

inSocialWork Podcast

Reproductive Justice: A call-to-action for Social Work in the Post-Roe World

with Dr. Mery Diaz and Dr. Erica Goldblatt Hyatt

Speaker 1 [00:00:05] In 1989, the musical group Tears for Fears wrote It's a world gone Crazy Woman in Chains. I'm Peter Sobota and welcome to the In Social Work podcast from the University of Buffalo School of Social Work. Well, to the surprise of pretty much no one, the U.S. Supreme Court issued its ruling in the Dobbs case, finding that the Constitution does not confer any right to abortion and for good measure, went on to overrule both Roe v Wade and the Casey precedents. Not only was the largely accurate, it turns out, leak of the decision unprecedented, but the ruling literally takes away a legal right granted to women by the court itself almost 50 years ago. NPR's long time Supreme Court reporter Nina TOTENBERG called it the legal equivalent of a nuclear bomb. We have been anticipating the court's decision, as have our guests, Dr. Erica Goldblatt and Dr. Mery Diaz. And we recorded this episode four days after the decision. Our guests are two scholars who have spent many years advocating, writing, training and teaching about reproductive justice. And as you hear doing this, while a lot of the social work profession, as well as social work education has been alarmingly quiet on this subject. Following this introduction, I'll turn the show over to Erica and Mery, and we will listen to these dedicated scholars and friends talk together about their reactions, what the decision's impact is likely to be, what's up with social work, and what are the practical ways in which social workers and others can act in the near and want your future? Erica Goldblatt Hyatt, DSW LC S.W. M.D. is Associate Professor and director of the DSW Program at Rutgers University School of Social Work and holds a dual appointment as associate professor at the Robert Wood Johnson Medical Center's Department of Obstetrics, Gynecology and Reproductive Sciences. Mery Diaz, DSW MSW is Associate Professor in the Human Services Department at New York City College of Technology or City Tech. Please welcome Erica Goldblatt, Hyatt and Mery Diaz.

Speaker 2 [00:02:32] Hi. Hi. My friend Mery Diaz. Dr. Mery Diaz.

Speaker 3 [00:02:39] Hello Dr. Erica. You know, I'm always excited to talk to you. But under these circumstances, I know that our conversation is going to be a little a little different than well, not a little bit different, but had different feelings behind it, I suppose.

Speaker 2 [00:02:53] We have been expressing our feelings to each other since Friday. Really? Well, you know, I would say we've been expressing our feelings since the draft of the SCOTUS decision a couple of weeks ago, and then they really dragged their heels on it. So you and I, Dr. Mery, have had plenty of time to express choice words regarding our feelings about the overturning Roe v Wade.

Speaker 3 [00:03:20] I mean, something that we anticipated. But as the decision comes down, you I mean, at least for me, Mery, it it was really hard to digest, right? It was really hard to digest that this was the current reality. I remember coming out of the subway, checking my phone and seeing The New York Times alert about the decision that, you know, went down. And I realized that 30 minutes before I got on the subway, I was a bull human being under the eyes of the Constitution. I had full rights to my body. And then 30 minutes later. I am a second class citizen and I just start thinking about my daughter. So I just wanted to hear what were your what was your feeling.

Speaker 2 [00:04:17] Yeah. Well, as you know, I've been doing trainings on this and I feel for many populations, Roe has been dead for a long time. I mean, Row has been kind of standing on very shoddy, very shaky legs. And so, you know, there are many populations that have not been protected or there have been very sneaky legislation, attempts and successes like we saw in Texas, in Oklahoma, that have deputized private citizens to enforce anti-abortion sentiments. But there was something about this, right? So I was at a doctor's appointment. I went to the SCOTUS website because I know that at 10:00 is when they released their decisions and there was something odd about having to scroll down to the decision and it's like, Welcome to the Supreme Court. The Supreme Court is closed to visitors. This is kind of like a welcome friendly ramble. And then you scroll down and you see the decision and you open it up. And the first thing that I my eyes were just pulled to was the overturning of Roe will nullifying Casey and just this whole universe. Of, quote unquote, rights collapse. And, you know, we were talking earlier about there's this this case, this Mississippi case has been frustrating to me because it's based on this concept of fetal pain. And there's very little science behind this concept of fetal pain. And so we have the court acting as doctors. We have politicians acting as scientists. And they could have decided just the case, but they went and they overreached. And they overturned their own decision based on a reading of the Constitution, their reading of the Constitution in the same week that they allowed guns.

Speaker 3 [00:06:19] To.

Speaker 2 [00:06:19] Be more easily carried openly. So what were my reactions? Yes, my reactions were. Oh, my goodness. I can't believe that. You know, I have I have three daughters and one beautifully sensitive son who understands the value of reproductive rights and justice. And if my daughters get pregnant, they don't want to be pregnant. We'll have to travel and thank God we have the means to travel. But even more so, I thought about my patients that I work with who have had later abortions, who many of whom are pregnant again, who are absolutely terrified. Because when you find out that your fetus is affected by an anomaly at 20 weeks gestation, there's not a whole lot of time to get an abortion. And now. To travel on top of that later. Abortion is going to get later and later and later. And some people will end up being forced to give birth to babies that will live short, painful lives. Or simply premises that are not desired, which is legitimate to you know, people talk about the fetal anomaly. Pregnancy is the you know, that's a legitimate reason for an abortion. But any reason for an abortion is a legitimate reason for an abortion. And all of that is going to take more time now. And the last thing I'll say before ending my rant, because I could go on and on, is I'm hearing that clinics are unable to handle the influx of travelers, and that's a problem. So in Oklahoma, you know, Texans are going to Oklahoma. Oklahoma banned abortions. This was before Roe was shot down. There are these convoys of people traveling who are told that abortion is going to have to be waited for or that the clinic cannot handle the staff. And I think of Dr. Hurd's clinic in Colorado that does later abortions. And they can't handle no one can handle the influx because abortions are not going away.

Speaker 3 [00:08:22] Right. So I'm thinking about a few things that you're you're saying and we we knew that this the decision could potentially come. And but, you know, I think the reactions always like surprise, outrage, rage that we even got to this point that we allowed it to to get to this point. And as we get to this point, you know, there's there's this reaction, women and people who feel so compelled. To share their stories, their stories of trauma. You know, people have so many different reasons and circumstances for choosing and having to choose an abortion. And there are a lot of people who, you know, maybe don't have those those similar experiences. They're not traumatic experiences.

They're simply they're simply a choice. But we are forcing people to relive their traumas in order to, you know, give rationale to why this fundamental right is important and is crucial. And, you know, it's I think that's what I react to. I reacted to initially just sort of this rage on behalf of women and people who and my you know, myself as a as a woman, as someone with lived experience. And I have my own history and vulnerabilities. And I think that, you know, we constantly. Put the most marginalized people in the places where they have to plead. They have to plead for fundamental human rights. And the second thing I want to pick up is on this this this need that people will have about traveling to get abortion services and, you know, speaking with friends who are you know, they're professionals are educated. They some of them working in corporate settings, some of them work in, you know, in settings that have full benefits for their workers. And they were sharing with me how their institutions made statements about supporting their employees and being able to economically support and also provide health coverage. And it just strikes me, you know, it strikes me that this is exactly what the reproductive justice movement is always talking about, which is we have two tier system people who have the means. There will always be abortions and there will always be people who have the means. And then you have people who don't have the means, who can't travel, who don't have any type of health coverage, don't work in institutions that will support them, are completely isolated from support systems and support networks. And as I'm thinking about how we go forward and, you know, at the end, we are social workers and we're going to think about this in the social work lens, is how do we, you know, expand networks and support and not forget about, you know, people who to begin with didn't have those privileges? Even when we have we had the rights. And that that's a conversation that the reproductive justice movement has had all along, that it's not just about abortion, it's about all of these other intersecting experiences. But now there's this like critical need because there's a critical, you know, issue of not even having access.

Speaker 2 [00:11:50] Right. And Mery, I think you said that really well. And I'm getting increasingly rageful as we talk because I really feel strongly that social work failed the reproductive justice and the reproductive and just the any sort of participation in ensuring that the human right to have a child, to not have a child, and to parent a child in safe and healthy environments, and to express the sexual and gender autonomy. The social work movement has been agents of the Castle State that has criminalized pregnant people, certain pregnant people. I mean, there are lists of folks who have been incarcerated for having miscarriages but were accused of feticide. There are you know, we have a child welfare system that takes children from their families because we decided, you know, we in our white supremacist culture decide who is a legitimate parent or not. And that's been happening. This kind of population control and this legitimacy or illegitimacy of parenting has been happening, you know, for centuries in in the United States. And if we are about, you know, our our profession is about raising awareness and consciousness as to the violations of social justice and promoting social justice. And yet we have become tools of systems that ultimately oppress. And I think even when we do not, you know, look at the Hyde Amendment right. So this kind of awful piece of legislation that bars federal funds for abortion, which means that if you are on medical assistance, if you are a federal employee or in this accounts for dependents, to if you're in the Peace Corps, anyone that is on federal funding cannot use those funds for abortion. And nobody nobody in social work have I see. Is outraged or has been outraged about it. And, you know, I've been in this field now for about ten years, and even I, you know, up until recently was unaware of the how.

Speaker 3 [00:14:09] Can we talk about that for a second? I think that I wanted to sort of circle around a couple of things. I think that it's really important. I, Mery Diaz, have been

profoundly impacted by your work around reproductive rights. I've been very much inspired by it, and I've learned over the years about a subject that I don't think I learned about in social work school and maybe thought about it as a secondary aspect of my work. I knew was, you know, abortion access, reproductive health, all of those all of those factors were important in in the different type of work that I was doing in social work. But if I think back to social work school the only. Time that we ever talked about reproductive health or anything related was do you agree on the abortion issue? And if you were working with a client who had different values in you, a Catholic, you worked with that. But it wasn't about the fundamental right to abortion access and the fundamental right to your own body body autonomy. And, you know, all of the different factors that have an impact on whether someone even has to choose an abortion or not. Right. So those are conversations that we weren't having. I'm not going to date myself, but I could date myself when I was going through the missal. Your program. You know, there were a couple of professors that would. Kind of expanding it, but it wasn't like a the forefront of our of our curriculum. Let's just say that it was always a master fact. It was a one time lesson. So I come to reproductive health, education and much later reproductive justice through my work in the field and just really becoming invested in this because I think it's important. I understand how, you know, the communities I work with are impacted and my students as well. I work in CUNY, you know, primarily low income immigrant students of color, you know. So I come to this work later on and a lot of it is through having discussions with you and just sort of seeing your advocacy and learning about your own experiences. And as I get older, you know, women in my life who have had, you know, difficult experiences or had to make choices for X-Y-Z reason. But it brings me back to how social work is has been generally silent. You know, it really hasn't taken reproductive health and reproductive justice as a priority as, you know, frameworks that are fundamental to human rights and and and the communities that we work with, the individuals that we work with, and, you know, society in general, how important it is. So I just wanted to get your your take on it as a as someone we lift experience and that's a social worker, educator and advocate. What's up with social work was the what's happening and why are we like this?

Speaker 2 [00:16:59] What's up with that? What is up with that? So I was really lucky to be part of a study that we interview or I'm sorry, we we submitted questionnaires to 626 students.

Speaker 3 [00:17:14] Across.

Speaker 2 [00:17:16] Four U.S. regions, the Northeast, the West, South and Midwest. And we surveyed DSW and MSW students. And it's going to give you some some of the percentages, some of the statistics that we found. And just to give you an idea, the questions were about did you have abortion content in your MSW study program? Are you familiar with laws in your states surrounding abortion? Do you know someone that's had an abortion? Do you believe abortion should be legal? 86.2% of respondents indicated that information about abortion is not regularly happening in class or field. Over 36% of students reported that they don't know how to assist a client who requests information about abortion, not on abortion, but just information about abortion. 2.7% said the topic was brought up frequently or a few times, and 30.3% said medical and social justice issues related to abortion were covered in the classroom. 53% indicated that abortion is rarely or never discussed in the social work classroom. Here's an interesting one, but I don't think surprising 47.9% did not research the professor's stance on abortion prior to pursuing social work. Because guess what? We haven't really had a strong stance anyway. I mean, certainly NSW has put out stuff here and there. Interestingly, you know, in the study, religion and political affiliation were strong influencers. DSW students tend to be

more conservative as well, but I think this really speaks to the challenge of social work education. This was a study where we actually replicated a survey that was done by Gretchen, Eli and at all. And they were also looking at social work, education and student knowledge and attitudes about abortion. And it's just not it's not there. You know, we are stuffed to the gills in social work with core competencies. You know, you got to have your diversity in a freshman class and absolutely you should have a diversity in a freshman class. But it seems to me that we're so stuffed with competencies that if you're lucky, you get like a women's health elective and then you're supposed to cover, you know, women in work and wages and mothering and gender roles. Oh, let's throw abortion in there if we can. Or choice. I mean, there's so much for one course to cover if you're lucky enough to get it. So, you know, I'm the administrator of a study of a doctoral degree program. And one of the things they're putting in their reproductive justice, because specifically there's like you said, there's the intersection of the folks we work with who are the most minoritized and marginalized and reproductive access. And it's not about choice because not everyone has the luxury of choice. And so we need to start teaching social workers that the very populations that we are training or trained to serve are the very populations whose life circumstances. Are going to bar them from exercising choice unless we help them. So that was a tangent, and I'm not sure that I answered the question.

Speaker 3 [00:20:37] I think I think you did. I mean, I think that it's important to rethink about how we're teaching, how we're teaching, what we're teaching. And is reproductive health, is reproductive justice and the aftermath, you know, a section of a lesson or is it a framework for how we should be thinking about the experiences of the communities that we work with? And, you know, I think I teach women's health as well. And I've been taking, you know, more recently this reproductive justice framework because, I mean, if we're thinking about how people thrive, how people, you know, are able to have self-determination in the end, all this injustice, just one piece where we have we make a medical decision about our bodies is what are the different pieces or different factors in our lives that get us to this point? Right. So I start thinking a lot about, you know, communities that are under resources, that resourced communities died, you know, where schools are struggling, communities where there really isn't a lot of healthy nutrition. You know, they live in these sort of like like food deserts or I wouldn't even say that is like intentionally designed so that people don't have access to healthy nutrition. You know, how we're seeing how important housing is, how important it is to feel like you're safe where you live. Right. And this is a fundamental part of reproductive justice that when you are when you have access to that, when you are thinking about, do I want to bring kids into this world? Do I want to be a parent? And you look at your environment and your environment is not allowing you the full opportunity to say, yeah, I can, you know, make a free decision about being a parent and what kind of parent I want to be and making sure my kids are are nurtured and they have everything that they need. You know, that's that's the start. That's the start. Right. We're sort of at a critical point right now where we're thinking sort of in this dire, we're like in this dire place, we're like, oh, should we, you know, abortion access and and the ability to, you know, live in a state where you have abortion rights is, you know, we're at this like crucial we're just trying to survive are just trying to gasp, like where do we have access to that? Right. But we can't forget that even when those access do that access does exist in your state. You know, and there are a few states that where it does exist. And, you know, some states are considering expanding those those those resources and and connecting people from out of those states to those resources within those states. People still have problems accessing those resources. Right. And now that we are eliminating access across the United States, what will continue to happen? What will happen to people where when they're living, women and working people were already confronted with barriers to accessing those resources, whether it be because of economic

conditions, whether it be because of education, whether it be because of geographic factors. You know. So I think when we're having this conversation, we can never lose sight of the fact that there's this interconnected web of resources beyond abortion access. And that's where thinking sort of in despair, like, Oh, I can't believe we're here. I can't believe where we're we're this place where we have lost this. Right. We have to still consider that, you know, there are other aspects of people's experiences that we have to be able to address as as social workers, as people who are advocates that will then open up the opportunity to even access abortion, access when when they are present, when they are there. So as we consider like, oh, when we support organizations where they are supporting women to access abortion. Yes, we we I think that there's the monetary support. There's the let's talk about these particular organizations, but there's also boots on the ground, like how do we how do we then, you know, advocate for the the other conditions are just as critical. Like, you know, people need to be able to have a living wage and have health care and have housing in order to be able to have access to these things. Because we again, it brings us back to the issue of a two tier system where people with means will continue to have access. To abortion, but people without means. You know, that's that's we will continue to be further away from accessing resources.

Speaker 2 [00:25:33] Well, you know what that kind of sparks me to think of is some of the work I'm doing with fetal surgery right now. This is kind of a stretch, but as you're talking about the ability. The right to not have a child. I'm thinking about the right to have a child. So for those that don't know my story, in the 20th week of gestation, my fetus was diagnosed with a really rare and deadly anomaly. His airway didn't develop. It was just sealed off. And so as a result, fluid that should have been escaping from his lungs was building up in his womb. It flipped his diaphragm over it, crushed his lung, started expanding and crushing his heart. And so we went to a center for fetal diagnosis and treatment. And the hope was for fetal surgery. The hope was that they could go in and they could make make an airway where there was no airway. And we were basically told we can't do that. The question is, how do you want your son to die? Do you want him to go into heart failure in the womb? Do you want him to be born? And we can try to do an airway at that time. But given the location of the lesion, we're probably not going to be able to do that. And he's going to lack oxygen during birth and he'll be brain dead. And then you'd have to make a choice as to what kind of a life you would want your son to have if he were to survive the neonatal intensive care unit. A lot of these babies that end up getting kind of tracheostomy is or are that dependent or whatever and get secondary infections in the neck. So we were faced with this kind of door number one, two and three under each store was death. But we went to a fetal surgery clinic because those are the people who, quote, save the babies. Right. And I've been recently doing interviews with fetal surgeons, kind of trying to find out how do they counsel people? How do they work with their clients? Do they have any training of doing this? Great study with Abigail Wolfers from Yale. And one of the really fascinating pieces is there are ideal patients and there are patients that are not eligible for study. So let's say that your fetus has an anomaly. Let's see, there's it's a common anomaly. It's spinal bifida where there's a lesion in the neural tube. And we have some sort of modest success closing that neural tube during surgery. So we actually open up the mother and we open up the amniotic sac and we do a surgery on the fetus, and then we wrap them all up. And then Mom's got to stay on bed rest, she's got to stay close, or the birthing person has to stay close to the hospital. Follow up. They can't go back to work. They've got to be very careful. They need someone to be taking care of them. If your BMI is too high, you're ineligible for the surgery. If you don't have child care, you're ineligible for the surgery. If your work doesn't provide time off, you're ineligible for the surgery. If you don't have a caregiver for you, you're ineligible for the surgery. So you see where I'm going with this, right? I mean, so again, in cases of these really extreme

cases where a person elects to have a child and goes and finds money to travel, because these centers are located often in urban areas, there are still kind of the ideals and the ideals look like me. They look white and privileged, and they have employment and resources that would allow them to bring their future child into the world. And so, like, we're policing in a way who gets these interventions even, which is just another another aspect of, you know, what do we need to do to ensure that people have access both to abortion resources, traveling for abortion, and then traveling if they want a fetal surgery or if they want to raise their child in a safe and healthy environment.

Speaker 3 [00:29:35] You know, your story always strikes me and it's not a you know, it's not a story that, you know, many people have an experience. I think that we don't talk about that enough. We don't talk about late term abortion in a way that, you know, really humanizes the experience and how difficult it is. When we talk about late term abortion, we always talk about the of from a pro-life movement, about how women should use this as their method of contraception, rather, that these are rarer forms of abortion that usually happen when, you know, people have expected to have their child and, you know, for one reason or another that's no longer a possibility and how traumatic it is to go through this process from beginning to end. And the supports that are there are are non-existing. And and I think that, you know, when when you were doing advocacy around this kind of work, which is, you know, I, I, you know, was what moved me to become a little bit more, I think, intentional about working or learning more about. Active health and reproductive justice. And that a lot of what what is co-opted in this in this conversation from the pro-life movement is that, you know, it's this idea that, you know, people are making these choices irresponsibly and that they're this system. This is a method of birth control rather than it's a it's a very difficult decision and that it's not an easy decision and that it's it requires so many different factors and resources, just as you explain, because they they're thinking the end goal is to give birth to a child, give birth to a child. Right. But the conversation then ends there. Right. Once the the child is born, what what happens next? Where do pro-lifers go when a child is born? There's no conversation, right? There's no conversation about the support that women and parents need in order to raise a child. There's no conversation about universal pre-K, health care for all, investing in schools, protecting. And I'm thinking now, as you know, in the wake of Roe versus Wade, we just had this discussion about the gun laws and how we're, you know, what right rights are deemed valuable and word protection and what rights are not. And you know, that we need to really use language intentionally is not pro-life is proper and that's it. Proper, right. Because if we were pro-life, these folks, if they were pro-life, they would be advocating for so much more, you know, everything that we need in order to be human beings to our full capacity, thrive and and achieve self-determination. And we're not we're not doing it as a society and and in the US and and that I think that we need to start. Reclaiming the term pro-life on some level because it's not what it you know it's not it's not meaning the need to have conservative advocates claim pro-life when pro-life doesn't doesn't mean just giving birth to a child not, you know, not have motion. So I think language is is super important as we talk about these issues. But also, I did want to kind of bring up this the conversation with you about what do we do now? I mean, I think that the the natural response to the decision was this despair. There's this like, oh, my God, I can't believe you're I remember, you know, despairing in the nineties when I was in like Betamax, all right. The Nineties and when I was in college and, you know, doing Women's March and Marches and reproductive health and trying to protect Roe. But I didn't think it was actually going to get to this point. I believe that we were here. We thought we were just raising awareness that it's always important to protect our rights. And, you know, and then we also assumed that our political representatives were going to do right by us as well. And that's what social work is not very comfortable talking about. And it's politics.

Speaker 2 [00:33:51] And.

Speaker 3 [00:33:52] Politics policy and getting involved in that and that aspect of the work. You, Erica, have been involved in sort of political discussions about this and in your own right, can you can you share?

Speaker 2 [00:34:10] Yeah, definitely. So I'm actually I was just looking at a quote, a friend of mine, Erica Christensen, she is one of the pioneers of the Reproductive Health Act in New York, where there's no gestational age limit on abortion. And she was a patient of Dr.. And in Colorado, she has this great website. And the simplest way that I can share it is it's by t l y slash roe r0ewy seed, which is what can you do, Roe versus Wade? What can you do? And she has a list of things people can do. But one of the quotes that I really love is let this radicalize you rather than lead you to despair. So it's okay to despair, you know, it's okay to feel helpless. And then we need to mobilize that. We need to radicalize and we need to start questioning, openly questioning the systems that we have sworn to be faithful to in the United States. One of the things that I have done is I have been out there narrating my story. I started narrating my story and I agree at some point it kind of feels like dancing for your dinner. It feels like the trauma parade. Where? Here we go again. Here's the story again. Like it's me again telling my story. I think it's time we center the voices of people of color. I think it's time we move away from a discussion of good versus bad abortion. Many later abortions happen because of poor access to prenatal care, people who cannot leave their jobs in order to get to medical appointments. People who didn't have appropriate sex education so they don't know they're pregnant until they're too late. And every reason for an abortion, whether it's early or later, is a good reason. So part of it is joining the reproductive justice movement and understanding why certain types of parenting or lack thereof have been promoted in this system that we are living or working in. And the first thing we can do is donate abortion funds. That is a really simple thing to do. These are funds that help cover the cost of travel, cost of abortion for people who now more than ever are going to have to travel. And this document has quite a few resources, but there's also a great document called Donations for Abortion dot com. And if you go to that, there's a list of funds by state and that is actually a well vetted and legitimate site that will tell you about abortion funds that you can donate to. Also, giving independent clinics that are not affiliated with Planned Parenthood is really important in knowing where you're getting your information from is hugely important. We live in this era of fake news, so we really want to make sure that we are looking to the research on fetal pain, also making sure where we get our information from. But I think even more greater is we need to start changing how social work educates about abortion. I think we need to include reproductive justice and reproductive rights and advocacy in our curriculum. I don't know. I'm going to be honest. I appreciate the marches of the protests. Maybe I'm unpopular here, but I don't know that they like they certainly create camaraderie, which is great, but I don't think they're doing anything. I think we need to be calling our legislators, harassing our legislators, looking at what they stand for, going to their websites, finding out who represents us, calling their staffers, pressuring them, telling our stories to them over and over and over again, and voting people out who do not have the viewpoint that access to reproductive health care matters. I love the idea of marches, but I think it's kind of like clicking like on Facebook. You just kind of armchair or armchair, you know, this advocacy whereby the people get to go home and feel good, but they didn't really change anything.

Speaker 3 [00:38:25] Yeah, I think that it's important to say, look, this is we're visible, we're out here, it's important. And I think you mentioned the point of camaraderie and solidarity. You know, I think it's really important for people to feel like they're not alone and

in in in feeling this outrage and that this voice, this mass of people need to be heard. It can it does need to be connected to tangible action. I think there's there's there's a role for all types of responses. But they do need to be connected. They need to work together. Right. So I think that when when we go to marches, what I find super helpful is the visibility of organizations that are boots on the ground there. They are there and they're visible. And, you know, people who weren't aware of these organizations are now, oh, here you are. And that's an organization or an institution that I could be following and supporting and and connecting myself to. But then that's the step that that needs to happen, is how do then we connect to tangible work and and, you know, this is this is work that it's not overnight. And advocacy, you know, takes a long time. It takes a lot of effort, a lot of stamina, a lot of commitment. I mean, the reason that we're here is because there was organization on the right to get to this point. Right. We can't forget that this was this wasn't an organized a movement, an approach that's been worked at for years and years and decades since, you know, Wade was originally, you know, passes originally. We had like the our rights in the country, you know, constitutional rights to abortion access. There was a movement to counter that from the from the very beginning and they were successful. Right. So when we we have to think about the aspect of social work that includes mobilization organization and access for so long in social work, we've been very much in the room pressing our client. As long as we're supporting our client in the room, we're with them. And, you know, we're we're helping them individually. You know, I think social work felt like they were, you know, they've been reaching the the goal of the field. But our field is it's a social field. We're about impacting and changing society. And in order to impact and change society, we have to be a collective. We have to organize. We have to work together, we have to mobilize. And, you know, sometimes that sometimes I mean, I think that part of that is also being politically intelligent and being have having political will. I think we we have often shied away from political discussions because we don't want to be, you know, partizan. We want to be supportive of everyone that we work with. And if my client doesn't believe in what I believe in, you know, that this around here, just for my client. It's not about that. It's about. Hoping to develop a society that helps all of our clients, you know, live and thrive. So I think that part of that conversation really does need to include our political action. How do we become more politically active as a as a, you know, as a field? And I don't know there say more radical, which we we're very worried about becoming more radical. Right. I think that's. You like that?

Speaker 2 [00:42:03] Yeah. You know, I. I love the. It's like a struggle because I really see myself as a builder of bridges. You know, like, I see myself as a radical, you know? Earlier on, I was rattling off about white supremacy systems. So, like, yes, I am a radical, but I also want to be a builder of bridges. I want to have the conversations where. People won't just dismiss me because I'm a radical leftist, you know, like, they'll actually hear what I have to say. Because I know they have different opinions. And I want to elicit them and I want to gently challenge.

Speaker 3 [00:42:39] Them different strategies. Other people want to burn down the house.

Speaker 2 [00:42:45] That we have no house. Right. That we have no house within context.

Speaker 3 [00:42:49] Right. Right now at this point. There is a contingency that has eradicated half of Americans rights to their body their body autonomy. Right. So is that point where we build bridges or is there a point where we say, this is just this is no there's no coming to a center and this says we have a right to our body. Right. Women have a

right to the right. People who have a right to the right. Everybody has a right to their bodies. Right. And what happens in making those decisions and is that a conversation? Is that something that we get it to a neutral space about, or is this something that we wholeheartedly believe we have a right to make decisions about our bodies? Right. And I think that. I'm not sure there is a place where we go, where there's. I think it's either or. People believe you have a right to your body, art. You tell me.

Speaker 2 [00:43:42] All right. But there's things we can agree on. Like better. Like taking care of women, better access to prenatal care. Maternal morbidity and mortality. What happens to babies that are born addicted to drugs or whatever? Like, I. I agree with you. I think it's both. And I think we cannot compromise on the basic human right that we have control over our bodies, that our bodies are private decisions. But there are allegedly views on the other side that we might be able to jive with when it comes to taking care of people better and their children.

Speaker 3 [00:44:21] If the value is you are is the statement as you value women, then how do you come to value women? Do you support equal pay? Do you support basically do you support paid family leave? How did those values come through? If the values you value children, you value the lives, the lives of children, how do those values then manifest in terms of our our social good, our social benefits? How do we support that structurally? And yeah, I mean, I guess I can see the the conversation being able to connect to people who are not seeing politics in the same way that you might be seeing it. But, you know, in this particular issue, we we have a line and the line.

Speaker 2 [00:45:05] Is the line is my body. And you don't cross that line, right? I mean, I'm thinking about a story that I heard and I don't know if was floating around Twitter or someone's narrative about an ectopic pregnancy, a pregnancy that was not viable. This is what a pregnancy implants outside of the womb and this will kill the birthing person. And that this individual went to the hospital for help. And the hospital was on the phone with lawyers for hours. This is just after Roe had fallen. So this person wasn't getting health care and was really at risk of bleeding out. And like this is the kind of stuff where there is no compromise to be had is you have a person and a live person bleeding out or about to bleed out or about just know facing the end of their life. And instead of doing what you were trained to do, you are forced to get into litigation and consult with lawyers. I mean, how is that about saving lives?

Speaker 3 [00:46:12] Right. Right.

Speaker 2 [00:46:13] Especially when this is a non-viable pregnancy or when we look at IVF and the emphasis on the personhood of embryos, when there are persons who are beyond embryo status, who are alive and born in the world, who don't have enough food to eat, and yet we can criminalized people that destroy embryos. So I hear you on that. I think whether the line is my body and that is not the line that you should dare cross. But if you want to talk, if you have no quarrel with that, that we can talk about ways to take better care of people, which in a developed nation like this word you were doing pretty poorly at.

Speaker 3 [00:47:01] And that's a really important point. How do we you know, we're the United States considerably one of the wealthiest or the wealthiest country in the world. And we're not really doing well in terms of quality of life and supporting people to have good quality of life are doing poorly in terms of livable wages, health care, maternal mortality, which, you know, if it wasn't already in a in a bad place, it will continue to worsen. Maternal mortality is poised to continue to increase. Given this this decision. I

often also think about people who don't have rights to begin with women in detention, people who work, who are in detention. What will happen to, you know, people who are living in those conditions and they're there when they're in detention in states that have completely outlawed abortion? You know, there's a lot of considerations, but I think it's I always like to end with some optimism and what we might do. You and I wrote an article along with Judy McCoy write about it was sort of a call to action from social workers for social workers around reproductive justice and what we might do in order to become more involved and continue to support reproductive justice as well as a call to action. Rights are a go at AL A Call to Action and it's published with Ophelia Journal Feminist Inquiry in Social Work. And it outlines sort of our involvement from social work and education, but also in terms of policy. So that might be a worthwhile read. Yes, but I think I think it's important for us in in these really. Meaningful, impactful fields to consider how we might support not just a client in the room, but, you know, also take more macro level action and centered the voices of those who are most impacted by this decision, which will be for women, people of color, transgender people, young people with few resources, immigrants, you know, and that we need to think about these marginalized communities very intentionally, how to support and build and expand their networks. We know that abortion will be around, but you want safe and accessible abortion. And how do we connect people to the resources that they need for safe for their safety and health?

Speaker 2 [00:49:28] Right. I don't know if we have. And there's kind of a listserv of people in reproductive justice and reproductive health care and social work, but it's not very widely known. I don't know that we have like a social work repro think tank. We have the National Association of Perinatal Social Workers. I've done a little bit of work with them. We have some organizations there, but we really don't have this like repro justice, social work, organized think tank unless I just am blanking on it. We're not a coalition yet. We're a group of people that feel strongly about this. And we support movements like Sister Song and, you know, we support the work of other movements doing the like you said, the boots on the ground work. But we ought to think about actually start is starting like a think tank or some sort of policy practice organization. So, I mean, there's always there's always stuff to be done. You know, when I had my abortion ten years ago, God, it's going to be August 3rd. I'll never forget the day, right? Like August 3rd, ten years ago. I never expected the way my life would change. I had no idea that this was going to become my passion and my purpose and that the whole trajectory of my life was going to change. And in ten years, I have learned so much and seen the resilience of people who have had abortions and who have sought out abortions and who work in the field of reproductive justice. And I just want to humanize what I think providers are. Abortion providers are abortion social workers and are those that are neonatologists that work with folks that have high risk pregnancies. MF I just want to say what true heroes they are. The folks that walk into the clinics every day, the clinic escorts. There is so much bravery and heart and they do this again and again and again when so much is at risk. And as an abortion patient, I will always have extreme loyalty to the doctor that provided by abortion who became my OB later on, who helped me deliver, you know, for healthy babies into the world, all because he was the one that performed my abortion. And I have never felt so cared for and so valued. And that's why I wish for people that have abortions, is that they aren't yelled at, they aren't screamed at, that they have accessible care, that they feel loved and supported. In their pursuit of medical care.

Speaker 3 [00:52:15] How do we get there? Do we get there to training through? Obviously, empathy is an essential factor, but this training is really important. And I think now more than ever, you know, training in our field around this and like you said, making a network, developing a network of social workers to do this kind of work and affiliate health

help providers who do this kind of work. Because we need we need everyone. We need our everyone's perspective. We need everyone has access to resources. There are so many people doing this kind of work. And the details, you know, are really important. They're you know, they're location specific as well. And, you know, we're in a in a place where we can take advantage of information technology and disseminating information. Obviously, we need to take care of privacy and confidentiality and protect ourselves as as you know, as people who are talking about this and doing this kind of work. But we do need to build build on on on the resources that we can we can provide some.

Speaker 2 [00:53:20] Well, thank you for talking to me about this. Thank you so much to the Social Work podcast of the University of Buffalo for giving us this space to do it.

Speaker 3 [00:53:32] Thanks so much.

Speaker 1 [00:53:33] The In Social Work podcast team consists of our new graduate production assistant, Nick Smet, our director and web manager, Steve Sturman, who also provided the recording and editing text on today's show, and me, Peter Szabo, great to have you along as usual. We visit our website and social media platforms and subscribe to our podcast on all the usual places. Hey, go ahead, go old school and send us an email. See you next time, everybody.