., or die from an abortion in Mexico.

[27] "The Hyde Amendment places no governmental obstacle in the path of a woman who chooses to terminate her pregnancy, but rather, by means of unequal subsidization of abortion and other medical services, encourages alternative activity deemed in the public interest." (Harris v. McRae, 448 U.S. 297 1980).

[28] Harris v. McRae, 448 U.S. 297 1980

[29] Fried (2006) notes that 'President Carter, a liberal Democrat, opposed using federal funds for abortions under Medicaid or under any new national health insurance plan, commenting, "As you know there are many things in life that are not fair, that wealthy people can afford and poor people can't.""

[30] "Although the impact of the Amendment falls on the indigent, that fact does not itself render the funding restrictions constitutionally invalid, for poverty, standing alone, is not a suspect classification,"

[31] "The impact of the Hyde Amendment falls particularly hard on women of color, who are disproportionately likely to be insured by the Medicaid program; thirty percent of black women and twenty-four percent of Hispanic women aged fifteen to forty-four are enrolled in Medicaid, compared with fourteen percent of white women.1" (Olson 2018)

[32] However, Hyde should not be seen purely in terms of the absence of action by the state. As Khiara Bridges has discussed, many of the violations of reproductive privacy that poor women experience in the United States are a consequence of government action, not inaction: "When the government demands intimate information from a pregnant woman, when it shares that same information, when it enters a poor mother's home to investigate claims of child neglect, when it removes a child from her family and places her in foster care, and then it funds the costs of childbirth but not the costs of abortion, the government is actively invading the private lives of poor mothers." (60) Wacquant writes that "states deviate from the doctrinal template of 'small government' only to foster a business-friendly climate for capitalistic endeavours, to safeguard financial institutions and to repress popular resistance to the neoliberal drive toward 'accumulation by dispossession' (69, citing Harvey 2005)

[33] Khiara Bridges notes that the cuts to AFDC targeted brand new gains in compensating Black mothers for their domestic labor, including having and raising their children. In 1975, 44% of was assistance program, Aid for Families with Dependent Children, were black. Bridges writes: "Although black women gained access to the home as a site of labor—a place that, up until then, had been understood as the "proper" moral site for mothers—they nevertheless remained incapable of accessing discourses that affirmed them as moral individuals" (Bridges 2017, 52, citing Huda 2001)

[34] Cutting benefits and making them contingent on work forced people on welfare to take lower-paying jobs, strangling their economic gains, and criminalizing their activities, thus ensuring the maintenance of power against the legal gains that threatened to destabilize the status quo and slow corporate profits.

[35] Jerman (2016) find that when compared with women in states with Medicaid funding of abortion , women in states without Medicaid funding of abortion were three times as likely to pay for their abortions out of pocket and five times as likely to rely on financial assistance from an abortion fund.

[36] See Boonstra and Sonfield : "Studies also have found that women who are able to raise the money needed for an abortion do so at a great sacrifice to themselves and their families. In 1983, AGI researchers interviewed Medicaid-eligible patients having abortions to determine how they went about raising the money for the procedure and found that women were often forced to divert money that would otherwise be used to pay their daily expenses. Some said they used money that should have been spent on rent, utility bills, food and clothing for themselves and their children. Some even resorted to pawning household goods, theft or prostitution in a desperate effort to come up with the necessary cash. Little wonder that this study found that nearly 60% of Medicaid recipients said that paying for the abortion entailed serious hardship, compared with only 26% of non–Medicaid-eligible women."(2000, 1)

[37] In 1995, the fund was housed at TARAL, the Texas chapter of NARAL

[38] Later, the Rosie Fund started treating some grants as loans and following up for repayment — a relatively common practice among abortion funds in the 1990s and early 2000s.

[39] See, as an example, Obama's decision to allow funding restrictions on abortion to be incorporated into the Affordable Care Act in a bid to secure the votes of Republicans to pass the legislation.

[40] Goode and Maskovsky (2001) describe this *regime of disappearance* as "a mode of governance, economy, and politics in which the poor are not so much vilified as they are marginalized or erased by the institutional and ideological aspects of work, social welfare, and politics that are dominant under neoliberalism.".

[41] The Casey decision also replaced *Roe*'s trimester framework in favor of a standard based on fetal viability. See Erdman (2021).

[42] Bearak et al 2017 find that even seemingly short distances can pose a substantial barrier to care for many Texans who have to travel to and from the clinic twice.

[43] *Planned Parenthood v. Abbott, oral arguments 25:11*

[44] Texans who sought abortion after HB2 reported that difficulty in arranging travel forced them to compromise their privacy in order to access abortion (Fuentes et al 2016, 296).

[45] Gomez writes that even without the law in effect, "The weight of the burdens imposed by H.B. 2 continues to bear down on Texas residents and to fall most heavily upon those most immediately and abundantly hurt by the law: Latina immigrants and their families, especially those living in rural communities. These harms, and the clinic shortage causing them, are the legacies of H.B. 2 and of a toothless undue burden standard that guided abortion jurisprudence for far too long" (2016, 51)

[46] See Gerdts et al 2016 and Fuentes et al 2016 for a discussion of women's experiences after HB2.

[47] These trajectories of seeking care meter out time, distance, money, circumnavigate the hazards of immigration checkpoints, abusive spouses, judicial bypass requirements, crisis pregnancy centers, and "sanctuary towns for the unborn" where abortion is banned by municipal bylaw. They detour past shuttered clinics where not so long ago you could have gotten an abortion, land in the waiting room where the voucher lies still-warm in the tray of the fax machine. Talia said she sighed with relief on Fridays, because the clients from the previous week were texting her to say they got home safe. There is so much that gets assembled in the getting of an abortion: bags packed by those leaving to New Mexico, Colorado, some who haven't traveled on a plane before, some who bring their children. All the explanations that get exchanged in the process. A few years ago, someone who drives people to clinics in Austin told me about a passenger who had told her parents she needed money to go to an amusement park in order to pay for the abortion and explain the time she spent out of the house. Another call and another set of care relations assemble along the abortion trail: money from funds to clinics, a person from home to a clinic and back. And then a Friday, a sigh of relief, and another call, and again. Somewhere in the receipts and text messages of now-expired abortion trails are the buried foundations of a whole organism called briefly into being for someone's "what it took to get an abortion in Texas", which to someone else, was "trip to an amusement park".

[48] For an analysis of the intersecting forces of reproductive oppression in Jane Doe's detention, see Messing, Fabi and Rosen (2020).

[49] The billboards directed people to a website where they could find information about how and where to get an abortion in Texas The ACLU filed a lawsuit on behalf of two organizations, the Lilith Fund and the TEA (Texas Equal Access) Fund, against seven municipalities that had identified the organizations as "criminal organizations" in their statutes. The lawsuits were dropped after the towns amended the language in their ordinances.

[50] On CNN, Dickson explained the intent behind the laws. "The idea is this: in a city that has outlawed abortion, in those cities if an abortion happens, then later on when Roe v. Wade is overturned, those penalties can come crashing down on their heads" (No. 07-21-00005-CV (Tex. App. Sep. 2, 2021).

[51] Joe Pojman of Texas Alliance for Life told reporters that "We just don't think a court is going to uphold a right to bring a civil lawsuit for an action that the Supreme Court has held to be a constitutional right" (quoted in Walters 2019, np).

[52] See analyses of the impact of the COVID-19 ban: Aiken et al (2020), Jones, Lindberg, and Witwer 2020, White et al 2021.

[53] See Hill 2020.

[54] This restriction applies even when providers do not use public money to fund abortion services.

[55] See the database maintained by Reproaction.

[56] See Daniel Skinner (2020) on the politics of medical necessity in U.S. abortion debates. Skinner finds that "since medical necessity arguments can just as easily be deployed to help people gain access to care as to limit it, their persuasiveness depends upon the cultural contexts in which they are received, rather than any one rendering of medical fact." (4)

[57] Stevenson et al (2020) find that after a HB3994 in 2016 which changed the bypass process, "bypass in Texas appears to have gone from relatively accessible to relatively inaccessible" (1).

[58] Similarly, Khiara Bridges writes that the denial of poor women's privacy rights is because "those empowered to bestow and deny those rights have made assumptions about their dispossession of capacities for responsibility, maturity, judgment" (205). Michele Goodwin traces the extension of this justification-seeking apparatus to the question of fetal-protective laws leveraged against pregnant women. "To be pregnant and poor in the United States," she writes, "is to play a game of roulette with one's privacy, presumed confidential relationship with medical providers, and basic constitutional and medical rights." (2020, 15).

[59] As an example, see the People's Lawsuit in 2018. Several funds joined a Houston doctor in the People's Lawsuit to demand the repeal of the state's abortion restrictions. The lawsuit was not successful, but funds continued to strengthen their role in local political organizing. One limitation is that many such organizations are limited by the IRS "substantial part" test, which requires that tax-exempt organizations not have a substantial part of their activities be related to influencing legislation or carrying on propaganda.

[60] The Lilith Fund, for example, was established to focus exclusively on direct support after the Rosie Fund project of TARAL (later NARAL Pro-Choice Texas, and then AVOW) suffered from a lack of dedicated attention (Busby 2003 – in National Network of Abortion Funds Records).

[61] The bill was introduced in the previous session, but never left committee.

[62] Becca emphasized that when she asked optional demographic questions, her fund always confirmed their funding before the demographic questions, explained their purpose, and asked clients whether they wanted to answer them.

[63] During one of the hearings held during the 87th legislature, officials refused to commence on procedures to name the roads until the committee had agreed on an abortion restrictions.

[64] This has been the strategy of the New Right that ascended following the 1994 Republican Revolution: hold onto a voting bloc that reliably turns out for cuts to social spending and "family values". Before his retirement, Henry Hyde— the author of the Hyde Amendment— sponsored the Federal Election Integrity Act of 2006, which sought to require all voters to produce government-issued photo identification.

[65] In 2011, Mississippi organizers confronted Initiative 26, an anti-abortion "personhood" amendment that would have. But they failed to mobilize enough opposition to Initiative 27, a voter ID requirement. In 2011, Loretta Ross reflected on this pyrrhic victory:

"Through a Reproductive Justice lens, Mississippi was a mixed bag for human rights activists who manage to care about other issues in addition to abortion politics. We have to ask why weren't millions of dollars in resources poured into the state to stop the Voter ID initiative, which will disenfranchise thousands of African Americans, immigrants, married women, transgender people, and Native Americans. We have to ask why it took so long for our side to start mobilizing on the ground, only establishing a campaign office less than two months before the election. We have to ask why was the name of the Black candidate for governor, Johnny Dupree, not on the electronic ballots at some precincts. Mostly, we have to ask why opponents of the Personhood Initiative did not see the link between that and the Voter ID exclusion initiative that jeopardizes the prospects for women in Mississippi continuing to have access to abortions and contraceptives in the state. Because we could have won on both." (2011, 1)

[66] Senate Committee on State Affairs, Part I. 1:08:11. 15 March 2021.

[67] The Texas Heartbeat Act, SB8, 87th Reg. Session, (Tex. 2021)

[68] House Regular Session, Second Reading of SB8

[69] This is sometimes interpreted as "on demand", however, the "demand" refers to the idea of not having formally register a reason for having an abortion in order to get one.

[70] Han et al write, "Thus, when the U.S. Supreme Court legalized abortion, it also entangled it with the concept of viability. In doing so, it allowed legislatures to use the definition of viability to limit the reproductive choices of women in America." (2018:287)

[71] During the Senate State Affairs hearing, Dr. Maudlin testified that 78% of pregnancies with cardiac activity at 6 weeks result in a live birth.

[72] Senate Committee on State Affairs, Part I. 1:08:11. 15 March 2021. 5

[73] In turn, Carol Sanger describes ultrasound as a "technological quickening" that makes pregnancy known through the visual sensation of a distinct fetal subject (382).

[74] Senate Committee on State Affairs, Part I. 1:05:11. 15 March 2021.

[75] Both SB8 and HB2 are technically titled the Women's Right to Know Act, a nod to the 2001 law that mandated information be given to women seeking an abortion.

[76] The citations clustered in the footnotes of the revised Women's Right to Know Pamphlet, when examined, lack statements in support of the claims adorned with their corresponding footnotes (Tuma 2016).

[77] Carolyn Jones wrote about having to undergo a state-mandated sonogram described aloud by the doctor: "Shouldn't women have a right to protect themselves from strangers' opinions on their most personal matters? Shouldn't we have the right not to know?" (2012, 1)

[78] By complying with the laws, Texas abortion providers became agents of the state: for example, conducting ultrasounds to look for and then document the presence or absence of embryonic cardiac activity. However, providers have long found ways of refracting the impact of these measures through what Mara Buchbinder describes as "scripting dissent" (2016). They inform patients of their right to look away from an ultrasound screen, or offer to hum and distract the patient during the state-mandated verbal description of a fetus. After SB8 came into effect, the National Abortion Federation required its members to conduct a second transvaginal ultrasound before performing an abortion, even though the law did not require this (see Rinkunas 2022).

[79] Most abortion laws do not specify the method of measurement of gestational age (whether by last menstrual period, by uterine size, by ultrasound measurements of crown-rump or fetal foot length). However regardless of the algorithm and tool used to measure gestational age, these estimates can routinely be a few weeks off, and are less accurate later in pregnancy.

[80] During hearings on the bill, the authors repeated that cardiac activity can be detected "somewhere between six and twelve-weeks gestation". When Rep. Donna Howard pressed the sponsor, Rep. Shelby Slawson, regarding the gestational time limit of the ban Lawson repeatedly answered only, 'I am measuring by the existence of a heartbeat".

[81] The lack of specifying the diagnostic modality in the law may be an attempt to avoid the backlash that followed a Virginia transvaginal ultrasound requirement than an affordance for trans-abdominal ultrasound to be used instead.

[82] During the State Affairs committee hearing, Sen. Hall asked Dr. Mauldin whether a specific test was required: "Can abortionists do whatever procedure they choose to detect a heartbeat?" Mauldin replied that a doctor should 'know that a heartbeat is present, and I would think it would be their obligation to look at it. Source: Testimony on SB8 *before the Texas Senate State Affairs Committee*, 87th Legislative Session, 15 March (2021) (James Mauldin, MD, Texas Right for Life) 1:21:34 https://tlcsenate.granicus.com/MediaPlayer.php?view_id=49&clip_id=15473

[83] Of the ultrasound footage used in the anti-abortion film *Silent Scream*, Petchesky writes, "What we see in fact is an image of an image of an image; or, rather, we see three concentric frames: our television or VCR screen, which in turn frames the video screen of the filming studio, which in turn frames a shadowy, black-and-white, pulsating blob: the (alleged) fetus". (1987,266)

[84] The counseling was to be delivered by Human Coalition, an A2A contractor that operates a statewide "virtual clinic" and several brick-and-mortar centers intended to dissuade Texans from ending their pregnancies.

[85] The rubber fetuses are sold by a company called Heritage House '76 that boasts a range of "pro-life supplies for the pro-life movement". Their best-selling item is the "Precious One", a rubber model of a 12-week fetus available for bulk order. A five-star review of the Precious One reads,

> *Such a tangible way to show people the sanctity of human life. When I hand them out, people are amazed that a baby at 12 weeks looks like the model.*[85] *I'm always sure to say that they are medically accurate in the shape, size, and details. So many little girls that have come to our booth name their babies and take them home to make them a bed. I have purchased over 1,000 and plan to set up a table showing how many babies are aborted each work day.*

Shape, size, and details. Pregnancy is rife with vegetal word-images to convey gestational age. Six weeks: lentil, eight weeks: kidney bean. Twelve weeks: a fig, maybe, or an apricot. The use of produce to approximate size intervals offers a suitably inconsistent accounting for the variations of cellular growth. The ultrasound machine allows a measuring line to be drawn across the image in utero and spits out an estimate in days and weeks. The normal range of crown-rump measurements for a twelve-week fetus vary by up to two centimeters. The rubber fetuses sold by Heritage House and other purveyors of "pro-life supplies for the pro-life movement" tend towards the high end of normal size for the gestational age they claim to represent. Heritage House describes fetal age in terms of weeks after conception, while the medical standard is weeks from the first day of the last menstrual period (LMP)—approximately two weeks earlier. In practice, this means that the protester with the "12-week rubber fetus" often holds a model two weeks older—and two weeks *larger*—than the 12-week fetus described by the ultrasound technician inside. It's hard not to see these size-age disparities as fault-lines, as a way of hedging a bet on some affective charge waiting to be unleashed in the space of a few weeks or centimeters: larger, more developed, more visible. What are the more-developed-than-in-real-life fetus dolls trying to prove? It's hard to say, exactly. When is a heart a heart? It's hard to say, exactly. Ambiguity never seems to go over well with anti-abortion politicians, perhaps because it leaves too much to the interpretation of the person who's pregnant. It's hard to legislate a moving target.

[86] Ahmed writes that as Court decisions increasingly gave creedence to the assertions of anti-abortion doctors, their "new "knowledge" about abortion, legitimized by the Court, now structures access to abortion services." 2015, 109).

[87] Much of the circumstances of these photographs are not known: for example, whether the patients from whom the fetuses were "surgically removed for a variety of medical reasons" consented to their photographing. Another unknown is the political stance of Nilsson himself towards abortion, long a matter of some debate. The photographs were rapidly seized by the pro-life movement as the perfect iconography for highway billboards, brochures, and signs to be waved outside clinics. Reportedly, upon discovering this use of his photographs by anti-abortion activists on a trip to London, Nilsson was horrified, and forbade republication of his photographs, but there is also some speculation that he was sympathetic to the anti-abortion movement in Sweden before eventually moving towards a (public-facing) refusal to take a stance with regard to the issue. See Jülich 2018 on this point.

[88] The cropping of the image, in its ability to affectively transmit a presumption, or at least a possibility of life, in this sense recalls of Johnson (1986) writing on apostrophe in abortion in her analysis of Gwendolyn Brooks' poem, "the mother", later discussed in Berlant (2010) in her essay, "Cruel Optimism", particularly the reaching out—turning back implied in the address of this fetus as living and in our assumed perception of it as both living and attached.

[89] Later on, as Lauren Berlant notes, LIFE published a "recelebration" of Nilsson's work, titled The *First Pictures Ever of HOW LIFE BEGINS* (1994, 197).

[90] Petchesky (1987): "In this vein, feminist critiques of "gestational surveillance technologies' focus on their complicity in backgrounding pregnant woman into the passive role of 'maternal environment'.

[91] One of the anti-abortion bills that did not pass the committee stage during the 87th legislative session sought to appoint a guardian *ad litem* for the fetus on the grounds that the interests of the fetus were not adequately represented in the judicial bypass hearings.

[92] Similarly, Berlant writes that "the anonymity of the fetus becomes a necessary precondition to the form of politically useful empathy constructed by the pro-life movement" (1997, 143).

[93] *Testimony on HB1515 before the Texas House Public Health Committee*, 87th Legislative Session , 7 April 2021 (Paul Hale on behalf of Self). 6:01:06 https://tlchouse.granicus.com/MediaPlayer.php?view_id=46&clip_id=20163

[94] Texas House of Representatives, second reading of SB8. 3:14:27, May 5 2021

[95] Testimony on SB8 *before the Texas Senate State Affairs Committee*, 87th Legislative Session, 15 March (2021) (James Mauldin, MD, Texas Right for Life) 1:12:01 https://tlcsenate.granicus.com/MediaPlayer.php?view_id=49&clip_id=15473

[96] When asked by Rep. Hall how developed a "one-week baby" is, Dr Maudlin fumbled the question. Assuming consistency with the language of the bill, which (surprisingly) defines gestational age as the time elapsed since the first day of the last menstrual period, a "one-week baby" as Hall calls it would in fact be an unfulfilled time-space probability located roughly seven days prior to the sex that results in conception.

[97] Someone close to me told me recently that the anti-abortion movement now favors the term *preborn* over *unborn*. I bristled at the presumptuousness certainty of *preborn*, its claim to a world where pregnancies are only supposed to end in birth. The words used around abortion are never arbitrary. Sometimes crisis pregnancy centers tell people seeking abortions to wait a few weeks longer, to see if the pregnancy ends in a miscarriage, since miscarriages are so common. Those who wait and then seek abortion may find the procedure more expensive, may be past their state's the gestational limit, may (the tactic suggests) change their mind about the abortion. I wonder if the Human Coalition sonographer who so enthusiastically backed up Dr Mauldin's statement that 78% of pregnancies with audible cardiac activity at 6 weeks will reach live birth has ever reassured a client that there's a good chance her pregnancy will just end on its own. I wonder if the crisis pregnancy centers that used to report their ultrasounds in weeks post conception—four, at the flicker— will now report in

weeks LMP, if their technicians will fudge the estimates to always come out over six weeks. It's hard to say, exactly.

[98] Texas House of Representatives – second reading of SB8 before the House Chamber. 3:14:27, May 5 2021

[99] Rebecca Parma of Texas Right to Life stated, "that's something that's really important to Texas Right to Life — to make sure these laws don't criminalize the woman. They don't punish the woman. The punishment falls on the person committing the abortion" (quoted in Griffey 2021).

[100] Cain's cease and desist letter asserted that legal protections for abortion providers under Roe would not "preclude the imposition of accomplice liability on abortion funds and others who violate section 4512.2." (18 March 2022).

[101] Whole Women's Health v. Jackson Civil Action No. 21-cv-616, 31

[102] The fact that *any person* can sue recalls Berlant's attestation that all reproduction has become public, as anyone can stake a claim in the disputed dig site of pregnant Texans' lives and bodies. SB8 permits the filing of lawsuits "without any showing of harm" on the basis of statutory damages: in other words, on the basis that everyone has a vested interest in the protection of fetal life, regardless of whether they had any connection to the person who has, provides, aids or abets the abortion. "

[103] House Public Health Committee, 87th Legislative Session, 7 April 2021. Texas House of Representatives. 87th legislative session. https://tlchouse.granicus.com/MediaPlayer.php?view_id=46&clip_id=20163

[104] The website has since been taken down. See Sherman 2021.

[105] Further evidence of the lawsuits being materially superfluous to the possibility of lawsuits can be found in the anti-abortion movements' response to the lawsuits that actually have been filed so far. In September, Alan Braid, a physician who provides abortions at Alamo Women's Reproductive Services, published a column declaring that he had performed an abortion for a Texas woman whose pregnancy was beyond the limit imposed by SB8.[105] Responded to Braid's column by urging supporters of SB8 not to sue the doctor, to avoid giving him the "test case that he is seeking" (Marinow). Indeed, Braid's public admission of violating the law and the lawsuits that were filed in response, were disavowed by Texas Right for Life, stating that none of the lawsuits came "from within the pro-life movement" : an admission that apparently only certain lawsuits authorized under the law were valid. The purposing of knowledge, the mechanisms of interpretation and the demands for proof are only supposed to move in one direction. SB8 does not even need to be enforced in order to take effect.

[106] This private cause of action now applies to all 28 abortion restrictions in Texas.

[107] Even in court decisions in favor of abortion rights, the evidence demanded favors the states. Ziegler (2017) finds that in the decision in Whole Women's Health v. Hellerstedt, the Court found that there was insufficient evidence to justify HB2's admitting privileges requirement, they offered

minimal direction regarding the state's obligation to substantiate proof of the justification for abortion restrictions.

[108] The only recourse available to those who provide, aid, or abet Texas abortions is to repeatedly enumerate the harms of laws that require minimal proof to topple us in return. SB8 includes a severability provision such that any court rulings that invalidate a provision of the bill leave intact all the other provisions of the bill, further compounding the burden of proof leveled against plaintiffs seeking to overturn abortion laws. Blake Rocap noted in the funds and providers' lawsuit against SB8 that "civil-rights plaintiffs who challenge any Texas abortion restriction can be held liable for their opponents' attorney's fees and costs unless they sweep the table by prevailing on every single claim they bring

[109] After several attempts to enjoin SB8 stalled or failed, district Judge Robert Pitman temporarily blocked state officials (including the clerks and judges who would hear civil lawsuits) from enforcing the law on October 6, 2021. This was quickly reversed by the Fifth Circuit Court of Appeals, which had just months earlier stalled attempts by abortion providers to challenge the law before enforcement. See Marinow (2021) for a full summary of legal challenges to the law and their outcomes

[110] See also Wu 2012.

[111] Doubtless some of the people who see SB8 as barbaric also saw the Hyde Amendment as reasonable. But looking past SB8's enforcement mechanism, we note the ways that SB8 is *not* different from other abortion restrictions. By the numbers, a ban at six weeks doubtlessly impacts more people seeking abortions than a ban at 24 weeks. However, both laws set time limits after which people must leave the jurisdiction. SB8's requirement for ultrasound detection of cardiac activity, just like the earlier requirements for ultrasound full stop, makes knowledge of a pregnancy into an apparatus of interpretive control demanded in the name of compliance. SB8 is different from other abortion bans in its means, but its *logics* are very much the same.

[112] Marcia Inhorn and Pasquale Patrizio (2009) continue Roberto Mattoras's notion of 'reproductive exile' to critique interpretations of reproductive travel as a variety of medical tourism. Instead, they offer "reproductive exile" to attend to the interpersonal and financial burdens that people assume when traveling for fertility care.

[113] The Freedom of Access to Clinic Entrances (FACE) is a federal law that prohibits obstructing the entrance to a clinic or using force (or the threat thereof) to impede access to the clinic or to intimidate or injure staff or patients. The act was adopted in response to blockades of abortion clinics and violence against patients and providers, but has long languished in neglect.

[114] Calculated using Guttmacher Institute estimates of Texans' travel distances to seek abortion out of state.

[115] This line of thinking is informed by Kathleen Stewart's writing on atmospherics as "forms of attending to what's happening, sensing out, accreting attachments and detachments, differences and indifferences, losses and proliferating possibilities" (448)

[116]Before the decision in Dobbs, Rep. Bristol Cain filed a lawsuit against several Texas abortion funds demanding that they immediately "cease and desist all activities that aid or abet elective abortions performed in Texas", including paying for or reimbursing the costs of procedures. Cain claimed that although the decision in Roe v. Wade recognized a right to abortion, it did not recognize a right to the means to have an abortion nor, by extent, a right to furnish the means for an abortion. This includes paying for elective abortions, defraying or reimbursing the costs or expenses of such abortions, and engaging in any conduct that would make one an accomplice to an elective abortion under section 7.02 of the Texas Penal Code.".

[117] Arlene Carmen and Howard Moody, members of the Clergy Counseling Service on Abortion, write that abortion legalization surfaced new problems as abortion was enshrined as a (profitable) medical service within a system ill-inclined to provide it (1973: 105).

[118] In 2021, President Biden introduced a budget without the Hyde Amendment and a subsequent spending proposal in 2022 that also left out the amendment. However, the budget has not yet passed.

[119] See also Gilmore (2007).

[120] Physician Lisa Harris writes that in many cases, the distinction of "lifesaving" abortion is far from clear "What does the risk of death have to be, and how imminent must it be? Might abortion be permissible in a patient with pulmonary hypertension, for whom we cite a 30-to-50% chance of dying with ongoing pregnancy? Or must it be 100%?" (Harris 2022: 1)

[121] A friend-of-a-friend-of-my-mother's asked me what she could do to help people who needed abortions in Texas. When I suggested she donate to the fund that I work with in Texas, she asked me if I was certain that her donation would go to procedure costs rather than "administrative overhead". I am not sure why so many people believe that this work should only be done by those with the privilege to be able to do it for free or for very little money. Capacity is a constant question among networks that cope with harm and among people serving as infrastructure: what would we do, if we could? Capacity is a question of people and resources. It is hard not to see this comment—wanting to fund the abortions, but not to pay the people who fund the abortions—as a reluctance to give people the resources to change systems rather than just changing things for individuals.

[122] Duclos and Criado point out that care thinking can veer towards "care thinking can become complacent, if not complicit with a tendency to subsume the organization of collective life under a project of repair, understood narrowly as a mere recovery of lost function" (2020, 159).

[123] Kirksey writes, "When we participate in market economies, or grow our own vegetables, we are casting our lots with some ways of life and not others. Life and death are at stake every time we eat, buy clothes at the store, or flip an electric light switch. Unescapable entanglements with powerful assemblages that telegraphically mete out bad deaths and cascading chains of destruction in ecological communities have led many environmental advocates to sadness and cynicism." (218)

[124] Luna continues, "The phrase and the image of a world where human rights flourish hold a power whether or not academics want to believe that they should. The seeming impossibility of achieving human rights may discourage some activists from embracing them, but the very expansiveness of the framework is what draws others to it." (2020, 214)

[125] Similarly, Khiara Bridges notes that economic upheaval tends to make even the wealthy more conscious of the contingency of their positions, that "vulnerability is a trait that everyone retains" (235).

[126] Krauss writes that "jurisdictional claims, however embedded in architectures of legal violence, also reveal the contingency of sovereignty, its performativity or need to be spoken and reiterated in order to remain in force". In a similar vein, Khiara Bridges has criticized emphasis on SB's "genius" exploitation of legal loopholes given that the law remains in effect because of judges who were willing to warp the bounds of constitutional precedent in order to restrict abortion (quoted in Schmidt 2021, n.p.) See Justice Sotomayor's dissent in the decision that declined to enjoin SB8: "*"The Court should have put an end to this madness months ago, before S.B. 8 first went into effect. It failed to do so then, and it fails again today. I concur in the Court's judgement that the petitioners' suit may proceed against certain executive licensing officials who retain enforcement authority under Texas law, and I trust the District Court will act expeditiously to enter much-needed relief. I dissent, however, from the Court's dangerous departure from its precedents, which establish that federal courts can and should issue relief when a State enacts a law that chills the exercise of a constitutional right and aims to evade judicial review. By foreclosing suit against state-court officials and the attorney general, the Court effectively invites other States to refine S.B. 8's model for nullifying federal rights. The Court thus betrays not only the citizens of Texas, but also our constitutional system of government."*

[127] Achieving these goals is a path laden with obstacles that the state keeps piling higher, through legislation like SB22 that prohibits government contracts with abortion providers and their affiliates This bill ended certain relationships that had been important in carving out niches of public support for abortion in a state where ostracizing and refusing to touch abortion is the norm: for example, the City of Austin was no longer allowed to lease a building to Planned Parenthood at a nominal cost.

[128] Reflecting on the anti-abortion legislation introduced during the 87th legislative session, Jones Jones said, "Everybody is gung ho around this abortion bill, as we should be...And when we come back next week to be gung ho about this voter suppression voter bill that we're passing, I mean, nobody's here." (cited in Gandy 2021, 1). Loretta Ross has critiqued the "myopia" of abortion rights strategies that focus only on analyzing misogyny and fail to account for multifaceted attacks against abortion rights. (2017).

[129] There are unresolved debates over how best to distribute the resources funds have— whether to meet the full need of every person first-come, first-served, or meter out time and money in intervals. Equally, there are unresolved debates about how and when to make exceptions based on information that a client discloses about compounded and brutal experiences of marginalization, like rape, homelessness, and domestic violence.

[130] Of the link between voting rights and abortion, Imani Gandy wrote, "People will get it if you help them make the connection" (2021, 1).