

Abortion as Gender Transgression: Reproductive Justice, Queer Theory, and Anti-Crisis Pregnancy Center Activism

In 2012, **End Fake Clinics**, a student club at the University of California, Santa Barbara (UCSB), worked with their student government to make UCSB the first university in the country to ban crisis pregnancy centers from falsely advertising on campus. Six years later, UCSB remains the only school to have passed such legislation. While this activist success makes End Fake Clinics a remarkable case, the group's core members do not remember this process as the most important or valuable aspect of their participation in the group. Instead, members cited the friendships they made with one another, their feeling of belonging to a collective built on shared political inquiry, and their finding ways to put feminist and queer theory into practice as inspiring and sustaining their activism. In this article, we expand on the limited feminist scholarship on crisis pregnancy centers and the little queer theoretical scholarship on reproduction by archiving and analyzing the activism of End Fake Clinics, a unique queer reproductive justice student group that initially came together to fight crisis pregnancy centers.

Crisis pregnancy centers are religiously informed antiabortion nonprofits that claim to offer free services—including pregnancy tests, ultrasounds, counseling, and maternity and baby items—to those experiencing an unintended pregnancy. Crisis pregnancy centers target women they see as “abortion-minded” (Kelly 2012, 214), often advertising on high school and college campuses. They deploy a range of deceptive tactics, including opening crisis

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pregnancy centers near abortion clinics with the intention of confusing, and thus intercepting, those seeking abortion; obscuring their political and religious ideologies; implying that they offer abortions when they do not; and spreading false information regarding abortion, claiming incorrectly, for example, that abortion leads to breast cancer, mental health problems, and infertility (Chen 2013; Bryant et al. 2014). In fact, a 2006 congressional investigation found that 87 percent of crisis pregnancy centers give out false medical information (Waxman 2006). Crisis pregnancy centers' false claims are bolstered through their being "made to look and feel like doctor's offices" (Chen 2013, 934) although they rarely staff medical professionals and are not subject to the governmental regulation of health-care facilities—precisely because they are *not* licensed medical providers. In 2015, NARAL Pro-Choice California conducted an undercover investigation sampling approximately 25 percent of California crisis pregnancy centers. While every center insisted that the investigator receive an ultrasound, not a single worker admitted that they could not detect a fetal heartbeat in investigators feigning pregnancy. One worker pointed to an investigator's IUD, calling it "her baby" (NARAL Pro-Choice CA 2015). Such scenarios illustrate the dangerous consequences of the lack of regulation of crisis pregnancy centers. Yet advocates claim that legislation requiring crisis pregnancy centers to provide medically accurate information infringes upon their constitutional rights to free speech and to conduct religious outreach (though they also argue that they need not disclose their religious ideology; Chen 2013; Ahmed 2015).

At UCSB, students viewed crisis pregnancy centers as an impediment to reproductive justice, and End Fake Clinics was born—a process we describe below. That End Fake Clinics centered crisis pregnancy centers in our reproductive justice activism was unique, a fact that ought to be surprising, as such centers comprise the largest component of the antiabortion movement in the United States; more volunteers, volunteer hours, and resources are dedicated to crisis pregnancy centers than all other forms of antiabortion activism combined (Munson 2008, 157). As such, one might assume that countering crisis pregnancy centers would be central to reproductive justice activism. In interviews with California-based organizers, however, we learned that this is not the case. Even for organizers involved in crafting crisis pregnancy center-related legislation, their anti-crisis pregnancy center advocacy comprised less than 10 percent of their work.

This is not to ignore the anti-crisis pregnancy center activism organizers have undertaken. In 2015, four reproductive justice groups in California came together to work with the state legislature to pass the Freedom, Accountability, Comprehensive Care, and Transparency (FACT) Act. This bill, struck down by the US Supreme Court in 2018, required crisis pregnancy

centers to make clear when they were not licensed medical facilities and to inform clients about state programs that provided free or reduced-cost abortion, family planning services, and prenatal care. More recently, in the summer of 2017, a new coalition of reproductive justice groups launched the #ExposeFakeClinics campaign. However, just months later, the group seemed largely defunct.¹ Put simply, crisis pregnancy centers are much more central to the antiabortion movement than fighting them is to reproductive justice activism.

End Fake Clinics is, then, in many ways an anomaly—and not only because this reproductive justice group centered crisis pregnancy centers. End Fake Clinics also made feminist and queer theory central to this activism. In this article—the first to analyze anti-crisis pregnancy center activism—we draw from End Fake Clinics to outline the contours of what a queer reproductive justice politic might entail. Such a politic may appear paradoxical in that queer theory has produced some of the most incisive critiques of identity politics and appeals to state protection while reproductive justice movements have long sutured politics to identity in demands for legal rights and state support. End Fake Clinics is a striking example of the activism that can emerge when ostensibly contradictory epistemologies collide. The creation of its politics was enabled, we argue, by students' collective belief that their activism would be best when informed by feminist and queer theory as well as by the deep affective connections developed through the group.

The depth of the relationships among group members is particularly remarkable when considering the group's diversity: students of color and white students; students with chronic illnesses and disabilities and those without; working-class students and students from a range of class backgrounds; women, men, transgender, and genderqueer students; and LGBTQ and heterosexual students. End Fake Clinics' diversity was enabled because the group came together around shared feminist and queer political commitments rather than through a shared identity, experience, or embodiment. In many ways, End Fake Clinics epitomizes the kind of queer coalitional politics for which queer studies scholars have called. In her now-classic essay, Cathy Cohen (1997) argues that queer politics will be most robust when they include those who have not benefited from heteronormativity (e.g., black single mothers) as opposed to being limited to LGBTQ-identified people. Through End Fake Clinics, heterosexual students engaged in queer politics and queer students engaged in reproductive justice work that is often understood as outside the boundaries of queer struggle. That End Fake Clinics came to view itself as a queer reproductive justice group through focusing on crisis pregnancy

¹ We contacted #ExposeFakeClinics five times between August 23 and November 3, 2017, via their website, Facebook page, and email. We received no response.

centers—which are often conflated with abortion and, thus, imagined as a heterosexual “white feminist” concern, two troubling trends for those of us concerned with reproductive justice—has a great deal to teach us about the epistemological and political benefits of queering reproductive justice.

When we began to organize as End Fake Clinics in January 2011, we could not have predicted that the insights we would gain through our activism would be so relevant to feminist and queer studies and politics in 2020, particularly because the group disbanded in 2014 when its core members graduated. However, this discussion is particularly timely for several reasons. First, the number of crisis pregnancy centers is growing, while the number of abortion providers is shrinking; there are between 2,500 and 5,000 crisis pregnancy centers but just 808 facilities that provide abortions (Jones, Witwer, and Jerman 2019).² The following chart, created by Ziad Munson and Christopher Scheitle, offers a striking visual representation of this trend (see fig. 1).³ Second, the US Supreme Court heard *NIFLA v. Becerra* during the summer of 2018, a case through which antiabortion plaintiffs argued that California’s FACT Act violated crisis pregnancy centers’ First Amendment rights to free speech. The Court’s 5–4 decision to strike down the FACT Act, in what the *Atlantic* has described as a “victory for the pro-life movement,” has placed crisis pregnancy centers in the public sphere in new ways (Green 2018). At the same time, this very attention also creates opportunities to better actualize scholar-activist collaborations in the service of reproductive justice—the very dynamics that End Fake Clinics both emerged out of and enabled. Third, as reproductive justice activists and scholars have begun to use the phrase “queering reproductive justice” to refer to the reproductive concerns of LGBTQ people, and as increasing numbers of LGBTQ people engage in reproduction, we need more complicated ways to discuss what it might mean to queer reproduction beyond such an identitarian model.

In what follows, we review dominant narratives of reproductive justice, suggesting that both End Fake Clinics and crisis pregnancy centers trouble these narratives. We then outline the academic scholarship on crisis pregnancy centers, placing it in conversation with feminist and queer studies scholarship on reproduction. Next, we describe our methods and provide a detailed account of the activism of End Fake Clinics, focusing in particular on our

² Information in this sentence is taken from “Crisis Pregnancy Centers and the Remaking of the Abortion Debate,” an unpublished manuscript by Ziad Munson and Christopher Scheitle completed in 2009.

³ To this point, no quantitative academic work has been published that outlines the number of crisis pregnancy centers nationwide or that considers this number in relation to the number of abortion providers. As such, the best data available is in this unpublished study completed in 2009. Currently, several quantitative studies of crisis pregnancy centers are underway.

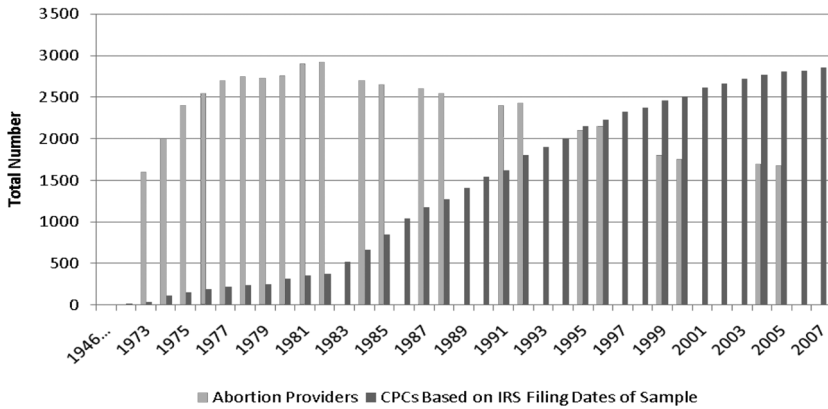


Figure 1 Chart created by Ziad Munson and Christopher Scheitle showing trends in the increasing number of crisis pregnancy centers (CPCs) and the decreasing number of abortion providers, 1973–2007. © 2009 by Ziad Munson and Christopher Scheitle. Reprinted with permission. A color version of this figure is available online.

Queering Reproductive Justice workshop. We argue for reading abortion as gender transgression and suggest that approaching something as wildly ordinary as abortion—nearly one-quarter of US women obtain an abortion in their lifetime, after all (Jones, Witwer, and Jerman 2019)—as transgressive encourages broadening queer conceptualizations of normativity and transgression, allowing us to recognize deeper connections between queer and reproductive issues and, further, to complicate this very distinction. This position draws from and contributes to queer studies debates over normativity—what it means, its value, its harms, its (lack of) place in our politics. We close by analyzing how affect and identity operated in End Fake Clinics, highlighting the value of epistemologically based and affectively bound activism.

Crisis pregnancy centers and End Fake Clinics: Complicating reproductive justice narratives

Crisis pregnancy centers and End Fake Clinics alike complicate the typical narratives that reproductive justice advocates tell about reproductive justice, particularly those that frame reproductive rights and justice as distinct or that focus on the differences between the movements (Thomsen 2015). Indeed, in *Reproductive Justice: An Introduction*, Loretta Ross and Rickie Solinger seek to show “how reproductive justice is *significantly different from* the pro-choice/anti-abortion debates” (2017, 1; emphasis added). This difference is often articulated in terms of the movements’ relationships to abortion. “The main goal of the reproductive justice movement,” Kimala Price argues, “is to move beyond the pro-choice movement’s singular focus on abortion”

(2010, 42). Here and elsewhere, abortion symbolizes the limits of a movement. For reproductive justice scholars and activists, an alternative to the pro-choice movement is necessary because the right to legal abortion will “not resolve the barriers to having children that many women of color and low-income women face” (Luna and Luker 2013, 328). Put otherwise, reproductive freedom requires the ability not only to prevent parenthood but also to have and raise children in safe and healthy environments. Barriers to reproductive freedom, then, include limited access to food, health care, employment, and housing—issues advocates point out are both beyond the purview of reproductive rights work and also disproportionately impact women of color and low-income women.

Disregarded in reproductive justice narratives that tether abortion to mainstream reproductive rights groups and frame abortion as the point “to move beyond” is that women of color and low-income women are *also* disproportionately impacted by abortion; black women, for example, are five times more likely to obtain an abortion than white women, and abortion is becoming increasingly concentrated among poor women (Cohen 2008). On the one hand, these figures speak to the necessity of the reproductive justice framework and of addressing the issues that lead to abortions among those who would decide otherwise if their circumstances were different. On the other hand, such rates encourage us to rethink those narratives in which middle-class white women, mainstream reproductive rights groups, and abortion exist in a one-to-one relationship, as do women of color, reproductive justice, and something more capacious than abortion. In her discussion of Native women’s fierce support for abortion rights when South Dakota lawmakers attempted to ban abortion in 2006, Carly Thomsen, a coauthor of this article, outlines the limits to binary constructions of reproductive rights and justice, arguing that such binaries position abortion as outside the concerns of reproductive justice and, thus, women of color. As Thomsen maintains, “the scapegoating of abortion, the using of abortion to stand in for the limits of a movement, ought to be rethought. That abortion may not be *more* important than other issues for actualizing reproductive justice need not suggest that it is any *less* important” (Thomsen 2015, 19).

End Fake Clinics took seriously this point, recognizing that crisis pregnancy centers cannot be understood as strictly a reproductive rights or reproductive justice issue. Further, such distinctions between reproductive rights and justice likely contribute to the lack of attention to crisis pregnancy centers by both reproductive rights and justice groups. While crisis pregnancy centers’ primary mission is to prevent individual women from aborting, they use approaches and engage in topics that ought to concern those dedicated to reproductive freedom more broadly: crisis pregnancy centers utilize deceptive

practices and inaccurate information, which can negatively impact women's health; they insist that women are damaged by sex; and they work to implement abstinence-only sex education programs in schools. A recent Heartbeat International Conference, for example, featured a "Sexual Integrity" workshop in which volunteers learned methods for countering comprehensive sex education, with the goal of challenging bans on abstinence-only education in schools (Heartbeat International 2018). Across their work, crisis pregnancy centers promulgate gender essentialism—suggesting that all women long to reproduce and thus that abortion harms women—and advance the very sexist ideologies that inform the broader issues reproductive justice advocates address. Just as crisis pregnancy centers trouble any dichotomous understandings of rights and justice, abortion and something more capacious than abortion, so too did End Fake Clinics. End Fake Clinics centered abortion, was comprised of more people of color than white people, addressed various reproductive issues as social justice matters, and used legislative channels as well as more creative activist approaches meant to shift campus culture. Following End Fake Clinics, we do not make a distinction between reproductive rights and justice, using the phrase "reproductive justice" throughout this text.

Crisis pregnancy centers are everywhere—except feminist scholarship

Just as crisis pregnancy centers have not been a central focus of reproductive justice activism, they have also been largely ignored by feminist scholars and activists writing about reproductive politics. The lack of discussion of crisis pregnancy centers in three important books published in 2017, each of which provides an overview of contemporary reproductive politics, is particularly striking: Laura Briggs's *How All Politics Became Reproductive Politics: From Welfare Reform to Foreclosure to Trump* (2017) never mentions crisis pregnancy centers; Loretta Ross's and Rickie Solinger's *Reproductive Justice: An Introduction* uses the phrase "crisis pregnancy centers" once; and the only mention of crisis pregnancy centers in *Radical Reproductive Justice* (Ross et al. 2017), a coedited volume, is in an anthologized version of Andrea Smith's previously published "Beyond Pro-Choice versus Pro-Life" (2005). This point is not meant to undermine these books' crucial contributions; nonetheless, we might ask what it means that crisis pregnancy centers receive the majority of antiabortion activists' time and funding, and, yet, feminist scholars and activists dedicated to analyzing and actualizing reproductive justice hardly utter the phrase "crisis pregnancy centers."

Two articles are notable exceptions. Andrea Smith, in her aforementioned text, outlines the limits of the pro-choice framework for women of color. Smith uses as evidence Planned Parenthood's eugenicist history as well as a

crisis pregnancy center's claim that it utilizes a "holistic" and "anti-racist perspective." Citing a *Christianity Today* article titled "Saving Black Babies," Smith relies on the North Baton Rouge Women's Help Center's stories about itself, noting that "it provides educational and vocational training, GED classes, literacy programs, primary health care and pregnancy services, and child placement services" (2005, 133). Smith then poignantly asks: "If we are truly committed to reproductive justice, why should we presume that we should necessarily work with Planned Parenthood and reject the Women's Help Center?" (133). In asking this question, Smith equates Planned Parenthood, a national network, with a single crisis pregnancy center. (Smith mentions Planned Parenthood twenty-one times, while her discussion of the crisis pregnancy center is limited to one paragraph.) Examining crisis pregnancy centers as a *network* would render Smith's position impossible. Indeed, the majority of centers are connected through two antiabortion nonprofits, Heartbeat International and Care Net, through which they receive staff training, pamphlets, consulting, assistance acquiring ultrasound machines, and legal guidance (Hartshorn 2011; Kelly 2012). The problems with—or promises of—crisis pregnancy centers, then, cannot be understood in terms of the practices of individual centers. Furthermore, just 25 percent of crisis pregnancy centers even self-report that they provide supplies (such as maternity clothes and diapers) to clients, and yet all who enter receive antisex, antiabortion, pro-(heterosexual)-marriage propaganda.⁴

The second article that discusses crisis pregnancy centers in a feminist journal is Kimberly Kelly's "In the Name of the Mother: Renegotiating Conservative Women's Authority in the Crisis Pregnancy Center Movement" (2012). Kelly examines how conservative women who volunteer at crisis pregnancy centers mobilize gender essentialism through their work. In contrast to many feminist and queer studies scholars wholly critical of biological essentialism because of the ways it undergirds and drives sexism, Kelly argues that "gender essentialism can be a unique resource that legitimates autonomous sex-segregated spaces, prompts gender identification across religious and political divides, and places explicit limits on men's power" (204). Kelly views crisis pregnancy centers as a space for evangelical women to negotiate power within the otherwise male-dominated antiabortion movement, suggesting that center volunteers use "woman-centered" approaches that are distinct from the "fetus-centered" focus of the broader antiabortion movement (214). Kelly portrays crisis pregnancy centers as the benevolent vein of the antiabortion movement, arguing that activists' strategic framing of their

⁴ This point is taken from Ziad Munson and Christopher Scheitle's unpublished manuscript, cited in n. 2.

work as “woman centered” has allowed the number of centers to quadruple in the past two decades—without criticizing either the expansion of crisis pregnancy centers or the role of “woman-centered” discourses in this expansion.

Kelly’s descriptions of crisis pregnancy centers as woman centered are not, of course, uncontested. Laury Oaks examines the move by antiabortion activists to describe themselves as “woman centered” and even feminist because of their belief that they save women from the ostensible horrors of abortion or because they recognize that women need greater pregnancy and parenting resources (2009, 178). Despite the claims made by crisis pregnancy center volunteers and self-described antiabortion feminists, however, most women report feeling relief after an abortion—not harmed or distraught—and furthermore, one can advocate for increased social supports without working to restrict access to legal abortion. Despite their claims to be “woman centered,” self-proclaimed antiabortion feminists “fail to address some of the most critical sexual and reproductive issues for women” (Oaks 2009, 197). We see this approach as a co-optation of the feminist demand to center women for antifeminist purposes.

While little has been said about crisis pregnancy centers in feminist academic journals—and that which has been said is largely uncritical of crisis pregnancy centers, using them as a site from which to make arguments unrelated to the centers, as in the two texts discussed above—political scientists (Hussey 2013), legal scholars (Chen 2013; Hill 2015), and public health scholars (Bryant and Levi 2012; Bryant et al. 2014) have been writing about crisis pregnancy centers with increasing frequency, particularly since 2012.⁵ Much of this scholarship is overtly critical of crisis pregnancy centers, framing them as “public health risks” (Rosen 2012) and as threats to informed decision making (Bryant and Levi 2012; Chen 2013; Bryant et al. 2014). An article published by medical doctors and public health scholars, for example, examines 254 crisis pregnancy center websites included in state resource directories, concluding that 80 percent include false or misleading information, most commonly by linking abortion to “mental health risks, preterm birth, breast cancer and future infertility” (Bryant et al. 2014, 603). Put more directly, the state is endorsing the false information peddled by crisis pregnancy centers. The authors conclude that “states should not list agencies that provide inaccurate information as resources in their directories” (Bryant et al. 2014, 604). Another scholar, in an article published in a law review, argues

⁵ In 2007 and 2008, respectively, political scientist Alesha Doan and sociologist Ziad Munson published monographs on the antiabortion movement, both of which include brief discussions of crisis pregnancy centers. However, neither book appears in a search for information on crisis pregnancy centers, as crisis pregnancy centers are not their focus.

that “states are responsible for protecting vulnerable pregnant women from [crisis pregnancy centers’] deceptive practices” and “must enforce existing anti-deception statutes and enact legislation” to protect crisis pregnancy center clients (Chen 2013, 934–35).

We might ask what to make of the fact that scholarship on crisis pregnancy centers is largely published outside of feminist studies journals, does not engage with feminist studies scholarship on reproduction more broadly, and is far more critical of crisis pregnancy centers than that published in feminist studies journals. We might also ask, as Jennifer Doyle does, why “connections between the pro-abortion position and the sex/gender radicalism at the heart of queer theory’s central texts have been relatively unexamined”? (2009, 47). This question is particularly illuminating in a moment in which scholarship on LGBTQ people and reproduction is growing. Such work focuses overwhelmingly on the use of reproductive technologies by LGBTQ people and, thus, on individuals who want to reproduce.⁶ This trend is particularly striking considering that much of this work has been published since Lee Edelman’s polemical *No Future: Queer Theory and the Death Drive*, in which Edelman famously states “Fuck . . . the Child” (2004, 29). Edelman critiques what he calls “reproductive futurism” (2), the centrality of the imagined child to an imagined future and the centrality of both the child and the future to liberal LGBTQ politics. Although Edelman’s text is “perhaps the most hotly debated text in queer theory published in the past decade” (Doyle 2009, 27), little, Doyle says, has been said about his engagement with abortion, despite the fact that “much of the book’s rhetorical force is generated through [Edelman’s] encounter with the image” of a fetus on an antiabortion billboard (28). We follow Doyle in asking what it means that abortion has been so easily dismissed by queer theorists and imagined as outside of queer politics.

Mixed and at times unconventional methods: Or, how we came to see End Fake Clinics as a unicorn

This mixed-methods project draws from interviews with twelve End Fake Clinics activists, analysis of online databases of student organizations across California campuses, examinations of feminist and reproductive justice student groups’ social media, and interviews with employees of three California-based reproductive justice organizations. Beyond these conventional research methods, both authors were deeply involved in End Fake Clinics. In 2010–11, Grace Morrison, then a first-year student at UCSB, enrolled in Carly

⁶ See Mamo (2007), Currah (2008), Kafer (2013), and Wallace (2017).

Thomsen's feminist studies "Activisms" class. For her final course project, Morrison worked with a small group of classmates to conduct research on crisis pregnancy centers in the tricity region surrounding Santa Barbara. End Fake Clinics grew out of this research. Over the next four years—the entire life of End Fake Clinics—both authors remained heavily involved. At the undergraduate students' request, Thomsen, then a PhD student in feminist studies, served as the group's adviser, and for three years Morrison served as the group's cochair. Along with our fellow activists, we attended weekly meetings, planned events, and orchestrated campaigns and other creative projects.

Morrison's engagement with End Fake Clinics made possible the interviews she conducted in 2014 with the twelve core group members, all of whom were active for a year or longer. These IRB-approved interviews—which Morrison conducted for her feminist studies honors thesis—lasted approximately one hour, were recorded and transcribed, and were analyzed in terms of themes that emerged in the interviews and that we discuss here, including friendship, diversity and identity, and feminist and queer knowledge. Interview questions addressed members' relationships to End Fake Clinics as well as their broader understandings of the group and its activism. Of those interviewed, eight identified as people of color (six as women of color, including black, Chinese American, Filipina American, Latina, Middle Eastern American, and multiracial) and four as white. Six participants identified as queer, five as straight, and one as questioning. Nine participants identified as women, and two as genderqueer. The authors knew all interviewees well. Morrison's insider status enabled her to ask certain questions and for interviewees to feel comfortable reflecting on their shared experiences. The authors' affective ties to each other and to fellow group members also inform our analyses of the interview data and, in particular, the ways in which group members' affective investments sustained their involvement with End Fake Clinics.

In an effort to contextualize the work of End Fake Clinics within broader reproductive justice activism across California campuses, we searched the databases of registered student organizations at each of the University of California and California State University campuses. We used keywords such as "reproductive rights," "reproductive justice," "pro-choice," "pregnancy," "abortion," and "feminism" and located thirty-seven student organizations that engaged with feminist and reproductive justice issues. We then analyzed these groups' Facebook pages, Twitter accounts, and Tumblr pages, looking for any engagement with crisis pregnancy centers between 2011 (the year of End Fake Clinics' conception) and the present. Our research yielded zero results; it appeared that not one group had engaged in a single event, project, or campaign addressing crisis pregnancy centers.

To confirm these findings, we reached out to California organizations engaged in reproductive justice, requesting to interview people connected to campus activism or crisis pregnancy centers. In the summer of 2017, we interviewed employees of Black Women for Wellness, the Feminist Majority Foundation, and NARAL Pro-Choice California. We assumed that, as leaders in developing and organizing around the FACT Act, Black Women for Wellness and NARAL Pro-Choice California could provide additional information on anti-crisis pregnancy center activism. Similarly, we assumed that the Feminist Majority Foundation, which historically has had a developed campus outreach program, would have information on campus activism in California. However, none of the people we interviewed—those ostensibly most connected to anti-crisis pregnancy center and campus-based activism—could recollect any anti-crisis pregnancy center campus activism.⁷ Furthermore, activists mentioned that within their organizations and other reproductive justice groups in their broader coalitions, little time and resources are dedicated to either campus organizing or crisis pregnancy centers. Our interviews with reproductive justice activists and our online scouring of databases of student organizations confirm that California campus-based organizing related to crisis pregnancy centers has been nonexistent—with the exception of End Fake Clinics.

Becoming and being End Fake Clinics

In January 2011, when Morrison and her fellow classmates first learned about crisis pregnancy centers, virtually no academic work addressed the topic and very little activism existed.⁸ Eager to learn more, students designed an investigative project through which they visited seven crisis pregnancy centers in the Santa Barbara area, where they took pregnancy tests, collected promotional materials, and were “counseled” by volunteers on their supposed pregnancy options. Students were surprised to find the same pamphlets, life stories from volunteers, and incorrect information across crisis pregnancy centers. Students found these approaches—which scholars and activists have since argued are characteristic of crisis pregnancy centers—manipulative and deceptive.

⁷ The single exception: NARAL Pro-Choice CA supported a group of women’s studies students at San Diego State University who engaged in a one-semester class research project on crisis pregnancy centers in San Diego, which culminated in a meeting with the San Diego City Council.

⁸ Resources that came up in a search for information on crisis pregnancy centers in 2011 include the film *12th and Delaware* (2010) and a tool kit on Feminist Majority Foundation’s website.

This research spurred End Fake Clinics' first activist project: a photography campaign, the goal of which was to increase awareness about crisis pregnancy centers among UCSB students by countering the false information students received at crisis pregnancy centers (see fig. 2). For many of the students involved, working on this campaign comprised their first engagement with activism. The affects stirred by the project's success, along with the shocking nature of the lies students encountered in the crisis pregnancy centers, the intensity of their experiences conducting such research (especially at a time when no published academic scholarship could confirm the ubiquity of these approaches), and the bonds formed among group members, spurred students to turn End Fake Clinics into a recognized student club. In fall 2011, students did precisely this, which allowed the group to access university resources, such as funding and space for events and meetings.

During this time, End Fake Clinics continued to engage in awareness-raising campaigns but decided—after realizing that local crisis pregnancy centers advertised in the campus newspaper and the coupon book given out at the university bookstore—that such approaches were not enough to counter the centers' effects on campus. End Fake Clinics then launched a campaign, initially spearheaded by just four students, to prevent crisis pregnancy centers from advertising on campus. Throughout this process, End Fake Clinics members drew inspiration from activists across the country who had advanced similar legislation through their city councils.⁹ We also worked with a governing body, the Associated Students Legislative Council, to craft a resolution. End Fake Clinics members also created a petition and collected signatures from more than two thousand students, approximately 10 percent of the undergraduate student body, encouraging Associated Students to pass the legislation. Students solicited signatures via classroom presentations, tabling in public areas, and at events we organized, including Reproductive Justice Awareness Week, academic talks, and a “Bust the Myth” breast- and chest-casting party at which we screened *12th and Delaware* (2010), a documentary about crisis pregnancy centers.

On January 25, 2012, armed with petitions and a PowerPoint presentation, End Fake Clinics presented its case to the Associated Students at an open, public meeting. Students referenced their research that led to founding End Fake Clinics, highlighting the inaccurate information they received at the crisis pregnancy center nearest campus and showing the center's two different websites, one that made clear its religious foundations and antiabortion

⁹ In 2009, Baltimore became the first US city to pass legislation requiring crisis pregnancy centers to disclose that they do not provide birth control or abortion. In 2016, a federal court struck down Baltimore's ordinance (Center for Reproductive Rights 2016).



Figure 2 Images taken in 2011 in a collaborative project led by Grace Tacherra Morrison show End Fake Clinics members and friends holding signs that counter false information they received in local crisis pregnancy centers, 1973–2007. © 2009 by Grace Tacherra Morrison. Reprinted with permission. A color version of this figure is available online.

politics, and one that did not. Immediately following the meeting, staff from the local crisis pregnancy center sent a detailed rebuttal to the Associated Students. Nonetheless, the elected board unanimously passed the bill to prevent any boards, commissions, and committees under the purview of Associated Studies from advertising for crisis pregnancy centers. And, in 2012, just a year after End Fake Clinics came into existence, UCSB became the first university to ban crisis pregnancy centers from advertising on campus.¹⁰

¹⁰ Carly Thomsen, one of the coauthors of this article, claimed previously that UCSB was the second university in the United States to pass such legislation (2013, 154). This publication cites an email that the Feminist Majority Foundation received from University of Maryland

At the time, we were extremely proud of our activist successes. We had no idea then that this was just the beginning of what End Fake Clinics would become. In the two years that followed, End Fake Clinics continued to meet weekly, organize events, and produce creative projects. Members collaborated with fellow campus and community activists to bring scholars and activists, including Cecilia Fire Thunder, Judy Norsigian, and Kim Hall, to UCSB to give talks. Students presented on crisis pregnancy centers at UCSB's Women's Center and at the Women of Color Conference. End Fake Clinics activists also produced videos on the history of End Fake Clinics, published op-eds in the campus newspaper, created a weekly radio show called the "Reproductive Justice Power Hour" for UCSB's student station, co-organized a film series on reproductive issues, created a "Queering Reproductive Justice" zine, and produced a music video about crisis pregnancy centers (a remix of Naughty by Nature's "You Down with OPP").¹¹ Through completing these projects, End Fake Clinics activists put into practice the feminist and queer theory they were engaging in their classes, a process through which they came to view theory as crucial to activism.

Queering reproductive justice

End Fake Clinics' mobilizing theory in the service of activism is perhaps most evident in a Queering Reproductive Justice Workshop the group designed and facilitated for LGBTQ Pride Week. That End Fake Clinics was invited to participate in Pride evidences that the group was understood as queer—and not just because most members were LGBTQ identified. Being recognized as queer, however, did not necessarily translate into activists' ability to articulate what exactly was queer about End Fake Clinics. Therefore, students sought out resources articulating a link between queer and reproductive issues, looking in particular for reproductive justice groups framing themselves as queer; this yielded zero results. It appeared that, as of 2013, LGBTQ and reproductive justice activists had not articulated relationships between the movements.

In the past several years, this has changed.¹² In 2014, Unite for Reproductive and Gender Equity (URGE, formerly Choice-USA) added a "Queering

students regarding their passage of similar legislation. However, the Feminist Majority Foundation has had no further contact with these students, and we were unable to locate information to confirm this claim.

¹¹ See the video at: <https://www.youtube.com/watch?v=G14RZDpGfCQ&feature=youtu.be>.

¹² For a discussion of coalition building between reproductive and LGBTQ nonprofits, see Price (2017).

Reproductive Justice” page to its website. In 2015, the University of Michigan organized “Queering Reproductive Justice: Opportunities and Challenges.” In 2017, SisterSong held a “Queering Reproductive Justice 101” workshop, and the National LGBTQ Task Force created “Queering Reproductive Justice: A Toolkit.”¹³ The descriptions of these events, tool kit, and campaign link the movements through the “reproductive oppressions that trans and queer folks face” (SisterSong), right-wing opposition to LGBTQ and reproductive justice (National LGBTQ Task Force), and broad ideologies that undergird both movements, including desires for “agency, power, self-determination, autonomy, and dignity” (URGE).

As End Fake Clinics brainstormed for our Queering Reproductive Justice workshop, group members initially made similar links between reproductive and queer issues. Yet we ultimately felt dissatisfied with what we came up with. None of these links captured the queerness of End Fake Clinics. Connecting the movements by claiming that reproductive issues impact LGBTQ people seemed insufficient politically and epistemological. Further, because most social justice movements could claim to be connected through desires for agency and self-determination, as well as opposition from the right wing, neither seemed specific enough to articulate the relationship between queer and reproductive issues. Finally, it seemed obvious that trans men might want to give birth, LGBTQ parents may struggle to retain custody of their children, and LGBTQ people may experience difficulty adopting or accessing reproductive technologies—but all of these examples are built upon what Edelman (2004) calls “pronatalism” and “reproductive futurism,” or the assumption that people want to reproduce and that this desire should be supported. Crafting a politic built on such examples also suggests that people ought to be concerned with issues impacting them personally—an approach that limits possibilities for coalitional work. Indeed, queer students did not join End Fake Clinics because they might need abortions or support in a custody battle for their (future) children. Could we craft a queer reproductive justice politic that did not focus primarily on children and families, that was relevant beyond individuals’ immediate reproductive needs, and that understood “queering” beyond examining an issue in relation to LGBTQ-identified people?

¹³ See webpages at <http://urge.org/programs/queering-reproductive-justice/>; https://www.facebook.com/events/1513458908967743/?acontext=%7B%22ref%22%3A3%2C%22ref_newsfeed_story_type%22%3A%22regular%22%2C%22action_history%22%3A%22null%22%7D; <https://www.facebook.com/events/687939098059844/>; <http://www.thetaskforce.org/wp-content/uploads/2017/03/Queering-Reproductive-Justice-A-Toolkit-FINAL.pdf>.

For those students who had not taken a queer theory course, these questions were perplexing and jarring. The students who had taken queer theory were unable to articulate their ideas in a way that was intelligible to those who had not taken such courses. Furthermore, none of us could exactly answer the questions we posed—something we viewed as an opportunity rather than a problem. As such, End Fake Clinics members participated in queer theory reading groups. In these intellectually exhilarating and exhausting meetings, we asked hard questions of one another, the authors, and our politics. How were we positioning feminist and queer studies and analyses in relation to one another, particularly feminist concerns with creating social supports for mothers and queer critiques of the place of the child in our politics? Do we talk about women, or is that essentialist and even transantagonistic? How might we acknowledge that sexism drives the materiality of reproduction and thus that (people who experience the world as) women experience reproductive issues in ways that most men do not—without reproducing a gender binary? At the same time, how can using ostensibly gender-neutral phrases such as “pregnant people” and “parent” operate in the service of sexism? As Briggs argues, such gender-neutral language has undergirded conservatives’ attempts to deny “protections against pregnancy discrimination in the workplace” (2017, 4–5). And, perhaps most important, are there not deeper connections between queer and reproductive justice issues? If not, why were so many queer people involved in End Fake Clinics? What, after all, was queer about End Fake Clinics?

In addressing these questions as part of our workshop preparation, we discussed queer studies’ critiques of common understandings of LGBTQ identity, visibility, and community; articulations of the limits of binary thinking; commitment to the variety of radical thought that seeks to get to the root of social problems; and celebration of nonnormativity and transgression. What would it mean, we asked, to approach abortion as a form of gender transgression?

This question became the animating force of the Queering Reproductive Justice workshop. We argued that we cannot challenge dominant ideas about gender without taking reproductive norms seriously. We discussed how cultural ideas about reproduction shape how we experience and understand gender and sexuality more broadly and how broader ideas about gender and sexuality influence how we view reproduction. Because requirements for being considered a “good” woman are sutured to what it means to be a “good” mother, any work to upend gender norms requires critical engagement with ideas about reproduction—even for those of us who plan to avoid parenthood or do not have heterosexual sex. Perhaps, we suggested, aborting that which would turn one into a good woman could be read as a refusal of gendered expectations. Put more directly, refusing motherhood constitutes a refusal of

gendered expectations, and this refusal is even more pronounced when it is enabled by abortion. We might approach abortion, then, as enabling gender transgression and, indeed, as a moment of gender transgression. In making this argument, we build upon a long history of queer studies scholars who view refusals of heteronormativity—which may include avoiding parenting—as crucial to queer politics. Judith Butler, for example, suggests that compulsory heterosexuality relies on the production of bodies into discrete sexes with “natural” heterosexual dispositions” (1988, 524), which can and do manifest as (reproductive) gender norms. In the past two decades, scholars and activists have extended such analyses of the relationships among gender, heteronormativity, and reproduction to push back against homonormative gay rights work that centers “respectable” (married and parenting) LGBTQ people (Warner 1999; Conrad 2010; Walters 2016). Simply put, queer theorists have long found refusing reproduction to be potentially generative for queer politics. We extend these arguments to suggest that, perhaps, women who abort are not entirely distinct from pregnant (transgender) men, at least in terms of gender transgression (Currah 2008).

We are not suggesting, of course, that people obtain abortions *because* it enables gender transgression. And yet, the public outrage in response to people using abortion to raise questions about gender, liberation, and in the case of Aliza Shvarts, feminist performance art, speaks to the political possibilities of our argument. Shvarts, a Yale University fine arts student, inseminated herself monthly for nine months, took an abortifacient each month, and created an installation that included traces of her blood and images of her bleeding to prompt reflection on gender ideologies. Her project, which Yale refused to allow into its senior work exhibit, was covered in the international press and led to moral outrage, expressed, for example, in anti-Shvarts Facebook pages (Doyle 2009). Abortion, Jennifer Doyle argues, was not *exactly* the root of the moral panic surrounding Shvarts. Abortion is widely available to Yale students through campus health services, after all. Further, Shvarts never took a pregnancy test, so whether she was ever actually pregnant remains unknown. Doyle suggests that responses to Shvarts speak to “the difficulty of identifying with abortion itself . . . as a piece . . . [of] the practice of sexual freedom” and as deeply “ordinary” (41).

Abortion is, of course, both of these things—a simple medical procedure experienced by nearly one in four women (Jones, Witwer, and Jerman 2019) and a requisite for sexual freedom. While some liberal discourse has prevented us from recognizing the ordinariness of abortion, as Doyle argues—including that abortion is a “difficult decision” and should be “safe, legal, and rare”—other liberal feminists have worked tirelessly to make abortion seem ordinary. Encouraging women to tell their abortion stories—much like gay rights

groups' demands to come out about one's sexuality—has been one of the primary mechanisms for attempting to actualize this goal.¹⁴ One can even purchase an “I Had an Abortion” tote bag or t-shirt. How can we understand abortion, then, as both wildly ordinary and a site of transgression, that which positions one outside the normal and normative? It is precisely this relationship between the ordinary and the extraordinary, between normativity and transgression—and, further, how abortion might complicate these very relationships—to which we now turn.

That abortion as a form of gender transgression became the focus of our workshop speaks to broader trends in queer studies: critiquing normativity and fetishizing antinormativity. In a special issue of *differences* on this trend, Robyn Wiegman and Elizabeth Wilson ask, “What might queer theory do if its allegiance to antinormativity was rendered less secure?” (2015, 1). In asking this question—and challenging a foundational tenet of queer thought and, incidentally, our workshop—Wiegman and Wilson seek to “show that norms are more dynamic and more politically engaging than queer critique has usually allowed” (2). Janet Jakobsen speaks to this point: “The regime of the normal . . . is . . . not a coherent thing; it is a matrix of multiple, contradictory norms” (1998, 513). For Jakobsen, the question of what constitutes a norm and how we operate in relation to norms has particular relevance for examining and enacting resistance. Social movements, Jakobsen says, “cannot successfully resist the forms of disciplinary power they face if they cannot analyze multiple, complexly interrelated, and even contradictory norms” (522).

Our workshop was guilty of ignoring the complexity of norms in precisely the ways these scholars describe. Doing so prevented us from examining multiple, interrelated, and contradictory reproductive norms. Even as abortion can create opportunities for gender transgression, it can also function in the service of broader racist, classist, and ableist ideologies. Dorothy Roberts (1997) argues, for example, that at the same time doctors refused to sterilize white women requesting the procedure, they sterilized black women against their will and without their knowledge. Today, three-quarters of women seeking abortions cite an inability to afford a child as a reason for their decision (Finer et al. 2005); disability rights activists continue to push back against expectations of abortion in cases of fetal disability (Saxton 2006); and black women, followed by Hispanic women, consistently have the highest abortion rates (Cohen 2008). People have abortions for many reasons; only one of them is a desire to not have a(nother) child. Does our argument

¹⁴ See *I Had an Abortion* (2005) and the 1 in 3 campaign (<http://www.1in3campaign.org/about>), which advocate that women tell their abortion stories.

apply to those who already have children, whose abortion decisions are often linked to needs to care for their kids? Can abortion be considered transgressive for those who have few other options or for those who have been told they should not reproduce? We draw inspiration here from José Muñoz, who suggests that Edelman's critique of the place of the child in contemporary gay rights activism relies on a "figure of the child . . . as always already white" (2009, 95). When approaching abortion as gender transgression, then, it is also crucial to articulate the limits of this argument, to think through how challenging one set of norms can reaffirm others.

Creating the "Queering Reproductive Justice" workshop allowed us to articulate new links between queer and reproductive justice issues (and later, in writing this article, to reflect on the limits of our previous articulations), and, as important, it allowed End Fake Clinics activists to spend time together. Interviews with group members encourage us to turn toward the affective attachments created through activism, to consider the role that feminist and queer theory can play in student organizing, and to appreciate the kinds of activism that can emerge when identity is not at its center. Let's turn to End Fake Clinics activists now.

Affect and identity

End Fake Clinics viewed our successes—events, workshops, campaigns, and legislation—as important and as having left a mark on UCSB.¹⁵ Yet members did not frame these forms of activism as the most significant elements of their participation. Instead, activists stressed the importance of the love, feelings, and feminist friendships that developed in the group—and developed the group—as well as the opportunity to advance their own feminist and queer knowledge and put it into practice.

Most participants joined End Fake Clinics through connections they already had with active group members.¹⁶ As Lauren, who identified as a black woman questioning her sexuality, said, "A good friend of mine brought me to a meeting . . . I stayed involved . . . because I felt like I was learning a lot just from the meetings and talking with the people from the group."¹⁷ Quinn,

¹⁵ Notably, passing this legislation is the only aspect of End Fake Clinics that scholars have referenced (Oaks 2015, 227; Crossley 2017, 106).

¹⁶ This point mirrors social movement scholars' analyses of political mobilization: that activists become involved when invited by someone they know through existing social networks (McAdam 1988).

¹⁷ Since these interviews were conducted in 2014, several additional group members have come to identify as queer, not straight, and/or trans. As such, we use the past tense to describe interviewees' identities.

who identified as Chinese American and genderqueer, similarly said that attending weekly meetings was like being and talking with “all of the best students in all of your favorite feminist studies classes out of all of your time at UCSB.” As Quinn and Lauren suggest, End Fake Clinics provided a space to intellectually engage with feminist and queer studies while building strong and meaningful relationships with one another.

The affective attachments developed through End Fake Clinics cannot be disentangled from the group’s intellectual and political work. Affect is, as Rosemary Hennessy argues, the matter upon and by which movements come together, the “glue” of activism (2013, 68). When asked if End Fake Clinics had influenced members’ time at UCSB, Hailey, who identified as a heterosexual white woman, said the group had made the difference between a “miserable” university experience without a meaningful community and a positive “life-changing experience” with “people, ideas, educational tracks, and activism” that had shifted her undergraduate experience. Reid, who identified as white and genderqueer, described meetings as “lifting [their] spirits” and as the only queer feminist space at UCSB that challenged members to think, discuss, and organize around such investments. For Anne, who identified as a heterosexual woman of color, joining End Fake Clinics was significant because it was the first time she felt part of a feminist community at UCSB and did not want to drop out. When asked what they got out of participating in the group, Quinn said “So much knowledge! And community . . . it’s sappy. I made friends. It’s so nice.” Maeby, who identified as a black lesbian, stated, “The most enjoyable part of [End Fake Clinics] is that you get to meet different people and form new relationships and friendships all while working toward something that you believe in.” Scout, who identified as a Middle-Eastern American, queer woman of color, said, “I stayed involved because I loved going to meetings. I loved the people that went, and I respected them. And I loved the conversations that we would have . . . honestly, when your friends are in the group and they’re people that you look up to . . . you want to come back and you want to do well, and you want to bring good news to meetings, and you want to at least give your best.” Group members’ relationships deepened outside of End Fake Clinics’ formal meetings and organizing. Meetings turned into potlucks, and retreats were followed by pizza and hanging out. On weekends, students congregated on each other’s couches to complete feminist studies assignments, cook, and converse. When two members of the UCSB women’s basketball team joined End Fake Clinics, the group began attending basketball games, cheering on and developing a relationship with the team.

The depth of students’ relationships allowed forms of engagement that proved politically transformative for both individual activists and the direction

of the group. The influence of students' affective connections on End Fake Clinics' activism is perhaps best evidenced in the process of creating the poster below (see fig. 3). This poster, inspired by the Against Equality leftist queer collective, resulted from hours of conversations at many meetings.¹⁸ As students boiled down complicated ideas informed by academic texts, they taught one another, explicating why an articulation of an idea was too limited, vague, or politically or epistemologically problematic to add to the poster. At one point, End Fake Clinics activists discussed how to challenge cultural discourses of menstruation as disgusting. One student suggested adding "menstruation is natural." Reid pushed back, expressing that such sentiments function in the service of gender essentialism, and by extension, transphobia. Reid reflected on this moment: "We were brainstorming about menstruation . . . then it veered a little close to 'menstruation reaffirms womanhood,' and I didn't feel that if we put this in that it would necessarily represent everyone who has a period. So that was an instance in which I felt my genderqueer identity was sort of important in contributing. It was great because End Fake Clinics is the kind of space where I feel like I can say those things. It's safe, and even welcomed." Reid's comment was met with gratitude from those students who had not considered the ramifications of producing menstruation as "natural" or tethered to "womanhood." This response was enabled by students' close relationships with one another; in a moment in which call-out culture is sutured to activism, it is worth noting that Reid was not calling anyone out. Affective connections between group members made possible Reid's comment as well as the responses to it. Group members' relationships fostered intellectual growth and informed the direction of the project at hand.

This moment illustrates how End Fake Clinics' organizing around a shared politic enabled the group's diversity. Coming together through shared epistemological commitments, rather than shared identity, offered members different benefits, visions, and forms of community. Had End Fake Clinics utilized an identity-based approach, several group members never would have joined. Members who identified as genderqueer, transgender, or uninterested in sex that might lead to pregnancy did not see typical reproductive justice activism as relevant to them in the ways that End Fake Clinics was. This is not to downplay the role of identity in End Fake Clinics. All interviewees stated that identities were important in End Fake Clinics' activism. Reid felt their genderqueer identity informed their critique of the group's approach

¹⁸ Against Equality describes itself as a queer collective dedicated to challenging mainstream gay and lesbian politics, particularly those that request inclusion in oppressive institutions such as the military; marriage; and, via hate crimes legislation, the prison system. For more information about this group, visit <https://www.againstequality.org/>.

**ADOPTION IS NOT EASY.
 POOR MOTHERS ARE NOT BAD MOTHERS.
 TEENAGERS ARE NOT BAD PARENTS.
 ABSTINENCE-ONLY EDUCATION IS NOT EDUCATION.
 REPRODUCTIVE ISSUES ARE QUEER ISSUES.
 ANTI-ABORTION IS ANTI-SEX.
 REMEMBER THE HISTORY OF EUGENICS AND FORCED STERILIZATION.
 HAVING A DISABLED CHILD IS AS MUCH OF A RIGHT AS CHOOSING NOT TO.
 SEX WORK IS LABOR. PARENTING IS LABOR. WAGES FOR WORK.
 SHACKLING INCARCERATED WOMEN GIVING BIRTH IS CRUEL.
 DRUG TESTING WOMEN ON PUBLIC ASSISTANCE IS REPRODUCTIVE PROFILING.
 BREASTFEEDING IS GOOD FOR YOU, THE BABY AND THE PLANET.
 CHILDLESSNESS CAN BE LIBERATING. CHILDLESSNESS CAN BE PAINFUL.
 LEGAL ABORTION MEANS NOTHING IF THERE IS NO ACCESS.
 BIRTH CONTROL IS NOT A WOMAN'S RESPONSIBILITY.
 ABORTION IS NOT A MORAL ISSUE.
 CRISIS PREGNANCY CENTERS LIE TO WOMEN.
 BIRTHING IS NOT FOR HOSPITAL PROFITEERING.
 ORGASM DURING BIRTH. AND ALL THE TIME.
 EVERYBODY DESERVES (REPRODUCTIVE) HEALTHCARE.
 COMPLEX ISSUES CANNOT BE SUMMED UP IN A SENTENCE.
 EQUALITY IS NOT JUSTICE.**



**PRODUCED BY END FAKE CLINICS
 FOR MORE INFORMATION GO TO WWW.ENDFAKECLINICS.WIX.COM/EFC**

Figure 3 Created collaboratively by EFC members under the leadership of Sanaz Toosi, this poster speaks to the queer roots of group members' understandings of reproductive justice as well as the range of issues that comprise reproductive justice concerns. © 2012 by Sanaz Toosi. Reprinted with permission. A color version of this figure is available online.

to menstruation. Dani, who identified as a queer Latina, stated that “people in [End Fake Clinics] have claimed different identities so there is more of a chance for different opinions and different ideas” to inform End Fake Clinics’ activism. Scout said,

We’re not an identity group. And I think what’s important to us is to always keep asking questions, and to always take that comprehensive

approach knowing that when you're talking about abortion you're also talking about capitalism, and you're talking about race, you're talking about sex, and gender, and . . . it's important to be cognizant of that. . . . So even though we don't take an identity-based approach, I think it's very interesting that out of [End Fake Clinics] I felt like I came away with a stronger identity. And I don't know if what I'm talking about is identity, I mean a stronger sense of myself and what is important to me. Because we're not like a group for women [laughs], at all.

As Scout states, students did not see End Fake Clinics as an identity group. Instead, End Fake Clinics members articulated their activism as organized around a set of shared political commitments. As such, many understood the group's treatment of identity to differ from other liberal and leftist organizing. "Feminist" was the one identification that activists claimed as central to End Fake Clinics, viewing "feminist" as a way to challenge and destabilize more essentialist deployments of identity common in activism. Anne responded to the question "What identities do you claim?," stating, "I identify as feminist. I think that's a big part of my activism . . . and just the way I look at the world in general." Scout answered similarly, stating: "Feminist. That's my first identity, or that's the one I love the most. It's how I think of the world. . . . I don't ever want to lose [feminism, asking questions]. That was my biggest fear graduating . . . I don't ever want that to happen, and so that's my favorite identity."

"Feminist" functioned as a push to critique and to develop new tools and skills through which to better understand and organize against reproductive injustices. It was not a static identity; it was a practice. For Hailey, a self-identified nonfeminist could be in End Fake Clinics as long as they "valued a lot of feminist ideologies." Scout framed her feminist identity as something that could be lost by separating from her feminist community. For interviewees, "feminist" was a tool to critique operations of power and inspire "an openness to change" in one's thinking and politics—a way of doing and thinking rather than being. Thus, group members simultaneously claimed feminism as central to End Fake Clinics' organizing yet insisted that End Fake Clinics was not "an identity group." We had not come together as feminists but rather to organize around particular issues. None of us had a similar epistemologically based community in our lives outside of End Fake Clinics (though many of us participated in other activism). In many ways, the group actualizes Cathy Cohen's call for activism that complicates and destabilizes how we think of identities and communities (1997, 459). Drawing from Joshua Gamson (1995), Cohen argues that queer activism complicates the "assumption that stable

collective identities are necessary for collective action” (1997, 439). In the case of End Fake Clinics, students’ recognition of individual identities as unstable and as less relevant than political position enabled collective action. End Fake Clinics offers us an opportunity to reimagine how friendship, feminist and queer knowledge, and radical political organizing might inform one another.

Concluding thoughts

End Fake Clinics engaged in forms of activism that are both typical and extraordinary, with both typical and extraordinary outcomes. As activists, we approached ourselves—our learning, political growth, and friendship making—as a central project of our activism. Never did this approach become *the* political project or impede our political work; neoliberal self-craft was not the goal, after all. At the same time, End Fake Clinics suggests that friendships and a shared commitment to actualizing feminist and queer knowledge can drive the production of ourselves and our activism in beautiful ways. In fact, End Fake Clinics was the most active feminist or reproductive justice group at UCSB during its four-year existence because of the group’s affective bonds and reliance on epistemological connections—which were, it turned out, mutually constitutive. Put otherwise, we developed our friendships through struggling over epistemological and political questions, and we were committed to this struggle because of the friendships we developed—friendships that live on today. End Fake Clinics offers a unique opportunity to think through the political rewards of friendship building and theory learning, to imagine what “absorb[ing] a radicalized position vis-à-vis abortion into discourse on queer sex politics” could look like (Doyle 2009, 27). Such imaginings allow us to approach crisis pregnancy centers not only as a threat to reproductive justice but also as a site that relies on the very gendered and sexual ideologies that feminist and queer studies scholars and activists have long worked to disrupt. We might think about, for example, how a focus on transgression—rather than the widely critiqued centering of abortion rights—could allow for more complicated articulations of the relationship between reproductive rights and justice. Drawing from End Fake Clinics, scholars and activists might approach anti-crisis pregnancy center activism as a crucial site for expanding queer and reproductive justice politics as well as actualizing their connections.

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Abstract

“Abortion as Gender Transgression” tells the story of End Fake Clinics, a queer reproductive justice student club at the University of California, Santa Barbara, that worked with their student government to make UCSB the only university to ban crisis pregnancy centers from falsely advertising on campus. In this article—the first to analyze anti-crisis pregnancy center activism—we draw from End Fake Clinics’ work to outline the contours of what a queer reproductive justice politic might entail. Through archiving and analyzing End Fake Clinics’ Queering Reproductive Justice workshop, we argue that approaching abortion as a form of gender transgression allows us to recognize deeper connections between queer and reproductive issues, as well as to complicate this very distinction. In the case of End Fake Clinics, creating a queer reproductive justice politic was enabled, we argue, by the deep affective connections developed through the group as well as by participants’ collective belief that their activism would be best when informed by feminist and queer theory. In discussing what we describe as End Fake Clinics’ epistemologically based and affectively bound activism, we expand on the limited feminist scholarship on crisis pregnancy centers and queer theoretical scholarship on reproduction, putting these bodies of thought into conversation in new ways. As reproductive justice activists and scholars have begun to use the phrase “queering reproductive justice” to refer to the reproductive concerns of LGBTQ people, and as increasing numbers of LGBTQ people engage in reproduction, End Fake Clinics provides us with more complicated ways to approach queering reproductive justice beyond such identitarian models.

QUERY TO THE AUTHOR

Q1. AU: Please note that “CPCs” has been written out at first mention in fig. 1.