

THESIS

“THE END OF *ROE* MEANS THE END OF BODILY AUTONOMY”:
REPRODUCTIVE TECHNOLOGIES AND
TEMPORAL FRAMING OF WOMEN’S AGENCY POST-*DOBBS*

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ABSTRACT

“THE END OF *ROE* MEANS THE END OF BODILY AUTONOMY”: REPRODUCTIVE TECHNOLOGIES AND TEMPORAL FRAMING OF WOMEN’S AGENCY POST-*DOBBS*

On June 24th, 2022, the U.S. Supreme Court issued its ruling in the case of *Dobbs v. Jackson Women’s Health Organization* and overturned *Roe v. Wade*, an almost half century old landmark decision in support of women’s reproductive rights. My analysis responds to the exigence of the current technological and post-*Dobbs* moment, to highlight the discursive implications of a nationwide reproductive technology decision. This thesis examines *Jezebel’s* media framing of reproductive technologies, arguing that women-centric discourses of reproductive technologies post-*Dobbs* center temporality as a major theme in two distinct ways: 1) by demonstrating the realness of the present moment and 2) pointing to dystopic visions of America’s coming future. I contend that these two parallel themes in the discourse frame differing paths towards women’s agency, which can have a meaningful impact on the material actions women take in reality. As the overturning of *Roe v. Wade* continues to unfold, it will be paramount to continue to research and explore communication outcomes associated with the relationship between reproductive technologies and women’s bodily autonomy.

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TABLE OF CONTENTS

ABSTRACT.....	ii
ACKNOWLEDGEMENTS.....	iii
1. Chapter 1: Introduction.....	1
1.1 Historical Background.....	5
1.2 Method.....	7
1.3 Preview of Chapters.....	9
2. Chapter 2: Women and Reproductive Technology a Synopsis of Contemporary History.	11
2.1 Contemporary Reproductive Technologies.....	11
2.2 Feminism’s History with Reproductive Technology.....	13
2.3 Agency, Reproductive Technology, and <i>Dobbs</i>	16
2.4 Biopolitical Influence on Reproductive Technology.....	18
2.5 Rhetoric, Reproduction and <i>Roe v. Wade</i>	21
2.6 Rhetorics of Time and Dystopia.....	24
2.7 Summary of Literature.....	29
3. Chapter 3: “This is Happening Right Now”: The Realness of the Present.....	30
3.1 Building a Rhetorical Now.....	31
3.1.1 A “Patchwork of State Laws”: Restrictions Following <i>Dobbs</i>	32
3.1.2 The Already Present Violence: Figures and Depictions of Violence.....	35
3.2 Taking Back Bodily Autonomy Through Conventional Agency.....	37
3.2.1 Lawsuits.....	38
3.2.2 Legislation and Executive Action.....	40
3.2.3 Voting and Individual Activism.....	42
3.3 The Reality for Bodily Autonomy Post- <i>Dobbs</i>	44
4. Chapter 4: “It Could Always Get Worse”: Visions of America’s Future.....	46
4.1 Approaching Dystopia: The Rhetorical Construction of a Different Political Moment.....	47
4.1.1 “We Should All be Terrified of What’s to Come”: A Future with Heightened Restrictions.....	47
4.1.2 “We’re About to Watch ‘Total Chaos’ Ensur”: Consequences of Future Restrictions.....	52
4.2 Dark Days Ahead for People with a Uterus: Criminalization, Surveillance, and Suffering.....	55
4.2.1 A Threatening Increase in Criminalization.....	55
4.2.2 A Future Under a Microscope: Projections of Surveillance.....	58
4.2.3 Gender-Based Violence Will Only Continue: A Future of Suffering.....	61
4.3 Refusing Defeat: Seeking Exceptional Forms of Agency.....	65
4.3.1 The Future Requires Innovation and Defiance: Institutional Forms of Agency.	66
4.3.2 “We Will Do Everything We Can”: Individual Routes to Agency.....	68
4.4 When the Future Becomes Reality.....	72
5. Chapter 5: What’s Next for Reproductive Technology and Bodily Autonomy Post- <i>Dobbs</i>	73
5.1 Summary.....	74

5.2 Implications for the Issue.....	77
5.3 Implications for the Discipline.....	79
5.4 Limitations and Areas for Future Research.....	81
5.5 Concluding Point.....	83
Notes.....	85

Chapter 1: Introduction

On June 24th, 2022, the U.S. Supreme Court issued its ruling in the case of *Dobbs v. Jackson Women's Health Organization* and overturned *Roe v. Wade*, an almost half century old landmark decision in support of women's reproductive rights. As part of the *Dobbs* decision, the Supreme Court declared that the Constitution does not confer the right to abortion, eliminating the constitutional right to abortion at the federal level and giving individual states power over abortion rights. Anticipating the Supreme Court's decision, thirteen states passed "trigger laws" that would essentially ban abortions in each respective state soon after a potential Supreme Court ruling overturning *Roe v. Wade*. In addition to state bans, *Dobbs* and Justice Clarence Thomas' concurring opinion raised concerns about future rights and access to contraception and fertility treatments. As such, the Supreme Court's decision on June 24th, 2022 instantaneously affected the nation, in one moment changing the lives of millions.¹

In the post-*Dobbs* moment, there have been numerable questions surrounding the far-reaching impacts of the decision on women's choice, privacy, and bodily autonomy. By bodily autonomy, I mean the agency and power a person has to make decisions about their body without interference from others. Questions of women's bodily autonomy are not isolated to this moment. Rather, such questions have been of interest, particularly to women, for a long time, extending deep into the pre-*Roe* past. Examples of the kinds of questions that are raised by bodily autonomy include: Is bodily autonomy the same for men and women? How far does the right of bodily autonomy extend? Who has the power to control bodily autonomy? In what ways is bodily autonomy controlled? What are the consequences of controlling bodily autonomy? Yet,

despite these many aspects of bodily autonomy, where bodily autonomy intersects reproductive rights is among the most fervently debated and will be the focus of this thesis project.

Within debates about bodily autonomy and reproduction, technology has played an increasingly important role. Indeed, as technologies have advanced across decades and around the world, questions of women's autonomous control over their reproductive health have become more complex. In the context of reproductive technology, bodily autonomy refers to the agency one has over their reproduction. The term reproductive technology is often used to attend to the increasing complexity of these issues. I define reproductive technology broadly as any technology that aids in, extends, manages, or inhibits reproduction. Early examples of such reproductive technologies encompass barrier methods such as diaphragms, sponges, cervical caps, and condoms along with irreversible methods such as surgical sterilization. Examples of more recent reproductive technology advancements include embryos being stored outside the human body, ultrasound technology that can detect life almost at the point of conception, and cell phone apps that track menstrual cycles.

At the intersection of bodily autonomy and reproductive technologies, particularly abortion, the post-*Dobbs* era has produced significant anxieties among women and other people with a uterus. To elaborate, some reproductive technologies that have empowered women to feel more comfortable in and in control of their bodies can be used to police and surveil women's bodies in the post-*Dobbs* moment as forms of biopolitics. History supports these concerns. In some instances, the introduction of earlier forms of reproductive technologies resulted in the management of populations through the forced sterilization of Black women² and women with disabilities.³ The *Dobbs* decision and its aftermath represents a form of biopolitics in which political powers are attempting to control women's bodies and therefore their bodily autonomy.

More recent advancements in reproductive technologies such as the menstrual tracking app, have spurred concerns of data surveillance in which the data from these apps could be used to prosecute people with a uterus.⁴ However, anxieties about bodily autonomy and reproductive technology do not end there. Today, millions of women worry that new or proposed laws will severely limit their access to any number of reproductive technologies, technologies that they have longed relied upon to have agency over their own lives. Caitlin Cruz of *Jezebel* aptly captures these concerns in stating: “the end of *Roe* means the end of bodily autonomy.”⁵

In the wake of *Dobbs*, reclaiming agency and devising tactics and strategies for winning back greater bodily autonomy has become an immediate concern. Indeed, these anxieties at the intersection of bodily autonomy and technology are reflected in women’s rhetoric over the last fifty years and can continue to be read in rhetoric produced by women after the *Dobbs* decision. However, women, other people with a uterus, and their allies have presented radically different theories in their rhetoric for how women can or should fight back to reclaim this agency. In some cases, bodily autonomy advocates have argued that supporters should double-down on time tested strategies of social change like activism, voting, and passing legislation. But others have argued for more radical and inventive strategies, some verging on the peculiar or the unlawful. How do advocates for bodily autonomy and reproductive technology access makes sense of these seemingly voluminous paths toward a renewed sense of agency? In this thesis, I argue that, what at first appears to be advocates haphazardly suggesting tactics towards bodily autonomy is actually two differing approaches to the same problem as shaped by two very different rhetorical frameworks.

More specifically, within these bodily autonomy advocates' discourses, time and temporality have emerged as important frames for shaping what types of action and agency are

mandated for women and others to restore control over their own bodies. By “time and temporality,” I follow philosopher Richard McKeon and others in asserting that time is not simply a static, universal experience of a linear past, present, and future—that it is not a “concept which is perceived in isolation.” Rather, “time and temporality” is:

a formula to designate time in its circumstances, substantive and cognitive, and it may be used as a device by which to develop and examine the variety of circumstances in which ‘time’ acquires its variety of meanings in the context of a variety of problems....

In this way, as McKeon also points out, “time and temporality” is a rhetorical device “used to discover arguments and relations among ideas and arguments.” As I will show in this project, the “time and temporality” frameworks advanced by different advocates for bodily autonomy in their discourse is also a way of demonstrating the “relations among ideas and argument” about seeking agency and change after *Dobbs*.⁶

To understand how questions of bodily autonomy, reproductive technology, and time and temporality have shaped contemporary U.S.-American women meaning-making post-*Dobbs*, this thesis project shines a light on U.S.-American women’s voices and answers the question: how do women-centric, post-*Dobbs* discourses of reproductive technology use rhetorics of time and temporality to shape visions of agency around bodily autonomy? More specifically, as this thesis will show, women-centric discourses of reproductive technologies post-*Dobbs* center temporality as a major theme in two distinct ways: 1) by demonstrating the realness of the present moment and 2) pointing to dystopic visions of America’s coming future. I contend that these two parallel themes in the discourse frame differing paths towards women’s agency, which can have a meaningful impact on the material actions women take in reality. To attend to this argument, this first chapter proceeds by reviewing the history of reproductive rights in the United States that led

us to this moment, explaining the methods I will use to make my claims, and previewing the chapters to come.

Historical Background

On January 22, 1973, the landmark *Roe v. Wade* was codified by the United States Supreme Court, ruling that the Constitution of the United States conferred the right to an abortion. The case began in 1970 when Jane Roe pursued federal action against Henry Wade challenging a Texas statute that prohibited abortion except when necessary to save the life of the pregnant woman.⁷ At the time of the 1973 decision, nearly all states banned abortions except in specific limited circumstances. The fundamental right of a woman to decide whether or not to terminate their pregnancy was the major question at stake in *Roe v. Wade*. The Court ruled, in a 7-2 decision, that the Texas statutes criminalizing abortion violated a woman's constitutional right of privacy as upheld in the Fourteenth Amendment, declaring restrictive state regulation of abortion as unconstitutional.⁸ The Court's ruling organized parameters around the trimesters of a pregnancy with the first trimester designating the decision to terminate the pregnancy as solely at the discretion of the pregnant person. During the second trimester, the state could regulate abortions in the interest of a mother's health, and after the second trimester the state could regulate or ban abortions.⁹ For the *Roe v. Wade* ruling, the Supreme Court "attempted to balance a woman's right of privacy with a state's interest in regulating abortion."¹⁰ Under *Roe v. Wade*, by federal law abortion was a constitutional right protected as a private health decision left to a pregnant person and their doctor. Yet access to abortion has been restricted to varying degrees across the 50 states to the extent that it has only been nominally available in some parts of the country,¹¹ even though nearly one in four (23.7%) women in the United States has at least one abortion by age 45.¹²

In recent years prior to *Dobbs*, the most limiting abortion restrictions have come under Supreme Court scrutiny in *Whole Women's Health v. Hellerstedt* in 2016 and *June Medical Services L.L.C. v. Russo* in 2020. In both cases, the Court upheld that a state cannot enact a law for “the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus.”¹³ Despite the clear legal precedent, 19 states enacted 108 abortion restrictions in 2021 alone—the highest total in any year since the 1973 *Roe v. Wade* decision¹⁴—in hopes that the three new justices appointed by President Trump would be enough to finally sway the court to overturn *Roe*.

In early May 2022, before the Supreme Court's official decision related to the *Dobbs* case, a leaked draft of the decision was published on *POLITICO*. According to the leaked majority opinion written by Justice Samuel Alito, the Supreme Court voted to overturn the landmark *Roe v. Wade* decision. In the initial draft, Justice Samuel Alito wrote “*Roe* was egregiously wrong from the start. Its reasoning was exceptionally weak, and the decision has had damaging consequences. And far from bringing about a national settlement of the abortion issue, *Roe* and *Casey* have enflamed debate and deepened division.”¹⁵ The draft concludes by stating that “the Constitution does not prohibit the citizens of each State from regulating or prohibiting abortion,” summarizing the forthcoming ruling of the Court in favor of the Mississippi law to ban abortions after 15 weeks of pregnancy as well as the overruling of *Roe* and *Casey*.¹⁶

On January 24th, 2022, the Supreme Court announced their official decision on *Dobbs v. Jackson Women's Health Organization*, which solidified the overturning of *Roe v. Wade*. In a 6-3 decision, the Court ruled that the Constitution does not confer a right to abortion, therefore granting authority to individual states to regulate abortion. In anticipation of the Supreme Court's ruling, thirteen states passed trigger laws, designed to ban or severely restrict abortions nearly

immediately if the Court overturned *Roe v. Wade*. States including Arkansas, Idaho, Kentucky, Louisiana, Mississippi, Missouri, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, and Wyoming have or are in the process of banning or drastically restricting abortion access.¹⁷ Reproductive technology has been debated and used long before *Roe v. Wade* and *Dobbs*, and now with power turned over to the states and the most recent advancements in reproductive technology the conversation surrounding women's bodies and technology has become more intricate and complicated.

Method

To answer the thesis question, I examine the well-trafficked women-centric US-based news website *Jezebel*. *Jezebel* first launched in May 2007 and garnered 10 million viewers by December of the same year.¹⁸ As a first of its kind, *Jezebel* has been lauded as a mainstream women's magazine and advertises itself as a source for news on feminist issues related to gender, culture, and politics.¹⁹ *Jezebel* is a counterpart to magazines like *Vogue*, *Elle*, and *Glamour*,²⁰ but in contrast to these sites focuses on political commentary taking a staunch feminist stance on political issues by encouraging discussions at the intersection of gender, sexism, and power.²¹ Though a feminist magazine, *Jezebel* has been critiqued at times for catering to white women and therefore white feminism.²² However, with its large readership of women and focus on pressing feminist issues, *Jezebel* is a valuable place to start to begin to explore women's reactions to the *Dobbs* decision. In examining the discourse from *Jezebel*, I capture the perspective of those against the *Dobbs* decision to develop themes for how reproductive technology is discussed in relation to women's bodily autonomy.

To build an archive and analyze these discourses in *Jezebel*, I draw from rich methodological resources in Communication Studies. Indeed, Communication scholars are well-

positioned to trace and evaluate these discourses as experts in analyzing meaning from language, symbols, and materials. The study of rhetoric in particular, with its focus on how public discourse moves the opinions and actions of public audiences, is a rich tool for this work. To address contemporary discourse, Michael Calvin McGee proposed a strategy of fragmentation in which McGee argues a text is never finished because no single discourse can comprehend all of the perspectives and context associated with that discourse. McGee contends that one discourse is made up of and makes up many “fragments.”²³ To develop a more complete understanding of these fragments, McGee supports that three structural relationships need to be considered. These relationships include “between an apparently finished discourse and its sources, between an apparently finished discourse and culture, and between an apparently finished discourse and its influence.”²⁴ Once rhetors acknowledge that texts are larger than one finished discourse, they can then begin to develop a text from varying discursive fragments. These fragments that make up a text offer a more finished understanding of meaning behind certain discourse. McGee suggests that the principle of fragmentation aligns with the culture of contemporary times in which there has been a knowledge explosion that has resulted in a text that is “never quite finished but constantly in front of us.”²⁵ With the current state of discourse, McGee calls for rhetoricians to invent “*a text suitable for criticism*” arguing that only the formulation of a text from fragments “has the power to account for discourse produced in consequence of the fragmentation of culture.”²⁶

Drawing on McGee’s notion of fragmentation discussed above, I constructed “*a text suitable for criticism*” of *Jezebel* by developing a digital archive of articles that discuss reproductive technology.²⁷ To do so, I searched for articles following the June 24th, 2022 *Dobbs* decision, dated June 24th, 2022 through August 31, 2022. I chose a narrow date range to capture

the depth of this discourse without building an archive that was too large to be analyzed in this thesis project. The search terms I used to focus my results include five common reproductive technologies in the modern moment: “abortion,” “birth control,” “IVF,” “IUD,” and “morning-after pill.” I also searched the general term used to refer to these technologies: “reproductive technology.” My search yielded 174 results.²⁸ Of these 174 articles, I include in my thesis those that illustrate the interplay between women's bodily autonomy and reproductive technology.

After building this archive, I analyzed these discourses using a method of close reading. In particular, I read through each article, highlighting key terms, discussions, and discourses that touch on the subjects of bodily autonomy and reproductive technology. My reading of the text was informed by a rich literature review that I will describe in the next chapter of this thesis. Through this close reading of the archive, I identified a number of different rhetorical subthemes that I then organized into the two temporal frames of agency mentioned previously. The way in which these frames reflect and shape the women who read and engage with *Jezebel* will be the focus of the remainder of this thesis project, following the literature review.

Preview of Chapters

This thesis project responds to the exigence of the current technological and post-*Dobbs* moment, to highlight the discursive implications of a nationwide reproductive technology decision. In the proceeding chapters, I conduct a rhetorical analysis of the *Jezebel* discourse immediately following *Dobbs* to illuminate the ways in which reproductive discourse—particularly notions of time—define women's agency in such a tumultuous moment. As such, this thesis builds upon existing rhetorical scholarship by exploring the discursive intersections of women's bodily autonomy and reproductive technology to illuminate present and future realities of America in light of the *Dobbs* decision.

Therefore, the structure of this thesis is as follows. The second chapter reviews relevant literature related to reproductive technology in feminism, biopolitics, and rhetorical scholarship, along with frameworks of temporality to contextualize the history and interplay between reproductive technology, women, and bodily autonomy. The areas of literature I preview inform and shape one another, leading to the culmination of U.S. women's present reactions to the major reproductive technology decision resulting in the overturning of *Roe v. Wade*.

In the third and fourth chapters, I perform a discursive analysis of an archive of published articles from *Jezebel*, asserting that two temporal frames emerge offering parallel forms of agency directing women towards particular acts to ensure bodily autonomy. In the third chapter, the first form of agency revealed in the text emphasizes a “real” present moment that demands conventional and familiar forms of action. The fourth chapter examines the second framing and agentic form in the text, which emphasizes a dystopic future that requires women to pursue exceptional forms of action outside of traditional, conventional norms.

The fifth and final chapter of my thesis explores the implications of my thesis project by putting the temporal, parallel discussions of agency in conversation with one another. By comparing the two analyses chapters, I showcase how post-*Dobbs* women-centric discourse frames two differing paths towards women's bodily autonomy with the current moment and visions of the future requiring contrasting forms of agency. I conclude the final chapter and this thesis by reflecting on the implications of this project for rhetorical scholarship and the real-world outlook for women and reproductive technology in the United States.

Chapter 2: Women and Reproductive Technology: A Synopsis of Contemporary History

In this chapter, I draw on pertinent literature related to reproductive technology in feminism, biopolitics, and rhetoric as well as frameworks of temporality to contextualize the history and interrelation of reproductive technology, women, and bodily autonomy. The areas of literature I preview demonstrate the connectedness of these concepts through history and into the present moment.

Contemporary Reproductive Technologies

Reproductive technology has been around for centuries, closely linked to women's experiences and bodily autonomy both as a source of empowerment but also as a source of oppression. In this thesis, I focus on more contemporary reproductive technologies from the 1960s to advancements of the early 2020s around the *Dobbs* decision. Before the 1960s, birth control methods varied greatly, with some being invasive and irreversible (e.g., surgical sterilization) while others were non-invasive but unreliable at preventing pregnancy (e.g., barrier methods). Birth control options for women before the 1960s included barrier methods such as diaphragms, cervical caps, and sponges that would be placed in the vagina before intercourse. During the 1960s, the oral contraceptive pill and the intrauterine device (IUD) were introduced as modern technologies that had a high success rate at preventing unwanted pregnancies and were reversible if desired. Abortion, via menstrual extraction or the abortion pill, was an option for people who were interested in terminating an unwanted pregnancy, but before the 1970s and even directly after *Roe*, abortion in a variety of contexts was unsafe and even led to the death of the pregnant person. In the 1970s, in-vitro fertilization (IVF) was developed to support those struggling with infertility or seeking to have a child. In the decades that followed, the addition of

new birth control methods has expanded. The female condom was developed as a modern barrier method which, in addition to preventing pregnancy, prevents sexually transmitted diseases. Hormonal birth control options expanded as well, with common methods including “injections, implants, vaginal rings, patches, and the emergency contraception pill.”²⁹ Additionally, menstrual and fertility tracking apps have cropped up and expanded in popularity as an option to track a person’s menstrual cycle and associated symptoms.

From the history of reproductive technologies, a paradox emerges in which reproductive technologies can offer more choices and increased bodily autonomy for women; yet, at the same time, these same technologies have been used maliciously against women. Perhaps most egregiously, reproductive technologies have been used to limit the reproduction of certain populations as related to race, class, and ability. Indeed, the United States’ past is laden with violence against certain groups of women, including the forced sterilization of Black women,³⁰ women with disabilities,³¹ and women deemed mentally ill,³² along with the mass governmental distribution of contraception as a means for population control.³³ For instance, James Marion Sims, the “father of modern gynecology,” developed his reputation and surgical skills through forcibly experimenting on enslaved Black women without anesthesia.³⁴ Even in the early birth control movement at the beginning of the twentieth century, people with a uterus experienced instances of racism and classism, as some distribution tactics for birth control centered around eugenic intentions for population control that were enforced on poor women, women of color, and immigrant women.³⁵ In a Western context and for much of U.S. history, “the primary value of women was first as sexual object and second as reproductive vessel.”³⁶ The intersection between women and the development of reproductive technology offers in many instances freedom, agency, and choice while at the same time reinforcing control and exploitation of

women's bodies.³⁷ Judy Wajcman argues that “nowhere is the relationship between gender and technology more vigorously contested than in the sphere of human biological reproduction.”³⁸ Technological and medical advancements of reproductive technologies are expected to progress at a rapid rate, characterizing an exigence for analyzing discourse surrounding reproductive technologies and gender within the major political moment. Though the *Dobbs* decision is a significant timestamp for exploring the discursive connection between reproductive technology, gender, and bodily autonomy, feminists have been confronting these issues for years.

Feminism's History with Reproductive Technology

Amongst all movements for women's equality, reproductive health has been a major issue emphasizing “women's struggle throughout history against the appropriation of medical knowledge and practice by men.”³⁹ From one perspective, advances in reproductive technology have impacted and transformed women's lives for the better. Healthy pregnancies and safe childbirth are attributed to modern technologies, with even infertile women having greater options for the opportunity to conceive a child. Another perspective is shared by Shulamith Firestone in her 1970 book *The Dialectic of Sex: The Case for the Feminist Revolution*, in which she argues for the radical denaturing of reproduction, observing that, in the words of Anne Fausto-Sterling, “childbirth and the traditional family provided the fertile soil out of which grew women's oppression.”⁴⁰ Firestone suggested the development of technology to support completely artificial reproduction, removing a woman's body altogether.⁴¹ Wajcman takes the stance that “with dramatic advances in biotechnology, and the prospect of genetic engineering, women's bodies have in some respect become increasingly vulnerable to exploitation.”⁴² In agreement with Wajcman, Fausto-Sterling argues that: “as we have developed the technological capabilities to choose when to reproduce, and to manipulate the events of fertilization,

implantation, and child birth, these natural processes have become ‘denatured,’ that is, subject to increasingly complex levels of technological intervention.”⁴³ Wajcman notes the diversity of perspectives surrounding technology and women’s fertility and sexuality, stating that “feminists have recently been more concerned either to oppose the experimentation on women’s bodies that the development of these techniques entails or to harness these techniques in the interests of fulfilling women’s maternal desires.”⁴⁴ To expand on these varying perspectives, in the rest of this section I highlight connections between the feminist movements in the United States and discussions of reproductive rights.

Before reproductive technology innovations in the 1960s and beyond, women’s rights for bodily autonomy had been a topic of contention. In 1948, the United Nations (UN) issued the *Universal Declaration of Human Rights* (UDHR) outlining human rights as a part of international law. Elizabeth S. Goldberg notes that this Declaration that claims equality for all peoples “was signed and ratified by governments that were actively engaged in oppressing others through the mechanisms of colonization and imperialism, and that created and enforced racist and sexist laws, policies, and practices.”⁴⁵ Therefore, the contemporary human rights movement instigated by the UDHR is laden with paradoxes with it being “expansive and constrained, aspirational and corrupt,” with women’s rights continuously excluded.⁴⁶ The UDHR’s description of human beings in many respects ignores women which can be attributed to social roles imposed on women. These social roles have “originated in the body; for women this boiled down to their reproductive capacities. Women’s social roles, biologically determined by their function as childbearers, were limited to wife and mother,” binding women’s traits and qualities to their bodies.⁴⁷ Since women’s identity has been bound to their body, their experiences have similarly been defined by their bodies, resulting in sexual and gender-based violence. In an

attempt to incorporate and recognize women's rights as human rights, the first and second wave feminist movements focused on public participation, including the right to vote, access to education and work, and protection from discrimination on the basis of gender and sex.

Women's movements have pushed women's voices to the forefront and criticized prevailing knowledge claims privileging men in dominant races, classes, and cultures. With the introduction of advanced reproductive technologies, feminist discourse and movements shifted from a focus on social roles to a focus on bodily autonomy and reproductive rights. Diverse discussions of reproductive technologies and bodily autonomy span the recent history of feminist discourse and movements, hinging on whether these technologies hinder or support bodily autonomy.

As reproductive technologies advanced in the 1960s and 1970s, feminists became increasingly concerned with their progression. Public discourse picked up during the 1970s and early 1980s within second wave feminism focused on reproductive technology and the implications for women's control over their bodies and reproductive health. In the 1970s, US feminists interrogated the relationship between gender and science. Feminists' initial interest centered around science and the "uses and abuses to which science has been put by men."⁴⁸ One example of this, highlighted by feminists, is the tendency to emphasize biologically determined sex roles with biology being used to promote the perspective of "women's nature as different and inferior."⁴⁹ The second wave feminist movement saw an increased focus on women's health, since "regaining knowledge and control over women's bodies—their sexuality and fertility—was seen as crucial to women's liberation."⁵⁰ As means towards liberation and bodily autonomy, second wave feminism promoted campaigns for improved birth control and abortion rights. About a decade after the second wave movements, UN country delegates came together, in September 1995 at the Fourth United Nations Conference on Women in Beijing, "determined to

advance the goals of equality, development, and peace for all women everywhere in the interest of all humanity.”⁵¹ The conference resulted in the *Beijing Declaration of Action*, a blueprint for advancing women’s rights, that famously states “Women’s rights are human rights.”⁵² This empowering phrase became the mantra for the global women’s rights movement in the 1990s.⁵³ Though late 1900s feminists movements attempted to unite women to address and expand women’s rights, polarized and passionate debates continue to this day surrounding existing and new reproductive technologies.

Agency, Reproductive Technology, and *Dobbs*

Access to abortion and the impact on women’s rights became an immediate fear as a result of the *Dobbs v. Jackson* decision. In addition to abortion access, the Supreme Court’s decision sparked concerns relating to private information and surveillance, as well as other rights that might be at risk including access to birth control and marriage equality. The *Dobbs* decision and these subsequent concerns reflect a shift in notions of women’s agency. I define agency in this thesis as the freedom, ability, or affordances one has⁵⁴ to make decisions about one’s own experiences. In the context of this thesis project, I more specifically refer to agency as women’s capacity to control their own bodies both with respect to reproductive technology but also outside of these technologies through forms of resistance.⁵⁵ Rhetoric historically can determine and define agency along with offering routes towards agency. As in the feminist movements of the late 1900s, agency is a pertinent aspect of reproductive rights and with the *Dobbs* decision threatening women’s bodily autonomy, women have responded in varying agentic ways. One response involved information seeking on digital platforms focused on women. Katie Robertson of the *New York Times* reported on a significant increase in readership of women-centric publications. Robertson noted that media outlets such as *Jezebel* saw an 18 percent increase in

traffic. The jump in numbers is attributed to readers having an interest in the feminist perspective on abortion rights as well as seeking out information and resources related to contraceptive access and the impact of the *Dobbs* decision in their area.⁵⁶

Another response to *Dobbs* centers around women's health, contraception, and fertility access as related to menstruation tracking, birth control, and IVF. A twenty-first century evolution of reproductive technology involves women's use of menstrual and fertility tracking apps as well as smart wearables such as Fitbit and Apple watch. Wearables like Fitbit promise increased control over health through the tracking of information about an individual body, such as heart rate: "Fitbits and other trackers record information...then upload this data to home computers, to the cloud, or both. The data can then be parsed by doctors, shared with friends, or simply collected as a record."⁵⁷ Related to wearables, period tracker and fertility apps are used by many people as digital diaries logging reproductive health information. Even though these devices allow women to feel empowered and more connected to their bodies, post *Dobbs* a significant amount of people who use wearables and menstrual and fertility tracking apps are concerned that their data will be used against them if they have an abortion. With abortion now being banned or restricted in many states, some are worried the information on these apps will act as incriminating data for those who decide to end a pregnancy in certain parts of the country. Other sources of information such as text messages, internet searches, and online communications such as email and now Facebook messages have also been highlighted as spaces in which information could be used against people in abortion cases.⁵⁸ At the time I'm writing this, there is a case in Nebraska in which two women have been charged with felonies for ending a pregnancy as communicated about through private messages on Facebook.⁵⁹ In response to data becoming an increasingly large part of the health of our everyday lives, some health

insurance plans now include data identity theft protection as part of a coverage option, a move that indicates how, in Casey Andrews Boyle's words, the "health of a physical body is becoming linked to the integrity of bodies of data."⁶⁰ The Supreme Court's decision may also have unintended consequences, impacting those who use IVF to get pregnant. Since the overturning of *Roe v. Wade*, questions have arisen related to embryos and assisted reproductive technology like IVF: "many fear that regulations on unwanted pregnancies could, unintentionally or not, also control people who long for a pregnancy."⁶¹ The *Dobbs* decision has caused concern and uncertainty surrounding the power imposed on women through restrictions and surveillance of reproductive technologies and bodily autonomy along with routes women and people with a uterus have towards agency. The relationship between reproductive technologies and the policing of women is further explained in discussions of biopolitics.

Biopolitical Influence on Reproductive Technology

A key contribution to the emergence of our modern conceptions of reproductive technology arrived in the theories of Michel Foucault. Foucault defines biopolitics "as *techniques* of power present at every level of the social body and utilized by very diverse institutions."⁶² By this, Foucault means that the power imposed on individuals or populations by government entities or societal structures constitutes biopolitics. Through biopolitics, institutions such as the family, army, schools, police, and medicine act as "factors of segregation and social hierarchization, exerting their influence on the respective forces of both these movements, guaranteeing relations of domination and effects of hegemony."⁶³ The concept of biopolitics was birthed out of Foucault's discussion of "bio-power." The introduction of new techniques and technologies in the West in the eighteenth and early nineteenth centuries allowed for the

expansion and extent to which power, specific governmental and political power, could subjugate bodies and control populations.⁶⁴

One of the contexts in which Foucault discusses biopolitics and biopower is in his analysis in “The Birth of Social Medicine” lectures on the history and change in social medicine during the eighteenth century. The change is associated with the medicalization of state power which is associated with the state using medicine to exert power over individuals and collective bodies through social health as a form of biopolitics. Foucault argues that capitalism facilitated the socialization of the body: “For the capitalist society, it was biopolitics, the biological, the somatic, the corporal, that mattered more than anything else. The body is a biopolitical reality; medicine is a biopolitical strategy.”⁶⁵ In the eighteenth century, the hospital became a space for the disciplining of bodies to optimize capabilities and economic productivity, emphasizing a biopolitical perspective and shift towards the medicalization of individual and collective bodies. The individual body and social groups became objects and populations that needed to be controlled and surveilled in order to optimize their capabilities and economic productivity, constituting biopolitics.⁶⁶ Foucault describes this shift in terms of power over life and death: “one might say that the ancient right to *take* life or *let* live was replaced by a power to *foster* life or *disallow* it to the point of death.”⁶⁷

The biopolitical management of life and death privileges some bodies and marginalizes others on the basis of gender, race, ethnicity, class, age, ability, and sexual orientation. As seen throughout the history of reproductive technologies, advancements at times relied on the abuse and oppression of others (e.g., James Marion Sims, forced sterilization of Black women and women with disabilities). In support of such biopolitical management, Rosi Braidotti emphasizes that “the bodies of the empirical subjects who signify difference (woman/native/earth or natural

others) have become the disposable bodies of the global economy. Contemporary capitalism is indeed 'bio-political' in that it aims at controlling all that lives."⁶⁸ The history of women's reproductive capacities exemplifies such biopolitical management. In their book *Women and Reproductive Technologies: The Socio-Economic Development of Technologies Changing the World*, Annette Burfoot and Derya Güngör discuss the early biopolitical medicalization of reproduction and therefore women's bodies, as pregnancy and birth experienced a transition from a centuries-old knowledge base of care facilitated by midwives to knowledge and practices being controlled, housed, and wielded by hospitals and male doctors. Another more recent example of biopolitics can be seen with the encouragement of fertility and management of abortions that has contributed to the regulation of populations as well as established segregations and hierarchies.

As indicated in Braidotti's statement, Foucault's explanation of biopolitics is not without critique. Sandra Lee Bartky remarks that Foucault treats the human body as one, ignoring the impact gender has on bodily experiences. Bartky argues that Foucault's discussion of power reproduces sexism, noting that "to overlook the forms of subjection that engender the feminine body is to perpetuate the silence and powerlessness of those upon whom these disciplines have been imposed."⁶⁹ Foucault's explanation of biopolitics minimalizes the experiences of women by ignoring how biopolitical actions impact the human body differently based on identity. Therefore, discussions of biopolitics require the acknowledgement of differing aspects of discrimination based on varying identities.

A focus on the rhetoric of medicine does not end with Foucault, but instead has been taken up by rhetoricians of health and medicine "to explain recent developments residing at the intersection of technology, politics, and biological life," contributing to understanding

biopolitics.⁷⁰ Barbara A. Biesecker explores the rhetoric surrounding and responding to Black Lives Matter in her discussion intersecting “vital human life” and the political. In her discussion on health narratives, Lisa Keränen calls for continued scholarly work analyzing and criticizing health discourses, in order to apply a critical lens to the interplay between health, medicine, language, and power.⁷¹ The medicalization of bodies and power over the individual body continues to this day in a variety of capacities; however, for the purposes of this thesis I explore the biopolitics of abortion as a reproductive technology, specifically within the context of the landmark Supreme Court decisions of *Roe v. Wade* and *Dobbs v. Jackson Women’s Health Organization*.

Rhetoric, Reproduction, and *Roe v. Wade*

One of the most evident ways in which biopolitics has emerged in twentieth century political discourse is in the ongoing debate over abortion rights. Since the 1973 *Roe v. Wade*, abortion rights have been repeatedly contested and challenged. Over the past half century, many rhetorical scholars have studied the rhetoric of *Roe v. Wade* and subsequent pivotal court cases along with the rhetoric of reproductive rights movements arguing that such rhetoric has developed the foundation for reproductive rights challenges. In this section, I review prominent arguments rhetorical critics have made concerning reproductive rights thus far.

Within feminism and women’s movements the exigence for equality and inclusion of women demands infrastructural and societal change. Throughout history, there has been a consistent call for legal equality of women because law has been and continues to be a site distinguishing women’s rights from human rights, the rights of men. Karlyn Kohrs Campbell argues that the rhetoric of women’s liberation is a distinctive genre that is a “dialectic between discourses that deal with public, structural problems and the particularly significant statements of

personal experience and feeling which extend beyond the traditional boundaries of rhetorical acts.”⁷² The interplay between personal and public is central within feminist discourse, attempting to recognize the prevalent, common experiences of women while highlighting those experiences as public issues in need of reform. Feminist discourse offers valuable insight into “rhetorical interactions that emphasize affective proofs and personal testimony, participation and dialogue, self-revelation and self-criticism, the goal of autonomous decision making through self-persuasion, and the strategic use of techniques” to upend the status quo.⁷³ Though feminist discourse of reproductive technologies attempts to disrupt the status quo and provide agency, it has been critiqued by scholars for being exclusionary and restrictive.

In her discussion of judicial abortion rhetoric, Katie L. Gibson examines the Court’s majority opinion in *Roe v. Wade*. Gibson argues that the constructs of “doctor knows best” and “woman-as-patient” expressed in the decision “created a rhetorical opening for future judges and legislatures to allow the state a greater role in the abortion decision-making process” by writing women’s voices out of abortion legislation.⁷⁴ Gibson’s arguments indicate a relationship between state rhetoric and medicine, exemplifying how legal rhetoric can fuel biopolitical oppression. By limiting women’s voices in legislation, the legal rhetoric of *Roe* has warranted judges and legislators following the 1973 decision to further restrict women’s rights. Such a consequence can be seen in the Supreme Court’s 2007 decision in *Gonzales v. Carhart* in which, for the first time, the Court favored a restriction on abortion *without* an exception to protect the pregnant person’s health, an exception that had been previously affirmed by the Court until this ruling.⁷⁵ Though the *Gonzales v. Carhart* decision ruled against protecting women’s rights, in a separate argument Gibson asserts that Justice Ruth Bader Ginsburg’s dissent for the case “articulates an alternative framework for reproductive rights, and it shifts the language of the law to legitimate

voices, experiences, and rights of groups traditionally excluded by the rhetoric of the law.”⁷⁶ Gibson claims Ginsburg’s dissent defends women’s rights and offers an alternative form of argument for future cases through the language of equality instead of the language of privacy. This rhetorical move by Justice Ginsburg “anchor[s] reproductive control to the personhood and lived experiences of women,”⁷⁷ upholding reproductive rights even in an instance of suppression.

Together with rhetorical critiques of majority and dissenting opinions, scholars have also studied the rhetoric of the reproductive rights movement. Tasha N. Dubriwny and Kate Siegfried analyzed later abortion narratives contending that such narratives “limit women’s reproductive freedom by constructing a motivational vocabulary for understanding (and supporting) later abortions based on mercy and good motherhood.”⁷⁸ The framing of abortion narratives in this way consequently scrutinizes the “rights and decision-making capabilities of others,” whose narratives may fall outside those of a merciful, good mother.⁷⁹ As a result, not all abortion narratives are treated with the same air of acceptance. In addition to Dubriwny’s and Siegfried’s research, Karen Weingarten critiques the rhetoric of choice in pro-abortion and pro-choice debates, noting that such a critique has been around since the early 1970s following the *Roe v. Wade* ruling. The rhetoric of choice enforces self-regulation and responsibility upon individual women, framing access to and use of reproductive technologies as a choice. Weingarten argues that “using the rhetoric of choice as a means to ensure access to abortion will ultimately limit large classes of women from having equal access to a range of reproductive procedures and options.”⁸⁰ Choice is subjective as differences in race, class, and ability impact the actual “choice” people with a uterus have to access reproductive technologies.⁸¹ Though such a critique is not new, Weingarten urges that it must be raised again in light of reproductive technological advancements, which further complicate the rhetoric of choice. Weingarten cautions that “as

long as abortion is only guaranteed through the logic of choice and privacy, laws meant only to regulate reproductive technologies by limiting choice might actually be appropriated by anti-abortion lawmakers and lobbyists to continue to restrict access to abortion.”⁸² Rhetoric of choice has the potential to backfire as in the case of the *Dobbs* decision in which it was determined that the Constitution does not support the right to privacy for abortion, opening the door for the restriction of abortion and other reproductive technologies. The rhetoric of *Roe* and the reproductive rights movement evidently have consequences for definitions of bodily autonomy as related to reproductive decisions and rights. Therefore, the rhetorical moment post-*Dobbs* affords a glimpse into women-centric discussions of a nationwide reproductive decision and its impact on notions of bodily autonomy.

Rhetorics of Time and Dystopia

Since temporality is a central theme of the post-*Dobbs* discourse, it is valuable to explore how rhetoric appeals to and frames the present and future. Temporality and rhetoric were most evidently merged with Aristotle’s three species of rhetoric: deliberative, judicial, and epideictic. Aristotle argued that each of these species has its own time, with deliberative emphasizing the future, judicial centering the past, and epideictic focusing on the present while reminding the audience of the past and projecting visions for the future. This distinction, however, is blurry as Aristotle acknowledges that deliberative rhetoric’s concern with the future rests on what is known from the past.⁸³ The interwoven nature of temporality within rhetoric aligns with the impact the past rhetoric of *Roe v. Wade* has had on the Court’s decisions preceding it. Therefore, naturally, discourse following the *Dobbs* decision draws on the past to showcase the present and future of America, the two temporal themes I highlight in this thesis.

While Aristotle often provides the most recognizable ways of thinking about the roles of time and temporality within rhetorical studies, other scholars in the intervening centuries have rendered time in different ways as powerful rhetorical devices. As I noted in the introduction, for example, philosopher Richard McKeon sees “time and temporality” as a *topoi* for helping us understand the multivariant and complex ways in which particular notions of time frame the expression of certain ideas or arguments—an idea that is useful in the work of this project. Similarly, in a very traditional sense, Michael Leff demonstrated how analyzing the different temporalities within Abraham Lincoln’s Second Inaugural Address could help explain the text’s rhetorical effects, particularly how the blending of different times “serves as a vehicle for sustaining its major themes.”⁸⁴ More recently still, other rhetorical scholars have taken up the idea of time and temporality such as Liron Lavi (temporal plasticity in news media and social media),⁸⁵ Hannah Tabrizi and Marina Levina (spaciotemporal logic of health in COVID-19 narratives),⁸⁶ Christine Davis et al. (temporality within a Pediatric Palliative Care Team),⁸⁷ Leslie A. Hahner (a working woman’s resistance to temporal protocols),⁸⁸ and Evelyn Wan (temporal violence of digital culture).⁸⁹ Following in the steps of McKeon, Leff, and others this thesis will make time and temporality a central theme of its rhetorical analysis, particularly through the analysis of two divergent times described within the *Jezebel* discourse and how they direct women’s agency post-*Dobbs*.

Among these other ways of thinking about time in rhetoric, temporality acts as the basis for situating the present and imagining the future in discussions of utopias and dystopias, the latter of which will be integral for this project. Utopias and dystopias function as rhetorical devices, either by critiquing the present or generating fear for the future. Often envisioned by marginalized perspectives, imagined utopias function to critique the present.⁹⁰ Specifically,

utopic conceptions “analyze the conditions of the present to prescribe conditions for the future”⁹¹ in which the future is an improvement of the present void of oppressions, therefore offering a future of freedom to those who are marginalized. Whereas dystopic visions crystalize and commonly worsen present issues of oppression, creating a world that invokes fear in the present.⁹² In this way, rhetorical constructions of a dystopia are often fictional and speculative, acting as conceptual tools to demonstrate the dangers of the present. The fear of a dystopic future can unite marginalized communities, like women, driving them to enact agency in the present in order to avoid or disrupt the dystopic future.

Reproductive technologies and access are featured in many futures of America, often in depictions of dystopias such as in *The Handmaid’s Tale* and *Brave New World*. These dystopian futures highlight extreme governmental and political control over reproduction, control which many news sources note⁹³ is mirrored in the *Dobbs* decision. Such dystopic constructions often emerge from utopic visions describing the utopian paradox in which a utopic vision overlooks ingrained societal biases, beliefs, and structures therefore reinforcing oppression and creating a dystopian society.⁹⁴ A common theme among many Western utopian and dystopian visions is a focus on gender identities and relations as organizing principles of these imagined societies. Though utopian visions may offer transformative ideas for gender roles, sex, and reproduction, these visions “can become excuses for oppression and violence.”⁹⁵ Gender acts as the basis for the utopian paradox, “since attitudes toward sex, women's status, gender roles, family, marriage, and motherhood are deeply held and easily reside in the ideological blind spots of those who would reconceptualize social arrangements.”⁹⁶ The feminist utopian paradox is one in which many feminist utopias, in an attempt to empower women, support agency, and create social change, reinscribe reproduction and motherhood as the main role of women. In many classic

utopias and dystopias, women remain oppressed in societies that reinforce social hierarchies and gender roles. Replicated gender conventions in utopian visions turn utopias into dystopias in which utopian visions of progress reveal dystopian visions of social control.

Feminist perspectives of reproductive technologies are polarized not only in feminist movements for reproductive rights but also through visions of a utopian and dystopian America. Imagined utopian and dystopian societies often depict gender in conjunction with the use of reproductive technologies. As mentioned previously, feminists both support and criticize an emphasis on reproductive technology as a means to end women's oppression since such technologies operate within a paradox of empowerment and control. Referring back to Firestone's visions for reproductive technology, she supported that to improve their lives women should abandon reproduction, and instead society should rely on the use of reproductive technologies for population growth. Such visions highlight the flexibility reproductive technologies offer by making parenthood available for more people. However, Donna Haraway criticizes such visions that herald reproductive technologies, arguing that they are "heavily embedded in the history of misogyny, medicalization, and control of the female body."⁹⁷ Additionally, critics of reproductive technologies and associated utopias/dystopias argue that such technologies reinforce racial and class hierarchies by limiting access to those who have the means to afford them. Utopian visions like Firestone's that support birth-without-burden have the potential to result in dystopian horrors eliminating or devaluing women's bodies. Therefore, visions of utopias and dystopias suggest reproductive technologies have the potential to reinforce gender identities and roles further oppressing women. The prospect of a future in which women are subordinated "to the value of babies and the decisions of politicians and physicians, is a contemporary feminist concern about reproductive technology."⁹⁸

As related to temporality being associated with conceptions of utopias and dystopias, there are feminist notions of time, more specifically Western feminism. Feminist movements themselves are temporal, referred to as successive waves situated in varying times and associated with differing goals and tactics for change. These feminist movements are linked to narratives of time which construct a chronology of achievements or downfalls to critique women's situation. As such, feminism acknowledges the connectedness of temporality and women, as feminist movements and activism attempt to create a better future for women by taking action in the present. Bonnie G. Smith highlights this connection:

Temporality has been a ground for women's political movements...A temporal urgency has often characterized demands for the vote; legislative reform in matters of bodily autonomy, including divorce, abortion, and contraception; alleviation of poverty; access to jobs; and equal wages...Violence against women also was seen in a temporal spectrum of an ongoing evil of immediate concern. The present resonated and resonates with injustice and danger of women. The future must be different.⁹⁹

In this way, women's agential acts in the present are associated with the temporal urgency of feminist movements and discourse to construct an improved future for women. Thus, a presentist frame is associated with and utilized by feminists "in part because of an often-urgent focus on current issues."¹⁰⁰ Current issues that afflict women stem from women's bodies and reproductivity. Time and temporality have been linked to women's bodies in references to women's biological clock, the periodicity of menstruation, or aging. The course of women's lives has been associated with reproductive temporality which has shaped the oppression of women. Therefore, beyond taking actions in the present to achieve a better future, women have envisioned better futures, as mentioned above, through imagined utopias which attempt to transcend oppression, especially oppression of gender and sexuality. Though, as mentioned previously, such utopian visions can simultaneously result in dystopian conditions for women. As such, feminist notions of temporality toe the line between emphasizing concerns for the

future while invoking concerns for the present, both instances demanding change in the present for the future of women.

Reproductive technologies continue to advance and close the gap between utopic and dystopic speculations and material reality such as with nonsexual reproduction, in-vitro fertilization, and extrauterine gestation.¹⁰¹ With such advancements aligning with previous visions of America's future, the post-*Dobbs* discourse highlights feminist fears of government control over abortion and reproductive health access that would result in a dystopic American future.

Summary of Literature

The six areas of literature I have highlighted above showcase interwoven themes of power, health, and autonomy that I apply to my analysis. In the wake of *Roe*, discourse discussing reproductive technology cannot be separated from the feminist movements of the time. The same can be said of the post *Dobbs* discourse which includes the added complexity of contemporary advancements in reproductive technology. In both instances, biopolitics shapes the rhetoric following the major political decisions as well as the individual and collective response surrounding discussions of reproductive technology and bodily autonomy. The temporal themes of the women-centric discourse explored in this thesis emphasize the realness of the present and future visions of America and function as rhetorical devices critiquing the present and framing the future in such a way to demand varying forms of agency to achieve bodily autonomy.

Chapter 3: “This is Happening *Right Now*”: The Realness of the Present

“So here we are. *Roe* is dead.”¹⁰² The Supreme Court’s 6-3 decision in *Dobbs v. Jackson Women’s Health Organization* resulted in a “post-*Roe*” world where *Roe v. Wade* has been overturned. Almost immediately following the announcement of *Roe*’s demise, questions of women’s bodily autonomy over reproductive technology erupted across the nation. The women-centric rhetoric following this nationwide reproductive decision offers a glimpse into how discussions of reproductive technology define visions of agency around bodily autonomy in a post-*Roe* America. As I will show, temporality is a central theme within these discussions, a theme this project will examine in both chapters three and four of this thesis. This investigation begins by analyzing the first temporal theme of the reproductive technology discourse: the realness of the present and how continuity between past and present directs calls for change via conventional methods of political agency.

The first theme focuses on the reality of living in post-*Roe* America and how *Dobbs* functions as an exigence for action. The discourse directs the reader to realize the irrefutable nature of the present, noting that “as some abortion rights advocates compare the reversal of *Roe* to the Taliban, or fictional dystopias like Gilead, this is the United States of America, and this is happening *right now*.”¹⁰³ Said otherwise: these rhetorics direct readers to understand *Dobbs* not as a return to the pre-*Roe* past or a jump to a disjunctive, dystopian future, but as a new stage of the present moment, one with a different status quo but consistent with the political realities of the pre-*Dobbs* world. As we will see in the next chapter, the feelings and experiences following the *Dobbs* decision do sometimes invoke comparisons between the present time and dystopian imaginations that lead to calls for a different type of agency. However, this chapter focuses on

voices in *Jezebel* that argue references to imagined dystopias detract from the reality of the present moment in America. Therefore, conventional forms of agency to address the chaos caused by the overturning of *Roe v. Wade* are the logical course of action.

I organize these ideas into two significant sections below. In section one, I start by describing the post-*Dobbs* restrictions which are creating confusion and chaos in their variability and complexity. In particular, I will show how depictions of restrictions and figures of violence stress that tragedies around reproductive technology and bodily autonomy are *actually* happening in the present. In section two, I will show how conventional forms of agency to reclaim bodily autonomy are appropriate in addressing this present reality. I pay particular attention to three forms of conventional agency—lawsuits, legislative and executive action, and individual voting and activism—as means to take back bodily autonomy stripped away by the *Dobbs* decision. Finally, I conclude the chapter with rhetorical implications of the temporal present and offer a preview for the analysis performed in the fourth chapter of this thesis.

Building a Rhetorical Now

Within the pages of *Jezebel*, a cadre of women and their pro-choice supporters rhetorically construct a temporal frame from which to consider responding to this new post-*Roe* world. In particular, this temporal frame emphasizes seeing post-*Roe* America from a presentist perspective—a perspective that Aristotle reminds us mediates between the past and the future. In this presentist perspective, women and their pro-choice supporters are urged to see *Dobbs* as producing dangerous and distressing challenges to abortion access in the United States; however, at the same time, *Dobbs* is seen as a not-unexpected result of the exercise of power in a traditional political system. In addition, by drawing continuities between pre- and post-*Dobbs* challenges to bodily autonomy, presentist temporality functions, in part, to frame *Dobbs* as a

change in the status quo that can be remedied by fervent but still conventional actions on the part of pro-choice people and institutions. Hence, the presentist temporal theme is key to imagining what kinds of agency women can deploy against the challenges posited by *Dobbs* to bodily autonomy. To build this presentist frame, the women in *Jezebel* articulate two shared rhetorical approaches: emphasizing restrictions and trigger laws and stressing continuous violence.

A “Patchwork of State Laws”: Restrictions Following *Dobbs*

As a means to ground the present reality of America, some voices in *Jezebel*’s reproductive discourse focus on the extensive and confusing abortion restrictions that took hold immediately following the *Dobbs* decision or soon thereafter. In this way, vivid and repetitive descriptions of laws and restrictions served as a form of rhetorical “chronographia”—a “vivid representation of a certain historical or recurring time...to create an illusion of reality.”¹⁰⁴ When the Supreme Court overturned *Roe*, individual states were given the power to determine and enforce abortion restrictions, making possible differing state restrictions for abortion access and care across the nation. States that welcomed the power to restrict abortion access implemented varying trigger laws and abortion bans.¹⁰⁵ The discourse repeatedly mentions the inconsistency between state trigger laws, both when the trigger laws would go into effect and the parameters of each individual law as related to the maximum gestational period before an abortion is prohibited.¹⁰⁶ In addition to trigger laws, the discourse highlights the pre-*Roe* bans¹⁰⁷ some states have, distinguishing them from trigger laws and adding to the complexity of regulations in the present moment.

However, despite what feels like a “new” set of restrictions, the mentioning of pre-*Roe* bans emphasizes a presentist perspective in which restrictions were already in place or proposed and the *Dobbs* decision is a continuation of restrictions on a larger scale. *Jezebel* contributor

Kylie Cheung outlines the magnitude of these restrictions by listing the thirteen states¹⁰⁸ that have trigger laws, the ten states¹⁰⁹ with pre-*Roe* bans, and the three states¹¹⁰ with both. These lists of states include only those that have restrictions proposed or were previously in effect on the day *Roe v. Wade* was overturned. Within the three months following *Dobbs*, additional states such as Georgia¹¹¹, Ohio¹¹², and Idaho¹¹³ have graced the digital pages of *Jezebel* with similar restrictions to those proposed by initial trigger laws. With numerous restrictions set to take effect in short succession, *Jezebel's* Caitlin Cruz illustrates:

The court's decision plunged abortion access into chaos, given the patchwork of state laws governing it. In April, Oklahoma passed an outright abortion ban on top of its existing six-week ban; while Michigan still had a pre-*Roe* law outlawing abortion on the books...Earlier this month, Iowa's state Supreme Court rescinded its 2018 ruling that abortion is a 'fundamental right' in the state constitution, thereby opening the door to future legal challenges. On Monday, a federal court said South Carolina's six-week ban can go into effect immediately.¹¹⁴

The presentation of restrictions back-to-back further conveys the complexity, vast array, and realness of state restrictions following the Court's decision. This excerpt also exemplifies that reproductive access and restrictions have been an issue of contention in America before the *Dobbs* decision, indicating that the post-*Dobbs* restrictions, though more constricting and widespread, are a continuation of a long line of restrictions. The far-reaching nature of post-*Roe* restrictions is captured in the statement, "one in three pregnancy-capable people has reportedly lost legal abortion access in their states since *Dobbs*."¹¹⁵ Lists and figures that detail individual state restrictions demonstrate the extent to which the *Dobbs* decision has overwhelmingly impacted the reality of the United States; however discussions of pre-*Roe* bans affirms the continuity of abortion restrictions recognizing that these restrictions are not new and have only been exacerbated by the *Dobbs* decision.

Beyond providing figures of state restrictions to showcase the current reality, *Jezebel* invokes the realness of such complex and differing restrictions by discussing the initial repercussions these restrictions have had on the healthcare system. Many of the trigger laws and abortion bans, terms the discourse uses interchangeably,¹¹⁶ lack abortion exceptions for rape or incest with the only exception being a threat to a pregnant person's life. Several *Jezebel* articles¹¹⁷ highlight the ineffectiveness of exceptions in cases when the pregnant person's life is at stake as often times these exceptions are too vague and ambiguous to help. Doctors have expressed that the lack of clarity the trigger laws provide causes uncertainty surrounding what point in a patient's care they should intervene to save their patient's life while avoiding prosecution. An example of confusion can be found in Louisiana, where multiple doctors wrote affidavits against the state's trigger law, expressing their concern of uncertainty regarding the state's restriction. Dr. Nina Breakstone, an emergency doctor, wrote "I am worried that I could go to prison just for handling a miscarriage as I always have."¹¹⁸ Along with Dr. Breakstone, Dr. Elisa Arrillaga, an emergency physician, wrote, "The Trigger Bans leave me and my colleagues at a loss for how to do our job."¹¹⁹ In drawing on the concerns of doctors, *Jezebel* supports that the ambiguous language of trigger law exceptions creates an environment in which doctors are unsure how to care for their patients without hesitating to provide care for fear of prosecution. With confusion about the restrictions and the possible consequences, "providers and their patients are in free fall," again insisting the present state of instability.¹²⁰

On top of medical doctors being unsure how to care for their patients under the new laws, pharmacies have responded to similar confusion by restricting and limiting medications. One example includes multiple pharmacies "refusing to dispense misoprostol because they were unsure what criminal penalties they would face" if the prescription was used for an abortion.¹²¹

Even in instances where the pharmacies confirmed the doctor had not prescribed the medication for an abortion, the pharmacies still refused to fill the prescription.¹²² Another example involves the decision by CVS and Rite Aid to ration emergency contraception like Plan B, since sales of Plan B increased by 3,000% shortly after the Court's decision to overturn *Roe*.¹²³ *Jezebel* attributes the stark increase in sales to the chaos and uncertainty caused by the confusion surrounding whether state restrictions limit people's ability to access abortion care through medical providers.¹²⁴ These examples reassert the presentness of post-*Roe* restrictions by showcasing the impact such restrictions have on the healthcare system. By outlining the vast array of current restrictions and timelines in combination with hesitant responses, the discourse points to the present reality of the United States, while reminiscent of prior restrictions, as uncertain and tumultuous.

The Already Present Violence: Figures and Depictions of Violence

Coupled with descriptions of invigorated restrictions against bodily autonomy, rhetors in *Jezebel* detail present and pervasive violence associated with reproductive institutions and bodies. Again, chronographia's vivid description to assert the immediacy of the present came into play in this rhetoric. In particular, health centers that provide abortions and other reproductive care are described as being under literal and legal attack. Certainly, reproductive health centers like Planned Parenthood have always faced threats and violence and took numerous steps pre-*Dobbs* to ensure the security of potential clients and staff.¹²⁵ Thus, the reality of reproductive health centers under threat pre- and post-*Dobbs* affirmed a continuous experience in the present. However, post-*Dobbs* rhetoric clearly asserts the magnitude of these threats and violence has changed, indicating a shift in the status quo even while maintaining a continuous present.

This difference is clear in one article that highlights the release of the National Abortion Federation's (NAF) latest report comparing the condition of violence and harassment directed at abortion clinics in 2021 to 2020. The article notes that the NAF found a: "600 percent increase of in-person stalking incidents," "450 percent increase in physical blockades," "163 percent increase in hoax devices and suspicious packages," "129 percent in clinic invasions," and "128 percent increase in assault and battery of staff."¹²⁶ In line with these figures, *Jezebel* notes that the FBI and Department of Homeland Security have reported increased incidences and "intensification" of violence across the country related to abortion and reproductive healthcare rights following the leaked and official *Dobbs* decision.¹²⁷ The reiteration of and increase in violence directed at clinics characterizes reproductive health access and America as in a state of chaos. The use of statistics conveys the realness and indisputable fact of the violence that is happening and has been happening, further situating the present in the discourse.

Outside of reproductive institutions, individual bodies are also positioned in a continuing and current state of being violated. For example, the United States' high maternal mortality rate is reiterated across several of the articles,¹²⁸ arguing "the U.S. already leads wealthy nations in maternal mortality, particularly among people of color."¹²⁹ This fact is likely to be aggravated by *Dobbs* and a change in women's rights to bodily autonomy; however, because it was true before and after the *Dobbs* decision, these appeals again indicate a continuity between the pre- and post-*Dobbs* world.

Notably, the term "already" asserts the present nature of the information shared, spotlighting the reality of the current violence imposed on pregnant people's bodies, particularly the bodies of people of color. The discourse hones in on race and maternal mortality, noting that "nationwide, Black women are three times more likely than white women to suffer childbirth-

related deaths, and the gulf is even wider in New York City, where Black women are 12 times more likely to die than their white counterparts."¹³⁰ The discourse attributes these present statistics to the discrimination Black people face when seeking medical care: "Black pregnant people are systematically dismissed and gaslighted by health care providers about their pain, their pregnancies, and their experiences within their own bodies."¹³¹ By highlighting racialized violence against pregnant people, the discourse attempts to reach white, privileged readers who may not be aware of the current mortality crisis impacting the United States. Even though *Jezebel's* white readers are less likely to be impacted by maternal mortality, a crisis still exists as evidenced by the data shared. The choice to apply statistics and data in the discourse points to the reality of the prevalent high maternal mortality rate plaguing the United States, demonstrating the realness of the present as a continuation of current crises.

The discourse further specifies the violence against pregnant people's bodies remarking that "homicide is the leading cause of death for pregnant people" often caused by abusive partners.¹³² Homicide exudes violence, and by calling it out, the discourse is able to more dramatically show the violence pregnant people face in the present moment. With statistics illustrating the already elevated levels of racialized violence, mortality rate, and the violent leading cause of death for pregnant people, America is described as a country in which pregnant people already experience an extreme amount of bodily violence, therefore the *Dobbs* decision represents an unsurprising continuation of this present violence.

Taking Back Bodily Autonomy through Conventional Agency

The realness of the present moment in America is established in the discourse through figures of restrictions and violence. The present is defined as a site of chaos and confusion in which restrictions and violence are actually happening to women and pregnant people. However,

as we have seen, while these horrors post-*Dobbs* are terrible, the presentist temporal framework in the texts displays them as a natural outgrowth of our present moment, rather than a dystopian break, which we will discuss in the next chapter. As a problem rooted in the present, then, these texts demand readers adopt conventional forms of agency to address issues of women's bodily autonomy. Conventional forms of agency suggest that there is still hope in the current system to avoid a full-blown dystopia, therefore these forms of agency are familiar and accessible, operating within the current parameters of the system to address concerns of bodily autonomy. From the discourse, I have organized the conventional forms of agency into three groupings in which bodily autonomy is fought for through 1) lawsuits, 2) legislative and executive action, and 3) individual voting and activism.

Lawsuits

In the immediate aftermath of the *Dobbs* decision, the commonly mentioned and immediate form of agency advocated for in the discourse involves the court system, mainly suing in state courts. Since trigger laws and abortion bans were the first state restrictions to take effect following the overturning of *Roe*, the first point of contention included lawsuits to temporarily block these restrictions. The first way lawsuits attempted to stall state restrictions, came from doctors and physicians who argued against the language of such restrictions. In Louisiana, a lawsuit was filed by the Center for Reproductive Rights challenging the state's multiple trigger bans, alleging that they were "unconstitutionally vague."¹³³ The ambiguous language was argued to have created confusion, preventing doctors from knowing how to care for their patients without facing legal recourse. In conjunction with the lawsuits, "More than a dozen Louisiana doctors filed sworn affidavits on Tuesday asking that the state not impose legislation that leave them potentially choosing between saving a pregnant person's life and going to jail."¹³⁴

According to *Jezebel* contributor Lorena O’Neil, the Louisiana lawsuits resulted in a “big legal win,”¹³⁵ in which a Louisiana judge granted a temporary restraining order to block the enforcement of the state’s trigger laws until the language of the state’s restrictions is adapted. A similar outcome occurred in Utah, where lawsuits resulted in a 14-day restraining order impeding abortion restrictions. Though these lawsuits offered a temporary fix, *Jezebel* contributor Lauren Bassett affirms “a few weeks of continued abortion access is undoubtedly a win for the pregnant people who suddenly found themselves with a canceled medical appointment and no options.”¹³⁶ *Jezebel* highlights the impact lawsuits can have on providing access even if it is temporary. Additionally, lawsuits offer hope that such legal action provides a solution to the issue of ambiguous language, sticking to achievable adjustments in the current political landscape.

A second way lawsuits have been employed is through private citizens or government entities seeking redress. *Jezebel*’s Rodlyn-mae Banting presents Florida as an example where,

seven clergy members from five different religious backgrounds filed lawsuits against the state...in an attempt to overturn its increasingly restrictive regulations around abortion, claiming that the law violates their first amendment right to religious freedom.¹³⁷

The lawsuit asserts that Florida’s abortion restriction “poses ‘substantial’ and ‘severe’ burdens to individuals’ ability to practice their beliefs, and ‘potential’ burdens on clergy leaders to soundly advise their clergy members.”¹³⁸ Religion, a perspective typically taken up in anti-abortion and reproductive arguments, is being used to combat restrictions that limit reproductive autonomy. If granted, the lawsuit offers agency to all related clergy members in the state of Florida and across the country on the basis of a religious exemption for reproductive access. Religious exemptions lean on current systems of power, religious institutions, to address present concerns of bodily autonomy.

In addition to clergy members fighting against abortion restrictions, government entities have also responded to state abortion restrictions. The Department of Justice (DOJ) filed a lawsuit in Idaho against the state’s ““near absolute ban on abortion.””¹³⁹ The lawsuit is an attempt to block the state’s trigger law, arguing that it is in violation of the federal Emergency Medical Treatment and Labor Act (EMTALA), which supports providing emergency medical care, such as an abortion, in cases where a patient’s life is at risk. Through governmental reasoning, the DOJ’s action provides another avenue for agency by temporarily obstructing abortion restrictions at the state level.

With doctors, physicians, private citizens, and government entities championing for reproductive rights through lawsuits, agency has the potential to be returned temporarily to people with a uterus in some individual states. Even though lawsuits offer a temporary solution to state restrictions, they are the most direct and prompt form of opposition to state restrictions following *Dobbs*. The discourse acknowledges, however, that the legal back-and-forth between states and abortion supporters “is already taking a massive toll on the state’s health care system that will only get worse.”¹⁴⁰ Lawsuits are providing temporary relief, but cannot be maintained forever, therefore, other conventional options need to be considered to address access to reproductive choices that support bodily autonomy.

Legislation and Executive Action

In addition to the state court system, the federal government was urged to take action as a second form of conventional agency, supporting state level attempts to achieve bodily autonomy. One example from the federal government includes bill H.R. 8373 Right to Contraception Act, which was introduced a few months after the *Dobbs* decision. Bill H.R. 8373 was introduced to offer “a legal right to obtain and use all Food and Drug Administration-approved forms of

contraception...HR 8373 also establishes a right for health care providers to provide said contraception to their patients.”¹⁴¹ The bill, if passed by Congress, would codify the right to contraceptive access and use, a clear move towards bodily autonomy. The bill was passed in the House with a 228-195 vote and is waiting to be considered by the Senate.¹⁴² *Jezebel*’s Susan Rinkunas argues that the 195 House Republicans who voted against the bill, demonstrate the Republican position “as anything other than a forced-birth agenda intended to keep women and pregnancy-capable people at home and out of sight and under the control of cisgender men.”¹⁴³ This framing by the discourse further supports that any attempt to improve access to reproductive care is a step towards agency.

Another instance of conventional agency performed by the federal government is through executive actions by President Joe Biden, a Democrat ostensibly in support of a woman’s right to choice. In response to the *Dobbs* decision, Biden introduced an executive order to protect abortion access, which reminds hospitals that EMTALA supersedes state-level restrictions requiring that health providers must provide care, which includes an abortion, if the pregnant person’s life is at risk.¹⁴⁴ With that being said, Biden’s executive order has been called “timid”¹⁴⁵ since the thirteen states with trigger laws to ban abortion have exceptions for cases in which the pregnant person’s life is at risk. *Jezebel* contributor Cheung reports that,

It’s not entirely clear what the advisory from the Biden administration brings to the table, especially when—much like rape exceptions that require victims to report their rape to law enforcement—exceptions for risks to the pregnant person’s life have often been unhelpful.¹⁴⁶

Although this executive order offers no new guidance or provision, it reminds states with abortion restrictions that medical professionals in those states are still required to perform an abortion if it is deemed medically necessary to save the pregnant person’s life. The order essentially reminds America that even the tightest restrictions cannot limit all agency. By

clarifying areas of confusion surrounding when care can be provided, the executive order strives to combat the present instability. On top of this executive order, President Biden is anticipated to sign another executive order which will “make interstate travel easier for abortion patients” by offsetting the cost of interstate travel.¹⁴⁷ This second executive order can help address gaps in care that individual state lawsuits cannot by offering a more affordable way to access abortion care if needed. Bill H.R. 8373 and the President’s executive orders are a means of working within the political system, expanding off of lawsuits, to advance access to and use of reproductive technology.

Voting and Individual Activism

The final conventional form of agency discussed in the discourse focuses on individuals and their power to vote. The months following the overturning of *Roe* were consumed with preparations for state primary elections as well as the U.S. mid-term elections in November 2022. With the *Dobbs* decision fresh in voters’ minds, the discourse heavily emphasizes the importance of voting to prevent additional agentic rights from being taken away. One strategy of voting focused on voting for representatives and political leaders who support access to and the protection of reproductive technologies. Even though the Supreme Court and state legislators are “terroriz[ing] abortion providers and dehumaniz[ing] pregnant people”¹⁴⁸ right now, they can be voted out or combatted through voting. Therefore, voting provides a routine route for addressing present concerns and volatility. Cruz contends that “a nationwide ban is a real possibility if Democrats do not retain their majorities come November.”¹⁴⁹ The *Jezebel* rhetoric pushes for readers to vote for Democrats over Republicans in the upcoming elections. If readers do not vote for representatives who back reproductive rights, the consequence could include a nationwide ban on abortion. In addition to this consequence, the discourse highlights subsequent

consequences: “Restrictions on birth control and IVF could be become a reality if we don’t reform this absolutely corrupted court,”¹⁵⁰ further urging voters to take to the polls. Voting provides a way for readers to feel empowered to make a change in the current system to address the present chaos and prevent future restrictions against reproductive technology, avoiding a dystopic future.

Voting not only comes in the form of voting for representatives but also voting for state referendums and ballot measures. The discourse highlights Kansas as the first state to vote on abortion rights through a ballot measure since the Court’s decision to overturn *Roe*.¹⁵¹ The measure in question was an anti-abortion ballot measure that would remove the right to abortion from the state’s Constitution.¹⁵² Kansans defeated the measure, demonstrating that “When the right to abortion is on the ballot, it wins.”¹⁵³ *Jezebel* indicates the importance of ensuring abortion rights in state constitutions and urges citizens to lobby for the right to allow state citizens to vote on abortion,¹⁵⁴ following in the footsteps of Kansas. State specific ballot measures are heralded as a means to have abortion supporters’ voices heard to protect reproductive access and care in the present moment. Within positive discussions for voting, however, the discourse mentions the limitations of voting: “Voting is good...But given Democratic leaders’ responses to the fall of *Roe* so far, it’s clear (and has been for years) that they have no plan to save our reproductive rights.”¹⁵⁵ Voting helps vote in representatives who share similar views and advocate for pro-abortion policies, but there is the question of “what’s the plan once we elect more Democrats?”¹⁵⁶ The goal is to champion reproductive access and care, but the discourse notes that it is not clear what actions will be taken to achieve this goal once pro-abortion representatives are voted in. Yet, as a conventional form of agency, voting

provides an avenue for individuals to take back bodily autonomy through representatives and state measures.

Conventional forms of agency that work through the courts, legislature, or executive branch, as well as those powered by individuals operate within the current system of power to achieve bodily autonomy. Lawsuits through the state courts provide an immediate response to state restrictions. Government actions of congressional bills and executive orders function as a way to fill the gaps state courts cannot. Finally, voting gives individuals agency to reform state and government bodies as well as support legislation that values the bodily autonomy of women and people with a uterus. Though deemed helpful to the present moment, conventional forms of agency do have limitations that confine the potential avenues for agency to the current system.

The Reality for Bodily Autonomy Post-*Dobbs*

Jezebel's women-centric discourse post-*Dobbs* at times discusses reproductive technology and bodily autonomy through a presentist framing, the first theme of this thesis. Figures of restrictions and violence emphasize the reality of a shift in America's status quo instigated by the *Dobbs* decision. The expansive and confusing restrictions that emerge in post-*Roe* America, stress the realness of the tumultuous present, but also the continuity of such restrictions. Trigger laws and state bans create a patchwork of restrictions that are already resulting in detrimental consequences to bodily autonomy. Restrictions are followed by figures of violence which demonstrate the condition of violence imparted on health centers and bodies in America. Presentist depictions of restrictions and violence, though distressing and monumental, are framed as fundamentally similar to restrictions and violence in America before the *Dobbs* decision. The focus of the *Jezebel* discourse on restrictions and violence results in an emphasis on the chaotic reality at present. Therefore, abortion and reproductive choices are not a future

problem but a now problem in which current political action can be used to remedy the shift in the status quo.

With America positioned in a present state of chaos, this first discursive theme aligns with three conventional forms of agency designed to take back bodily autonomy within the means of the current system. The first form of agency centers on state courts where multiple lawsuits have been filed across the country in abortion-hostile states, to directly respond to and impede state restrictions. The second form of agency comes from the government in which congressional bills and executive orders strive to supplement agency at the state level. The final form of conventional agency relies on individuals to vote on representatives who defend access to reproductive technology as well as vote for state measures that ensure respective state access to such technologies.

The temporal present and associated conventional forms of agency are consequential to future visions of America as the discourse predicts a future in which present crises will inevitably result in a dystopic future. Conventional forms of agency, though valuable, have limitations that demand to be addressed in the envisioned future. The following analysis chapter focuses on the second temporal theme of the discourse, visions of America's future, in which exceptional forms of agency are proposed to achieve bodily autonomy in a dystopic America.

Chapter 4: “It Could Always Get Worse”: Visions of America’s Future

While some voices in the *Jezebel* discourse advance a presentist temporality that largely link the events of the pre- and post-*Dobbs* eras as parts of a normative and consistent political moment, other voices in the discourse promote a different temporal framing: a fast-approaching future situating America in a dystopian society. Indeed, much of the *Jezebel* discourse previews what readers can expect for the future with phrases like “as dreadful as everything already is, it could always get worse.”¹⁵⁷ Projections for America’s dystopian future are illustrated by increased restrictions and their compounding consequences—consequences that demand exceptional forms of agency to return and ensure bodily autonomy for women and pregnant people around reproductive technology. Collectively, by discursively developing expectations for a grim future, *Jezebel* rhetors cultivate powerful motivations for exceptional acts outside the conventional tools of traditional abortion politics.

In this second analysis chapter, I again proceed in two parts. In section one, I begin by describing how *Jezebel*’s contributors communicate the extensive restrictions people with a uterus are anticipated to face in the coming months and years post-*Dobbs*. Next, I detail the consequences of an imagined future overwhelmed by restrictions in which the healthcare system and people with a uterus are impacted the most. Then, in section two, I expand on how this shift in temporal framings and political moments leads to calls for exceptional forms of agency. These agential acts, while diverse, each offer creative and innovative tactics to achieve bodily autonomy in a fast-approaching future dystopia. To conclude the chapter, I discuss the rhetorical significance of depicting visions of the future in the *Jezebel* discourse following *Dobbs*.

Approaching Dystopia: The Rhetorical Construction of a Different Political Moment

As noted above, some rhetorics in the *Jezebel* discourse rely heavily on dystopian imaginings of a quickly coming future to motivate particular forms of agency. In this section, I examine three aspects of this dystopian rhetoric in particular: a future filled with heightened restrictions, dire consequences, and increased criminalization, surveillance, and suffering.

“We Should All Be Terrified of What’s to Come”: A Future with Heightened Restrictions

The future dystopian America is grounded in discursive forewarnings of increased restrictions on bodily autonomy and reproductive technology, from total bans to considerable limits on reproductive technology access. Across the discourse, different kinds of increased restrictions build upon each other through a display of rhetorical amplification, which can be defined as a concept of magnitude in which words or phrases are intentionally arranged so as to intensify the significance of a theme or concept, in this case restrictions.¹⁵⁸ More specifically, by rhetorically stacking feared restrictions on top of each other over a succession of articles in a limited window of time, the discourse drives the reading audience to anticipate wave after wave of restriction that starkly indicate much more than a shift in the status quo, but a cataclysmic shift in the American experience.

The discourse begins this act of amplification by first outlining trigger laws and state bans that have not yet taken effect or been passed. With the extensive variety of restrictions presented in the first analysis section, including pre-*Roe* bans that went dormant after the 1973 ruling, the discourse conveys uncertainty and anxiety over which laws or bans will go into effect in the months following *Dobbs*.¹⁵⁹ One example of a pre-*Roe* ban the discourse points towards is Wisconsin where anti-abortion lawmakers are attempting to codify an 1849 state abortion ban that has the potential to “ban most common forms of contraception and birth control and prohibit

in vitro fertilization.”¹⁶⁰ The 1849 Wisconsin statute “would inevitably lead to the investigation and criminalization of people who experience miscarriage, too—medication abortion pills simply induce an abortion, and when abortion is banned, nearly every pregnancy and pregnancy outcome would become a possible crime scene.”¹⁶¹ Besides Wisconsin, similar examples of potential abortion bans from other states are described in the discourse. In an argument for what the future holds that demonstrates its own internal amplificatory rhetoric, *Jezebel* highlights the dissenting opinion of *Dobbs* which states:

the Mississippi law at issue here bars abortions after the 15th week of pregnancy. Under the majority’s ruling, though, another State’s law could do so after ten weeks, or five or three or one—or again, from the moment of fertilization. States have already passed such laws, in anticipation of today’s ruling. More will follow.¹⁶²

This thought experiment about Mississippi suggests more restrictive laws are expected to emerge following the overturning of *Roe v. Wade*, since there is no longer a precedent holding them at bay. At the time of this writing, abortion bans have not yet been passed by the states of Wisconsin or Mississippi; but each case demonstrates a ban that could be put in place in the near future with relative ease, severely restricting access to reproductive technologies like contraception and fertility treatments.

The amplificatory spiral intensifies in the discourse by moving beyond singular cases of restrictions awaiting a grace period or state approval before they are implemented, to anticipated bans with increased scope and in large numbers across the country. The most vociferous of these threatened increased restrictions in the discourse is depicted in a possible future that includes a nationwide ban on abortion.¹⁶³ Indeed, *Jezebel* contributor Caitlin Cruz makes the stakes of this point clear for readers in the statement: “a nationwide ban is a real possibility...We should all be terrified of what’s to come.”¹⁶⁴ The prediction of a nationwide ban is supported by the increase in restrictions that have already occurred across the country, but also through Republican

discussions of future federal restrictions. At the federal level, “Republicans are pursuing a nationwide six-week abortion ban and signaling that they’d rather let pregnant people die than give them a legal abortion.”¹⁶⁵ With discussions of a nationwide abortion restriction, as the *Jezebel* rhetors argue, a six-week abortion ban is a possibility for America’s future. Amplifying beyond single-state bans on abortions, the potential for a widespread ban on abortion from sea to sea elicits feelings of terror for the future that awaits.

Amplificatory rhetorics continue further past individual state bans or a nationwide abortion ban; in fact, this is only the beginning to an envisioned increase in restrictions. Next, the discourse foreshadows an increase in restrictions on reproductive technologies as well as co-implicated issues such as marriage equality and freedom of speech. Following the *Dobbs* decision, these concerns begin with Justice Clarence Thomas’ concurring opinion. *Jezebel* argues that Thomas “wasn’t content with simply stripping bodily autonomy from millions of Americans” as in his concurring opinion he states he wants previous rulings in “*Griswold v. Connecticut* (1965, birth control), *Lawrence v. Texas* (2003, same-sex intimacy), and *Obergefell v. Hodges* (2015, marriage equality)” to be reconsidered.¹⁶⁶ Since the reasoning in *Roe* was based on privacy rights, many fear other sexual privacy rights including birth control, IVF, and marriage equality are at stake.¹⁶⁷ The rhetors of *Jezebel* do nothing to dissuade these concerns for their readers; rather they extend the dystopian frame by endorsing such anxieties. For instance, with Republicans proposing nationwide abortion bans and expressing a desire for more expansive restrictions, *Jezebel* contends that “They’re coming for Plan B emergency contraception...Not even in vitro fertilization is safe.”¹⁶⁸ Efforts to limit abortion, IVF, and birth control access are not expected to slow down especially with the increasing restrictions as well as proposals for more restrictions.

Dystopic futures are further rendered when the discourse extends beyond abortion bans to a wider slate of heightened restrictions on reproductive technology that could be used in constellation to make America a reproductive rights and bodily autonomy hellscape. As *Jezebel* contributor Susan Rinkunas mentions, South Carolina, for instance, is “considering a bill that would totally ban abortion, criminalize providers, and make it a felony just to tell people—in public or *in private*—how to get abortion pills.”¹⁶⁹ Based off of similar legislation proposed by the National Right to Life Committee, the South Carolina bill would make “it a felony to share information about self-managed abortion online or by phone.”¹⁷⁰ Access to abortions would not only be prohibited, but so would the freedom of speech to discuss abortions, a significant restriction directed towards pregnancy capable people. Many “other states are expected to follow” South Carolina’s lead by introducing similar bills to restrict knowledge of and access to reproductive care.¹⁷¹ A future with limited freedom of speech is the epitome of an American dystopia, as the right to freedom of speech is the most fundamental right of the country.

The crescendo of this amplificatory rhetoric of dystopia in the discourse is perhaps captured by fetal personhood laws. To put a fine point on it: fetal personhood is described in the discourse as the catalyst for the destruction of the lives of women and people with a uterus.¹⁷² In brief, the concept of fetal personhood argues that women and pregnant people should, as a matter of law, be categorized as secondary to fetuses, supporting that the Court’s decision “legally reduced pregnant people to government incubators.”¹⁷³ In other words, no matter the circumstance of the pregnant person, even in cases where their life is at risk from the pregnancy, their life is not as valuable as the life they carry and therefore they are disposable. The Unborn Child Support Act is provided as an example of these much feared fetal personhood laws, a law unveiled by Senate Republicans in the months following *Dobbs*.¹⁷⁴ Explaining the proposed

law's impact, the discourse insists the Unborn Child Support Act "gives anti-abortion politicians everything they want: the full dehumanization of women and pregnant people, unfettered legal grounds to control and criminalize us—all while pretending to give a shit about our well-being."¹⁷⁵ Fetal personhood laws, like the Unborn Child Support Act threaten the bodily autonomy of people who can become pregnant, reasoning that "if a fetus is a person, you can legally control the reproductive process of others and subjugate those capable of pregnancy."¹⁷⁶

Kylie Cheung details the impact fetal personhood laws can have on people with a uterus:

When laws are interpreted as conferring personhood upon embryos and fetuses, pregnant people who miscarry, need emergency abortion care to not die, seek certain medications, or even lose a pregnancy after being physically attached, they become possible murder suspects. IVF—which requires routine disposal of unused embryos—becomes a crime, a pregnant person traveling across state lines without their partner's consent becomes kidnapping, substance use or certain behaviors before a child is even born become "child abuse."¹⁷⁷

Fetal personhood is directly at odds with pregnant people's personhood and such restrictions have the potential to restrict and criminalize all actions and experiences a pregnant person may face. With the introduction of the Unborn Child Support Act and similar laws at the state level, future restrictions are expected to be unbearably constraining to people with a uterus, placing their bodily autonomy below that of the fetus they might carry.

The discourse indicates that the reader should not only expect state restrictions through trigger laws and abortion bans, but a nationwide abortion ban, a ban on birth control, restrictions to fertility treatments such as IVF, and fetal personhood laws all constraining the access to reproductive technologies and the bodily autonomy of people with a uterus. The continued reiteration of increased and expansive bans displays a future consumed by restrictions placed on reproductive technologies.

“We’re About to Watch ‘Total Chaos’ Ensur”: Consequences of Future Restrictions

An envisioned future overwhelmed by amplifying restrictions provides only part of the framing of dystopia that appears in the *Jezebel* discourse. Beyond the impacts on abortion specifically, the discourse builds a compelling image of a deeply detrimental future rooted in unintended consequences—a prominent rhetorical strategy based in the Aristotelian *topoi* of Antecedent and Consequence.¹⁷⁸ This point is surmised by the *Jezebel* rhetors when they warn: “we’re about to watch ‘total chaos’ ensue.”¹⁷⁹ A considerable portion of this discourse centers on imagining the second-hand consequences of increasing restrictions on reproductive technology, thereby further entrenching the future as a site of dystopia for people with a uterus. The two most prominent consequences featured in the discourse are 1) the impact to the healthcare system and 2) the impact on people who have a uterus. These consequences are interconnected and compound off one another, therefore the analysis to follow reflects the intricacies of these consequences.

The discourse details the cascading effect state specific restrictions can have on the healthcare system. For example, access to healthcare services and prescription medications in general is expected to significantly diminish in our forthcoming dystopian future. Before the release of the *Dobbs* decision, “90 percent of U.S. counties lacked an abortion provider, and about 3 million people lived 100 miles or more away from an abortion clinic.”¹⁸⁰ Access to abortion and reproductive care was already limited, and the overturning of *Roe* has exacerbated limited access to care through state restrictions. Within one month of the *Dobbs* decision, “43 abortion-providing clinics have been forced to shut down in the 11 states that have banned abortion entirely or at six weeks.”¹⁸¹ With several state restrictions not yet finalized, the future of

reproductive care—as well as additional health care services offered through these facilities—is expected to become more constrained as clinics across the country continue to shut down.

Adding to this list of consequences, *Jezebel*'s rhetors note that in states where strict restrictions are imposed on abortions with few exceptions, clinics are forecasted to move their operations to states with less restrictions. Two examples spotlighted in the discourse include Jackson Women's Health of Mississippi¹⁸² and Whole Woman's Health of Texas, which are both anticipated to move their operations to New Mexico.¹⁸³ With some clinics moving out-of-state, the amount of clinics within states that have fewer abortion restrictions are expected to increase as more pregnant people are predicted to travel to states where abortion is legal for care.¹⁸⁴ Since clinics are slated to move, the future of reproductive healthcare and access appears scattered, as some states will have several clinics while others will have few to none. This fact is clearly alarming to women and people with a uterus in evacuated states; but it is also not a point of reassurance for individuals residing in states where abortion remains legal. Indeed, "even states where abortion remains legal will likely see access dwindle, as abortion providers start serving an influx of out-of-state abortion seekers."¹⁸⁵ The future of reproductive health access, the discourse claims, will be characterized by a lack of dispersion—and the discourse predicts that such access will "only get worse" as a consequence of increasing restrictions.¹⁸⁶ Individual options for a safe, legal abortion are expected to diminish, as more and more states pass anti-abortion legislation leading to the closing of healthcare facilities.

The shutting down and movement of abortion clinics is not the only concern for the future of America's healthcare system. *Jezebel* emphasizes the cascading effect restrictions can have on the future of prescription medications, medical treatments, and medical care people with a uterus seek. As discussed in Chapter 3, pharmacies have begun to refuse dispensing

medications like misoprostol if they are categorized as abortifacients.¹⁸⁷ Present uncertainty surrounding what trigger laws and state bans limit have the potential to impact future medical treatments such as chemotherapy or prescribing life-saving medications for diabetes, lupus, rheumatoid arthritis and seizure disorders, treatments and medications that may cause pregnancy complications or miscarriage.¹⁸⁸ The uncertainty surrounding what treatments and medications are or are not banned, is foreshadowed to result in healthcare workers quitting their jobs from fear that performing a routine procedure or prescribing a routine medication could result in criminal charges.¹⁸⁹ As state restrictions increase resulting in more healthcare workers quitting their jobs or moving to states with abortion access, the discourse predicts “a ripple effect on reproductive healthcare” in which less medical professionals are trained to safely care for pregnant people who have miscarriages or ectopic pregnancies, since abortion procedures are used for these pregnancy complications.¹⁹⁰ With instances like these predicted to come to pass, “pregnant people are being shown how cruelly abortion bans will worsen their care if complications arise.”¹⁹¹ Lorena O’Neil notes that the physicians who have filed affidavits in Louisiana against the state’s trigger law, “paint a grim picture for the future of healthcare in Louisiana should the trigger bans be imposed,” a future where people who can become pregnant cannot get their prescriptions filled, experience a delay in or lack of care, and medical support becomes limited and unreliable leading to death.¹⁹²

With the potential for an emerging dystopia riven with unintended consequences foreseeable in one state, many people are concerned America as a whole will face similar repercussions in the coming months and years. *Jezebel’s* Cheung summarizes what restrictions mean for America’s medical system: “Believe it or not, the post-*Roe* healthcare system is about as fucked, if not *more* fucked, than women and abortion rights advocates long warned it would

be.”¹⁹³ The envisioned healthcare system of the future is in shambles in which access to reproductive healthcare is reduced and scattered and other forms of medical care are restricted, a burden all which falls on people with the capacity for pregnancy.

Dark Days Ahead for People with a Uterus: Criminalization, Surveillance, and Suffering

In addition to the future of America being pictured as one at risk of limited reproductive healthcare access, visions of the future in the discourse imagine the prospective lives and experiences of people with a uterus in dark and foreboding terms. Indeed, the majority of the discourse argues that the United States should expect a future in which women experience elevated rates of criminalization, surveillance, and suffering. Laura Bassett summarizes this well, stating:

Expect more arrests of women who have miscarriages or attempt to induce their own abortions—one of whom recently was reported to the police by the hospital staff treating her. Expect the digital platforms we use daily to spy on and punish us for even seeking information about abortion. Expect the maternal mortality rate to increase.¹⁹⁴

As a statistical matter, such claims are almost certainly true and vivid and persuasive power resides in allusion to these cold hard facts. However, at other points in the discourse, these facts are often presented alongside hyperbolic characterizations that paint such changes not as the presentist troubling yet well-managed changes in the body politic, but rather as a crisis of a dystopian era that is almost upon us. This is particularly true in expectations around criminalization, surveillance, and suffering.

A Threatening Increase in Criminalization

Building off present experiences of enforcement following *Dobbs*, the discourse foreshadows continued and increasing criminalization, unveiling a future rife with the policing of women’s reproductive choices and outcomes. With projections of future bans that are more restrictive and widespread, there are expectations of the further criminalization of pregnant

people on the horizon, criminalization that is likely to be welcomed and accepted within abortion-restrictive states. *Jezebel* highlights the already noticeable increase in the criminalization of pregnant people noting that 1,331¹⁹⁵ “people faced criminalization for their pregnancy outcomes between 2006 and 2020” a figure that is triple that of similar criminalization between 1973 and 2005.¹⁹⁶ Expanding on the trend of increased criminalization experienced by pregnancy capable people, the discourse reports that “women are the fastest-growing demographic of the U.S. prison population; in the last 40 years, the population of incarcerated women has grown 700%.”¹⁹⁷ With restrictions expected to increase, “people who experience pregnancy loss, or self-manage abortion, or even educate others about self-managed abortion, are at greater risk of being criminalized than ever.”¹⁹⁸ The already rising criminalization of women before the overturning of *Roe*, makes it plausible to assume that criminalization will soon spike since the *Dobbs* decision resulted in heightened restrictions on reproductive choices.

Figures of criminalization are paired with potential consequences and scenarios brought about by the criminalization. Restrictions that ban abortions carry the risk of criminalizing miscarriages while fetal personhood laws threaten the routine disposal of unused embryos in IVF and challenge rights “to emergency contraception and most forms of birth control.”¹⁹⁹ The discourse argues that “because abortion pills induce a miscarriage and can’t be discerned from a naturally occurring miscarriage, states that ban abortion have effectively banned miscarriages too,” increasing the risk of criminalization for people who have a miscarriage or incur pregnancy complications.²⁰⁰ Looking to the future of fertility treatments, “in a post-*Roe v. Wade* world, a failed IVF cycle could come with more than disappointment. It could carry criminal risk.”²⁰¹ If state laws begin to recognize embryos as children, as fetal personhood laws do, IVF could become restricted or banned and routine embryo disposal, or a failed IVF cycle could result in

the prosecution of the pregnant person or patient's doctors on the grounds of manslaughter.²⁰²

Examples of miscarriage and IVF demonstrate that restrictions on reproductive technology are not black and white and can result in greater instances of criminalization that fall within the gray area of reproductive outcomes. Additionally, any criminal investigation against a pregnant person can have cascading outcomes such as:

people who were prosecuted after losing pregnancies have lost custody of their born, living children. An undocumented woman who was investigated but not even criminally charged for her self-managed abortion was still turned over to immigration officials for deportation. Others have lost jobs or been forced to move from their home due to ostracism.²⁰³

The act of a criminal investigation whether found guilty or not can have a significant negative impact on the life of a woman. An increase in restrictions can cause an increase in investigations of pregnant people, which could have cascading consequences for people with a uterus.

Building off of the fulfillment of future criminalization, the discourse emphasizes the harm even the threat of criminalization can cause. In talking about Arkansas's abortion restrictions, the "state's ban could force child rape victims to give birth" arguing that "state violence enacted upon the bodies of child survivors is the inevitable consequence of abortion bans—*this* is the present and future to which 'pro-life,' ostensibly child-loving Republicans have doomed us."²⁰⁴ The future of America and the lives of those impacted by the reproductive restrictions is a "doomed" one in which "abortion seekers could soon be forced to carry unwanted pregnancies to term, or shoulder the tremendous costs of traveling out-of-state to get abortion care."²⁰⁵ For what lies ahead, criminalization invokes burdensome language, a heavy burden "forced" or "shoulder[ed]" by those with a uterus. The future of people with the capacity for pregnancy is one filled with the increase in and fear of criminalization for reproductive choices and outcomes.

A Future Under a Microscope: Projections of Surveillance

Along with criminalization, the predicted future is characterized by the surveillance of women's bodies and choices. At the state level, legislation is being drafted up to restrict residents of anti-abortion states from traveling across state lines to access reproductive care.²⁰⁶ If implemented, "this legislation would rely on the surveillance of pregnant women and people."²⁰⁷ With legislation already in the works, the surveillance of pregnant people seems inevitable. The forms future surveillance are foreshadowed to take are expansive, from individual level surveillance like search engines to national level government-run registries.

Concerning spaces of individual surveillance, the discourse points to search engines, digital platforms, and even doctor's visits.²⁰⁸ For what awaits, the discourse embodies a "they'll be watching" attitude, in which women will be spied on and punished for "even seeking information about abortion."²⁰⁹ A fear of increased surveillance is grounded in present experiences in which means of surveillance have already been used to prosecute women. The discourse points to "Google searches and text messages about abortion pills" along with data from menstrual tracking apps being wielded as evidence against pregnant people.²¹⁰ As an example, *Jezebel* highlights the scenario in which "A teenager in Nebraska was arrested and charged with a felony for having an abortion, thanks to Meta sharing her text communications with police."²¹¹ The discourse fixates on the fear of having everyday data like Google searches, text communications, and menstrual tracking apps used to prosecute people with a uterus.

On top of this everyday data, Ring camera footage accessed by law enforcement is argued to have substantial ramifications for people's ability "to move, assemble, and converse in public without being tracked and recorded."²¹² A major concern of Ring's camera footage is that the Ring camera can capture audio from twenty feet away, recording conversations without

people knowing in addition the comings and goings of Ring homeowners.²¹³ Referring to such close surveillance of daily actions and interactions, Senator Ed Markey notes “we live in surveillance-state hell.”²¹⁴ “From Ring cameras to basic Google searches, big tech has essentially placed everything we do under a readily available microscope for police,”²¹⁵ setting the stage for a future consumed by digital surveillance.

Not only do technologies threaten surveillance, but the discourse points to people as well. When it comes to reports of self-managed abortions, out of 61 investigations between 2000 and 2020 it was “found that 39 percent of cases were reported by health care providers, 6 percent by social workers, and while 26 percent were reported to police by acquaintance of the pregnant person, including friends, parents, and intimate partners.”²¹⁶ Even though the threat of digital surveillance exists, in the majority of cases, other people have been found to be the perpetrators of reports against pregnant people.²¹⁷ In the case of the Nebraska teenager, a friend the teenager had confided in had contacted the police, beginning the initial investigation which lead to the confiscation and investigation of their Facebook messages.²¹⁸ The future of abortion criminalization leans towards acquaintances, neighbors, and “health care workers as agents of law enforcement.”²¹⁹ The surveillance by others is expected to only get worse in states like Texas, which has implemented a bounty-hunter like enforcement in which private citizens can sue anyone they suspect of getting or abetting an abortion with a reward of \$10,000.²²⁰ At the individual level, America’s future is one of surveillance embedded with paranoia that nothing is safe.

Beyond surveillance at the individual level, the discourse highlights Poland as an example for what comes next at the national level: “a national, state-run registry for tracking people’s pregnancies and pregnancy outcomes.”²²¹ The outlook for the future defines the

tracking of women's health outcomes as comparable to the current tracking of registered sex offenders in the United States. A future like this is plausible since "Some states have even introduced or passed bills to collaborate with crisis pregnancy centers to create databases of abortion seeker's information," further increasing the panic around the possibility of a future state-run or nationwide registry tracking people who are pregnant.²²² Aiding registries and the surveillance of pregnant people would be geo-fencing data: "In 2020 alone, Google received 11,554 geo-fence warrants from law enforcement, which can show that a person suspected of having an abortion went to a clinic, or someone who lost a pregnancy following substance use previously went to a treatment center."²²³ The use of location data by law enforcement is a current phenomenon therefore the future use of location data to surveil pregnant people is a probable vision. The discourse expresses the concerns women and people with a uterus have regarding their digital footprint encompassing the tracking and storing of their location data which could be used to charge, prosecute, or jail them.²²⁴ Cheung writes that "big tech's coziness with police has particularly wild implications in post-*Roe v. Wade* America, too—earlier this year, it was revealed a private firm was selling the location data of people who visited abortion clinics for as cheap as \$160 a pop."²²⁵ The sharing of location data by Google and other companies feeds fears of a future in which people with a uterus could be tracked relentlessly. The magnitude of envisioned surveillance illustrates a future where "All options to stalk and monitor pregnant people are now on the table,"²²⁶ with pregnant people being "surveilled in every manner an abortion-restrictive state can think up."²²⁷ The outlook of reproductive health decisions is one in which people with a uterus are tracked by the government at individual and national levels, further emphasizing a future of surveillance.

Gender-Based Violence Will Only Continue: A Future of Suffering

Finally, a significant portion of the *Jezebel* articles forewarn an increase in suffering for people with a uterus. Visions of future suffering build off present violence that also appear in the discourse. But related future tragedies are even more stark in their vision. In these future-oriented imaginings: “Pregnant people will suffer and scream and experience unimaginable anguish because of these laws, which were written by people who don’t give one single moral shit about ‘life’.”²²⁸ Future suffering is centered around poorer quality-of-life, physical suffering from bodily violence, and a significantly heightened mortality rate. Visions of America’s future depict a dystopia in which the lives of pregnancy capable people are consumed by suffering and death.

The progression of future suffering begins with the quality-of-life women should expect in the years to come. The discourse insists that restrictions and threats of criminalization will force people to carry an unwanted pregnancy to term. In these instances, people “will incur the cost of losing control of their lives.”²²⁹ Losing control of one’s life comes down to money and lack thereof forcing women, particularly women of color, into poverty. *Jezebel*’s contributor Cheung elaborates in saying:

being denied abortion care often pushes the pregnant person and their children even deeper into poverty, left to fend for themselves without a social security net. Forced pregnancy and birth ensure there will always be families in such dire economic situations that they’ll be forced to rely on low-wage jobs.²³⁰

The cost of carrying and raising a child is exorbitant and can place a pregnant person in a financially unstable position if forced to carry an unwanted pregnancy. Rinkunas discusses how this is exacerbated by inflation, because “If someone’s monthly gas, groceries, and rent have increased, that makes them even less able to afford caring for a baby.”²³¹ A lack of access to abortion care is directly connected to a lower quality-of-life for any person with a uterus. *Jezebel* contributors make a point to note that those who are already marginalized, or disadvantaged will

be negatively impacted the most by being forced to carry a pregnancy to term.²³² One example mentioned in the discourse includes people who are diabetic, who have seen an obscene increase in the cost of insulin, a life-saving drug for diabetics. The cost of insulin is so expensive that “four out of five diabetics have gone into credit card debt to cover insulin” and “as many as 62 percent of insulin-dependent diabetics risk their lives rationing” insulin.²³³ As affirmed by Zoe Witt, a *Jezebel* contributor and diabetic, “those of us who cannot afford to keep ourselves healthy in this capitalist hellscape cannot possibly afford, in terms of money or health, to gestate against our will.”²³⁴ Therefore, people with a uterus who have preexisting conditions like diabetes, who are marginalized, or may already be on the cusp of poverty will experience greater consequences to quality-of-life if forced to carry a pregnancy to term. A lower quality-of-life, though significant and disheartening, is a lighter consequence than what is expected to befall many people with a uterus in America’s future: physical violence and death.

References to future maternal mortality overtake the discourse, with restrictions resulting in heightened mortality. The discourse bases this premise on a variety of factors:

people will die due to pregnancy complications when doctors are afraid to provide life-saving care, or don’t know when they can legally intervene to save someone. People will die when they can’t get prescriptions for certain life-saving medications that are deemed ‘abortifacients.’ They’ll die when they become pregnant, can’t get abortion care, and their abusive partners don’t want to have kids.²³⁵

In these scenarios, maternal mortality rates are impacted as well as overall mortality rates. The depicted situations portray the future of America as a site of death caused by rigid restrictions and fear of criminalization.

Visions of high mortality rates are presented as the result of estimations of increased criminalization, compounding off one another.²³⁶ With state specific trigger laws and abortion bans, healthcare providers can face felony charges, fines, and years in prison and pregnant

people can face criminal charges for self-inducing an abortion.²³⁷ The intensifying restrictions against abortion seekers and abortion providers are prophesied to lead to higher deaths among pregnant people and infants. The reasoning behind this claim centers on the fear of prosecution, since both seeking and providing care could result in criminalization, pregnant people might avoid care or providers might withhold care resulting in health complications and death.²³⁸

Concerns of a high mortality rate caused by a lack of healthcare access are fueled by present experiences, given that “hospitals have already prevented life-saving abortions in the month since *Roe* fell.”²³⁹ Referencing testimonies mentioned throughout the discourse, such as a pregnant person who carried a headless fetus,²⁴⁰ or a person who brought their foul discharge to the hospital,²⁴¹ or a 10-year-old child rape victim denied care,²⁴² *Jezebel’s* Witt argues “pregnant people are being shown how cruelly abortion bans will worsen their care if complications arise.”²⁴³ With pregnant people already experiencing situations in which they are being denied care, it is reasonable to believe that people who are marginalized or have preexisting health conditions, like diabetes, that could result in high-risk pregnancies and pregnancy complications, are in danger of experiencing diminished care, further health complications, and death.²⁴⁴

Lack of or delayed care is not the only concern since childbirth itself is a dangerous endeavor. Rinkunas writes that childbirth has been reported to be fourteen times riskier than having an abortion, which demonstrates that:

more people will die from pregnancy simply because more people will be forced into delivery rooms. And for every woman who dies from pregnancy or childbirth, another 70 people come close. That translates to more than 50,000 people a year almost dying because they had children. Many people in abortion-hostile states will have no choice but to play the odds.²⁴⁵

The discourse supports that because state restrictions will force more people to remain pregnant, more people will die because they are pregnant. The combination of being pregnant, having

health complications, and experiencing delays in care due to restrictions are anticipated to exponentially increase the maternal mortality rate in the United States.

In addition to deaths caused by childbirth and pregnancy complications, the mortality rate of people with a uterus is expected to also increase from homicide. Homicide is the leading cause of death for pregnant people in the United States, often caused by intimate partner violence.²⁴⁶ The discourse warns that “Abortion bans will embolden abusers because they know it will be harder for their partner to end the pregnancy. This puts survivors’ lives at risk not only from abuse but from the pregnancy itself.”²⁴⁷ “Forcing domestic violence victims to remain pregnant will inevitably worsen”²⁴⁸ the already high homicide rate. Additionally, the denial of abortion care for those who are victims of rape “increases someone’s risk of experiencing domestic violence and forced pregnancy itself is gender-based state violence.”²⁴⁹ With homicide being the number one cause of death for pregnant people, the discourse cautions increased instances of domestic violence and homicide rates spurred by limited access to abortion care.

It is valuable to mention the discourse consistently highlights the disparate impact future restrictions and suffering will have on marginalized communities, specifically people of color. Mortality rates are envisioned to disproportionately impact people of color predicated on current U.S. mortality figures: “in a country where maternal mortality rates—particularly for Black pregnant people—are already among the highest in the world, it’s no exaggeration to say that people will die.”²⁵⁰ The death expressed in the discourse is expansive and disproportionate, having a greater impact on communities that already experience an inordinate amount of maternal mortality. As mentioned in Chapter 3, Black women are three times more likely than white women to die from pregnancy. Marginalized people already experience diminished healthcare and health outcomes, therefore “the health risks of an increase in forced pregnancies

will continue to fall on Black women and other marginalized people.”²⁵¹ The future of America is one in which discrimination continues, evidenced by the deaths of women, especially women of color.

The final consequence of the *Dobbs* decision reverberates throughout the discourse, as impending and elevated levels of suffering and mortality consume future visions of America. A culture of fear is on the horizon for pregnant people as restrictions are predicted to result in poorer quality-of-life, diminished care, more pregnancies and therefore more pregnancy complications, high homicide rates, and dramatically increased rates of maternal mortality. America’s future does not look inviting to people with a uterus. A sense of foreboding surrounds discursive visions of future America, in which the consequences of increased restrictions on reproductive technology include disastrous impacts on the healthcare system and people with a uterus. The future of the United States is shaped by increased criminalization enforced by surveillance culminating in immense suffering for women and people with a uterus.

Refusing Defeat: Seeking Exceptional Forms of Agency

In Chapter 3, the presentist framing of the post-*Dobbs* world proposed conventional forms of agency—such as lawsuits, executive orders, and voting—to address issues of bodily autonomy instigated by the *Dobbs* decision. However, the discourse highlights the limitations of such conventional forms of agency when confronting a dystopian future. Therefore, in this chapter, I argue, the visions of a dystopian America demand exceptional forms of agency at both the institutional and individual level to meet the needs of the dystopian moment. More specifically, as I will show, exceptional forms of agency hinge on creative resistance that works around or outside of the parameters of a political and judicial system that extraordinarily oppose bodily autonomy. In the next and final section of this analysis, I will first discuss the institutional

forms of agency that have been brought up in the discourse. I follow by examining the individual forms of agency that readers are urged to turn to in order to reinstate some form of bodily autonomy.

The Future Requires Innovation and Defiance: Institutional Forms of Agency

The exceptional forms of agency that operate at the institutional level can be broken down into innovative and defiant. Innovative forms of institutional agency work to change the current system to a system that better supports bodily autonomy. Defiant forms of institutional agency function directly against restrictions that limit or revoke bodily autonomy. Both forms of institutional agency occur through established institutions to elicit societal change.

Innovative forms of agency are beginning to take shape as current institutions discuss the implementation of such actions. One example consists of companies—including “Disney, Netflix, Paramount, Meta, Nike, AT&T,” Dick’s Sporting Goods, “Yelp, Citibank, Starbucks, and Amazon”—who have expressed a willingness to adjust their employee benefits package to incorporate the coverage of abortion related costs including travel out of state if needed for abortion care.²⁵² Lyft and Uber have also declared they will “cover legal fees for drivers in Texas and other states if they’re hit with costly lawsuits for driving someone to get an abortion.”²⁵³ These companies offer a privatized solution to address the restrictions placed on bodily autonomy following the *Dobbs* decision. The discourse does acknowledge that:

it’s incredibly bleak that your access to care could soon depend on your employer—or whether you have employer-provided health insurance. The people who will be most impacted by abortion bans are also those most likely to lack paid time off or employer-provided health insurance. Privatized ‘solutions’ like this will just worsen the inequities in who can and can’t afford the procedure.²⁵⁴

In short, company support for reproductive healthcare is a step towards agency over one’s body but does have limits depending on the company and insurance provider.

In addition to employers, health providers are working to create avenues for reproductive healthcare through innovative strategies. Meg Autry, an OB-GYN in California, has been planning and organizing the concept of an abortion boat. The project is called PRROWESS (Protecting Reproductive Rights of Women Endangered by State Statutes) and is working to launch a boat in the federal waters of the Gulf of Mexico, “several nautical miles out from the state coasts and beyond the reach of despicable state abortion bans.”²⁵⁵ PRROWESS will act as a means to support people living in the Gulf States—Texas, Louisiana, Mississippi, and Alabama—that have near-total abortion bans.²⁵⁶ The project is currently in the fundraising stage, but would offer first-trimester abortions and access to birth control at little to no cost in order to help poor people and women of color who are traditionally discriminated against when it comes to reproductive healthcare access.²⁵⁷ Because the abortion boat operates at sea, it provides an innovative solution to constraints of bodily autonomy on land.

The final forms of innovative institutional agency can be found in suggested government interventions and legislation. David Cohen, a professor in the Kline School of Law at Drexel University, proposed the government explore leasing federal land to abortion clinics, since federal lands operate outside the reach of state restrictions.²⁵⁸ Other suggestions have included lifting the filibuster “in order to pass a bill that would codify the holdings of *Roe v. Wade* into federal law”²⁵⁹ and demanding President Joe Biden declare a public health emergency.²⁶⁰ The discourse also points to the FDA, who can sue states that attempt to ban abortion pills on the grounds of “federal preemption, which stipulates that state law can’t override federal law...If the FDA has approved a drug like mifepristone, the theory goes, states can’t ban it.”²⁶¹ These federal innovative forms of agency are suggested solutions to the anticipated increase in restrictions and

their consequences on bodily autonomy. Even though these actions have not yet been taken, they offer an avenue towards agency in the inevitable future dystopia.

Innovative forms of agency are not the only forms of institutional agency, there are also actions of defiance. Several state officials, attorneys, and prosecutors have declared they will challenge state restrictions. On the day the Supreme Court announced their decision in *Dobbs*, overturning *Roe v. Wade*, a letter was signed by “90 elected prosecutors from 31 states, territories, and the District of Columbia, who said they will not prosecute abortion.”²⁶² The Democratic Attorneys General Association “vowed that its members will not enforce abortion bans in their states”²⁶³ and “Officials in New Orleans, including even the police, have vowed not to enforce the state’s new ban.”²⁶⁴ These pledges of defiance serve as a means to diminish the power of state restrictions through a lack of enforcement. Institutional forms of agency across companies, health providers, and the government work around the current system and push towards change at the societal level from the top down.

“We Will Do Everything We Can”: Individual Routes to Agency

Institutional forms of agency operate within institutional bodies, whereas the second form of exceptional agency operates at the individual level. Individual acts of agency maintain a similar mindset to the one shared by Amy Hagstrom Miller, the founder and CEO of Whole Women’s Health, who declared that “we will do everything we can to help obtain safe, timely, affordable care for those whose rights and access to safe and legal abortion services have been cruelly and unjustly revoked.”²⁶⁵ Individual forms of exceptional agency serve to empower individuals to “continue fighting no matter the obstacles” the future holds.²⁶⁶ Within the discourse, individual forms of agency are brought up in two ways: 1) taking charge of individual health and 2) sharing knowledge and resources.

The discourse highlights several approaches readers can take or have taken to receive the reproductive healthcare they desire. The first example from the discourse leans on telemedicine, since many reproductive healthcare clinics have closed in certain states following abortion restrictions and bans. Telemedicine has been approved by the FDA to prescribe medication abortion pills that will then be distributed by mail.²⁶⁷ Telemedicine abortion access is expected to be an increasingly common way people can have safe abortions in a post-*Roe* world.²⁶⁸ Another way readers can take charge of their health, specifically IVF treatments, focuses on the movement of embryos across state lines in anticipation of a future with increased restrictions.²⁶⁹ *Jezebel* shares the testimony of Dr. Lara Shahine, a reproductive endocrinologist in Washington state who said that the patients “she’s spoken to are worried their embryos could be held hostage by abortion legislation and that they’d then be unable to move them out of state.”²⁷⁰ With the anticipation of tighter restrictions on reproductive choices including fertility, some people have taken matters into their own hands and moved embryos for IVF to less restricted states. Even though the future of America is headed for discursive disaster, *Jezebel* notes that there are still ways people with a uterus can take charge of their own health and bodily autonomy through telemedicine and the strategic movement of embryos.

In preparation for the dystopian future, individuals not only have options for agency at the medical level but can also establish agency by sharing knowledge and resources. In an interview with Renee Bracey Sherman, the founder and director of the abortion storytelling group We Testify stated:

If the government isn’t going to step up and provide the resources for its people, the people must rise up and do it ourselves, as we have been doing for thousands of years. The only people who are going to save people who have abortions are other people who have abortions, and the abortion movement. It’s just that simple.²⁷¹

This sentiment perfectly encapsulates this final strategy of exceptional agency: the act of sharing knowledge and resources abandons the system and focuses on individuals taking charge of their own life.

One way *Jezebel* underlines the power of information and sharing resources is through word of mouth. *Jezebel* contributor Rinkunas spotlights Amelia Bonow, the founding Director of Shout Your Abortion, and her friends and volunteers who gathered in front of the Supreme Court on the Fourth of July to spread the word about ordering abortion pills online. Bonow said in an interview with *Jezebel* that “we are going to break these laws all day, every day, and help the people around us to do the same...they can’t prevent the spread of information.”²⁷² Bonow argued that “the more people who defy anti-abortion laws, the less enforceable they become; and the more people share information about abortion pills, the fewer people who might resort to unsafe or ineffective methods.”²⁷³ The #ShoutYourAbortion campaign also launched a website with content explaining how to access abortion pills along with legal and medical resources.²⁷⁴ Bonow and the volunteers are hoping to get ahead of state laws that ban telemedicine abortion by sharing about Aid Access, an overseas company, that will ship abortion pills, and Plan C, an informative resource that explains where to access abortion pills and how to use them.²⁷⁵ Plan C also ships stickers at no cost to interested individuals who want to get the word out about their website. The discourse contends that “we live in a post-*Roe* world now, so being discreet about discussing pregnancy and abortion is key,” and stickers, websites, and word of mouth communication work around forms of surveillance to continue to offer avenues for bodily autonomy.²⁷⁶

In addition to the sharing of information, individuals can institute agency through sharing resources, like money. Donating is discussed often²⁷⁷ in the discourse as an easy way to have a

direct impact on individuals. Moreover, it allows them to take back individual autonomy through donating and provides monetary support for others so they can take back their bodily autonomy. *Jezebel* urges readers to “donate to abortion funds, independent clinics, and other groups who are *actually* committed to protecting abortion access for all”²⁷⁸ as these groups are “fighting tooth-and-nail to protect abortion seekers and providers.”²⁷⁹ Therefore, if individuals want to help fight for bodily autonomy, they can exhibit agency by donating money to causes that promote the right to reproductive care. To support access to abortions, *Jezebel* highlights abortion funds like WIN as a means for readers to offer “rage donations” and help provide this access.²⁸⁰ As abortion funds are amping up to offer support to those who contact them in anticipation of pregnant people choosing to travel out-of-state for an abortion, *Jezebel* discusses how the funds will be used to help pregnant people. Destini Spaeth from the North Dakota Women in Need (WIN) abortion fund, said in an interview with *Jezebel* that “we anticipate an increased need for travel stipends, hotel vouchers, funding for abortion later in pregnancy, and requests for LARCs (long-acting reversible contraceptives) as a result of *Roe* falling.”²⁸¹ Donations to abortion funds are expected to have an immediate impact on people who seek out support for abortion and reproductive care, working from the individual level up to achieve bodily autonomy.

Exceptional forms of agency strive to fill the gaps that conventional forms of agency cannot, specifically addressing the anticipated restrictions and consequences of America’s future. These creative forms of agency operate at the institutional and individual level to instigate change and provide access to reproductive care for people with a uterus. Institutional forms of agency work around the system through innovation and defiance, while individual forms of agency operate outside the system by taking charge of health and sharing resources at the

individual level. Both forms of exceptional agency attempt to make every effort to achieve bodily autonomy for people with a uterus in the envisioned dystopian future.

When the Future Becomes Reality

Chapter 4 of this thesis focuses on the second temporal frame of the post-*Dobbs* discourse: future visions of America. Depictions of the future are constructed through suspected heightened restrictions and the consequences of these restrictions. Future restrictions are foreshadowed to be expansive from nationwide bans to restrictions on birth control and IVF to the policing of freedom of speech and ending in the out-right dehumanization of people with a uterus through fetal personhood laws. Increased restrictions are expected to have detrimental consequences on the healthcare system and the bodies of people with a uterus. According to the discourse, America's healthcare system is heading towards drastic limitations in access to and quality of care. Restrictions and impacts on the healthcare system are projected to culminate in the inevitable suffering of people with a uterus. This suffering will include increased rates of criminalization, surveillance, bodily violence, and mortality. All of these factors envision America's future as a dystopia in which only exceptional forms of agency will aid in achieving bodily autonomy. The exceptional forms of agency in the discourse are broken into those at the institutional level and those at the individual level. These exceptional forms of agency construct creative ways to address the dystopian future of America to take back bodily autonomy. With the anniversary of the *Dobbs* decision only a few months away, people with a uterus might soon learn what future visions were exaggerated or all too real.

Chapter 5: What's Next for Reproductive Technology and Bodily Autonomy Post-*Dobbs*

Questions of bodily autonomy over reproductive technologies will not be isolated to the *Dobbs* decision. Indeed, as reproductive technologies continue to advance, the future of women's bodily autonomy over reproductive technology will continue to be complicated. Exemplary of these ongoing complications is the disturbing case of women as what some have called, "fetal containers."

As recently as February 5, 2023, media publications began sharing the story of Anna Smajdor, a Professor of Philosophy, Classics, History of Art and Ideas at the University of Oslo. Smajdor won headlines and blowback when they published an article in the journal *Theoretical Medicine and Bioethics*, entitled "Whole Body Gestational Donation." In the article, Smajdor proposes that the bodies of brain-dead women could be kept alive for the opportunity to be used as "whole body gestational" surrogates or "fetal²⁸² containers".²⁸³ Smajdor goes on to argue that "whole body gestational donation", or WBGD, can be likened to organ donation: "Since we are happy to accept that organ donors are dead enough to donate, we should have no objections to WBGD on these grounds. WBGD donors are as dead as other donors—no more, no less."²⁸⁴ Though Smajdor notes that the potential surrogates must provide consent prior to entering a brain-dead state, similar to consent systems for organ donations, such a proposition can be likened to the discursive dystopic concerns which fear people with a uterus will be reduced to "government incubators"²⁸⁵ and vessels.²⁸⁶

Jezebel provided commentary on the story in short order. In particular, contributors to *Jezebel* noted that instances, discussions, and laws in which fetal personhood is prioritized over the personhood of an individual with a uterus—even with the best intentions—sets a dangerous

precedent. Such consideration, contributors argue, would lead the U.S. (and the world) down a path in which “The natural end-game of this certainly seems like pregnant people’s near lifeless bodies [are] kept alive solely to harvest babies.”²⁸⁷ In such a proposal, the greatest fears of those who see a dystopia for American women post-*Dobbs* would crystalize in alarming fashion.

The prospect of a future in which the brain-dead bodies of people with a uterus are used as surrogates demonstrates the stakes this thesis project highlights. Reproductive technology is advancing at a pace that frighteningly confuses women’s bodily autonomy. Therefore, scholars need to consider how temporality and discussions of bodily autonomy factor into discourse about present and future reproductive technologies, as this project does. In the pages that follow, I will review the claims that this thesis has made thus far, consider implications for the case of bodily autonomy and the discipline of Communication, address limitations of this project, and propose questions for future research.

Summary

Women’s rights over their reproductive health have been demanded and discussed in public discourse for decades. The biopolitical medicalization of the body has bound such rights to political policies like *Roe v. Wade* and *Dobbs v. Jackson*, with contemporary policies being complicated by advancements in reproductive technology. The *Dobbs* decision, and the subsequent overturning of *Roe v. Wade*, emerged from years of contention and questions surrounding women’s bodily autonomy over reproductive technologies. Instantaneously, *Dobbs* ignited existing fears of the political policing of women’s reproductive rights.

With *Dobbs* almost a year behind us, the extensive impact of this major reproductive health decision is not yet realized. However, immediately following the *Dobbs* decision public discourse reflects present and predicted future anxieties at the intersection of reproductive

technology and women's bodily autonomy. The women-centric publication, *Jezebel*, offers a valuable cite to explore discursive implications of *Dobbs* on the interplay between reproductive technologies and bodily autonomy from the perspective of people with a uterus. Through analyzing *Jezebel*, I argue that the discourse centers temporality as a major theme in two notable ways: 1) by demonstrating the realness of the present moment and 2) pointing to visions of America's dystopic future. I assert these two parallel themes frame differing routes towards women's agency, which can consequentially shape the material actions women take in reality.

In Chapter 3, I assessed the first framing of the reproductive technology discourse, the reality of the present, a present that is continuous with the past. The temporal present exhibits a shift in the status quo that demands change through conventional forms of political agency. America's present is situated in the *Jezebel* discourse through figures of restrictions and violence. Restrictions are discussed both in magnitude and complexity spanning across the nation with varying timelines and parameters. The influx of new restrictions has caused confusion within the healthcare system further enhancing the chaos the present is facing. Within the presentist perspective, restrictions, though significant and constraining, are a continuation of years of restrictions against reproductive technology in the United States.

In addition to restrictions, the discourse showcases present violence afflicting health centers and people with a uterus. *Jezebel* strategically uses statistics in discussions of violence to express the undeniability of such violence. Health centers have experienced an increase in legal and physical violence in the past few years. Furthermore, the U.S. has the highest mortality rate of wealthy nations along with the number one cause of death for pregnant people being homicide, demonstrating the violence people with a uterus face. Though a significant reality of America, the realness of the present is a continuation of such violence and instability.

The presentist frame of the discourse describes the reality of America as one of chaos caused by the *Dobbs* decision, however this reality is portrayed as a natural extension of current afflictions, which can be addressed through conventional forms of agency. These conventional forms of agency operate within the current political system as an accessible and familiar means towards bodily autonomy through 1) lawsuits, 2) legislative and executive action, and 3) individual voting and activism. Lawsuits operate through state courts to provide an immediate response to state restrictions. Whereas congressional bills and executive orders fill the gaps state courts cannot, working towards more long-term solutions. Lastly, individuals can take back agency through voting to reform state and government bodies as well as support legislation that respects the bodily autonomy of people with a uterus. Although valuable in the present moment, conventional forms of agency are associated with limitations that confine the potential avenues for agency to the current political system.

Taking a less optimistic stance than the presentist frame, visions of America's future, the second frame of the discourse, foreshadows a future in which present plights become enflamed resulting in a dystopian America. America's dystopian future is characterized by an increase in restrictions which will have severe consequences on the healthcare system and people with a uterus. Future restrictions are anticipated to be extensive from nationwide abortion bans to heightened restrictions on birth control, IVF, and freedom of speech culminating in fetal personhood laws. These sweeping restrictions are predicted to impact the access to and quality of care within America's healthcare system. Restrictions and limitations of the healthcare system are projected to consequentially devastate the lives of people with a uterus. Such suffering is envisioned to include increased rates of criminalization, surveillance, bodily violence, and mortality. The amalgamation of these factors is expected to result in a dystopian future for

America in which only exceptional forms of agency can be used to achieve bodily autonomy. The discourse breaks down these exceptional forms of agency into institutional and individual levels. Institutional levels of exceptional agency are made of innovative and defiant routes towards bodily autonomy whereas individual levels can be parsed out into taking charge of individual health and sharing knowledge and resources. These forms of agency offer creative tactics to achieve bodily autonomy in America's envisioned future dystopia. Therefore, through depictions of the realness of the present and visions of the future, the discourse presents two differing paths towards agency, which hinge on the continued consequences of *Dobbs*.

Implications for the Issue

Actions are being taken in the present to address questions and concerns that have emerged after the overturning of *Roe v. Wade*. For fear of marriage equality being impacted as a result of *Dobbs*, per Justice Clarence Thomas' concurring opinion, Biden signed into law on December 13, 2022 the Respect for Marriage Act. The act federally recognizes same-sex and interracial marriages and requires states to recognize these marriages even if they are performed in other states.²⁸⁸ Additionally, Senators Tammy Duckworth and Patty Murray have introduced legislation outlining a federal right to fertility treatments, which would combat abortion restrictions that threaten access to assisted reproductive technologies like IVF.²⁸⁹

Though these present actions are valuable for bodily autonomy, the dystopian future prophesied in the discourse becomes more and more probable as rhetoric emerges further dehumanizing women such as in the case of people with a uterus being considered "fetal containers." Fears of dystopian futures are epitomized through invocations of *The Handmaid's Tale*, a classic example of dystopian literature centered around the control of women's reproduction through the use of "handmaids." At U.S. protests for reproductive rights, people

have donned the infamous white bonnets and red robes, worn by handmaids in *The Handmaid's Tale*, as a feminist symbol of dissent towards the present reproductive restrictions as well as a warning of future dystopian oppression of women.²⁹⁰ The association between the *Dobbs* decision and *The Handmaid's Tale*, supports *Jezebel's* discursive dystopic visions of America's future.

In the immediate moment following *Dobbs*, the presentist temporal framing of America appeared most effective at pushing for legislative and executive action as well as urging abortion advocates to vote. Before the *Dobbs* decision, a majority of Americans supported legal access to abortion and with the Court deciding against the majority of Americans, many took to the polls in the fall of 2022. Democrats retained the Senate, though lost the House, but also had a net gain of governorships at the state level.²⁹¹ The 2022 midterms have been heralded as an “incredible achievement” for the Democratic party.²⁹² Clearly then, abortion and reproductive health access were driving issues for conventional forms of agency for women and supporters of reproductive rights. However, what is unknown regarding this agentic action is whether women and other voters were driven to the polls on the premise of abortion as an appropriate way to respond. Or if their response was fueled by fears of a dystopian future. As noted in the discourse, actions such as voting are temporary and only marginally helpful in the immediate present. Voting in particular is a waiting game in which winning representatives now are given the power to decide to do something in the long-term for reproductive rights. Meanwhile states continue to impose greater restrictions or introduce legislation proposing greater restrictions. At this time, the only form of exceptional agency exists at the individual level with women taking charge of their individual health or sharing resources. With greater restrictions on the horizon, these individual acts of agency might not be sustainable, therefore a more long-term solution is needed. However,

temporal framings for a tactic that guarantees long-term effects in favor of reproductive rights is complicated in part because the notion of reproductive technology keeps changing with advancements—as do restrictions across the country.

As repercussions of the *Dobbs* decision continue to unfold, only time will tell which temporal frame women accept, dictating how they act and respond to the respective world or if a new world is imagined outside of *Jezebel's* presentist and dystopian perspectives. Which raises the question: what alternate possibilities might this new world offer outside of or in between conventional and exceptional forms of agency? With consequences emerging daily out of the *Dobbs* decision, there is an exigence for continued study of the intersections between reproductive technologies and women's bodily autonomy.

Implications for the Discipline

Women's rhetoric has long been discussed in the field of Communication, offering a valuable lens into the experiences of people with a uterus and reproductive technology. This thesis project supplements existing rhetorical scholarship that examines the language of *Roe v. Wade* and similar sequential court cases as well as literature that critiques the relationship between women, technology, and political power. My analysis of women-centric discourse following the wake of the overturning of *Roe v. Wade* grounds current and future critiques of the *Dobbs* decision and its impact on women's bodily autonomy as connected to reproductive technology. This thesis project affirms existing rhetorical research on gender and reproductive health decisions and technologies, which have expressed concerns of bodily autonomy at the intersection of reproductive technology and gender. With most rhetorical critiques of women's rhetoric centered on reproductive technology and bodily autonomy having been written in a world in which *Roe* was law, there is an exigence to study the current political moment.

An "all hell's broke loose" mindset has resulted from the *Dobbs* decision, throwing questions of women's bodily autonomy into chaos and concerns continue to spiral. The post-*Dobbs* moment offers a ripe area for study, while inevitably connected to scholarship pre-*Dobbs*, the state of the country will never be the same with *Roe* overturned and the status quo of the U.S. upended. Therefore, women's rhetoric and the rhetoric surrounding reproductive technology can provide a glimpse into women's experiences as unequal citizens, and how notions of bodily autonomy have changed or are changing with reproductive technologies and legislative policies. Rhetoricians can begin by studying rhetoric of the body, emphasizing the power of legal rhetoric as Katie Gibson does, along with looking at more creative rhetorics. As an example of creative rhetoric, a dystopian temporal framing models a worst-case scenario future, however modeling such a future might be able to prevent the worst-case scenario from happening as people might take action in the present to avoid a dystopia. Dystopian temporality and subsequent forms of agency might be a way forward for people with a uterus to take back bodily autonomy over their reproductive rights. With utopic visions of reproductive technologies coming to fruition, it will be valuable to continue to take seriously temporal futures and their imagined consequences.

Further, my study can assist in expanding Giorgio Agamben's understanding of the "state of exception"²⁹³—a term taken up productively in the rhetorical tradition. Agamben argues that in supposed times of crises, a state of exception occurs in which governments or political powers capitalize on the crisis, suspending law and employing exceptional measures outside of the law. These exceptional measures outside of the law can deprive individuals of their personhood, making it difficult for such individuals to defy political entities. Typically, the state of exception is applied to instances of political power among Presidents, political figures, or dictators. However, initial consideration might suggest that current advocates for bodily autonomy around

reproductive technology may signal that “states of exception” and the exceptional powers they justify may not only lie in the hand of leaders or the State. Rather, my thesis suggests the possibility that the concept can also be applied to activists. If activists deem a moment exceptional, or in the case of an envisioned post-*Dobbs* America, dystopic, they might use tactics similar to those associated with a state of exception, working outside of the law to demonstrate power. *Jezebel*’s visions of a dystopic future and associated exceptional forms of agency, illustrate that the imagined American dystopia will require actions outside of the law to take back bodily autonomy. Rhetorical scholars might find it valuable to apply the concept of the state of exception to activist discourse to develop a greater understanding of the actions and implications for such discourse.

Limitations and Areas for Future Research

Though a valuable addition to rhetorical scholarship, this thesis’ analysis is not without limitations. One limitation of this thesis involves the examination of a single women-centric media source, which tends to support women’s choice and access to reproductive technologies and opportunities. A more robust set of conclusions could be drawn here by either: 1) adding several additional texts of this type. Doing so would confirm the existence of these findings outside of *Jezebel* and would also provide a greater array of voices to be considered—particularly since across the constructed text for this thesis, certain *Jezebel* contributors dominate the topic area of reproductive technology. In addition, a 2) comparative analysis could be done to look at the language and themes of a more contemporary conservative media source. Doing so would provide a holistic understanding of discussions centered around reproductive technology and women’s bodily autonomy. This discourse and its conclusions could also benefit with additions from non-traditional sources of bodily autonomy rhetoric (e.g., *Teen Vogue*, for

instance). Additionally, since there have been studies on the legal rhetoric of *Roe*, it would be valuable to study the legal language of varying state laws restricting reproductive health access following the *Dobbs* decision to see a comparison between the previous and present language of reproductive health policies.

Beyond the type of text I analyzed, the scope of my thesis project is fairly constrained as my study focuses on the immediate discursive response following the *Dobbs* decision. This thesis project was written while the initial repercussions of the *Dobbs* decision were still unfolding. Therefore, it would be valuable to analyze the discursive implications of the *Dobbs* decision a year or more after the monumental Court case. Such a study would capture a more comprehensive understanding of *Dobbs*' implications along with the implications for the 2022 state primary elections and the U.S. mid-term elections, which were championed in the discourse as a presentist form of agency.

An already mentioned limitation of this thesis should again be acknowledged here: while this project takes a women-centric approach, doing so can at times minimize the fact that people other than women also have a uterus²⁹⁴ and are immediately impacted by reproductive laws and restrictions. Scholars traditionally tend to talk about reproductive rights as a women's issue, but in public and popular discourse gender appears in different ways, therefore scholarship needs to catch up. Research should be done to spotlight and explore the specific experiences people who do not identify as women but have a uterus face as it relates to bodily autonomy over reproductive technology. Questions that can begin to guide such research include: How have people in this community been discriminated against as it relates to reproductive technology? What are potential impacts this community may face with advancements in reproductive technologies? Do you need to identify as a woman to get access or judicial support to seek an

abortion? Do you need to identify as woman to receive fertility treatments or birth control access? How are people in this community excluded from legal rhetoric that restricts or expands reproductive healthcare? This community of people is disproportionately impacted by their gender identity, therefore it is necessary to highlight their voices and experiences as it relates specifically to bodily autonomy in future research.

Expanding on future directions instigated by the limitations of my thesis, reproductive technologies in general must be studied more as advancements continue to complicate questions of bodily autonomy. As indicated at the beginning of this conclusion through Smajdor's advocacy for the use of people with a uterus as fetal containers if they are in a brain-dead state, the imaginations for reproductive technologies are far-reaching with the bodies of people with a uterus being considered as forms of reproductive technologies to incubate fetuses. Therefore, scholars need to continue to study the discursive implications that surround discussions of, advertisements for, and advancements in reproductive technologies as they will continue to impact questions of bodily autonomy and the everyday lives of people with a uterus. As the overturning of *Roe v. Wade* continues to unfold, it will be paramount to continue to research and explore communication outcomes associated with the relationship between reproductive technologies and women's bodily autonomy.

Concluding Point

As someone who has experienced the biases of the U.S. medical system as it relates to reproductive technology pre-*Dobbs*, I fear for the future of America if it continues on a path towards policing and restricting reproductive choices post-*Dobbs*. In the past few years, and especially following *Dobbs*, reproductive issues only seem to have become more polarized with those (mainly men and conservatives) who want America to return to a time when traditional

gender roles were in place and those (mainly people with a uterus) who want validation of their experiences and greater options for bodily autonomy within the context of reproductive health. There is another perspective, of those who look to the future and imagine extensive advancements in reproductive technology such as Smajdor or those who champion technology that would supersede the physical womb for an artificial one. These future imaginings carry with them their own set of consequences that collide with notions of bodily autonomy over reproductive technology. The biopolitics of reproductive technology is aptly captured by Judy Wajcman who states, “The female body is being expropriated, fragmented and dissected as raw material, or providing ‘living laboratories’ as Renate Klein puts it, for the technological production of human beings.”²⁹⁵ As I read each day of new restrictions or future imaginings, I fear for the female body and people with a uterus. At the end of this thesis project, it has become apparent that though bodily autonomy has always been an issue for women, reproductive technological advancements threaten women’s bodies in more menacing ways. Because of this, the political moment and current and future imaginings of reproductive technologies must continue to be researched for the preservation of women’s lives.

Notes

¹ When addressing the topic of reproductive rights, it's important to note that people with a range of gender identifications make use of reproductive technologies. People with a uterus are disproportionately impacted by laws restricting abortion and access to reproductive technologies. Historically, legal and public discourse has categorized those individuals as “women.” However, the term woman can be exclusionary not accounting for people who identify as transgender, non-binary, or gender-nonconforming, who may have the capacity for pregnancy and are also impacted by restrictive decisions made to reproductive rights. Often times, legal and public discourse uses the term women as all-encompassing when referring to issues of reproductive rights and bodily autonomy. I acknowledge that “women” is not an all-encompassing term for people who have the capacity for pregnancy and are also impacted by the *Dobbs* decision. Therefore, at times I refer to any person who has the capacity for pregnancy as people with a uterus and in other cases I refer to women as addressed in legal and public discourse.

² Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (University of Georgia Press, 2017).

³ Tiesha Rashon Peal, “The Continuing Sterilization of Undesirables in America.” *Rutgers Race & the Law Review* 6, no. 1 (2004): 225.

⁴ Kylie Cheung, “The Flood Gates Are Now Open for Prosecuting Pregnancy,” *Jezebel*, June 24, 2022, <https://jezebel.com/abortion-pregnancy-outcome-criminalization-after-roe-v-1849032441>; Kashmir Hill. “Deleting Your Period Tracker Won’t Protect You,” *The New York Times*, June 30, 2022, <https://www.nytimes.com/2022/06/30/technology/period-tracker-privacy-abortion.html?searchResultPosition=15>; Rina Torchinsky, “How Period Tracking Apps and Date

Privacy Fit Into a Post-Roe v. Wade Climate,” *NPR*, June 24, 2022,

<https://www.npr.org/2022/05/10/1097482967/roe-v-wade-supreme-court-abortion-period-apps>.

⁵ Caitlin Cruz, “Violence Aimed at Abortion Clinics Has Risen Dramatically,” *Jezebel*, June 24, 2022, <https://jezebel.com/abortion-clinic-violence-harassment-stats-1849106755>.

⁶ Richard McKeon, “Time and Temporality,” *Philosophy East and West* 24, no. 2 (1974): 123.

⁷ Cornell Law School, “Roe v. Wade (1973),” Accessed 22 Aug. 2022, [https://www.law.cornell.edu/wex/roe_v_wade_\(1973\)](https://www.law.cornell.edu/wex/roe_v_wade_(1973)).

⁸ *Roe v. Wade*, 410 U.S. 113 (1973).

⁹ Cornell Law School, “Roe v. Wade (1973).”

¹⁰ The Editors of Encyclopedia Britannica, “Roe v. Wade,” *Britannica*, June 24 2022, Accessed 22 Aug. 2022, <https://www.britannica.com/event/Roe-v-Wade>.

¹¹ Elizabeth Nash, “State Policy Trends 2021: The Worst Year for Abortion Rights in Almost Half a Century,” *Guttmacher Institute*, December 16, 2021, <https://www.guttmacher.org/article/2021/12/state-policy-trends-2021-worst-year-abortion-rights-almost-half-century>.

¹² Rachel K. Jones and Jenna Jerman, “Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014,” *American Journal of Public Health* 107, no. 12 (2017): <https://doi.org/10.2105/AJPH.2017.304042>.

¹³ *Planned Parenthood v. Casey*, 504 U.S. 833 (1992).

¹⁴ Nash, “State Policy Trends 2021.”

¹⁵ *Dobbs v. Jackson Women’s Health Organization*. 597. U.S. (2022).

¹⁶ *Dobbs*, 597 U.S. at 8; Josh Gerstein and Alexander Ward, “Supreme Court Has Voted to Overturn Abortion Rights, Draft Opinion Shows,” *Politico*, May, 3 2022,

<https://www.politico.com/news/2022/05/02/supreme-court-abortion-draft-opinion-00029473>.

¹⁷ Jesus Jiménez, “What is a Trigger Law? And Which States Have Them?,” *The New York Times*, May 4 2022, <https://www.nytimes.com/2022/05/04/us/abortion-trigger-laws.html>.

¹⁸ Jordan Michael Smith, “Ten Years of Jezebel: The Website that Changed Women’s Media Forever,” *The Guardian*, May 20, 2017, <https://www.theguardian.com/lifeandstyle/2017/may/20/jezebel-website-changed-womens-media>; Sydney Ember, “Jezebel, Leading Voice on Feminist Issues, Names New Top Editor,” *The New York times*, October 14, 2017, <https://www.nytimes.com/2017/10/24/business/media/jezebel-koa-beck.html?searchResultPosition=6>.

¹⁹ Smith, “Ten Years of Jezebel”; Ember, “Jezebel, Leading Voice.”

²⁰ Smith, “Ten Years of Jezebel.”

²¹ Smith, “Ten Years of Jezebel”; Ember, “Jezebel, Leading Voice.”

²² Tarpley Hitt, “Inside the Turmoil at Jezebel,” *Gawker*, November 18, 2021, <https://www.gawker.com/media/inside-the-turmoil-at-jezebel>.

²³ Michael Calvin McGee, “Text, Context, and the Fragmentation of Contemporary Culture.” *Western Journal of Speech Communication* 54, no. 3 (1990): <https://doi.org/10.1080/10570319009374343>.

²⁴ McGee, “Text, Context, and Fragmentation,” 280.

²⁵ McGee, “Text, Context, and Fragmentation,” 287.

²⁶ McGee, “Text, Context, and Fragmentation,” 288.

²⁷ McGee, “Text, Context, and Fragmentation,” 288.

²⁸ Articles that included more than one search term were counted once.

²⁹ Chikako Takeshita, *The Global Biopolitics of the IUD: How Science Constructs Contraceptive Users and Women's Bodies* (The MIT Press, 2011), 1.

³⁰ Cooper Owens, *Medical Bondage*; see also Simone M. Caron, "Birth Control and the Black Community in the 1960s: Genocide or Power Politics?," *Journal of Social History* 31, no. 3 (1998): <http://www.jstor.org/stable/3789714>.

³¹ Peal, "Continuing Sterilization of Undesirables," 225.

³² Annette Burfoot and Derya Güngör, *Women and Reproductive Technologies: The Socio-Economic Development of Technologies Changing the World* (Abingdon, Oxon and New York: Routledge, 2022).

³³ Takeshita, *Global Biopolitics of the IUD*.

³⁴ Monica Christmas, "SayHerName: Should Obstetrics and Gynecology Reckon with the Legacy of JM Sims?" *Reproductive Sciences* (Thousand Oaks, Calif.) 28, no. 11 (2021); Sara Spettel and Mark Donald White, "The Portrayal of J. Marion Sims' Controversial Surgical Legacy," *The Journal of Urology* 185, no. 6 (2011).

³⁵ Anne Fausto-Sterling, "Nature," in *Critical Terms for the Study of Gender*, eds. Catherine R. Stimpson and Gilbert H. Herdt, (University of Chicago Press, 2014); Burfoot and Güngör, *Women and Reproductive Technologies*.

³⁶ Elizabeth S. Goldberg, "Human Rights," in *Critical Terms for the Study of Gender*, eds. Catharine R. Stimpson and Gilbert Herdt (University of Chicago Press, 2014), 145.

³⁷ Caroline Bassett, Sarah Kember, and Kate O'Riordan, *Furious: Technological Feminism and Digital Futures*, (Pluto Press, 2020); Takeshita, *Global Biopolitics of the IUD*; Catherine R. Stimpson and Gilbert H. Herdt, *Critical Terms for the Study of Gender*, (University

of Chicago Press, 2014); Judy Wajcman, *Feminism Confronts Technology* (Pennsylvania State University Press, 1991).

³⁸ Wajcman, *Feminism Confronts Technology*, 54.

³⁹ Wajcman, *Feminism Confronts Technology*, 54.

⁴⁰ Fausto-Sterling, "Nature," 304.

⁴¹ Stimpson and Herdt, *Critical Terms for the Study of Gender*; Wajcman, *Feminism Confronts Technology*.

⁴² Wajcman, *Feminism Confronts Technology*, viii.

⁴³ Fausto-Sterling, "Nature," 303.

⁴⁴ Wajcman, *Feminism Confronts Technology*, 56.

⁴⁵ Goldberg, "Human Rights," 142.

⁴⁶ Goldberg, "Human Rights," 142.

⁴⁷ Goldberg, "Human Rights," 145.

⁴⁸ Wajcman, *Feminism Confronts Technology*, 3.

⁴⁹ Wajcman, *Feminism Confronts Technology*, 3.

⁵⁰ Wajcman, *Feminism Confronts Technology*, 5.

⁵¹ United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), *Beijing Declaration and Platform for Action*, United Nations, 1995, 2, <https://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf>.

⁵² UN Women, *Beijing Declaration*, 3.

⁵³ Goldberg, "Human Rights," 139.

⁵⁴ The freedom, ability, and affordances one has (or lack thereof) are based on varying identities, social positions, or circumstances which can include gender, class, race, ethnicity, age, ability, or sexual orientation.

⁵⁵ For a more in-depth discussion and definition of agency see Karlyn Kohrs Campbell, “Agency: Promiscuous and Protean,” *Communication and Critical/ Cultural Studies* 2, no. 1 (2005). Additionally, for a discussion on agency and reproductive control see Heather Brook Adams, “Goodbye, ‘Post-Pill Paradise’: Texturing Feminist Public Memories of Women’s Reproductive and Rhetorical Agency,” *Quarterly Journal of Speech* 105, no. 4 (2019).

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⁵⁷ Chris Mays, Nathaniel A. Rivers, and Kellie Sharp-Hoskins, *Kenneth Burke + the Posthuman* (Pennsylvania State University Press, 2017), 184.

⁵⁸ Hill, “Deleting Your Period Tracker.”

⁵⁹ Martin Kaste, “Nebraska Cops Use Facebook Messages to Investigate an Alleged Illegal Abortion,” *NPR*, August 12, 2022, <https://www.npr.org/2022/08/12/1117092169/nebraska-cops-used-facebook-messages-to-investigate-an-alleged-illegal-abortion>.

⁶⁰ Casey Andrew Boyle, *Rhetoric as a Posthuman Practice* (Columbus: The Ohio State University Press, 2018), 193.

⁶¹ Jan Hoffman, “Infertility Patients and Doctors Fear Abortion Bans Could Restrict I.V.F.,” *The New York Times*, July 6, 2022, <https://www.nytimes.com/2022/07/05/health/ivf->

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⁶² Michel Foucault, *The History of Sexuality, Vol. 1: An Introduction* (Pantheon Books, 1978), 144, https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cbibliographic_details%7C3995958.

⁶³ Foucault, *History of Sexuality, Vol. 1*, 144.

⁶⁴ Foucault, *History of Sexuality, Vol. 1*.

⁶⁵ Michel Foucault, “The Birth of Social Medicine,” *Power*, ed. James D. Faubion, translated by Robert Hurley (New Press, 2000), 137.

⁶⁶ Foucault, “Birth of Social Medicine”; Eduardo Mendieta, “Biopolitics,” *The Cambridge Foucault Lexicon*, eds. Leonard Lawlor and John Nale, (Cambridge University Press, 2014).

⁶⁷ Foucault, *History of Sexuality, Vol. 1*, 138.

⁶⁸ Rosi Braidotti, *The Posthuman*, (Cambridge, Massachusetts: Polity Press, 2013), 111.

⁶⁹ Sandra Lee Bartky, “Foucault, Femininity, and the Modernization of Patriarchal Power,” in *Reading Feminist Theory: From Modernity to Postmodernity*, eds. Susan Mann Archer and Ashly Suzanne Patterson (New York: Oxford University Press, 2016), 313.

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