Spatializing Reproductive Justice

LINDSAY HARKEMA
The City College of New York

LORI BROWN
Syracuse University

BRYONY ROBERTS
Columbia University

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Coined in 1994 by a caucus of Black women activists, reproductive justice is the "human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities".[1] After the overturn of Roe v. Wade, access to reproductive healthcare is radically restricted across the U.S., compounding systemic race, gender, and class-based inequities that have always made healthcare inaccessible for many. The landmark Dobbs v. Jackson Women's Health Organization decision in 2022 rolled back nearly 50 years of reproductive rights protections and unleashed a plethora of laws that make it more difficult to access reproductive health care, riskier to assist those seeking care, and precarious to teach about issues of race, gender, and sexuality. As stated in the dissenting opinion by Justices Breyer, Sotomayor, and Kagan, "Whatever the exact scope of the coming laws, one result of today's decision is certain: the curtailment of women's rights, and of their status as free and equal citizens."[2] In the U.S. today, bodily autonomy and academic freedom are geographically situated. Within this context of curtailed freedoms, architects and educators must confront the spatial realities of these restrictions. New dialogues must emerge at architecture's intersectional edges - between designers, activists, social justice advocates, legal experts, public health practitioners, and students - to explore how the built environment can better support human lives.

In Fall 2022, collaborative design studios at three New York architecture schools investigated the spatial, legal, and social logistics of reproductive healthcare access in the increasingly hostile political context of the U.S. The studios addressed the intersectional and compounding factors of race, gender, and class as they impact an individual's access to care. The collective research informed students' speculative design proposals for facilities, systems, and networks enabling reproductive care access. The studios were complemented by a series of conversations with guest experts in the fields of public health, social justice, reproductive healthcare, law, and design.

Building on the studios' work, a forthcoming exhibition entitled *Spatializing Reproductive Justice* will foster a national and inter-institutional dialogue on reproductive justice, growing its content and network to include work by students and faculty from other schools. The exhibition will travel to academic and cultural institutions in states that are protective and restrictive of reproductive rights, showcasing how architects can design and advocate for built environments that support the human rights principles of reproductive justice. For architecture this means more than the design of clinics, it is also imagining new spatial hybrids of accessible healthcare, housing, childcare, education, landscape, and public infrastructure to support the autonomy and agency of people shaping their own reproductive futures.

Amidst current threats to bodily autonomy, reproductive rights, gender-affirming healthcare, and academic freedom, this work conveys the critical realities of reproductive healthcare access and how the tools of architecture are essential to the pursuit of social justice. They also raise critical questions for the discipline about how spatial practices can interrogate, resist, and disrupt systemic threats to human bodies and lives that have previously been unacknowledged.

REPRODUCTIVE JUSTICE: A RESPONSE TO REPRODUCTIVE *IN*JUSTICE

Reproductive justice is broader than access to abortion. It encompasses human rights to bodily autonomy, self-determination, sexual freedom, gender expression, essential healthcare, and healthy environments in which children, youth, and adults can thrive. In the U.S., these rights have always been restricted according to race, gender, sexuality, and class inequality, and particularly for Black, brown, and indigenous women, trans men and non-binary individuals, adolescents, immigrants, people with disabilities and those who live with low or insecure income. Systemic racism–implicit in the country's history of colonialism, slavery, eugenics, and women's healthcare[3]–as well as the political influence of religious groups have long shaped reproductive healthcare access in the U.S.

Figure 1. Experiential collage of reproductive care facility sited in a federally protected landscape. Student work by Valeska Abarca, Nathaly Castillo, Mauricio Guidos (CCNY).

Because the women's rights movement, predominantly led by middle- and upper-class white women, did not represent or advocate for the needs of women of color or other marginalized groups, the reproductive justice movement was initiated by a coalition of Black women in Chicago in 1994, in response to the Clinton administration's Health Security Act that largely overlooked the health care disparities faced by poor women of color. Organized as the Women of African Descent for Reproductive Justice (WADRJ), the women drafted a statement offering recommendations from the perspective of black women addressing holistic sexual and reproductive healthcare.[4] Reproductive justice is a direct response to reproductive injustice, which refers to the "control and exploitation of cis/trans women and girls, and other marginalized people through our bodies, sexuality, labor, and reproduction."[5] Today, Black and Latinx women are more likely to experience an unwanted pregnancy[6] and more than twice as likely to die in childbirth than white women.[7] Increasing restrictions against reproductive rights have deepened the racial inequity of reproductive healthcare access, threatening millions of lives across the country.

On June 24, 2022 the U.S. Supreme Court decision in Dobbs v. Jackson Women's Health Organization overturned the 1973 Roe v. Wade decision that had previously protected a person's right to abortion under the U.S. Constitution. Almost immediately, this decision cut off abortion healthcare access in more than half of the country as local state trigger laws went into effect. Furthermore, the restrictions enabled by the Dobbs decision extend to other forms of reproductive, sexual, and gender-affirming healthcare including contraception, hormone therapy, fertility treatments, and prenatal care.[8] As the legal complexity surrounding women's and gender affirming healthcare thickens, it is riskier for medical professionals to provide care, leading to less access overall.

Reproductive rights had already been the target of anti-abortion policy and legislative efforts to curtail care access since before Roe was ever decided. For decades, TRAP laws (Targeted Regulation Against Providers) enacted overly burdensome regulations for abortion providers, making it more difficult for them to operate in abortion hostile regions.[9] With fewer clinics available, an individual's physical location and ability to cover the costs of travel and procedures can make abortion inaccessible, regardless of whether they have the legal right or not. For marginalized groups, reproductive care access has never been guaranteed. Though the overturn of Roe represents a chilling reversal of established protections for reproductive rights, meaningful access to those rights has always been unequally distributed and geographically situated across the U.S.

BIPOC-led reproductive justice organizations like Sistersong and Black Mamas Matter have responded to the inequity of reproductive healthcare by providing information, tools, advocacy, and solidarity within communities of color. Their work articulates the distinction between reproductive health, rights, and justice, and the specific approach and goals of each. Reproductive health focuses on care providers addressing unmet reproductive health needs. Reproductive rights center legislation and advocacy to protect individuals' rights to access reproductive care, involving legal experts, policymakers, and political participants. Reproductive justice seeks to change structural inequalities, emphasizes intersectionality, allyship, and community organizing to change structural inequalities.[10] Like other social justice movements, the multimodal nature of organized efforts toward reproductive freedom underscores the critical importance of engaging various disciplines and voices in enacting change.

Restrictions to reproductive care access do not reduce demands for abortion but rather push them outside of medical facilities and professional supervision, increasing the frequency of self-managed abortions that can be dangerous and risk lives. Historically, underground networks like the Jane Collective in Chicago (1969-1973)[11] and the international organization Women On Waves (est. 1999)[12] have assisted individuals to access safe abortion procedures by medically trained providers despite prohibitive

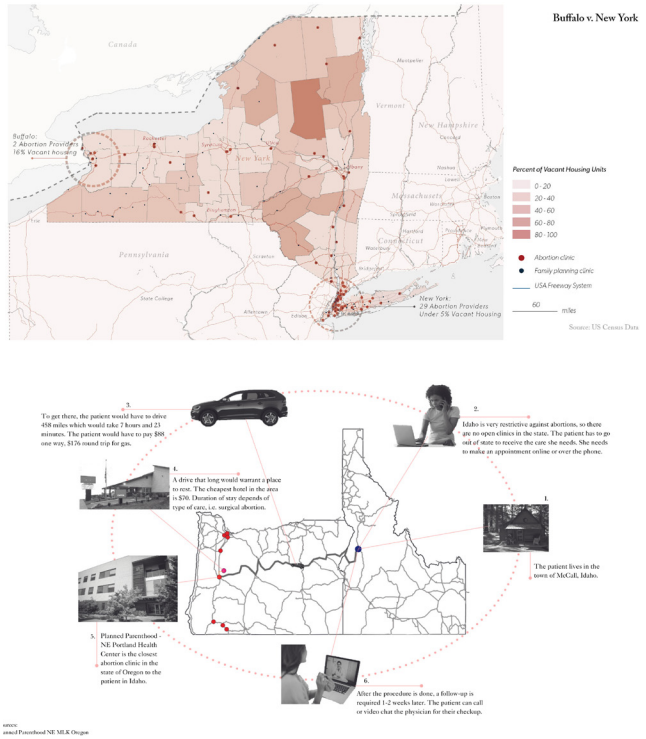


Figure 2. Maps of travel distances and associated costs to access abortion care in various locations. Student work by Victoria Vardanyan and Sansiri Gaem Saensopa (Syracuse University), Valeska Abarca, Nathaly Castillo, Mauricio Guidos (CCNY).

legal contexts. Led by women, these organizations build on the long history of women-to-women care practices such as midwifery, intergenerational knowledge sharing, and peer-to-peer information networks. They also underscore the relegation of abortion care to facilities outside hospitals and mainstream medical healthcare systems. After Roe v. Wade was decided in 1973, abortion clinics opened as standalone facilities to meet patient demand, affordability, and specific experiential aspects of abortion care that hospitals were unable to provide.[13] This exposed clinics to anti-abortion protesters and stigmatization over time. Today, 96% of abortions take place in abortion clinics rather than hospitals or physician's offices. Most take place in independent care provider offices rather than those backed by Planned Parenthood.[14] Without the support and security of a hospital network or powerful national organization behind them, independent facilities are more vulnerable to changing legislation about abortion care, especially in unsafe states.

Though the majority of Americans identify as pro-choice,[15] meaningful awareness of the actual stakes of restricting reproductive care access is lacking. Reasons for this include poor understanding of women's health matters, patterns of medical gaslighting against women, a lack of sexual education provided in schools, disingenuous tactics of misinformation promoted by anti-abortion groups, and entities like crisis pregnancy centers that mask as legitimate healthcare providers but spread false information with the aim to dissuade and obstruct individuals from receiving abortion care. Many people are unaware that most abortions take place during the first trimester of pregnancy by medical abortion (abortion pills), or that some life-threatening fetal anomalies are only discovered after 20 weeks of pregnancy (beyond the time-based bans that exist in several states). As a political issue, abortion has become so polarizing that many prefer to avoid the conversation, further contributing to the general lack of awareness.

The interplay of geography and reproductive healthcare access in the U.S. is significant. Where a person lives affects not only their legal rights but also the logistical complexity and financial costs of accessing quality care. In addition to medical procedures, the necessary transportation, lodging, childcare, and unpaid leave make it difficult for many, and completely inaccessible for others. The narrowing window of availability between higher demand, fewer clinics, and shortening time-based state bans compounds the burden of travel across state borders. Other forms of sexual and gender-affirming healthcare are similarly subjected to geographically-situated restrictions. As location is also linked to race and income disparities, affordability, gun safety laws, immigration services, and Medicaid access, the correlation between space and human well-being cannot be understated.[16]

ARCHITECTURE'S LACK OF RESPONSE

Reproductive justice efforts have been largely ignored by the architecture discipline. This is unsurprising given the history of male dominance and gender disparity within the profession.[17] "What many people consider 'appropriate' environments and relationships between activities are based on priorities overwhelmingly determined by men, which often ignore different experiences of many women."[18] This is seen in the design of the built environment as well as in the composition of architecture firms, where the presence of women decreases in senior and leadership positions. Having children is more detrimental for the careers of women in architecture than for men,[19] which is correlated to the gender pay gap.[20] The needs of women are rarely prioritized in either the management of architecture practices or the design of their projects. Despite the long presence of women in the profession and critical influence of feminist theory and practice on its discourse, notions of care, embodiment, and reproductive labor are typically gendered as female and therefore undervalued in architecture.

> "We do not accept that because females bear children they are unable to mix mortar and lay bricks. Nor do we accept that males who are able to design buildings are somehow incapable of cleaning lavatories and changing nappies… because women are brought up differently in our society we have different experiences and needs in relation to the built environment which are rarely expressed."[21]
>
> —Matrix, *Making Space*

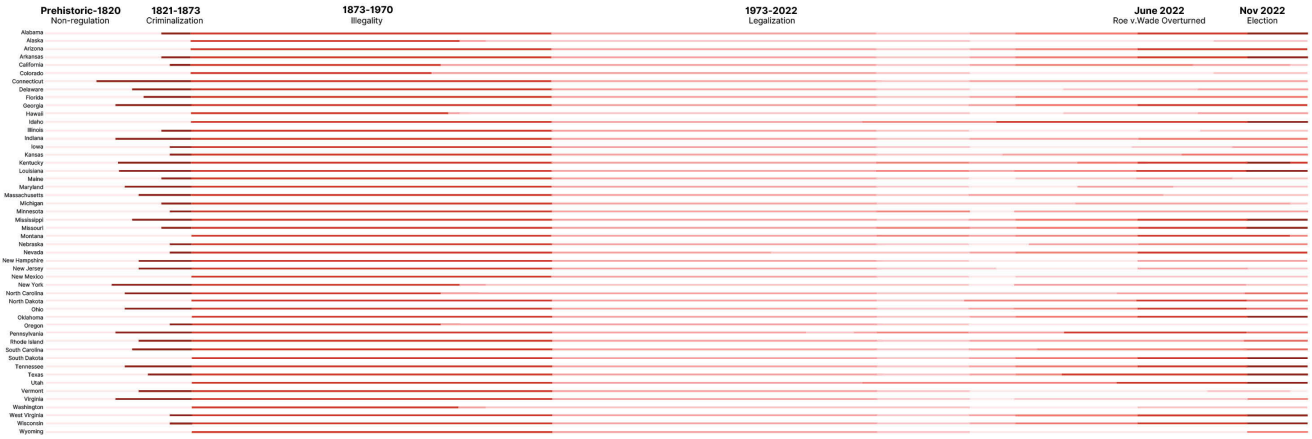
PAPER

Figure 3. Experiential collage of reproductive care facility sited in a National Recreation Area site. Student work by Ridhi Chopra (Columbia University).

After the overturn of Roe, there was near silence from the architecture discipline compared to its responses to other social justice issues in recent years.[22] There were no statements from AIA or other prominent professional organizations, no outpouring of solidarity with their female colleagues and employees. The most notable response came from architects Lori Brown and Jordan Kravitz who made a public call for architects willing to provide their services for abortion clinics to add their names to a compiled list.[23] "As architects, we can no longer turn a blind eye toward the design needs of healthcare buildings that provide abortion services."[24]

It's unsurprising that a profession in which significant gender inequity persists does little to stand up for reproductive justice. However, regulations against reproductive healthcare access are highly architectural. Prior to the overturn of Roe v. Wade, anti-abortion states like Texas used building codes and TRAP laws to "systematically shutter abortion clinics across the state."[25]These tactics encompass "legislation specifically related to the physical building, equipment, and staffing requirements of a facility that performs abortions"[26] that are intended to make it overly burdensome for a facility to continue to provide abortion care. For example, in 2013, Texas' House Bill 2 (HB2) required providers to update banal details of their facilities such as hallway widths, door sizes, HVAC systems, and other specifications in order to maintain their ability to provide abortion care.[27] These specific building details were unrelated to the quality of care provided but forced the closure of almost half of all clinics in Texas that were unable to accommodate or afford the required renovations. In 2016, HB2 was struck down by the Supreme Court, ruling the restrictions unconstitutional and creating an undue burden for women to access abortion.[28]

Outside their doors, the spatial contexts of abortion clinic sites shape and enable interactions between protestors and patients. The exterior spaces near stand alone clinics become sites where anti-abortion aggression is committed by clinic protestors aiming to obstruct patients' physical, intellectual, and emotional access to care. "Patients seeking health care from these clinics endure a lot of hostility in just a few yards. Anti-abortion protesters do everything they can to discourage patients from getting the care they need: yelling, pleading, praying, and even posing as clinic employees at the front gate of the clinic."[29] Architect Lori Brown has addressed these concerns through design proposals for clinic site perimeters and approaches that "consider the public and private threshold of the clinic, and the ways that the space mediates quite charged and complex politics.[30]



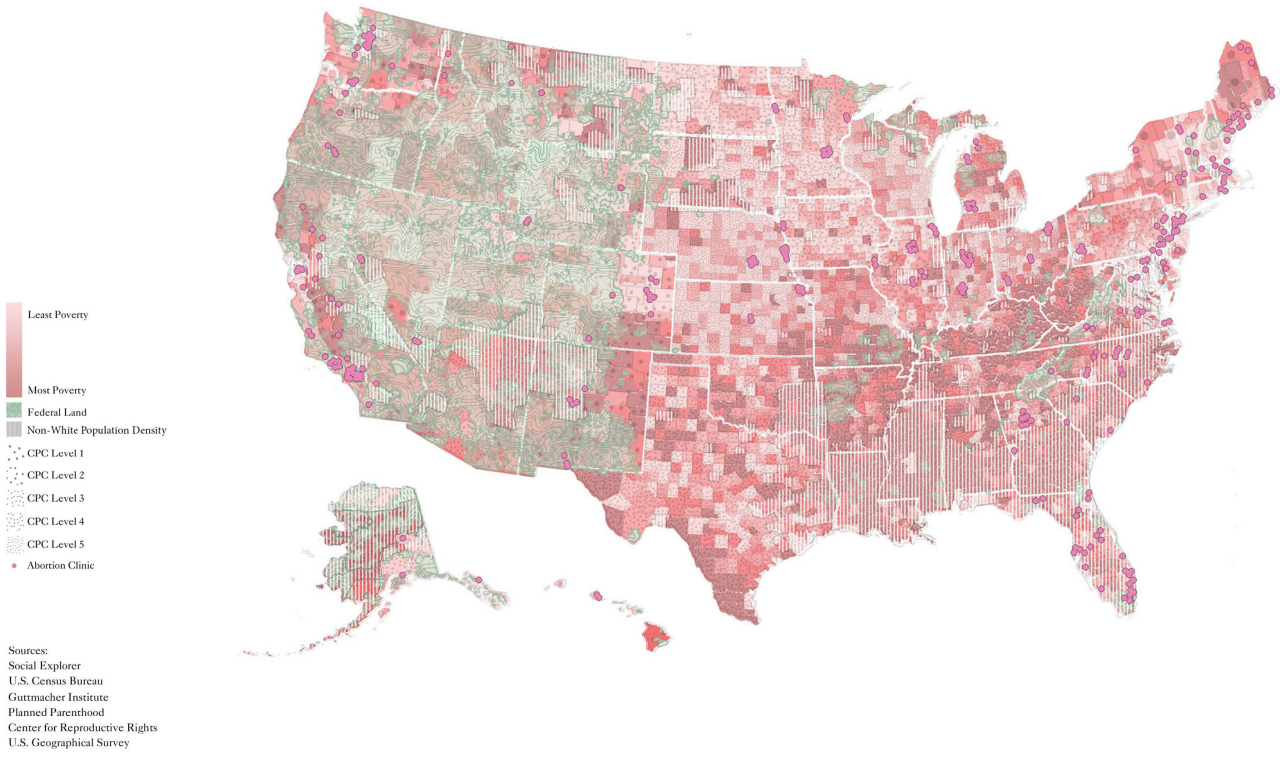


Figure 4. (top to bottom) History of reproductive justice timeline. Comparative state-by-state timeline of abortion legality. National map of abortion access, race, income, federal land, abortion clinic locations, and crisis pregnancy center density. Student work by Valeska Abarca, Abbas Ali, Arifa Ali, Nathaly Castillo, Samantha Ehrman, Gabriela Gonjon, Mauricio Guidos, Guadalupe Hernandez-Sosa, Kedishia Joseph, Anamaria Jovel, Joseph Lo, Labiba Nazrul, Katherine Quito, Leora Santoriello (CCNY).

The effects of restrictions to reproductive healthcare scale from bodies to buildings to regions. Since the overturn of Roe, fluctuating state laws contribute to an ever-changing map of reproductive care access in the U.S.[31] The increasing uncertainty contributes to misinformation and confusion about whether and how an individual can access the care they need. Furthermore, it has become riskier for educators to discuss abortion and reproductive rights in academic contexts, particularly in hostile political environments.[32] Recognizing this urgency, the spatial realities of reproductive healthcare access, and the responsibility of architects to address social justice issues as integral to the design of built environments, the discipline is accountable to respond.

STUDENT RESPONSES: ARCHITECTURE AND REPRODUCTIVE JUSTICE STUDIOS

Immediately following the overturn of Roe v. Wade, design studios taught at three New York architecture schools in Fall 2022 addressed the past, present, and future realities of reproductive justice vis-à-vis the built environment. Students investigated the spatial, legal, and social logistics of reproductive healthcare access after Roe and produced a body of research that documenting the geographic distribution of inequity, lived realities and existing conditions of accessing reproductive healthcare post-Roe, and the networks of care working to preserve and protect this access despite mounting restrictions and uncertainty.

Guest speakers–including healthcare providers and administrators, social justice scholars and advocates, creative practitioners, and legal experts–offered an interdisciplinary framework to inform students' work. Public health scholar and reproductive justice activist Dr. Lynn Roberts discussed her work advocating for the sexual and reproductive autonomy of women of color, youth, and other marginalized people in NYC. In the 1990s, Dr. Roberts directed a family rehabilitation program (FRP) in Harlem that provided reproductive and mental health care and support services for women of color who used substances. The program's success highlighted the necessity of holistic care for childbearing and caretaking people and the intersectional vulnerability of women of color whose bodily autonomy is threatened not only by the restriction of reproductive rights but also systemic racism, poverty, and injustice.[33] For the students, the FRP offered a precedent for care facilities that pose alternatives to systemic forces. Another conversation with former Planned Parenthood clinicians and administrators discussed how responding to hostile and changing legal frameworks and anticipating the repeal of Roe v. Wade long before it happened was always a part of clinic oversight and planning. Speaking about spatial organization and logistics, they outlined how best practices for efficiency and quality of care can present opposing demands on clinic design, layout, and operation.[34] These insights informed students' design proposals for care facilities, systems, and networks enabling reproductive healthcare access in safe and hostile contexts across the U.S. and internationally.

The studios' collective research serves as a public service announcement, communicating through maps and information graphics what reproductive healthcare encompasses, the archipelagic geography of access in the U.S. over time, how abortion bans affect individual lives in unequal and dangerous ways, and how disconnected they are from the actual timeline of pregnancy and gestation. Students' design proposals aimed to improve care receiver experience, to foster individual comfort and community, and to offer spatial tactics to circumvent local state restrictions. Amidst increasingly hostile contexts, their speculative projects slipped between judicial boundaries and nestled within spaces of exception. The spatial strategies that emerged addressed reproductive justice from the philosophical foundations of intersectional feminism, considering the whole journey of a care-seeking individual. In response, students explored programmatic hybrids, infrastructural systems, and inventive site strategies to counter restrictions and radically enable access to care. The resulting body of work makes visible issues that are often private, unseen, and ignored within the architectural discipline.

"NATIONAL CARE: ABORTION ACCESS, REPRODUCTIVE JUSTICE ON FEDERAL LANDS"

LINDSAY HARKEMA, THE CITY COLLEGE OF NEW YORK

Federal lands are a type of space of exception that operate according to different administrative regimes than their immediate surroundings. When the conditions of those surroundings become hostile, these spaces have the potential to become spaces of refuge and critical agents of change. The U.S. government owns about 640 million acres of land - approximately 28% of the country's total land area. Much of these federal lands are administered by the U.S. Department of the Interior and are not subject to local state laws.[35] After the overturn of Roe v. Wade, pro-abortion politicians, legal experts, and activists have called for access to abortion care on federal lands.[36] This advanced undergraduate design studio investigated the current landscape of reproductive healthcare in the U.S. and created design proposals to provide care access on federally owned sites.

Beginning at the national scale, students created detailed maps illustrating the state of reproductive healthcare access across the country. Looking at specific regions, students considered aspects like cross-border travel for an abortion in the Midwest, the combined effects of religious influence and poor sexual education standards in the Southwest, long distance travel routes to clinics in the Northwest, misinformation about clinics in the Northeast, and the county-by-county reduction of abortion access in the Southeast. They also studied underground care networks past and present, abortion resources networks today, the step-by-step process of procuring medical abortion pills by mail, and the spatial narrative of a medical abortion experience

in a private home. Informed by this research, students determined design strategies for federal lands combining medical care facilities, mobile clinics, public amenities, childcare spaces, protected environmental zones, and short and long term residences for patients, families, and providers.

Student proposals were sited on Floyd Bennett Field in Gateway National Recreation Area in Brooklyn, New York, currently an abortion "safe" state, as a precedent for other federal lands across the country. They incorporated landscape design, adaptive reuse of existing buildings, public/private hybrids, telehealth systems, and mobile clinic networks to broaden access and transit to care beyond site limits. With careful consideration of various care sequences and durations of stay, Valeska Abarca, Nathaly Castillo, and Mauricio Guidos proposed a system of static and mobile facilities distributed throughout the site providing medical and surgical abortion care, abortion pill distribution, telehealth, therapy, short and long-term recovery stay, and childcare services. Labiba Nazrul's proposal nestled a reproductive healthcare clinic into the landscape surrounded by existing protected environmental zones, providing a natural and legal buffer around the building that would keep protestors and the public away from areas occupied by patients during their stay. In total, the studio's body of work showcased the possibility for federal lands, already used to preserve spatial resources like protected environmental areas and national heritage sites, might also protect human rights to essential healthcare and bodily freedom.

"REPRODUCTIVE JUSTICE NETWORK"
BRYONY ROBERTS, COLUMBIA UNIVERSITY

To expand knowledge about architecture's role in reproductive health care, this graduate option studio learned from discourses of reproductive justice, which frame reproductive rights as entangled with social, economic, and political inequities. Students drew from discourses of radical care to explore mutually supportive social systems. and combined analytical skills with tactile material experimentation to create experimental architectures to enable alternative futures. The studio considered the multiscalar relationships between systems and bodies, exploring how regulations impact individual embodied experiences in healthcare spaces. Students began this work by analyzing case studies of alternative and underground networks of care, such as Women on Waves, Brigid Alliance, and Gyne Punks, and case studies of healthcare spaces through drawings that identified key material, sensory, and spatial qualities that shape the individual embodied experiences and social interactions within them. Collectively, the studio proposed ideas for new networks of care, and students worked individually or in small groups to identify the scale and site at which to develop their own design interventions.

Students drew from their own experiences and identified different sites of urgency, as wide ranging as the lack of reproductive health care access in rural India to the need for housing near Planned Parenthood clinics in safe states to inadequate sex

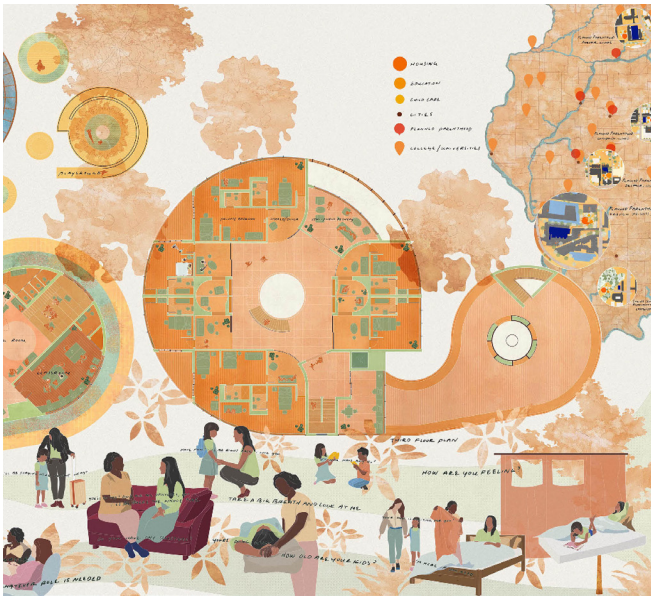


Figure 5. Illustrative drawings of proposed reproductive healthcare facility. Student work by Chi Wakabayashi (Columbia University).

education in New York City schools. The projects identified social and infrastructural support systems needed and offered a radical rethinking of the material, functional, and experiential characteristics of healthcare architecture. Ridhi Chopra's project, for example, proposed the expansion of an existing train system in India delivering healthcare services to rural sites by adding cars specifically dedicated to reproductive care and sex education. She designed the conversion of those train cars to offer indoor and outdoor spaces for learning and care access. Chi Chi Wakabayashi's project identified the importance of abortion doulas as providers of emotional support during experiences of reproductive care. She proposed an innovative form of housing attached to abortion clinics for patients traveling from out of state, combining short-term housing with spaces for childcare and doula counseling.

"A FEMINIST ETHICS OF CARE: REPRODUCTIVE JUSTICE IN POST-ROE AMERICA"
LORI BROWN, SYRACUSE UNIVERSITY

With the federal right to abortion overturned, individuals in certain states no longer have full civil rights. Furthermore, the state-to-state variation of individual rights creates a drastically unequal legal and spatial landscape. This studio responded by thinking expansively about possible design responses to these existing conditions. As a third-year core studio, the studio combined the political, cultural, racial, economic, and

geographic inequities of reproductive healthcare access with the complementary complexities of housing in multi-programmed building proposals.

The studio established as its theoretical framework a feminist ethics of care. As philosopher Maria Puig del la Bellacasa writes, "Interdependency is not a contract, nor a moral ideal–it is a condition. Care is therefore concomitant to the continuation of life for many living beings in more than human entanglements–not forced upon them by a moral order, and not necessarily a rewarding obligation."[37] The studio began with a focus on students' own experiences of healthcare spaces, both positive and negative, and then explored case studies of healthcare practices, both renegade and conventional. Utilizing demographic data by region, students determined locations of action for their proposed design interventions and care networks .

Students examined how intersectional inequities structure and reinforce power relations in the built environment and utilized their capacity as designers to imagine possible spatial alternatives. Victoria Vardanyan and Sansiri Saensopa explored the gateway cities of Buffalo and New York City, proposing a network of care complexes providing housing, food access, transportation, and childcare specifically connected to the pre-existing networks they researched. Bella Klug and Lisa Sandson proposed two scenarios for safe haven states. One expanded the capacity of an existing clinic in Granite City, Illinois, a prime location with a significant increase in patient numbers since the overturn of Roe. The second proposed the adaptive reuse of a network of private airplane runways and hangars in New Mexico as the site for a pop-up system of refuge spaces for those flying into the state for care. They also designed overnight accommodations at a rest stop as a model to be replicated across the country for those driving to and across state borders to access reproductive healthcare.

Across the full body of student work from the three studios, what stands out is the expansive, multiscalar and interdisciplinary agility of design thinking it represents. Recognizing the non-neutrality of the built environment—how buildings, public spaces, and entire regions can be weaponized against human rights and how they can support resistance and enable opportunities for liberation—students proposed actionable design strategies incorporating their complementary knowledge of site planning, building systems, sustainability, and anthropology. Unconflicted by the political nature of the studio brief, students addressed the relationships between power and space, and how access and affordance are mediated by the built environment. Project narratives, often centering specific identities of those most harmed by current reproductive healthcare inequities, revealed students' underlying assumption that conventional spaces and regulatory systems will not suffice. Alternatives must be designed to better support the lived experiences, personal and political, that take place within them.

BEYOND THE STUDIOS

After the Fall 2022 semester, the instructors co-curated a traveling exhibition entitled *Spatializing Reproductive Justice*. Building on the design studios' work, the exhibition presents a wide-ranging analysis of reproductive justice and the built environment, and a variety of architectural strategies for countering threats to bodily autonomy. The exhibition will open in New York City in Spring 2024 and subsequently travel to architecture schools across the country, including those in abortion safe and hostile states. As it moves, the exhibition will include additional contributions from students and faculty of other schools, celebrating and making public the breadth of work being done on this topic. In these different locations, the exhibition will instigate related programming and the exchange of ideas among faculty, professional allies, and younger generations of students and practitioners.

Culminating all these efforts, *Spatializing Reproductive Justice* aims to create awareness and advocacy within and beyond the discipline of architecture in multiple ways. First, normalizing the discussion of reproductive justice in architecture schools and utilizing the tools of architectural education to address it. Second, building coalitions among students and faculty across institutions in abortion safe and unsafe states, as well as between architecture and other disciplines. Third, fostering conversation and collaboration between designers and other disciplines such as public health, law, sociology, critical race theory, and more. The biggest challenges facing the discipline today–social and climate justice–are intersectional, therefore architecture cannot operate in a disciplinary vacuum.

An article published in *The Architects Newspapers* following the conclusion of the studios summarized their educational and civic impact:

> "As the abortion access crisis escalates, this is perhaps the studios' most urgent contribution: In working through solutions via abortion's architectural dimension, they also clarify and elucidate the political dimension of architecture. And, in so doing, they fill a gap in students' civic education, equipping them with the skills necessary for engagement with political issues, not just inside the classroom but outside of it as well."[38]
>
> —Marinela D'Aprile, "Spatializing Reproductive Justice"

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