ROE

BY LISA LOOMER
DIRECTED BY VANESSA STALLING

GOODMAN THEATRE
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“Women’s Issue”: Gender Inclusivity in the Roe Study Guide
by SAM MAUCERI

SARAH
You see, we’re trying to change the law to make abortion available to all women for whatever reason they feel they need one. If a woman can’t decide this --for herself--well, she can never have control over the rest of her life! (Act I Scene 2)

Welcome to Roe, a play as rooted in history as it is in the present day. As the fight for abortion access rages on nationwide, Roe presents us with an opportunity to both reflect on the setbacks and triumphs of the past, and to start engaged conversations that will lead us into the future.

In the news, in media, and in other mainstream conversations around abortion today, who do you notice is generally the focus? Whose access to reproductive healthcare is restricted by recent legislation? Is abortion solely a “women’s issue”?

Throughout the Roe Study Guide, we will operate with the knowledge that a wide range of people beyond women have abortions. People frequently left out of the conversation around abortion are trans men and non-binary people who have a uterus. Trans is an adjective that people can use to describe themselves if they identify with a gender that is different than the sex they were assigned at birth. For instance, when you were born, if a doctor said “It’s a boy!” (based on the appearance of your body or your chromosomal makeup), but now you identify with a gender that is different from boy (whether that gender is woman or a non-binary identity), you might describe yourself as trans. For more information on gender identity, click here.

Trans people who have a uterus (people who were assigned female at birth and now identify with a gender that is different than woman) rely on the same access to reproductive healthcare as cis women (people who were assigned female at birth and still identify as women). The laws which legalize or restrict abortion access greatly affect

Jay Thomas, left, and his wife, Jamie Brewster, are both transgender. Thomas gave birth to the couple’s son Dorian, now 2. Nikki Boliaux / for NBC News
the lives and opportunities of trans people who were assigned female at birth (AFAB for short).

We will also operate with the knowledge that many women are not able to become pregnant, and so will not personally seek abortion services. Many women cannot become pregnant due to menopause or infertility, and many women are unable to become pregnant due to not having a uterus, such as the majority of trans women as well as cis women who have had a hysterectomy.

When we thoughtlessly use language and images that specifically highlight the perceived societal relationship between pregnancy and womanhood, it actively excludes trans men and AFAB non-binary people, who rely on access to reproductive healthcare but are frequently ignored and disregarded. Similarly, gendered language and images around reproductive healthcare can be a painful reminder to women who cannot become pregnant (who may already be experiencing feelings of grief, shame, and inadequacy from the social stigma of infertility).

Instead, to reflect the reality of the varied groups of people who have abortions and rely on access to such healthcare, this Study Guide will use language and images that are gender neutral and gender inclusive whenever possible. When we use gender neutral or gender inclusive language, we are often being more specific about what we actually mean. Rather than relying on language that we have been taught will suffice (“women’s rights”, “women’s bodies”), when we use gender neutral language we can instead begin to discuss reproductive healthcare and rights in a more accurate and inclusive way.

**Examples of gender neutral language we can use when discussing abortion specifically include:**

“...a person having an abortion”
“...a patient at a clinic”
“...a pregnant person”
“...someone with a uterus”
“...reproductive rights”

Language is not just something we use to merely demonstrate inclusion, but is a reflection of our cultural ideas and attitudes. The mainstream conversation around abortion as purely a “women’s rights” issue is reflective of a healthcare system which has innumerable barriers for trans people to access the same level of care as our cis counterparts. When seeking reproductive healthcare, many trans men and non-binary people encounter discrimination and a lack of trans-competent medical professionals. There is also no existing data on how many trans men and AFAB non-binary people have given
birth in the U.S. due to our medical system incorrectly labeling all people who give birth as “female”.

With all of this in mind, what do you notice about the language Sarah uses to talk about Roe v. Wade in the quote above from Roe? Who is included? Who is left out? What would be a more accurate and inclusive way to utilize language in a modern context?

While we strive for this Study Guide to reflect modern and trans-affirmative conversations around abortion, we also recognize that this play is partially a historical play. At the time of Roe v. Wade, the public’s awareness of trans people (who have existed in all cultures and in all of human history) was not what it is today. In fact, the greater public’s awareness of trans people and issues is a very recent development. A much needed sea change in trans visibility was documented in a 2014 Time cover story which featured trans actor and activist Laverne Cox. The cover proclaimed that the culture had reached a “Transgender Tipping Point”, indicating a more mainstream awareness of trans people and issues. The following year, Caitlyn Jenner appeared on the cover of Vanity Fair to publicly come out as a trans woman, which immediately captured national attention.

However, while visibility of trans people has gained traction in recent years, the law has yet to catch up. Roe v. Wade was not created with trans folks’ need for access to abortion in mind, as reflected in the language of the decision. For instance, take note of the gendered language in this passage from Roe v. Wade, which describes the court’s decision that the government would not be allowed to regulate abortion in the first trimester of a pregnancy: “For the stage prior to approximately the end of the first trimester, the abortion decision and its effectuation must be left to the medical judgment of the pregnant woman’s attending physician”.

Even today, our legislation is frequently tied up in binary language and a dangerous lack of trans-competent knowledge. At the time of writing this article, the inclusion of trans people in federal non-discrimination law is up for debate in the Supreme Court based on precedent that was set long before awareness of trans people became part of the mainstream public consciousness, just like Roe v. Wade.

Furthermore, organizations which formed around the time of Roe v. Wade and were focused on providing abortion care or access to such care, such as the National Organization for Women or the Jane Collective, were explicitly focused on providing services to women. To pretend otherwise would present a version of history in which trans people were treated as equal citizens in the U.S., when trans people have instead been historically marginalized and oppressed.

With the knowledge that Roe revolves around an event from a particular time in history where knowledge of trans people was severely limited, and in maintaining best scholarly practices when quoting sources, this Study Guide will not alter any direct quotes which use gendered language in relation to abortion or reproductive healthcare. When writing about an organization’s stated values or mission in which they refer to helping women specifically, we will reflect their language by using the word women. However in most original writing for the Study Guide, we will strive to use gender neutral and gender inclusive language because we are having a modern day conversation.

As you encounter unaltered quotes or other gendered language, consider why the speaker or author has used it. When is the quote from? What perspectives or identities does the speaker hold? Who was the intended audience of the services an organization was providing?

Trans people, who are more likely than cis people to describe their own health as “fair” or “poor”, face constant barriers to accessing all types of healthcare. As we work slowly but surely to ensure access to quality reproductive healthcare for cis and trans patients alike, the very least we can do right now is to use more inclusive, affirming, and accurate language.

As Laverne Cox said in 2019, “When we use language that excludes groups of people on pertinent issues, it can jeopardize their health and well-being...Language that is appropriate and fully inclusive is a matter of life and death for so many people out there.”
What A High School Student Should Know Before Seeing Roe
by TYMONY NOLAN, student at GCE Lab School

*Roe* is a play that challenges people’s ideas about the Roe v. Wade trials by laying out many perspectives. I think it is important that youth be able to watch this play because we weren’t able to live through Roe v. Wade when it happened. After reading the script, I cannot wait to watch *Roe* live. I think the difference between reading the play and watching it will be the humanity that seeing the actors brings. I believe that humanity is so important in a play like this; it doesn’t allow you to disregard or ignore the “other side” because the “other-side” is right there in front of you.

Here is what you should expect:

*Roe* isn’t a play that means to persuade you to side with the pro-choice or pro-life movements by making a villain out of only one person. In the playwright Lisa Loomer’s notes on the play she says: “The play should be like a Rorschach,” and it is. In a Rorschach painting, the person who views the picture has the opportunity to see many different shapes or symbols. These shapes can be anything, even something totally out of the realm of what the creator imagined. *Roe* aims to do something similar; the viewer can take whatever message they want from the play.

*Roe* follows Sarah Weddington and Norma McCorvey before, during, and after the Roe v. Wade trials. Sarah is the lawyer who argued for “Roe”, which was Norma’s alias as the case’s defendant. Through the lens of Lisa Loomer, we see their opinions shift and develop as our opinions may do the same. However, *Roe* never asks us to choose a side. The first question that popped in my mind after I finished reading *Roe* was: What kind of conversations will this play open up in my friend group? In my school? Because *Roe* is such an ambiguous play that you can interpret it any way you want, how will that change how we frame our discussions? In my school, for example, we have a variety of opinions and ideas that clash with each other. I would assume that because of people’s different political views, the arguments would become very heated.

Being 16, conversations around sexual health are getting a lot more relevant for my peer group. *Roe* picks up where our sex ed classes fell off. What happens with a pregnancy you don’t want? How do we navigate our options when maybe we don’t know what side of this debate we are on?

I am very excited for people to be able to see *Roe*. I think it is essential, especially at a time where Roe v. Wade is in jeopardy. It is so important to open up conversations in multiple spaces about abortion laws because, as people who can get pregnant, our rights are in danger.
The Tipping Point
by JA’QUIA PARKER

Some of the most notable court cases come from actions in history that violate the right of the American people. In America, oftentimes the only way for people to fully gain their rights is to demand them through federal actions. Abortion is one right the government attempted to withhold from the American population. That ended on December 13, 1971, when the infamous Roe V. Wade case was first argued in court.

Abortion is a process in which a pregnancy is terminated. In 2015, there were 638,169 reported abortions in 49 different areas throughout the 50 states and the District of Columbia. Although abortions are now legal, once upon a time, they weren’t permitted. Many people would have to travel for miles to get an abortion. In some cases, it was also a hazardous procedure to perform. Abortions didn’t become legal until one woman came forward and testified that this law was unconstitutional - in other words, doesn’t fall in line with the rules of the Constitution - in the famous Roe v. Wade case. This case went on to establish the fact that the law for abortions was indeed unconstitutional and, therefore, needed to be changed. This sparked a long road for “Jane Roe” and began one of the biggest debates in America.

The entire abortion debate is somewhat like a domino effect. The starting domino or tipping point could be considered to be Norma McCorvey, better known as Jane Roe. McCorvey was a...
woman who lived in Texas, and just like many other women, she had recently become pregnant. And just like any other person who wanted to get an abortion, she wasn’t able to legally because the law stopped them. McCorvey then took federal action against Henry Wade. She didn’t do this alone; in fact, she had two women who supported her. Sarah Weddington and her colleague Linda Coffee were the lawyers who fought for McCorvey’s side. Weddington and Coffee had been looking for a woman to step forward and be brave enough to challenge the abortion law in Texas. Although the case is known around the country, McCorvey wanted the case to be quick and quiet. She just wanted to gain permission for her abortion. She didn’t want the attention that she received. Henry Wade, another key person in the case, was the attorney general for Dallas, Texas, and is most notable for his prosecution of Jack Ruby, the murderer of President Kennedy’s assassin, and the Jane Roe case. Wade didn’t show as much personal interest in the case; in fact, he felt in certain circumstances abortions were “justified.” The only reason his name was so public was because of his job title, and he was in charge of enforcing the abortion law. The case went on for two years. It was first argued on December 13, 1971, and re-argued on October 11, 1972. In 1973, Justice Blackmun wrote the majority vote in favor of Roe. Roe won the case with a 7-2 vote.

The main focus of this case was on the basis that it contradicted the constitutional rights of the 14th and 9th amendments. Section 1 of the controversial 14th amendment explains how the states can’t make any laws that could deny or restrict any rights from the people who live there. In other words, the rights that were given to them by the constitution, the state has no right to take it away from the people. One court case that used the 14th amendment is Brown v. Board of education.
in which Brown fought for the right to have integrated school facilities. The Roe v. Wade case helped establish an additional right, which is the right to abortion and overall helped determine what type of “rights” the 14th amendment protected. The 9th amendment, another controversial amendment, is the right to privacy. It is considered a controversial amendment because of how broad it is. Many cases, such as the Griswold v. State of Connecticut, a case that overturned Connecticut’s ban of using contraceptives, used the 9th amendment to help their case. The change in the law was created as a compromise of the constitution, not containing a “Bill of Rights.” The 14th and 9th amendments are clear statements that the law restricting abortions violated the right of a person’s privacy.

When looking for evidence to help support the case, the Roe team went straight to the constitution. In Roe v. Wade, their main claim was that the law violated the constitutional rights that were given to the American population. Roe’s lawyers mainly used the 14th amendment to help support their argument, and it paid off. Norma McCorvey won one of the most significant cases in American history. Although she won, in the old-fashioned American way, there was a compromise.

McCorvey overall got the right to an abortion, but there was a time limit when a person could get an abortion. Abortions are only available up to 24 weeks of pregnancy for medical reasons. This was a compromise that could please both parties, but unfortunately, many people were still displeased with the new law. In fact, in July 2018, The Wall Street Journal conducted a poll, and 23% of voters still feel the Roe v. Wade decision should be overturned. Although the numbers are lower than they were in previous years, there are still a significant amount of people that feel the decision should be reversed.

Roe v. Wade was an astounding case. It helped people who were afraid to speak up about the issue. Norma later died in 2017 and Wade died in 2001. Roe v. Wade will forever go down in history.

Roe & The Unreliable Narrator(s)

by ANNA H. GELMAN

Roe begins with a sparring match between its two protagonists, the fictionalized versions of Sarah Weddington and Norma McCorvey. Both women are determined to tell the audience the story of Roe v. Wade, but even with a common event, the two women end up telling different stories, supported by different evidence and different perspectives. Between Sarah and Norma, whose version of Roe is the real story? Can we trust them, or are they unreliable narrators?

What is an unreliable narrator?
The concept of a narrator who is unreliable was first coined in 1961 in The Rhetoric of Fiction by Wayne C. Booth, who defined the idea by saying a narrator is “reliable when he speaks for or acts in accordance with the norms of the work (which is to say the implied author’s norms), unreliable when he does not.” Essentially, Booth was saying that if the reader could infer the author was expressing their true opinions through the narrator, the narrator was a reliable messenger for the work’s true meaning.

Exploring the concept in a more contemporary context, Lindsay Ellis, the host of PBS’s It’s Lit, describes the literary trope as “one who perceives and/or presents the events of a story in a way that is either skewed or disconnected from the real world.” Ellis goes on to examine several types of unreliable narrators found throughout literature and pop culture: the narrator whose perspectives are blatantly or humorously skewed (The Office’s Michael Scott), the narrator who deliberately tries to hide from or persuade the audience (the alternating accounts in Gillian Flynn’s Gone Girl), and the narrator whose innocence demonstrates a lack of reliability (Huck Finn’s struggle with ethics and morality in Huckleberry Finn). Importantly, these narrators don’t always have malicious intent -- their perspective gives the audience or reader a glimpse into the way they see the world, however much we (or the author) might disagree with them.

What does a debate about Sarah or Norma’s “reliability” accomplish in Roe?
To make Roe the “Rorschach” she aims for it to be, Lisa Loomer constantly challenges her audience to not take a side. For Loomer, these “sides” are personal as well as political, and she humanizes a debate fraught with misinformation by giving her audience corresponding narrators. Not only does this allow Loomer to toggle the
audience’s attention back and forth between political perspectives, it also allows the conflict between Norma and Sarah to stand in for larger disputes in the play. As Norma and Sarah poke holes in each other’s histories, Loomer makes it difficult to discern who is reliable, and therefore which side we should take.

**But wait, what does the reliability of a narrator matter if this is a play based in historical fact?**
While Loomer wrote the narrators in Roe, her source material demonstrated that the conflict wasn’t fictional. The books written by real-life Sarah Weddington and Norma McCorvey (A Question of Choice by Weddington and I Am Roe and Won by Love by McCorvey), which Loomer used in research for Roe, feature some of the disagreements she echoes in the play. The books contradict each other, both between the two women’s memories and the way their perspectives changed over time (something Loomer’s Sarah is quick to point out to undermine Norma, who was pro-choice when writing I Am Roe and anti-choice when writing Won by Love). Loomer’s narrators are no less reliable than the narrators of these books, whose lives, egos, and biases were so deeply wrapped up in this moment in American history.

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1 But if these firsthand accounts of Roe v. Wade could be considered unreliable, can we consider them fact or historical documents? To read more about what a source is, read “What is ‘History’ Anyway?” on page #.

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**So...are you an unreliable narrator?**
Sarah and Norma’s unreliability is what makes them compelling characters and storytellers in Roe. But more than that, it’s what makes them both humans, rather than emblems of a political battle. Sarah and Norma, in both the play and reality, operate from their identities and distinct points of view, coloring the way they see the world, and how they define “reliability”. So, ask yourself: when you tell a story, what information are you giving your audience, and what are you leaving out? How does your identity change the way you might tell that story, or how someone might receive it? Would you consider yourself a reliable narrator?
What is Abortion? Key Terms for Roe
by ANNA GELMAN

Abortion
• “The deliberate ending of a human pregnancy.” (Google)
• “The removal of an embryo or fetus from the uterus in order to end a pregnancy.” (Dictionary.com)
• “The termination of a pregnancy after, accompanied by, resulting in, or closely followed by the death of the embryo or fetus.” (Merriam-Webster)

Miscarriage
A miscarriage is “the spontaneous loss of pregnancy before the 20th week.” According to the Mayo Clinic: “About 10 to 20 percent of known pregnancies end in miscarriage. But the actual number is likely higher because many miscarriages occur so early in pregnancy that a woman doesn’t realize she’s pregnant. Miscarriage is a somewhat loaded term — possibly suggesting that something was amiss in the carrying of the pregnancy. This is rarely true. Most miscarriages occur because the fetus isn’t developing normally.” (Mayo Clinic)

Spontaneous Abortion A (problematic) term sometimes used in place of miscarriage. (WebMD)

Late Term Abortion
According to the Washington Post, a late term abortion is an abortion that takes place in the latter part of a pregnancy, usually “during or after the 21st to 24th week of gestation, which is late in the second trimester.” The Post’s article on late term abortions continues: “that gestational period roughly corresponds to the point of ‘fetal viability’ or when a fetus might be able to survive outside the womb with or without medical assistance. However, there is no precise medical or legal definition of ‘late-term,’ and many doctors and scientists avoid that language, calling it imprecise and misleading. They say ‘late-term’ may imply that these abortions are taking place when a woman has reached or passed a full-term pregnancy, which is defined as starting in the 37th week. 1.3 percent of abortions
were performed at or greater than 21 weeks of gestation in 2015.” (Washington Post)

In-Clinic Abortion
Also known as surgical abortions, in-clinic abortions work “by using suction to take a pregnancy out of [the] uterus. Suction abortion (also called vacuum aspiration) is the most common type of in-clinic abortion. It uses gentle suction to empty [the] uterus. It’s usually used until about 14-16 weeks after [the] last period. Dilation and Evacuation (D&E) is another kind of in-clinic abortion procedure. It uses suction and medical tools to empty [the] uterus. You can get a D&E later in a pregnancy than aspiration abortion -- usually if it has been 16 weeks or longer since [the] last period.” (Planned Parenthood)

Abortion Pill
Also known as a medication abortion, the abortion pill “is a safe and effective way to end an early pregnancy. ‘Abortion pill’ is the common name for using two different medicines to end a pregnancy: mifepristone and misoprostol.” (Planned Parenthood) How does it work? On their website, Planned Parenthood describes how to access the abortion pill, when the pill is the best option, and what to expect if you choose to take the pill.

Plan B
Different than the abortion pill, Plan B is one brand of levonorgestrel (a hormone) pill that can be used for emergency contraception. Other brands include Econtra EZ, My Way, Next Choice One Dose, Plan B One Step, Preventeza, and Take Action (WebMD). According to Planned Parenthood, “A levonorgestrel morning-after pill...can lower your chance of getting pregnant by 75-89% if you take it within 3 days after unprotected sex.” It’s important to note, however, that any morning-after pill is more effective the sooner you take it after having unprotected sex, and that the pill is most effective for a target weight range. To learn more about emergency contraception options, read more from Planned Parenthood.

Reproductive Justice
“The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.” (Sister Song)

Fetus
“A developing human from usually two months after conception to birth.” (Merriam-Webster)

Embryo
“The developing human individual from the time of implantation to the end of the eighth week after conception.” (Merriam-Webster)
FACT OR FICTION: ABORTION MYTHS

There’s a lot of misinformation in the world about abortion. Here’s a guide to what’s real!

Getting an abortion is dangerous.

Abortion is at least 10 times safer than childbirth.

If Roe v. Wade is overturned, abortion will become illegal.

Roe v. Wade is a federal ruling. That mean if it is overturned, it will be up to state governments to determine the legality of abortion in their state.
Safe abortion does not hurt fertility, or threaten future pregnancies.

Abortions can lead to later fertility problems.

No one would have an abortion if they knew what it was like to have a child.

Most people who have abortions are already parents.

61% of people who had abortions in 2008 were parents. 34% had two or more children.

Because of Roe v. Wade, more people get abortions.

Today's abortion rate is the lowest it has been since 1973.

No one would have an abortion if they knew what it was like to have a child.

Most people who have abortions are already parents.

61% of people who had abortions in 2008 were parents. 34% had two or more children.

Because of Roe v. Wade, more people get abortions.

Today's abortion rate is the lowest it has been since 1973.

Sources: [1] [2] [3] [4] [5]
A Brief History of Abortion in Illinois
by DANA MUNRO

Religion, gender, health, and socio-economic status all converge in the political and personal issue of abortion. Maybe that is why it has remained one of the most hotly debated issues for decades. The abortion debate doesn’t just exist at the national level; every state has their abortion story, and Illinois is no exception.

Prior to 1860’s, abortion was legal in most states (including Illinois) until the movement of the fetus could be felt (between 16 and 25 weeks). Slowly, however, states started to question abortion’s legality. In 1867, Illinois outlawed abortion. It remained illegal for the following 103 years.

Despite its illegality, abortion in Illinois didn’t stop. Dr. Edward Mirmelli saw a growing need in the early 1960’s and started to run an illegal abortion service. He was exposed and sentenced to time in prison. Once he was released he continued to facilitate abortions at a Michigan Avenue clinic. He was again discovered and arrested but was released once the law changed and abortion became legal in 1973.

The harsh restrictions on abortion inspired Heather Booth, a University of Chicago student, to form the Jane Collective in 1969. She wanted to create an organization for people to get referrals to competent abortion doctors and train them to give themselves abortions if they needed to. The members of the Jane Collective provided approximately 11,000 low-cost abortions.

In 1971, a federal district court in Chicago ruled the 1867 law was unconstitutional and that abortion would be legal once again within the first 12 weeks of pregnancy. Just a few years later in 1973, the Supreme Court ruled abortion would be legal nationwide under Roe v. Wade, abolishing the 1867 law in Illinois.

But this certainly wasn’t the end of the battle.

In 1975, only two short years after the legalization of...
abortion nationwide, there was pushback. The Illinois Abortion Law, which both made abortion illegal except to save a pregnant person’s life, and required a married woman to receive spousal consent to get an abortion, was created. The law was created by conservatives hoping that, if Roe v. Wade was overturned, this law would take its place in Illinois. Though Governor Dan Walker vetoed the bill, it gained a majority vote in both houses of the Illinois General Assembly and became a law. Illinois courts quickly deemed the law unconstitutional.

In 1983, another issue around abortion came up: parental consent for minors seeking abortions. The Parental Notice of Abortion Act was created, making it illegal for minors to get abortions without notifying a parent. The law overrode Governor Jim Edgar’s veto and went to the Supreme Court in 1987. It has been altered numerous times, and has been one of the most contentious aspects of the abortion debate in Illinois.

In 2017, Governor Bruce Rauner signed a law including abortion in Medicaid. Many of his conservative followers felt betrayed and credited his stance on abortion for his failure to get re-elected.

As abortion regulations have tightened on neighboring Midwest states, Illinois has become a safe haven for people seeking abortions. In 2019, Gov. J.B. Pritzker signed an executive order that ensured all state employees would have health coverage that included abortion. In defense of the order, Pritzker stated, “In a time when too many states across the nation are taking a step backward, Illinois is taking a giant step forward for women’s health . . . In this state, we trust women.”

In May of 2019, Illinois passed the most liberal abortion legislation in the state’s history. The law expunged every remaining piece of the Illinois Abortion Law of 1975: spousal consent, waiting periods, and criminal penalties for doctors and facilities that provide abortions. The law states that a person is not a person until it is born and, therefore, a fetus does not have independent human rights.

While Illinois, with its long history of corruption, debt and political gridlock, is certainly not the paragon of state governments, this is an issue the state puts great stock in. As surrounding states regress and Roe v. Wade becomes continually threatened, Illinois stands firmly for a person’s right to choose.
Before Roe, There Was Jane
by QUENNA L. BARRETT

“Pregnant? Don’t want to be? Call Jane.”

This was how the Jane Collective advertised their services from the late 1960s into early 1970s in at least one Chicago alternative newspaper. The Jane Collective was a group of young women who helped people access safe, affordable abortions on the south side of Chicago at a time when it was illegal in Illinois and across the country. One of the founders, only known as “Jenny,” had difficulty accessing abortion care. Jenny had cancer, and even though abortions could only be performed in cases where a woman’s life was endangered, the doctors were reluctant to approve and perform hers. Another thing Jenny noticed during her process: there were no women involved.

Heather Booth, another Jane Collective founder, was a student at the University of Chicago when her friend’s sister wanted to get an abortion. Booth found a doctor who would perform the abortion secretly, and soon helped to connect a few other women to this kind of service. Upon realizing the need, she gathered with others to set up a system which they called “Jane.”

“Jane” was every woman¹.

¹ The author and editors acknowledge that this is a highly gendered view of who receives abortions, which reflected the time period that the Jane Collective was active. Today, we recognize that most people with uteruses can get pregnant and may seek abortions, whether or not they identify as women. For more information, see the introduction to the Study Guide.

When Jane began, the collective merely helped connect people to medical doctors or abortion providers, at the time called “abortionists”. In at least one case, the members of Jane found that the “doctor” they were connecting women to, was not actually licensed. These abortionists also charged women between $500 and $1,000 -- today's
The collective served between 60 and 100 people per week. In total, they performed nearly 11,000 illegal procedures between 1965 and 1973.

Before they were shut down, the Jane Collective had several locations across the city. One apartment would serve as the “front” where patients would come to register. They would then be driven to a separate, secret location for the procedure, sometimes blindfolded. These measures were necessary to maintain the security of the organization’s operation. In July of 1972, however, two Catholic women went to the police claiming that their sister in law was going to Jane to receive an abortion.

Police officers staked out one of the “front” apartments in Hyde Park then followed a car to the second location in South Shore, where they raided the apartment. Seven Jane members were arrested and charged with 11 counts of abortion and conspiracy to commit abortion.

An NPR article quotes the arresting officer Ted O’Connor remarking on his and the Catholic sisters’ decision to turn Jane in:
“To them, 1) it was a sin, and 2) they didn’t want a child killed. That’s how they felt...My side is I don’t want to see a life destroyed. That life is helpless, it has no choice in this. And that angers me,” he says. “On the other hand, I’ve never been pregnant. And never will be. It’s a tough issue.”

The charges against the members of the Jane Collective were ultimately dropped. In January of 1973 as they awaited trial, the landmark decision of Roe v. Wade occurred, six months after their arrest; abortion was now legal across the states. Jane disbanded after Roe, as now people all over the country would, supposedly, have greater access to safe and affordable abortion care.
How Does a Case Get to the Supreme Court?
compiled by ANNA GELMAN

Roe v. Wade started as a discussion in a pizza parlor in Texas, and ended up being one of the most impactful Supreme Court decisions in American history. But how did it get there? Watch the Crash Course videos below to learn more about how cases are appealed, what our court system looks like, and what happens when a case makes it to the Supreme Court.

Structure of the United States Court System

Procedure in the Supreme Court
Abortion rights and restrictions have changed in the U.S. and across the globe, both before and after the landmark decision of Roe v. Wade. While in 2019 abortion is technically legal in the U.S., most states have restrictions making it difficult for people, and even more so for young people, to access abortion care in their home state.

The following maps and graphs show abortion rights and restrictions pre-Roe and currently in the U.S., and the current rights available in the world.

Pre-Roe - U.S.
This map (Figure A) illustrates the very few states who allowed abortion before Roe made it constitutional in 1973. The four states in maroon had repealed their antiabortion laws to make it legal in almost all cases before viability (the point at which a fetus can survive outside of the womb). The 14 pink states allowed abortions in some cases, while the rest of the country (gray states) continued to disallow it in most circumstances.

Figure A. Courtesy of the Washington Post.
Current - U.S.
The graph below (Figure B), compiled by data gathered in 2012, shows that almost every state has at least one restriction on abortion. Oregon was the only state that did not.

As the graph demonstrates, there is currently a significant number of states (20) at risk of overturning Roe v. Wade due to the bans that existed before Roe was passed. Visit the Remapping Debate website for an interactive version of this map where you can see the exact restrictions each state has.

Figure B. Courtesy of the Washington Post.
Current Restrictions - World

Another interactive map (Figure C) on the Center for Reproductive Rights’ website allows users to view world abortion laws. The static version of their map below indicates abortion laws from most to least restrictive. Overwhelmingly, abortions are legally unprohibited in most western and European countries, while most countries in Africa and South America only allow them in relation to the health of the person who is pregnant.

Viewed collectively, these maps tell a story of abortion restrictions and rights in this country and beyond. We see that while the procedure is technically legal in the US because of Roe v. Wade, if it were taken away we would quickly regress to a nation that looks more like the pre-Roe map.

Figure C. Courtesy of the Center for Reproductive Rights.
Until two centuries ago, abortion was entirely legal and relatively uncontroversial in the United States. How has our country’s perspective on abortion shifted through criminalization, legalization, and restriction? And how have the laws around abortion changed to reflect new dominant cultural ideas? Click the image above to explore this interactive timeline and find out!

Sources:
The 2010s were an explosive decade for reproductive rights in the United States. While President Barack Obama still sat in the oval office, conservative lawmakers around the country mobilized to restrict abortion access on the state level through targeted laws that placed dozens of legal roadblocks between patients and reproductive care.

When Donald Trump assumed the presidency in 2017, anti-abortion advocates doubled their efforts. In his first few years in office, President Trump installed dozens of conservative judges to federal courts across the country. With the appointment of Brett Kavanaugh to the Supreme Court in 2018, the Christian Right’s dream of repealing Roe v. Wade was finally within reach. With this end in mind, conservative state legislatures around the country began to pass bolder anti-choice laws designed to be blocked by federal courts, appealed, and sent to the highest court where the legality of abortion might once again be cast into doubt.

The following timeline is a detailed account of one year in the fight for Roe. It includes a slate of laws passed by Republican politicians in 2019 and the efforts that Democratic politicians have made to protect abortion rights in the face of newfound threats. This resource is not designed to be read in full. Start with the big picture. What trends stand out? Which headlines catch your eye? Afterwards, dive deeper into the events that interest or surprise you for a detailed look at the fight for Roe in 2019.

To explore the interactive timeline, click the image above.
Borrowing from the legacy of organizations like Sister Song, a women of color collective formed after 12 black women coined the term "reproductive justice" at a conference in 1994 because stories specific to their experience were left out, the Illinois Caucus for Adolescent Health (ICAH) defines reproductive justice as:

[A] movement guided by the belief that real choice and control over ourselves and our bodies is achieved when we have the power and resources to make our own decisions. RJ seeks to build space in which individuals have access to the rights and resources they need to create the families they want. Furthermore, it recognizes that the fight for reproductive freedom is linked to the struggles for immigrant, worker, and queer rights; economic and environmental justice; an end to violence against women and girls; and access to health care and education that affirms our identities and our bodies.

The three basic tenets of reproductive justice include:
1. The right to have children and to decide how many and under what conditions you give birth
2. The right to not have children
3. The right to parent one’s own children in safe & healthy environments

Reproductive justice emerged as the reproductive rights movement didn’t do enough to focus on access to such rights, in particular for women of color, poor and low-income women, queer, trans and gender non-conforming people, and women with disabilities. Historically, these intersecting identities have endured reproductive injustices because of those identities, making the
reproductive justice framework not only right, but necessary.

Class, race, sexuality, gender, ability, age, and immigration status have all been used historically to either deny women and people with uteruses reproductive health care services, or, in many cases, to control their reproduction, thus limiting their reproductive autonomy.

Family planning and birth control in this country did not begin as a tool for women’s empowerment. During slavery, Black women were encouraged to have more babies, often even bred to do so, as it benefitted plantation owners. After the Civil War and the abolishment of slavery, it was seen as less advantageous (to white people and the US government) to allow the Black population to rise. Eugenics laws, dating back to the early 1900s, were seen and used as the “commonly accepted means of protecting society from the offspring (and therefore equally suspect) of those individuals deemed inferior or dangerous – the poor, the disabled, the mentally ill, criminals, and people of color.” As part of a U.S. government population control program, over “concerns that overpopulation of the island would lead to disastrous social and economic conditions,” one third of Puerto Rican women from 20-49 in 1965 were permanently sterilized without full and knowledgeable consent. Also in 1965, the U.S. began justifying parallel practices in indigenous communities, and sterilized up to 25% of Native American women aged 15-44 by the 1970s. In the 1950s, Puerto Rican women were also used as the “test subjects” for the first birth control pill without full knowledge that they were participating in a trial, many of them were uneducated and simply wanted to escape the sterilization that was taking place. From the 1920s–1970s, 65,000 women with mental illness or developmental disabilities were sterilized, and by 1974, it was uncovered that between 100,000 and 150,000 poor people had been sterilized each year under government programs. Sterilization did not end in the 1970s; the practice was observed with incarcerated people as late as 2017. These population control efforts dealt specifically with limiting and controlling people’s reproduction and fertility while other means of eugenics and population control include “immigration restrictions, selective population movement or dispersal, incarceration, and various forms of discrimination.”

“Reproductive justice requires that all women and girls have the power and resources to make decisions about their bodies, lives, families, and communities.”

Whether people choose to or not to parent, the resources to do so must be made available. Again, due to the oppression of people with marginalized identities, there continue to be barriers to access in either case. 1976, three years after Roe v. Wade, the Hyde Amendment passed, prohibiting the use of public funding to cover abortion expenses. This effectively locked poorer people and many people of color out of access to safe and legal abortions. Thurgood Marshall remarked of the decision, “[F]or women eligible for Medicaid – poor women – denial of a Medicaid-funded abortion is equivalent to denial of legal abortion altogether. By definition, these women do not have the money to pay for an abortion themselves.” Federal Medicaid covered nearly half of abortions prior to the Hyde Amendment’s passing.

There are particular issues that immigrant women and people of color often face when accessing reproductive care. Anti-immigrant policies can restrict access to health and social services, including prenatal care, and can also lead to violence and discrimination. Translation services to people for whom English is not a native or primary language are also often unavailable, creating an initial barrier to seeking and receiving reproductive healthcare. Included in a primer on reproductive justice, one essay by the organization Asian Communities for Reproductive Justice outlines barriers and risks for Asian and Pacific Islander (API) immigrants. Access to healthcare is further constrained by lack of insurance and dangerous and low-paying jobs. Such employment sometimes carries exposure to environmental toxins, like in nail salons, that can lead to serious birth defects. Additionally, API women sometimes settle in communities near polluting
facilities that produce toxins linked to birth defects, miscarriage, and infertility. Another risk such women face is human trafficking, where they are vulnerable to emotional, physical, and sexual abuse often without access to care or treatment for sexually transmitted infections or pregnancies that may be unwanted.

An essay by the now non-existing organization Young Women’s Empowerment Project (YWEP) calls on the reproductive justice movement to be made explicit for the sex trade and sex workers, particularly for trans girls and trans women. “YWEP believes that we are especially affected by the sex trade because racism, sexism, male dominance, ageism, the prison industrial complex and the drug war target us and our communities. The sex trade and streets economies exist and thrive because of the lack of resources, choices, support, education and respect.” Transphobia and homophobia are additional forms of violence that these women and girls face when accessing health and reproductive care.

“Reproductive Justice means harm reduction. It looks like non-condemning, just and accessible treatment. It looks like an end to the police state, an end to sexual violence, harassment, gender profiling, and brutality. It looks like an end to the prison industrial complex and the militarization and gentrification in our communities.”

Reproductive justice will be achieved when all people have the economic, social and political power and resources to make healthy decisions about their bodies, sexuality, and reproduction for themselves, their families, and their communities in all areas of their lives.

“For reproductive justice to become a reality, we must undergo a radical transformation.”

ENVIRONMENTAL JUSTICE IS

GENDER IDENTITY IS
BUILDING FAMILY ON YOUR OWN TERMS IS
RACIAL JUSTICE IS
ENDING INCARCERATION IS
SUPPORTING TEEN PARENTS IS
FREEDOM FROM VIOLENCE IS
FOOD SECURITY IS

IMMIGRATION JUSTICE IS
ACCESSIBLE ABORTION IS
SUPPORTING BIRTHPARENTS IS
PAID LEAVE IS
DISABILITY JUSTICE IS
QUEER FAMILIES ARE
SAFE COMMUNITIES ARE
DECOLONIZATION IS

REPRODUCTIVE JUSTICE.

Courtesy of Amerhest.Edu
What is the “Pro-Life” Movement?

Key organizations, strategies, and philosophies in the fight against abortion
by LIAM COLLIER

The pro-life movement (referred to by some as the anti-abortion or anti-choice movement) is a loose coalition of politicians, activists, religious institutions, and right-wing organizations that share the goal of ending abortion in the United States and abroad. Important players include:

National Right to Life (NRLC) is one of the oldest and largest anti-choice organizations in the country with over three thousand local chapters and an active political operation (NRLC-PAC). Despite its origins as an explicitly non-denominational institution, NRLC maintains close ties to the Catholic Church.

American Family Association (AFA) is a fundamentalist protestant hate group that opposes abortion, LGBTQ+ rights, and the practice of Islam. The AFA operates a media empire, which disseminates heavily biased information to over 3.5 million subscribers. They are best known for organizing massive boycotts of companies that they believe promote an anti-Christian agenda, and for donating extensively to politicians who oppose abortion.

The American Center for Law & Justice (ACLJ) is a legal advocacy group founded in 1988 by televangelist Pat Robertson with the explicit goal of “[stopping] the ACLU in court” and defending fundamentalist Christian values. The ACLJ has defended anti-abortion activists in court and fought to defund Planned Parenthood. They have also been vocal opponents of LGBTQ rights legislation, most notably marriage equality.

Family Research Council (FRC) is a conservative “research and educational organization” that funds studies to support fundamentalist Christian policy, including restrictions on abortion. Using these biased studies, the FRC and other anti-abortion groups argue that discriminatory legislation has a scientific basis.

The Republican Party is the dominant conservative party in the United States. Its official platform asserts that it “stand[s] firmly against [abortion]” and supports cutting all federal funding for this procedure. As of 2019, there is not a single pro-choice Republican in the U.S. House of Representatives and only two pro-choice Republicans in the U.S. Senate. Virtually every other Republican lawmaker at the federal level publically supports the criminalization of abortion.

Operation Save America (formerly Operation Rescue) is a fundamentalist Christian organization, founded in 1986 by Flip Benham, that uses public demonstrations...
...and guerilla tactics such as harassment of abortion providers and blockades of abortion clinics to limit abortion access.

**Heartbeat International** is a pro-life organization founded in 1971 that operates the largest network of Crisis Pregnancy Centers in the world. These centers share biased and, at times, inaccurate information with pregnant individuals about abortion and offer services for individuals who choose to carry pregnancies to term. Similar organizations include **Care Net**, **Birthright International**, and the **National Institute of Family and Life Advocates (NIFLA)**.

**Pro-Life Action League (PLAL)** is an anti-abortion organization based in Illinois. Founded in 1980, PLAL hosts an annual “Face the Truth” tour during which members publicly display graphic images of aborted fetuses around Chicago in order to elicit emotional responses.

**Army of God** is a leaderless anti-abortion terrorist network established in the 1980s that has committed a number of kidnappings, murders, and property crimes in the name of fundamentalist Christianity. Other Christian terrorist groups in the United States include Eastern Lightning, the Concerned Christians, and the Phineas Priesthood.

Different factions within the pro-life movement object to abortion for different reasons, outlined below:

**The Rights of the “Unborn”:** Virtually all anti-abortion advocates believe that fetuses are people with an inherent “right-to-life”. Many believe that this right begins at conception and thus a fertilized egg deserves the same rights as a born human being. Those who subscribe to this belief system consider abortion to be murder.

**Family Values:** Others in the pro-life movement - especially in Evangelical communities - believe that traditional Christian marriage should be the foundation of society. These individuals and organizations, often referred to as the **Christian Right**, disapprove of sex outside of marriage, homosexuality, transgender rights, and sex education. Historically, this faction of the pro-life movement has also opposed pornography, contraception, desegregation, divorce, the Equal Right Amendment, and other causes that they felt threatened the family unit.

**Women’s Rights:** Some factions of the pro-life movement argue that abortion diminishes the rights of women by allowing men to exert power over them without the consequences of pregnancy. These groups often view abortion providers as financially motivated institutions that exploit vulnerable women for monetary gain. Some also believe that abortion unilaterally endangers women despite significant scientific evidence to the contrary.

**Civil Rights:** Some pro-life groups argue that legal abortion has been co-opted by white supremacist organizations to target communities of color. This position, often viewed as a conspiracy theory, is predicated upon pro-choice organizations’ prior ties to the eugenics movement. Historically, the Black Panther Party and Jesse Jackson both publicly supported this view; today it is championed by Supreme Court Justice Clarence Thomas.

Individuals and groups associated with this movement use a variety of strategies to achieve their goals. These include:

**Anti-Abortion Legislation:** Passing laws that limit access to abortions; for example, Alabama’s heartbeat bill, Illinois’ Parental Notice of Abortion Act, and the Trump Administration’s ban on foreign aid to overseas abortion.

**Political Activism:** Endorsing, donating to, or canvassing for politicians who pass restrictive abortion laws.
Public Opinion Campaigns: Attempting to sway public sentiment around abortion, primarily through emotionally charged advertisements on television, billboards, and social media.

Misinformation: Spreading verifiably false information around abortion through media campaigns and at crisis pregnancy centers that target pregnant individuals.

Civil Disobedience: Breaking existing laws in order to directly block access to abortion; for example, barricading abortion clinics, harassing abortion providers, and vandalizing Planned Parenthood offices.

Violence and Terrorism: Threatening the lives of abortion providers or people seeking abortions; for example, setting fires to clinics, carrying out mass shootings, and kidnapping or killing doctors who provide abortions.

Questions:
If you consider yourself to be pro-choice, what would you say in response to the pro-life arguments outlined above?

If you consider yourself to be pro-life, which of the strategies discussed in this article do you feel should be used by the pro-life movement? Which should not?

If you are not sure, what questions would you have for those on either side of this issue?
From Church to State: A Brief History of the “Pro-Life” Movement
by LIAM COLLIER

Just fifty years ago, abortion was generally considered a private matter in the United States. As recently as 1972, sixty-eight percent of Republicans agreed that “the decision to have an abortion should be made solely by a woman and her physician”.¹ By and large, politicians agreed. Across the country, Republican and Democratic legislators, including future pro-life icons like California Governor Ronald Reagan, supported laws to expand abortion access.

Needless to say, much has changed since then. As of 2019, there is not a single pro-choice Republican in the U.S. House of Representatives, and, under the leadership of President Donald Trump, the U.S. Senate has confirmed over one hundred fifty federal judges, most of whom oppose abortion rights. One in every four seats on U.S. courts of appeals, which resolve about fifty thousand cases in the United States each year, is held by a Trump-appointed judge.² In the near future, these judges could be the deciding votes when determining the legality of state laws that severely restrict abortion access.

These radical changes in American culture and politics between 1972 and 2019 are no coincidence. They are the result of a massive effort on the part of the self-described pro-life movement, a loose coalition of politicians, activists, religious institutions, and right-wing organizations that share the goal of ending abortion in the United States and abroad. While some historians argue that the pro-life movement began in 1973 as a reaction to Roe v. Wade, the history of the movement actually starts half a decade before the Supreme Court’s decision.

The first laws banning abortion in the United States were passed in the mid-nineteenth century out of legitimate safety concerns (abortion at the time was a dangerous procedure) and less legitimate racial anxiety (white men were worried that high abortion rates among white women would threaten their majority status).³

In the 1930s (after the discovery of penicillin) abortion became a safer procedure, and some doctors began to advocate for more liberal abortion laws.⁴ At the same time, early feminists, led by writer and activist Margaret Sanger, were engaged in international campaigns promoting the use of birth control. Sanger and her colleagues believed that women should have control over their own

³ From Commonplace to Controversial: The Different Histories of Abortion in Europe and the United States by Anna M Peterson
bodies. Throughout the forties and fifties, they wrote and distributed literature about family planning and sexual health, often in direct violation of the law and religious doctrine.

At the time the Catholic Church objected to both abortion and birth control on the grounds that they violated natural law, the religious concept that God reveals what is good and evil through nature. According to this principle, the “natural” purpose of sex is human reproduction. Since abortion and birth control attempt to separate sex from this purpose, they are considered immoral within this framework. While many Catholics accepted this faith-based argument against abortion and birth control, American Protestants and Jews in the 1930s and 40s overwhelmingly supported the use of the birth control and remained mostly silent on the topic of abortion.5

 Needless to say, Sanger and her allies also rejected the Catholic Church’s interpretation of natural law. These early feminists believed that human life could be improved through science and medicine. Some - including Sanger - pushed this belief even further, subscribing to a fascist ideology known as eugenics, which posits that the human race would be improved if “unfit” members of society (which eugenicists often defined as poor people, people of color, and people with disabilities) did not reproduce at all.

In the aftermath of World War II, the Catholic Church saw the Holocaust as clear evidence of the dangers of the eugenics and, by extension, of abortion. They attacked the burgeoning women’s rights movement on this front, arguing that abortion devalued human life and would lead to widespread ethnic cleansing. As the international community began to have a serious conversation about “human rights” in the wake of Nazism, the Church presented the United Nations with a model declaration of human rights that included a right to life beginning at conception.6

Anti-abortion advocates became less vocal in the opposition to birth control and focused on the rights of the “unborn”. In the 1960s, this “new class of citizen” was given a face when the first photographs of human fetuses were released to the public. Catholic organizations began to distribute these images along with graphic videos and first hand accounts of abortions in order to sway public opinion; a strategy that remains popular among anti-abortion activists today.

This approach energized Catholics and helped the anti-abortion movement stop liberal abortion laws passing in Pennsylvania, Connecticut, Maryland, and New York in the 1950s and 60s. However, without allies from other denominations, laws lifting restrictions on abortion continued to pass in states without large Catholic populations.7 This changed

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5 Williams, Defenders of the Unborn, 14-15
6 Williams, Defenders of the Unborn, 37
7 Williams, Defenders of the Unborn, 45-87
in the 1960s with the rapid expansion and politicization of evangelical and fundamentalist Christians in the United States. During the first half of the twentieth century, highly conservative fundamentalist Christians actively disengaged from American politics and society to form insular religious communities. Fundamentalists believed that the Bible should be read literally and agreed with the Catholic Church on many social issues, including contraception and abortion. In the 1950s, a faction of these Fundamentalists, known today as evangelical (or born again) Christians decided to reengage with society.

Evangelicism spread rapidly; by the early 1970s nearly all of the country’s ten largest churches were evangelical. Popular evangelical preachers like Christian superstar Billy Graham were not shy about sharing their political opinions. In the 60s and 70s, Evangelicals saw communism as an existential threat to Christianity, and as protests against the Vietnam War grew, Graham and others mobilized their massive congregations and TV audiences to support the pro-war, pro-Christian Republican Party, under the leadership of Richard Nixon.

At the same time, fundamentalist Christians - spurred by the Supreme Court’s 1973 decision in Roe v Wade, attempts by the federal government to integrate religious schools, the proposed Equal Rights Amendment, and the sexual revolution – began to engage in politics as well. Jerry Falwell and other fundamentalist ministers preached to a massive TV audience about the dangers of secular humanism, a notion that morality could be separated from religious text. Falwell and others pointed to rising abortion rates, violence in American cities, changing opinions about sex before marriage, and increased acceptance of the LGBTQ community as evidence of the moral decline of the United States. Through this worldview, they saw the U.S. government as a force of secularization and organized to shrink its influence domestically. In 1978, Falwell founded Moral Majority, an organization dedicated to spreading fundamentalist ideas and uniting Churches across different denominations around common goals. The next year, he founded Christian Voice, an explicitly political organization that raised money and mobilized voters to remove liberal politicians from office and promote conservatives. Under the leadership of Jerry Falwell, disparate anti-choice organizations were at last united into a reliable
voting block widely known as the **Christian Right**. In 1980, they propelled Ronald Reagan, a conservative California Governor on their side of virtually every political and social debate, to the White House. Since 1980, no Democratic presidential candidate has won a majority of white evangelical and fundamentalist support.¹

Though the Catholic Church disagreed with Reagan on several fronts, including his nuclear policy and open disdain for anti-poverty programs, church leaders ultimately decided that Reagan’s anti-abortion stance was more important than his other policies. The Catholic vote, which had once been reliably Democrat, has remained split since.

In the 1990s, the pro-life lobby maintained their political influence despite the presence of a pro-choice democrat, Bill Clinton, in the Oval Office. The Christian Right elected anti-abortion legislators to congress who introduced “bills to ban human cloning, prevent gay couples from adopting children, prohibit the District of Columbia from granting domestic partner benefits to employees, and cut off funding for the National Endowment for the Arts.”² While these bills did not pass, they continued to solidify support for a socially conservative agenda.

When George W. Bush, the President most closely aligned with the Christian Right in modern history, took office in 2000, he cut off international aid for family planning services and signed the **Partial-Birth Abortion Act**, the first federal law since Roe v. Wade that outlawed a form of abortion. While President Obama nominated two Supreme Court Justices who will likely fight to defend Roe, the reactionary Tea Party movement that emerged in response to his presidency is one of the most fervently anti-abortion political movements in U.S. history.

In 2016, eight out of every ten white evangelical voters pulled the lever for Donald Trump. Today seven in ten approve of his presidency.³ While journalists and politicians continue to argue about the motivations behind this, the role of the Christian Right and the pro-life movement in building our political present is undeniable.

The impact that these coalitions will have on America’s future remains to be seen. According to a **Gallup poll** released in the summer of 2019, only one in three Americans between the ages of 18 and 29 consider themselves to be pro-life. By 2020, this age group is projected to be the largest in the country with the power to radically change the political landscape. As the debate around abortion enters a new era, young people will be at the forefront.

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² Williams, *God’s Own Party*, 243.

³ White evangelical support for Trump comes from churchgoers, not EINOs by Jemar Tisby
“The appellee and certain amici argue that the fetus is a “person” within the language and meaning of the Fourteenth Amendment…. If this suggestion of personhood is established, the appellant’s case, of course, collapses, for the fetus’ right to life would then be guaranteed specifically by the Amendment.”

- Justice Harry Blackmun delivering the majority opinion for Roe v. Wade, 1973

In December 2018, Marshae Jones was shot in the abdomen outside a Dollar General store in Alabama during a confrontation with another woman. At the time of the incident, Jones was five months pregnant. The fetus did not survive the attack.1

Alabama police charged Marshae Jones with manslaughter, arguing that by engaging in the fight she had endangered her “unborn child” and ultimately caused its death. Jones was indicted by a grand jury in June 2019 and could have served up to twenty years in prison had the district attorney in Jefferson County chosen to prosecute. Ultimately, he did not. However, in his statement dismissing the case, the DA commended “the members of the grand jury” who “took to heart that the life of an unborn child was violently ended.”2

At the core of Marshae Jones’ case is the notion of fetal personhood, a theory embraced by the pro-life movement that fertilized eggs, embryos and/or fetuses are individuals subject to the same rights as other human beings. Justice Blackmun argued in his majority opinion in Roe v. Wade that adopting this principle would immediately threaten the decision because any abortion would violate a fetus’ right to life.

Over the last thirty years, anti-choice organizers and politicians have pushed to write fetal personhood into law with the expressed goal of one day overturning Roe. As of 2019, thirty-eight states, including Illinois, have adopted fetal homicide laws, which make it a felony to end a fetus’ life in all cases outside of abortion. In twenty-nine states, these laws take effect at the moment of conception. Similarly, twenty-five states have passed fetal endangerment laws, which consider drug use during pregnancy to be a form of child abuse.3

Legislators have also attempted to establish fetal personhood using the federal tax laws, burial requirements, and rhetoric around “modern-day eugenics.”

1 A Pregnant Woman Was Shot, Then Charged For Her Fetus’s Death. The Woman Who Shot Her Says “Sorry,” by Tasneem Nashrulla
2 DA drops all charges against a pregnant woman indicted in her baby’s death after shooting in Alabama by Darran Sion and Susan Scutti
3 For more information about the racist origins of these laws, see the Times Editorial Board’s 2018 article, Slandering the Unborn.
While many anti-choice activists believe that the establishment of fetal personhood like this would deal the killing blow to Roe v. Wade, there are a number of arguments supporting the right to an abortion that do not rely on a fetus’ legal status. Such arguments have the potential to undermine anti-abortion rhetoric and might even allow for meaningful debate within the pro-life movement today.

Bodily Integrity and “The Right to Refuse”

Among the most fundamental rights guaranteed to all individuals in the United States is the right to Bodily Integrity. According to this principle, every human being is guaranteed personal autonomy over their own body.

In 1990, the Supreme Court reaffirmed this right in the case of Cruzan v Missouri Dept of Health. In his majority opinion, Chief Justice William Rehnquist cited a nineteenth century case, which established that “[n]o right is held more sacred, or is more carefully guarded, by the common law, than the right of every individual to the possession and control of his own person, free from all restraint or interference of others, unless by clear and unquestionable authority of law.”

While there are some notable exceptions (for example, the government’s prerogative to outlaw the consumption of certain drugs), bodily integrity is overwhelmingly viewed as an inalienable right with far-reaching implications.

In one regularly cited case, thirty-nine year old Robert McFall, who had been diagnosed with a rare autoimmune disease, sued his cousin, David Shimp, after Shimp refused to donate bone marrow that could have saved McFall’s life. A Pennsylvania court ruled that the state could not compel Shimp to donate bone marrow as this would violate Shimp’s right to bodily integrity. McFall died less than a month after the ruling.

In 1992, the Supreme Court directly tied this right to the issue of abortion. In their majority opinion for Planned Parenthood v. Casey, Justice O’Connor, Justice Kennedy, and Justice Souter wrote “if Roe is seen as stating a rule of personal autonomy and bodily integrity, akin to cases recognizing limits on governmental power to mandate medical treatment or to bar its rejection, this Court’s post-Roe decisions accord with Roe’s view that a State’s interest in the protection of life falls short of justifying any plenary override of individual liberty claims.”

If a fetus were granted personhood under federal law, it would almost certainly be endowed with the rights to life and liberty guaranteed by the Fourteenth Amendment; however, the fetus would not have any right to infringe upon the bodily integrity of its parent. To outlaw abortion in this context would force a pregnant individual to sur
render autonomy to a fetus who would use their body for food and shelter. The fetus would have no more right to a parent’s uterus than Robert McFall had to David Shimp’s bone marrow.

This argument, often referred to as “the right to refuse” was most famously described by Judith Jarvis Thomson in her 1971 article A Defense of Abortion.

Anti-abortion writers have pointed out that a fetus, if considered a person, would also have the right to bodily integrity, and that abortion would infringe upon this right. If nothing else, this interpretation brings the issue to a draw.

Thomson’s argument is further complicated when one considers the legal expectation that a parent will provide care for their child to the best of their ability. Both these points might be challenged if one takes into account the inherent risks that all pregnancies bear.

**Abortion as Self Defense**

Pregnancy is dangerous. Despite medical advances, maternal mortality is on the rise in the United States according to the Center for Disease Control. In the last twenty years, the likelihood of death from symptoms related to pregnancy or childbirth has increased by fifty percent. These rates are even higher for people of color and the uninsured.

Even if the situation improves, these risks will always be a factor to those with limited access to care. For this reason, abortion can be considered a form of self-defense. Within a legal framework, self-defense can be defined as “the application of force by the person attacked against the aggressor in order to protect [their] own life, body or liberty”. This use of force may be proportional to the threat posed, but must not exceed the force necessary to divert the threat.

If fetal personhood becomes the law of the land, pregnant individuals would still retain their right to self-defense. A fetus directly threatens the life of the person carrying it; despite its right to bodily autonomy, abortion would be a proportional response. Parents also retain their right to self defense when protecting themselves from their children.

Pro-life scholars may challenge the “abortion and self defense” argument by invoking the right to the defense of another, which can be defined as “the right of a person to protect a third party with reasonable force against another person who is threatening to inflict force upon the third party.” If a fetus were considered human, a state government or invested individual would have the same right to intervene and save the life of an unborn child as a doctor would to perform an abortion.

Once again, fetal personhood complicates the issue of abortion, but does not definitively overturn a person’s right to have one.

**Government Overreach**

If the Supreme Court ruled that fertilized eggs have the same right to life as human beings, both the “right to refuse” and “self defense” arguments could potentially drive the issue of abortion to a stalemate.

The Supreme Court would be left to decide if either the United States government or individual state governments should intervene on behalf of the unborn and outlaw abortion on a national level. To do so, they would weigh the interest of the state against the interests of the pregnant individuals. Although there is no knowing how a conservative court would rule, in the past the Supreme Court has explicitly stated that the rights of the individual in this context should be prioritized above the interests of the state.

**Where does that leave us?**

The question of fetal personhood may be answered in different ways given diverging cultural, scientific, religious, and legal opinions. Understanding the arguments for choice that do not rely upon a singular answer to this question may be valuable when navigating conversations about abortion with those who disagree on this fundamental issue.

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Resources For Young People: Chicago and Beyond
Compiled by SAM MAUCERI

Sexual Health and Abortion Resources

Planned Parenthood of Illinois
Planned Parenthood delivers vital reproductive health care, sex education, and information to millions of adults and young people of all genders worldwide.

Planned Parenthood in Chicago
There are seven Planned Parenthood centers located in Chicago alone. Find one by clicking here.

Planned Parenthood Patient Resources
Resources available at Planned Parenthood include: birth control, emergency contraception, STI testing, abortion counseling and services, gender affirming hormone therapy for trans folks, and preventative health screenings like pap smears, breast exams, and UTI screenings.

Abortion Funds

Chicago Abortion Fund
The Chicago Abortion Fund (CAF) provides financial support to people needing assistance paying for an abortion.

Planned Parenthood of Illinois Reproductive Justice Fund

For people getting an abortion at a Planned Parenthood clinic in Illinois, the Planned Parenthood Illinois Reproductive Justice Fund provides resources to help pay for abortions and emergency contraception.

When Seeking Abortion Services...

Many barriers keep young people from accessing timely and safe abortion. Here are some potential barriers to be aware of:

Crisis Pregnancy Centers (CPCs) - When Googling safe and reputable places to get an abortion, other less reputable organizations will often turn up in the same search. These anti-abortion centers are known as “crisis pregnancy centers”, and often label themselves as “women’s centers” or “women’s health centers”, and do not offer abortions. In fact, these centers are not medically licensed and have the aim of deterring people from getting abortions. Instead, CPCs use guilt, propaganda, and other manipulative tactics to steer people away from attaining abortion services. When seeking abortion services, it is essential to ensure that...
an abortion provider is a reputable organization.

For more on CPCs, [here is useful info and opportunities for action from the Illinois Caucus for Adolescent Health (ICAH)].

**Parental Notification Law** - Under the Parental Notification of Abortion (PNA) law in Illinois, people age 17 and under seeking an abortion are mandated to notify an adult family member at least 48 hours before the procedure. While the parent/guardian’s consent is not required, the notification requirement can deter many young people to accessing abortion in a timely manner.

For more on PNA, [here is useful info and opportunities for action from ICAH](#).

**Online Sexual Health Info for Young People**

**The Illinois Caucus for Adolescent Health (ICAH)**
The Illinois Caucus for Adolescent Health (ICAH) is a network of empowered youth and adult accomplices who transform public consciousness and increase the capacity of school, family and healthcare systems to support the sexual health, rights, and identities of youth. The youth-led organization works to ensure that youth are safe, affirmed, and healthy.

**Planned Parenthood**

Comprehensive and inclusive info on sexual health, STI and pregnancy prevention, relationships, puberty, sexuality, gender, and more.

**Scarleteen**
Inclusive, comprehensive, supportive sexuality and relationships info for teens and emerging adults.

**Bedsider**
Providing accurate and honest information, this online birth control support network helps young people find the birth control method that’s right for them and how to use it correctly.

**MTV, It’s Your Sex Life**
Resources for young adults on pregnancy, STDs and testing, LBGTQ issues, relationships, consent, and a national hotline.

**Options for Sexual Health**
This online resource offers sexual and reproductive health care, information, and education from a feminist, pro-choice, sex positive perspective.

**Suicide Prevention and Crisis Counseling**

**C4: Community Counseling Centers of Chicago**
C4 offers support for issues related to mental illness, substance use disorders, and the trauma of sexual violence and abuse. C4 provide services at five locations in Chicago, and offers parenting classes, education about mental health, and advocacy for people with struggling with mental health.

**The Trevor Project**
The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth. 1-866-488-7386
What is “History” Anyway?
by LIAM COLLIER

“History is not indoctrination. It is a wrestling match.” - Michael Conway

What if I asked you to tell me what you were doing exactly three years ago today? Perhaps you would know immediately. Or maybe you would need to do a little digging. What sources of information could you use to spark your memory? Would you scroll back through old texts or posts on social media? Do you keep a diary? Maybe you would look at past news articles or speak to someone else who knew you then. Could you ask a friend or relative? How would you know if you could trust their memory?

Now imagine I told you to do the same thing for someone who you had never met. Instead of three years, what if I asked you to turn the clocks back an entire century. How would this change your approach? Would your sources be more or less accurate? When all was said and done, how confident would you be with your response?

Textbooks often present history as a definitive account of what happened in the past. The reality is more complicated. Whether historians are researching ancient Egypt or Barack Obama, they must take the time to answer the kinds of questions outlined above: what sources are available, what sources are missing, and who can be trusted. Even the best historians often leave with very different interpretations of the facts.

Sometimes these variations are simply a matter of framing: a historian focusing on military history, for example, would likely write a very different account of the American Civil War than a professor of African-American studies. Even if these scholars agreed on the facts, they would not have the same priorities as they researched and wrote about this time period.

Other times, divergent histories are the result of divergent source material. If you relied
exclusively on newspaper articles as you wrote a history of Chicago, you would end up with a different story than someone who conducted in-person interviews with current Chicago residents. All sources are biased in one way or another. Identifying these biases and deciding which sources to trust is an essential part of any historian’s work.

As new sources are selected, radically new histories can emerge. For example, prior to the 1960s, scholars researching early America relied almost exclusively on first-hand accounts written by white men. As a result, Native Americans were largely left out of the history books; or else, were painted as passive observers with no ability to impact the world around them. In the second half of the twentieth century, historians began to consider new sources, such as archaeological sites and oral histories, which revealed a very different reality.

It can be easy to forget that the “historical” stories we see on stage and in film often take artistic liberties that might not reflect the facts. It’s harder to remember that when it comes to history “the facts” are more subjective than we are sometimes led to believe. History, like theatre, is a form of storytelling, rooted in evidence but open to interpretation.

So… what about Roe?

In Roe, Lisa Loomer tackles the question of contradictory histories head on. Two radically different interpretations of the facts are embodied by two narrators: Norma McCorvey and Sarah Weddington. Loomer explains her approach to history in this way:

“There is a fundamental divide between our characters--people who see the issue [of abortion] as a moral and religious one, and people who see it as a matter of the law. For Norma, Roe is personal; it’s about her. For Sarah, it’s about the law.”

In order to capture these divergent histories, Loomer turned to a variety of sources. In the play, she directly quotes transcripts of oral arguments presented to the Supreme Court and references several other cases in the public record. To capture Norma’s personal experience, Loomer also relied heavily on McCorvey’s two autobiographies: I Am Roe and Won by Love, which Norma wrote in the 1990s, two decades after the case was resolved.

Representing both women’s perspectives—and, by extension, the perspectives of both sides of this political debate—is part of Loomer’s larger mission of the play. As she put it, “I wanted people to feel, as they watched the play, that their point of view was represented, if nothing else because that helps people be more open and willing to hear another point of view.”

What biases might be present in both the personal and legal sources that Loomer used when writing Roe?

Do you agree with the playwright’s decision to represent both sides of this story?

What stories (and histories) might be missing?
Which characters or ideas do you find yourself agreeing with when reading or watching Roe? Which characters or ideas do you struggle with?

In Roe, Lisa Loomer attempts to fairly represent the perspectives of both pro-choice and anti-abortion advocates. When is it important to consider both sides of an issue? Is it ever necessary not to?

Carol Hanisch, a prominent figure in the Women’s Liberation Movement of the 1960s, famously argued that “the personal is political”. In Roe, we see vibrant examples of how politics, which can sometimes feel far away or irrelevant, impact the lives of ordinary people. What are some ways that politics impact you every day?

Fifty percent of people who have abortions in the United States are people of color, according to a 2015 study by the Kaiser Family Foundation. How do you see people of color represented in Roe?
**THEATRE ETIQUETTE**

**Eating, drinking, and smoking** are not allowed while inside the theatre.

**Be respectful** to the artists onstage and to your fellow audience members. Wait until intermission and after the performance to talk, and remain in your seat during the performance. Be mindful of others seated next to and in front of you. Wait until after the show to use phones or electronic devices. The glow from the screen is distracting to your fellow audience members AND the actors, who can see your phone from onstage!

**What should I wear?**
Dress according to your school’s dress code. The Goodman is air conditioned, so bring a sweater or extra layer in case you get cold in the theatre.

**How should I respond to what’s going on on the stage?**
Honestly and appropriately. Attending a theatre performance is different from watching a movie at home; In a theatre, you are in a room full of people who can hear your responses just as you can hear theirs. Most importantly, the actors can hear and see you. They will appreciate any appropriate feedback to what is happening onstage (laughter at jokes, gasps at surprising moments) but might be distracted if it is inappropriate (laughter at the wrong time, talking when it is not warranted). Whether we enjoy the play or not, we owe respect to the actors.

**What if I need to leave the theatre during the show?**
You should only leave the theatre if it is an emergency. Make sure to use restrooms before the show, or wait until intermission.
What to do before the show:
When you arrive at the Goodman at 10:30am, you will wait to enter the theatre with your group. Once your group is called, a staff member will lead you to your seats. Please promptly sit where you have been assigned. Remember that the show needs to begin on time and everyone needs to be seated.

What to do during intermission:
Most plays have a 15 minute intermission. This gives you time to stretch your legs, use the restroom (located on both floors), get some water, and discuss the play with your friends. When intermission is over, the lights in the lobby with flash several times. That is your cue to get back to your seat, because the performance is about to begin!

What to do after the show:
There will be a post-show discussion immediately following the performance. Members of the cast will come out on stage and answer your questions. Feel free to ask any respectful questions you might have about the play, the job of the artists, or behind-the-scenes secrets.