

Embodied Storytelling: A Reality of Barriers to Abortion Access

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“With sorrow—for this Court, but more, for the many millions of American women who have today lost a fundamental constitutional protection—we dissent.”

— Breyer, Sotomayor and Kagan

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Introduction

It’s hard to express the importance of having control over your own body, yet it has become a privilege instead of a right. Women all over the country have had that power taken away from them, and the consequences are of life and death. Amber Nicole Thurman, a healthy 28 year old mother of one, tragically died from being denied abortion care in Georgia. This was confirmed by a committee of ten doctors who concluded her death was “...‘preventable’ and said the hospital’s delay in performing the critical procedure had a ‘large’ impact on her fatal outcome.”¹ Thurman’s death will sadly become one of many. In 2022, the United States Supreme Court decided on the landmark case, *Dobbs v. Jackson Women's Health Organization*, effectively overturning *Roe v. Wade* and ending a constitutional right to abortion. As of today, there are thirteen states with a total ban on abortion. In 2023 alone, 171,000 women, primarily from the south and other red states, were forced to travel out of state to obtain a legal abortion.² Many of these women are already mothers, overjoyed to discover they were pregnant and

¹ Kavitha Surana, “Abortion Bans Have Delayed Emergency Medical Care. In Georgia, Experts Say This Mother’s Death Was Preventable,” *ProPublica*, 16 Sept. 2024.

² “Inequity in US Abortion Rights and Access: The End of *Roe* Is Deepening Existing Divides.” *Guttmacher Institute*, 12 Jan. 2023.

welcome a new child into their family. They were devastated to find out that their unborn fetus was not compatible with life. That their own lives were at risk. The issue of reproductive rights isn't new, and they are under threat every single day in this country, which is moving backward to a time when women had no autonomy over their own bodies. A massive life choice, one that should belong to the woman and her alone, is being placed in the hands of government officials and a judiciary with increasing power. The Supreme Court has become a major force in shaping how the law is applied, prioritizing personal and political ideological agendas over the fundamental rights of individuals. These actions are part of a systematic effort to strip away reproductive rights and limit women's freedom to make choices about their own bodies.

Stories are truly at the heart of policy decisions, and I believe in helping tell them. I started working in TV news right out of college. At first, I felt like I had the most important job in the world. Trump was President and I was part of "the resistance"—helping the pseudo fourth branch of government (journalism) hold his administration accountable while delivering truth to the American people every single day. *What could be more important than that?* I had a front row seat to history and maybe even a very small hand in its creation as news helps shape public thought, experience, and therefore history.

As time went on, I became deeply moved by Christine Blasey Ford's engrossing testimony, and will never forget the faces of the 11 Jewish people murdered at the Tree of Life Synagogue in Pittsburgh, the gut-wrenching stories of families torn apart at the U.S.-Mexico border, and the terror of the attack on the Capitol on January 6, 2021. However, two elections and one pandemic later, I found myself unable to shake the sinking feeling that the work I was doing no longer felt like "the most important job in the world" or even like something that made me feel proud and fulfilled. The long days and sleepless nights no longer felt like an honored

duty. I watched a ratings game play out in front of me, with the most important stories and guests being “killed for time” to cover yet another Trump tweet (lie) because ‘*that’s what the audience wants to see*’. Or because ‘*CNN is (or isn’t) doing it.*’ I worked hard to try and find compelling voices and stories to share—to make the issues of our time real for viewers and to create empathy and therefore hopefully hold policy makers accountable.

This desire eventually led me to oral history as a way to help tell the most important, most personal stories that also can impact people deeply and therefore effect change in the world. For my thesis, I knew I wanted to do just that: capture the experiences of people impacted by specific political decisions and tell their stories. Not for ratings, but for a genuine desire to make some kind of positive impact. It soon became evident that my focus would be on women’s health. After my first semester in the OHMA program, I couldn’t stop thinking about the ideas of embodied knowledge. My professor in the “Roots and Branches of Oral History” class, Nyssa Chow, once said, “There is no such thing as a *universal* experience...only an *embodied* one.”³

I wanted to dive deeper into embodiment. I thought a lot about how it can be captured in the oral history interview, especially as I set out to understand an experience that is so inherently embodied. I began seeing article after article detailing the harrowing journeys of women forced to travel out-of-state to access, in many cases, life-saving abortion care. That’s when it clicked—I had a passion for women’s health issues and political storytelling and here I am living through one of the most precarious times for both. Judith Butler’s concepts of precarious life and grievable life felt especially resonant, and could not be more pertinent when reflecting on the thousands of women, past, present, and future.

³ Nyssa Chow, *Roots and Branches of Oral History Class*.

Everyone is fundamentally precarious in very different ways. After the Dobbs decision, being a woman of reproductive age, particularly in a Republican-leaning state, inherently implies precariousness. Butler explains: “Precariousness implies living socially, that is, the fact that one’s life is always in some sense in the hands of the other.”⁴ In this case, the “other” is a handful of high-ranking government officials, working very hard to limit abortion access, and in turn, both altering and endangering countless women’s lives.

During my second semester in the OHMA program, I had the pleasure of taking the elective course “Listening and Seeing with the Body in Mind” with Mary Marshall Clark (who also happens to be my thesis advisor) and Ann Cvetkovich. It was in this class that I realized just how powerful emotions can be when trying to capture lived experience. To listen beyond just the words.

Uncovering objective truth is not necessarily the goal in oral history work—an idea that challenged me to unlearn the journalistic principle that truth is not only important but the be-all, end-all. Oral history is not about verifying facts but understanding what is true to the person you are interviewing, which is not necessarily the same for any two people. Again, there is no such thing as a *universal* experience...only an *embodied* one. It is about a set of truths, inherently subjective. When trying to share someone else’s narrative, it is impossible to capture it exactly as it is. How can I truly know another’s embodied experience? I realized I could never fully understand another’s lived reality, but that shouldn’t stop me from trying. My goal became to convey, as best I could, what I sensed, saw, heard, and most importantly, felt in that moment of the oral history encounter. For me, ‘felt’ is key—it’s the most genuine way to get close to embodiment and a lived truth. Embodied listening, then, becomes a form of witnessing, enabling

⁴ Judith Butler, *Precariousness and Grievability*, Verso, p. 5.

us to bear witness to truths experienced in the body. It's important to recognize that there are different ways of knowing, and cognitive understanding alone is not enough. True understanding also requires emotional knowing, which, beyond lived experience, can only be cultivated through deep listening.

Typically, bringing emotion into the conversation around policy is often met with resistance. U.S. Supreme Court Justice Sonia Sotomayor told college students at a talk in 2017: "You can't do human activity—and judging is a human activity—without having human emotions. The sense of how you deal with it is to acknowledge it. I look at it, examine it, try to figure out the effect it's having, and then try to adjust my behavior in accordance."⁵ These remarks were certainly controversial in the judicial field where impartiality is paramount. However, similar to Judge Sotomayor, I am arguing here that recognizing emotion is not only acceptable, but crucial for stories to have a real impact on policy .

During my first semester, I took Bill McAllister's course, "Social Science and Related Approaches to Analyzing Life History & Narrative Information." Inspired by the assigned reading by Lindsey Dodd, I adopted her affective methodology of bringing emotions into history for my final project and looked at two Holocaust survivor's Shoah Foundation interviews.⁶ I watched their heartbreaking oral histories and analyzed the emotion in their stories and bodies, including my own affective experience as a viewer. I will draw on this method, having done two life history interviews with women who had to travel out of state to access abortion care. Hoping to, as Sotomayor suggests, *acknowledge, look at, and examine emotion*—exploring the idea of using emotional narratives as a potential tool for political change.

⁵ "Sotomayor: Judging Brings Emotions, but Keep Them in Check." *Marin Independent Journal*, 2017.

⁶ Lindsey Dodd, *Feeling Memory: Remembering Wartime Childhoods in France* (Columbia University Press, 2023).

In this thesis, I explore the real-life impact of abortion restriction laws. Most women seeking an abortion don't want to be doing so, whether the decision was theirs or not. No one plans a pregnancy with the intention of ending it. They are there because they have to be, for reasons extremely personal to their own lives, families and oftentimes their own safety. No matter the circumstances, they will have to live with this choice. The additional emotional toll that lack of access adds to an already harrowing experience is hard to encompass with words alone. While I have not personally faced this decision, I am all too familiar with losing control of my own body and being at the mercy of doctors who don't know me—being poked, prodded, violated, and out of control. It leaves a mark—a lasting one, carried with you as embodied knowledge and emotion. That was true for the two women I spoke to. I wanted to understand the raw impact that barriers to abortion access have on a life.

My own experiences of disembodiment have shaped the way I listen to others, as we all show up carrying our own histories, vulnerabilities, and embodied knowledge. In this work, I am committed to moving beyond cognitive knowing and toward empathic understanding. Through this embodied listening, I aim to bear witness to the lived truths of abortion restriction laws, with the understanding that our bodies—both my narrators', and now in some way, my own and yours as a reader—hold the weight of these stories. We are all part of a shared process of intersubjective knowing, where the stories told and the stories heard create a space for empathy.

Theory

I will draw on Dodd's approach to focus on the "centrality of emotion to memory", exploring oral history that creates empathy and therefore can become a powerful tool for social change, using personal narratives as a way of examining (and perhaps maybe even shaping) larger societal issues. In Dodd's book, *Feeling Memory: Remembering Wartime Childhoods in*

France, she sees ‘feeling’ as “...fundamental to the process of remembering, listening, and seeking both to understand and to be understood. It is concerned with the ways that feelings about the past—the emotions of history—circulate between individuals, groups, and within and across societies.”⁷ Understanding individual experiences is essential to understanding society at large. A typical social science perspective is inherently the study of social *structures*, not individual people. From a research standpoint, one person tells us virtually nothing about a hypothesis or pattern of society. You would need to have a sample size that is ample enough to come to any kind of real conclusion about the way things are.⁸ Here I am arguing quite the opposite. A saying that comes to mind, popularized in the 1960’s feminist movements is “the personal is political”. While it’s of course not only important but crucial to look at larger cause and effect on society from certain policies, I am approaching this work not from a typical researcher or historical perspective but wanting to explore the idea that individual narratives and stories have the potential to change hearts and minds, maybe even more than a statistic on a page. This goes to what’s at the heart of storytelling—it’s power. While personal stories shouldn’t be the only context on which to base policy, they have a unique power to illuminate truths, shift perspectives, and drive meaningful change.

Stories, particularly emotional ones, have the potential to make people feel and think differently and therefore sway public opinion and even policy. In Sujatha Fernandes’ book, *Curated Stories: The Uses and Misuses of Storytelling*, she discusses this phenomenon: “I suggest that the contemporary boom of storytelling in legislative campaigns, cultural diplomacy, and advocacy has involved a shift in emphasis away from the collective and political modes of

⁷ Dodd, *Feeling Memory*, p. 21.

⁸ Charles Tilly, “The Trouble with Stories,” in *The Problem with Stories in the Social Worlds of Higher Education*, edited by Bernice Pesocolido and Ronald Aminzade (Pine Forge Press, 1999), pp. 256–70.

narration toward the personal mode. Those relating their stories are individuals rather than members of a class or community...”⁹ The power of personal narrative should not be overlooked when trying to create change. It is also important to consider, as Alessandro Portelli demonstrates in his essay *Living Voices: The Oral History Interview as Dialogue and Experience*, that personal and collective narratives are not in opposition but intricately connected.¹⁰ Portelli describes the act of storytelling as a co-creation that bridges personal experiences and historical meaning, showing how individual lives are part of a larger societal and cultural framework. Similarly, in the first chapter of *The Death of Luigi Trastulli*, Portelli shows how personal and collective narratives intertwine, as individual memories both shape and are shaped by broader historical events.¹¹ Personal stories are always tied to collective history. Recognizing this interdependence shows the transformative potential of storytelling to make the personal inherently political and the historical deeply personal.

In Patricia Ewick and Susan S. Silbey’s article, “Subversive Stories and Hegemonic Tales: Toward a Sociology of Narrative,” they discuss the power that individual narratives can have in greater society: “...when narrativity helps bridge particularities and makes connections across individual experiences and subjectivities, it can function as a subversive social practice.”¹² Individual narratives can have the power to disrupt structural forces. They continue:

⁹ Sujatha Fernandes, *Curated Stories: The Uses and Misuses of Storytelling* (Oxford University Press, 2017), p. 6.

¹⁰ Alessandro Portelli, “Living Voices: The Oral History Interview as Dialogue and Experience,” *The Oral History Review*, vol. 45, no. 2 (2018), pp. 239–48, <https://doi.org/10.1093/ohr/ohy030>.

¹¹ Alessandro Portelli, “The Death of Luigi Trastulli: Memory and the Event,” in *The Death of Luigi Trastulli and Other Stories* (State University of New York Press, 1991), pp. 1–26.

¹² Patricia Ewick and Susan S. Silbey, “Subversive Stories and Hegemonic Tales: Toward a Sociology of Narrative,” *Law & Society Review*, vol. 29, no. 2 (1995), p. 200, <https://doi.org/10.2307/3054010>.

Stories, not statutes or statistics, have become the subject matter of much socio-legal scholarship. Reembracing the narrative form as both object and a method of analysis...this research seeks to incorporate subjective, contextualized, and specific accounts of social life. Accordingly, narrativity has not so much been defended against the charges of particularity, ambiguity, and imprecision as it has been celebrated for embodying precisely those qualities.¹³

Embracing the narrative form as both an object and a method of analysis allows us to uncover a richer understanding of social life—one that acknowledges and values the ambiguity and complexity inherent in lived experiences.

On the idea of interaffectivity, Dodd emphasizes the *feeling body* being as important to the researcher as the *thinking brain* and notes the two as being “inseparable.”¹⁴ I see this as true for both the interviewer and researcher, as well as the interviewee. The power of the mind/body connection should never be overlooked in research in general. They are intrinsically and inevitably connected. So why should we only look at one and not the other when doing research? I will always look for physical attributes of affect in my interviews and analysis, going beyond just the words on the page to include embodied knowledge as well.

Martha Norkunas expands on this idea in *Oral History Off the Record*, emphasizing the profound role of the listener in trauma narratives:

¹³ Ewick and Silbey, “Subversive Stories and Hegemonic Tales,” p. 198.

¹⁴ Dodd, *Feeling Memory*, p. 15.

The listeners, those who bear witness, carry the stories. The listener notices the gestures, sees the tears begin to well up in the speaker's eyes, hears the abrupt halt. Empathetic listeners are ever sensitive to the nuances of trauma in the life story: long silences, detachment, a change in voice or body language. Because neither the listener nor the narrator knows where the contours of traumatized memory lie, those who listen to these stories are fully exposed to the victims' pain and grief; the narrator and listener can be trapped in an interaction of emotions.¹⁵

This idea reinforces the importance of embodiment in oral history work. It's not just about hearing the words, but also noticing everything in between them—body language, silences, movements, and other unspoken cues that carry deep meaning. In doing so, the listener becomes an active emotional participant, sharing in the vulnerability and holding space for the weight of the story.

Another concept I've been thinking about is the place of truth in this kind of work and the dilemma of distinguishing between fact and fiction. Short story writer Grace Paley provides an apt metaphor for this tension, describing the merger of fact and fiction in a story as "friction."¹⁶ This idea underscores that while fact and fiction are inherently different, they're also intricately related and dependent on each other to create meaning. Emery Roe also discusses this tension in his book, *Narrative Policy Analysis: Theory and Practice*, arguing that it is just not possible to distinguish between fact and fiction in these kinds of stories: "In the situations of high

¹⁵ Martha Norkunas, "Chapter 4: The Vulnerable Listener," in *Oral History Off the Record: Toward an Ethnography of Practice*, edited by Anna Sheftel and Stacey Zembrzycki, 1st ed. (PALGRAVE MACMILLAN, 2013), p. 82.

¹⁶ Grace Paley, personal communication with Mary Marshall Clark, circa 1990.

uncertainty and complexity for which narrative policy analysis is appropriate, it simply is not possible to decide if the policy narratives being analyzed are fiction, or if the science is right, or what form power and politics are really taking. We just don't know enough."¹⁷ Dodd also grapples with the concept of truth and similarly concludes that it doesn't have a straightforward place in this kind of work: "These are memories and these are stories, but that does not make them untrue. Truth, though, is the wrong standard by which to judge them."¹⁸ She continues:

This study is not history in the realist mode; it is history in the impressionist mode, filtered through multiple subjectivities, suggestive, fleeting, and self-aware... These things may or may not have happened in quite that way, but they have been told that way in good faith and represent a set of truths about how an individual remembers his or her past. They are the remembering of the past, not the past itself... As such, establishing a static, fixed, whole truth is less interesting to me than tracing memories' movement, their configuration, and their relationality.

This perspective has been particularly significant for me given my background in journalism, where truth is paramount—the be-all, end-all. Transitioning into oral history has reshaped my understanding of truth. Rather than seeing it as a definitive account of the past, I now view truth as a “set of truths” rooted in memory, and shaped by subjective experiences rather than an exact, factual account. Oral history, then, is not a fact-finding mission but an exploration of lived experiences and how people remember their past. While its aim may be to preserve stories and, in some cases, set the record straight, the goal is less about obtaining an objective truth and more about honoring accounts of first-person experiences.

¹⁷ Emery Roe, *Narrative Policy Analysis: Theory and Practice* (Duke University Press, 1994), p. 7.

¹⁸ Dodd, *Feeling Memory*, p. 17.

Rina Benmayor, in *Beyond Women's Words: Feminisms and the Practices of Oral History in the Twenty-First Century*, highlights the central role of emotion in memory and storytelling: “Emotion is at the core of memory, and hence all storytelling.”¹⁹ She discusses how engaging emotions in storytelling is rooted in feminist concepts, including the idea that the personal is political, and the empowering potential of vulnerability and breaking silences. Inspired by this framework, my intention for this work is to use an affective methodology that centers emotion in storytelling, to explore what those emotions can reveal about both the past and the present.

Methodology

I chose to conduct these interviews with a life history approach. Oral historian Donald Ritchie wrote in his book *Doing Oral History*, “Life histories give the interviewee enough time to relate what both the interviewer seeks and the interviewee wants to tell.”²⁰ I wanted to get to know these women, and to give them a chance to present themselves as fully as possible. I wanted to do so in a way that honored them and followed where they felt compelled to go. They are, of course, more than their abortion stories. These women are strong and have lived lives filled with uncertainty, tragedy, and joy. They had both done previous interviews about their experiences accessing abortion care, but neither of them had sat for a long-form, life history method interview that oral history allows for. They seemed excited to get to share in this way. It was a chance for them to look back, to reflect, to make sense of and to humanize the very political story of reproductive rights. There is a fine line in oral history between an interview for

¹⁹ Rina Benmayor, “Emotion and Pedagogy,” in *Beyond Women's Words: Feminisms and the Practices of Oral History in the Twenty-First Century*, edited by Franca Iacovetta et al. (Routledge, 2018), p. 63.

²⁰ Donald A. Ritchie, *Doing Oral History*, 2nd ed. (Oxford University Press, 2003), p. 40.

the record or for research and as a form of therapy. While I wanted to be aware of that line, I can't ignore the cathartic effect that sitting down and telling someone your life history for hours can have. That is inherently a release. It's why people journal, why people talk.

While I was inundated with story after story of women being denied life-saving abortion care, finding one to sit down with me proved to be a hurdle. Each time I came across a story, I used my journalist skills to try and track them down. I had a lot of trepidation in my endeavor of interviewing women who were strangers to me. I no longer had the backing of being part of a news organization, so why would they talk to me? I started messaging people left and right, hoping that someone would want to talk. Many of them are involved in cases with the Center for Reproductive Rights, and their press team politely declined my invitations. When I reached out to some of the women directly, many of them said they didn't feel comfortable talking until their case was settled, or directed me back to the press team. One woman seemed quite excited at first, but after an initial back and forth and asking for a quick call to discuss further, she went dark. I gave it a month or two, not wanting to badger or pester the way I wouldn't think twice about doing at my old TV news job. I noticed these oral history instincts kicking in, and waited to reach back out.

I realized what I was asking of them was no small thing. I was asking them to open up to me, retell some of the darkest moments of their memory, to trust me with not only their abortion stories but their life stories. I was asking them to relive traumatic memories, embodied memories. So if I was asking all of that, it felt crucial for them to be more than able and willing to participate, or I may actually be doing more harm than good and contributing to an emotional burden. I decided that they had to be eager to share, whether that eagerness stemmed from the simple act of telling, or the hope of touching someone or something outside of themselves.

Instead of allowing the “no’s” and the ignored emails to frustrate me as they once would, I knew that if they weren’t jumping at the idea of an oral history interview, they probably shouldn’t do one in the first place. The last thing I would ever want is to make someone uncomfortable or push them in any way. Another process of unlearning during my transition from traditional journalism to the oral history discipline.

I have learned so much during my time in the OHMA program. It has rewired the way I talk to people but most importantly the way I listen. I never gave a lot of thought to the idea of *active* listening, it was always about being ready with the next question, even prepared with a “got ya” question. It took me a while to unlearn these tactics, which were so deeply embedded in my interview style. I used to be afraid of silences in an interview (or even in a conversation). Now I understand the value in them—not only can they hold so much, sometimes they can draw something out of a person in a deep and natural way. And sometimes the silence alone says it all. They are filled with emotion and the unsaid should not be overlooked. I worked at embracing the value in open versus closed questions. Letting go of as much preconceived judgment as humanly possible before the interview. We are all biased in our own way and bring to the table our own lived experiences. It was important for me to show up understanding the world I am bringing and the world my narrator is bringing, which I know nothing about. Just that they are part of a world.

There are many ways of knowing a person beyond their words, and embodied knowledge has become a method in and of itself. There is so much value in what’s left unsaid—paying attention to gestures, tone of voice, and facial expressions as ways of knowing and understanding. A crossing of a leg or hand on the chin can reveal something deeper that is happening within. These nonverbal cues offer valuable insights into the narrator’s inner experience, reminding us that every person we encounter brings with them an entire world.

While we can never fully grasp what it's like to live in someone else's body—to have seen, felt, touched, heard, what they have—we must hold space for the endeavor of true listening and fostering empathy in the process. This attentiveness transforms listening into an act of care, allowing us to connect more deeply with the truths shared through both words and silence, and honoring the complexity of lived experience.

Stories have immense power, and their most profound strength lies in their ability to make someone *feel* something. And in oral history, they're not just words on a page. A record is so important to preserve these stories for history. To show the real life impact of political decisions. These stories are alive. They are raw and real and heartbreaking. Stories are the basis of it all, and this is my attempt to sit with two of those stories. First-hand, real accounts. Real lives. Real emotions behind all of the noise and headlines around reproductive freedom—a woman's right to choose what she does with her own body. We are talking about life and death decisions in many cases.

Given the challenge of finding narrators, I decided it was a blessing in disguise. What I wanted to say and discover, I could do so with less. Allowing me the challenge of diving deeper into two women's narratives, instead of scratching the surface on many. This seemed to fit nicely in my oral history practice, which is meant to be slow. The slowness of this work directly counters the fast-paced news cycle I spent the first part of my twenties in. It's really what drew me to this sort of work in the first place. Oral history invites both the narrator and the listener to pause and spend real time with a narrative. This deliberate pace allows for stories to take root, making them more likely to resonate deeply, linger in the heart, and leave a lasting impact. Slowness also fosters a safer space for vulnerability, giving potentially painful memory work the time and care it needs to be shared and understood. Unlike journalism's demand for immediacy,

oral history allows for a deep listening practice that requires time, patience, and space for meaningful reflection. It also acknowledges that meaning unfolds gradually and often in the spaces between the words. Slowness is not a hindrance but a method, and to capture the lived experience of these women, it felt essential.

It felt important to start some kind of rapport with my narrators before the interview. There were emails and texts exchanged, pre-interview calls had. There was a part of this work that did feel like care-work in a way. Every interaction had to be handled with the utmost care, from beginning to end. By the end of it I felt in some way, bonded to my narrators. Something that would be considered bad practice in journalism, felt like true success in the oral history experience. We started out strangers, and ended as two people who sat together (albeit through Zoom) in a moment in time that will forever be remembered, at the very least by us. We sat there as I tried my best to hold their pain and grief, to leave room for the memory-work to linger, for the silences to bubble, for one look or gesture to say more than even their words might ever allow.

In the words of Justices Breyer, Sotomayor and Kagan: “After today, young women will come of age with fewer rights than their mothers and grandmothers had. The majority accomplishes that result without so much as considering how women have relied on the right to choose or what it means to take that right away.”²¹ These stories are what it means to take that right away.

²¹ Breyer et al., *19-1392 Dobbs v. Jackson Women’s Health Organization* (06/24/2022), 2022.

Allie

I spoke with Allie Phillips on a Sunday in April. She started by reiterating, as she did on our pre-interview phone call, that she is an open book. I felt an immediate connection to Allie, though I wasn't sure exactly why at first. Then I realized it's because we are the same age. There's something powerful about sharing a generational identity, it creates a bridge of empathy and understanding. And if I lived in Tennessee instead of New York City, I too could find myself in the precarious and life threatening position that Allie did. She could be me. It's interesting how we are always looking for connections to ourselves—big or small. We want to relate, see bits of ourselves and our own lives in others. My first question to Allie was the same as it is in all of the oral history interviews I've done, asking to tell me about her childhood.

She grew up in Ashland City, Tennessee, a small town with just two streetlights. She's the youngest of two older brothers. Her father worked in construction and her mother took jobs when she could. She grew up dreaming of seeing the beach. She got her first job on her sixteenth birthday at a local *Sonic Drive-In*, and describes herself as a “social butterfly” (I can attest to this—the first thing I noticed about her was her warmth and bubblyness). She has pale skin, curly blonde hair and big bright eyes, (so much so that in college she worked playing *Elsa* from Disney's *Frozen* at children's birthday parties). She was a self-described “Barbie girl” in high school, but tried out many different groups—goth, punk, theater kids, dance, basketball team, cheerleading squad. She recalled, “Being the same isn't fun. Our difference is what makes us unique. I wanted to make sure that the kids being bullied by the jocks knew that they had a friend outside their clique.” She wanted to try it all.

She then paused her recollection to take tums, apologizing for the interruption. I told her I eat tums like it's candy and she told me she has “office tums, bed tums, kitchen tums, and car

tums. They're everywhere." We both laughed—a nice moment of bonding and levity in what would undoubtedly be an emotional conversation to say the least.

Allie grew up Catholic. Her parents got married in a Catholic church, and she was baptized as a baby. She described how it kept her in a romantic relationship she didn't wish to be in: "Part of me felt like I had to stay with him because I lost my virginity to him. I had a purity ring that didn't last, but he convinced me that if you marry the man you sleep with, then God will still forgive you. So that's what I had in my head. So I was going to marry him, but I hated him..." Once she realized she didn't want to be with him and that he was using God as a reason to, in her words, "take my virginity," she decided she no longer wanted to go to church, and she hasn't been back since. "I don't claim to be a part of any religion. I am spiritual above all else. But I still respect religion and people that do follow religion...believe in what you want. If that helps guide you and that helps make you feel like you're a better person than do that, but you're not going to force it onto me or anybody else because that does not make you a better person." Forcing religion onto others is exactly what's happening on the right-wing side of the anti-choice movement.

Allie grew up with two older brothers: "They didn't care how I was feeling about anything. They weren't the type of brothers that would protect me from anything. They would be the ones causing harm and, and blame me for it somehow. Now it's completely different, but back then, I was the most inconvenient thing that ever happened to them." Here she noticeably laughs. This type of nervous laugh is described by Leon F Seltzer PhD: "In the highly regarded *A Brief Tour of Human Consciousness*, neuroscientist V. S. Ramachandran, Ph.D., argues that nervous laughter can be viewed as a defense mechanism employed to protect a person from being overcome with anxiety. In short, it's a form of emotional regulation that upholds one's

cognitive functioning in the face of a perturbing situation.”²² Allie’s laughter here and throughout other moments in the interview, seems to be just that—an unintentional psychological reaction to protect herself from her own memories. She continues (listen to the audio [here](#) or read below):

...I was bullied a lot by my brothers growing up. Whether it be about my hair, my clothes, my weight. If you could think about something that you would get picked on, they picked on me for it. I think that kind of is what grew me into such a thick-skinned woman today, that doesn't take anything from a man. So as much as I hated it back then and as much as it hurt me, I think it did build me into this person I am today.

There is such a resoluteness in her voice. I can feel her strength, how much she’s been through, how much she’s overcome. I asked her where she thinks her strength comes from, out of genuine awe of it: “I think that just came with being hurt so much and hurt in different ways...relationships, I was cheated on a lot, I was abused, I was hit a lot, I was always abused, made to feel like I was a problem, that I was the inconvenience.” Here, she laughs again. I can feel the humor as a protective mechanism and the pain that lies beneath it—a momentary buffer between Allie and the weight of her trauma. It’s as though the laughter says, *I’m okay, I’ve survived*, while simultaneously bearing witness to what she endured. This tension between humor and pain is a profound example of the body expressing what words alone cannot fully convey.

²² Leon F. Seltzer, “Why We Laugh When We’re Nervous,” *Psychology Today*, 2021

Allie is no stranger to loss. She's lost both family and [friends](#):

... I've had more loss in the 29 years that I've been alive than some people ever experience in a lifetime. I've lost that many people. And I'm to a point now that loss and the aspect of death is very numbing. Because, at first I used to fear death, I mean I do still have a fear of death, I don't want to die, but I know I will someday, and I don't, I can't accept that for whatever reason. I think it's harder now because I'm a mom, and my daughter's autistic, and I'm very much her person, and nobody else is ever going to be *that* person for her and just thinking about leaving my daughter here without me is very terrifying. And I think every mom can attest to that feeling. But I'm just numb to it now because it hurts when somebody leaves, when somebody's gone, but I've understood this process enough that crying isn't gonna bring them back.

This was a charged moment. We both knew we were making our way to the reason we were speaking in the first place—the life-saving abortion care that she was unable to receive in her home state of Tennessee.

Allie has faced an unconscionable amount of abuse in her life, both emotional and physical. I mentally prepared for the interview to be intense and emotionally taxing. When Allie told me about being drugged and raped by two men on her 18th birthday, she averted eye contact with me and looked away, shaking her head as if to stave off that memory, that embodied trauma. She then said, “I never reported it because who was going to believe me?” She quickly changed subjects, detailing a heartbreaking story of domestic abuse by her daughter's biological father, “The only witness was our three month old daughter. And obviously she can't talk. So, there wasn't really anything the police could do. Could do or would do. They were like, do you

want to press charges? And I was like, I just, I'm just trying to go home.” Another example of Allie being failed by systemic forces, another foreshadowing to her post-Roe reproductive health emergency. I was struck by the strength in which Allie was able to talk about extremely sensitive and painful experiences. Upon watching the recording back, I realized that I had put my hand on my heart, and was shaking my head along with her.

Allie gave birth to her daughter, Adalie, in 2017 and started her fall semester of college as a single mom. She was trying to graduate school as a full-time student while also working three jobs to support herself and her newborn baby. She made it work, eventually graduating and then meeting and marrying Bryan, who had become a loving step-father to Adalie. They had just moved into a new place to begin a new chapter of their lives and were trying for a baby. She recalled finding out she was pregnant—there was an undeniable sense of joy and excitement in her voice, even now, after everything that happened.

This sense of joy was palpable. I felt how deeply she wanted to welcome a new child into her family. Allie is smiling as she tells me about discovering she was pregnant and telling her family of the news. I can hear laughter, joy, excitement and [fear](#):

He was at work. And so I waited for him to get home. And I put the pregnancy test underneath a paper towel and I told him that I needed him to go in the bathroom because there was a really big spider that I killed and I wanted him to look at it because he used to work in extermination. I was like, I want you to look at it and tell me if it's a poisonous spider or not to see if we need to get people out here to spray. He thought that was a very solid way to get him to go look. And so he goes in the bathroom, and he lifts up the paper towel, thinking there's a dead spider, and there was five pregnancy tests. And he bends

down and looks at it, and he's like, 'Huh. Does this mean you're pregnant?' And I was like, yes. And then he just stood there for another second, and he was like, 'Huh. I'm gonna be a dad.' I was like, well, you're already a dad. And he was like, well, you know, like a biological dad. And then he picked me up, he held me for a minute. Or like five minutes and he just hugged me and then he picked me up and twirled me around. And it was just a happy moment. And then we FaceTimed my mom and I was like, get Adalie on the phone. And so Adalie was sitting there and I showed her the pregnancy test and she was five at the time, so she had no idea what it was, but my mom saw it and she was like, oh. She was like, 'Adalie, do you know what that means?' And she was like, Mm-Hmm. And she was like, that means you're gonna be a big sister. And then her eyes got big and I was like, you're going to be a big sister. She was like, but, but is it a boy or a girl? And I was like, we don't know yet. We just found out, we got to wait. It's got to cook a little longer. And so she got really excited. Because something that she's always said is that she wants to be a big sister when she grows up. You know, when they ask you, what do you want to be when you grow up? Kids are like, oh, I want to be a police officer. I want to be an astronaut. Adalie was like, I want to be a big sister.

Allie and Bryan, after much deliberation, settled on the name Miley Rose, inspired by Miley Cyrus' hit song "Flowers". She tells me all about the naming process, how they were back and forth until finally it clicked—Miley Rose. I can still feel so much hope and excitement in her voice, see it in her eyes. But then things took a turn. They drove to Nashville for her anatomy scan and brought Adalie along because she wanted to see her soon to be little sister. She began to get nervous when she realized that it was taking longer than usual. The technician then [said](#):

...I need to go grab your doctor. I've seen some pretty serious things. And my husband looked at her and he was like, you look sad. You don't look happy. And she was like, I just don't want to give anybody bad news. And she walked out of the room. And I got that knot in my throat. My hands immediately started getting sweaty. My heart was pounding. It felt, it felt like she took 30 minutes to come back in that room. It was maybe a minute. It felt so long.

The doctor came back into the room and told them the devastating news that the baby's kidneys hadn't formed correctly and they couldn't find any amniotic fluid around her, and that she stopped growing around 15 weeks. He then said he would refer her to a high risk fetal medicine doctor and asked if she had any questions. Allie took a long pause before continuing on. I could sense just how frightened she must have been in that moment—and all of that emotion seemed to be coming back. Along with anger at the doctor and the clinical encounter itself. She, like many patients (especially women patients) often do, turned to self-blame. “Perhaps I hadn't drinken enough water?” The doctor, she recalled, did not do much of anything to comfort her in any way. She spent the next week googling everything the doctor had mentioned and trying to find a solution.

At the appointment with the high risk doctor, they confirmed what her OB had said, adding that there were also issues with the baby's lungs and heart. Allie [recalled](#):

Okay, like, we can get a heart transplant. I'm sure we can get lungs. I'm sure that we can fix the kidneys. In my mind, I'm like, this is fixable. We can do this. She can get surgery, whatever it's going to take. We got it. Um, and then she went up to her head. She was

like, so up here, we're looking at her brain. And as soon as she said her brain, I immediately accepted that this wasn't going well.

Allie closes her eyes, imagining this moment, and then quickly opens them again. The doctor tells her, "I'm really sorry, but she's not compatible with life, in or out of the womb. Are there any questions?" Allie's voice begins to crack here and she looks away from the camera. "At first, I didn't say anything. I just kind of sat there like taking everything in...and as soon as she stepped out of the room, I wailed, like I out loud cried, and held onto my husband's hand and he started crying..." She had no idea what to do next. The doctor explained that she could continue her pregnancy but there would be a large risk of miscarriage, stillbirth and if she did survive birth, they would set up hospice for her baby to pass soon after. Or she could terminate her pregnancy, but because of Tennessee's ban on abortion, she would have to go out of state and they cannot offer her any resources. Allie describes the moments after receiving this devastating news, and having to explain to her five year old daughter what was [happening](#):

And so my husband looked up and was like, well, like how long does she have, talking about Miley and, uh, like the probability of her making it to birth essentially. And she was like, the longer I stay pregnant, the worse Miley's condition will get. There's no way to tell when she will pass. It could be tomorrow, it could be a week, months, we don't know. But the longer I stay pregnant, the worse she's gonna get, and the higher risk my health is gonna become. And that was essentially the conversation. And so we left, and it was a very quiet ride home. And my parents drove up and met us at our house. Because I was like, I need dad there. When we tell Adalie what's going on. And so we sat and we talked for hours and ultimately made the decision to terminate because we didn't want to

risk putting my life at risk and leaving Adalie without me and it just didn't make sense to risk my life for a non-viable fetus anyway. Um, and so we told Adalie, I was like, Hey, remember when you went to mommy's baby appointment at her doctor? She was like, yeah. I was like, do you remember what happened at that appointment? And she was like, yeah, Miley's sick. I said, yeah, Miley is sick. So mommy went to another appointment today while you were at school. And we found out that Miley is more sick than what we thought. And she was like, okay. And I was like, and because of that, we're going to have to let Miley go. And she's like, what do you mean? I was like, well, if mommy decides to keep Miley in her belly, it could potentially be very dangerous for mommy. And mommy doesn't want to risk anything happening to me. So we're choosing to let Miley go. And, she's like, well, why can't she just, why can't she just take some medicine or something? And I was like, well, she's a fetus. I was like, they can't really, but outside of that, Miley is so sick that there isn't any amount of medicine or surgeries or doctors that could help. There just isn't. We're at a point that there's nothing anybody can do. And she got upset and she started crying and she was like, but I wanted my little sister. And I was like, I know you did. We wanted her too. And it was a very heartbreaking moment. Because explaining death to a five year old is already hard, but explaining death of somebody she's never met but was really excited to meet, it's just, it's hard, I mean it's hard for adults to comprehend really, much less a five year old. But with her ADHD brain, after five minutes of crying, she was like, Papa, do you want to go play Uno? And then she got up and walked out of the room and played Uno. But this conversation was very hard to have. And so, Bryan and I chose termination and that was on Friday. And that Monday I spent calling clinics in different states, trying to figure out who accepts a 20 week

abortion. How much do they cost? Because again, we're low income. We can't really afford trips out of state. No, it's not we can't really, it's we can't at all. So it was, it was hard. Essentially calling and planning for my own daughter's demise. A daughter that I wanted, a baby that I wanted, a pregnancy we planned for and tried for was coming to an end, not because I wanted it to.

Allie speaks with a sort of calmness. As if she's telling this story many years later, and is able to separate her emotions from the words she is [speaking](#).

Ended up finding a clinic in New York City, had to start a GoFundMe online because we couldn't afford it otherwise. It was going to be about 5,000 dollars for the procedure, flights, hotels, just everything added up. And that was March 7th, a week and three days later, I arrived at that clinic alone. It's a patient only clinic. My husband flew with me to New York, but I had to go alone to the clinic. And I was there for about three hours before I went back for an ultrasound.

Here, Allie takes a deep breath and looks up, almost as if preparing for what she's going to say next. For the pain of this memory, and for what it brings up in her [body](#).

And in that ultrasound, the tech stopped within like 30 seconds, and asked me when my last ultrasound was, and I was like, oh, it was like a week and a half ago, and she was like, and there was a heartbeat then, I was like, yep, there was a heartbeat. And she was like, oh, okay. And she just got quiet and I looked at her and I was like, is there not a heartbeat? And she slowly shook her head. No. She's like, no, I'm so sorry. And so I sat up and I looked at her screen and I was like, she's not moving. And she was like, no

ma'am, she's not. And then it just hit me like a train. I just did that out loud wail again. And she cried with me and she held me and she was an older Latino woman. And she said in all the years that she's worked at that clinic, she's never had to tell a woman that her baby was already gone, because it's an abortion clinic. So usually, you know, you're going there to end your pregnancy, not to find out it's already ended. It was just, it was a hard experience. And she was like, I'm going to have to tell the doctor what I found. And so she goes and tells the doctor and I go in the waiting room and walk out into the hallway. And I'm on the sixth floor of a skyscraper in Manhattan. And I sit in a hallway by the elevators by myself, just sobbing. And I call my husband and I tell him over the phone that Miley's gone. Now he's alone back at the hotel. And so he's having to deal with that alone. And then I call my mom and I tell her that Miley's gone. And she was very comforting in what she said. At the time, it didn't really resonate or sit well. It's just, it hurt more. But now when I think about it, I understand why she said it. I told her Miley had passed, and she was like, you know, Alison, I know it hurts. And I know this may not take the pain away at all, but I think Miley just gave you the best gift she could have possibly given you. You went to New York with so much guilt, so much like, what ifs? What if my doctor's wrong? What if Miley could be okay? What if, you know, what if I'm making the wrong choice? She was like, you went to New York, not confident in this decision. And I think Miley just made that decision for you. She went on her own to show you that you were making the right choice. And I know it hurts, but I need you to understand that you were making the right decision. And Miley just proved that...I think that was the hardest conversation I had. Hearing that. So I went back into the clinic and the doctor came and talked to me and had said that because my last confirmed fetal

heartbeat was a week and a half ago, there's roughly a two week window that when a fetus passes, when the body doesn't recognize it, that you're at a higher risk of going septic, blood clots, or infections. He said because we don't know when she passed, we have to go off of the last confirmed heartbeat. And that puts you at the end of that two week window. So we're going to do your procedure today. Like within the hour. It was supposed to be the next day. I was supposed to get on medication that would expand my cervix, soften my cervix, put in these spacers that expand everything. Like there's this whole process that was supposed to be done. But they did it within the hour. So I went back into surgery and came out and everything was successful. And, it was a very harsh reality being told that I wasn't pregnant anymore. But I was able to coordinate with them in saving her remains so I could get her cremated and getting her prints taken out. So I have her two little footprints and one of her handprints. He said her other hand, um, was still kind of fused shut that they couldn't get it open. Um, so I have one hand at least. But they were very kind. They treated me like a human being. They treated me like a mother who was losing a very much wanted pregnancy. Unlike the people here did. But it was a very dehumanizing experience being in a city I'd never been to, far away from my doctors, my family, everybody.

I can't help but wonder how much less traumatic Allie's experience would've been if she had been able to get care in her own state. If she could have been at home with her family recovering. If she didn't have to raise money to travel for a life-saving abortion. The added financial, physical and emotional toll that traveling takes on a woman in an already precarious and devastating position, cannot be understated. Having a sense of place—whether it's physical, people, food, or any of the other comforts that home provides, would've undeniably helped Allie.

Another piece that can't be ignored is the way the Tennessee doctors treated her. When there is true care in a doctor-patient encounter, there is trust. Here, she had [neither](#).

I had to leave Adalie with my parents when we came, when we went up there. It was just, it was the most isolating experience I've ever had. And it was awful. It was awful. And I wouldn't wish it on anybody. Not a moment.

Here, Allie is shaking her head and becoming visibly emotional. She closes her mouth and her lips begin to quiver, as if the tears will pour out if she opens it again. She looks away. It seems that whatever protective work she had been doing to stave off a visceral reaction in her re-telling has been undone, and she gives into this embodied pain. She pauses for several [seconds](#).

I got back and I took two weeks off of work to grieve. And then I got back to work because we were losing out on funds, couldn't pay our bills. So I had to get back to work, act like nothing ever happened. And so I shared every, every aspect of what happened to me online. Cause I thought it was important for people to see what it really looks like when you live in a red state that bans abortion because the media likes to say that the only women that are getting abortions are women who are irresponsible and just hoein' around and just using it as birth control and whatever else they want to fucking make up.

Allie is becoming angry. Full of passion, what moments ago was sadness is now rage. Rage at the unfair circumstances and the people that got her [here](#).

But I was, I'm a married woman who has a child already here, who got pregnant on purpose, deliberately by my husband, because that was a choice we made together to

expand our family. And unfortunately, it didn't work out. So, I shared what was going on so people could see the real raw reality. And it took the media by storm, I guess is the best phrase to use. It went viral almost every single video. And I got reached out to by a lot of news outlets, a lot of reporters. And my promise to Miley was that I would not let her name die with her. That I would share her story every chance I could to make sure people knew her name. Because not only was I not treated with dignity, but neither was she. Because I just, I think about if she was here, if she was physically here as a person, and had all of those things wrong with her, she would be getting taken care of. Hospitals would be doing everything they could to keep her alive, but because she was a fetus and they look at them as human beings when it comes to right to life, but they don't look at them as human beings in every other aspect of the word. It felt very neglectful and there really wasn't anything anybody could do for Miley, but there also wasn't anything offered. I wasn't offered any help...other than we'll have hospice care ready when she comes out. So I was reached out to by the Center for Reproductive Rights, asked if I'd be interested in suing Tennessee, for their ban. I very quickly said yes.

Allie ended up turning her anger into real action and ran for a House seat in Tennessee.



Allie with her daughter, Adalie.



Allie, Adalie and her husband, Bryan.



Valerie

Valerie and I spoke on a Saturday in mid July. She greeted me with a huge smile, and started off by apologizing for her dog who she described as “very clingy”. We connected on our shared love of animals before diving into Valerie’s (who likes to be called Val) childhood. Val is a Black woman, with big brown eyes and a warmth that I felt even through the phone during our first pre-interview call. She’s the kind of person I imagine a lot of people want to open up to—there’s something very comforting about her that I can’t exactly put my finger on. Perhaps it’s her cheerfulness, or the warmth in her voice.

Valerie was born and raised on the South Side of Chicago. She told me she was adopted at three weeks old and doesn’t know who her birth parents are, but does know that she was raised

by two “lovely parents” along with her sister and brother. She chuckles as she tells me she was the smart one of the family, although her brother and sister would say she was actually the spoiled one, which she now can humorously admit to. She grew up in the Pentecostal church. Her mother took most of the childcare responsibilities, often volunteering at her school and always dropping her off and picking her up. Her father worked as a bus driver for the Chicago Transit Authority. She recalls how excited she would get by the smell of cornbread and sweet potatoes filling her house when she came home from school each day. I am reminded of the affective power of the senses—how smell and taste can be such powerful ways of accessing memories and emotion. As Valerie described the smell of family dinner cooking in the kitchen, her eyes widened, and so did her smile.

Her brother got involved in gangs when they were young and has since been incarcerated for over thirty [years](#):

I remember him getting arrested, and getting arrested multiple times. Getting arrested for having guns, getting arrested for having drugs, getting arrested for just being at the wrong place at the wrong times. And so, that is how I remember my brother as being incarcerated, starting from juvenile, from his juvenile crimes, all the way up to now.

Because as he got older, he continued to live a life of crime, and he seemed to not ever be able to get away from that. So, the last 30 years, my brother has been incarcerated, and he's incarcerated indefinitely... We have a good relationship. He calls, I answer. He needs something, I get it to him. But unfortunately, I haven't been able to see him. I haven't seen my brother in at least 10 years.

She tells me that her mother had the hardest time accepting her brother's incarceration and understanding how it could've [happened](#):

She tried her best, to try to get the best lawyers for him. Unfortunately, we couldn't afford it, so he would always have a public defender. And it would just be very difficult for her to come to terms with that. She's like me, she still talks to my brother. They have a scheduled time, twice a week, that they talk to each other. She loves him. She loves him and she would love to see him be released from prison. I mean, that's one of the things she wants to see most.

Her dad, on the other hand, took a more tough love approach with her brother. She told me that her father tragically passed away of COVID in 2020. I could feel intense emotion coming up for her when she talks about her father.

Valerie got pregnant at the age of seventeen, which was a shock to her family, especially given her straight A, "smart one" [standing](#):

What was shocking is that it was normal in my high school for people to get killed, people to get involved in gangs, people to get wrapped up in drugs, and people to have teenage pregnancies. And so what we saw with any of those things that happened, kids would typically drop out of school. But that's something that I didn't do. I had one teacher that really believed in me, really looked at me, and she said, Valerie, you can go to college. You can take your baby with you, and I'm going to help you. And that's exactly what she did. So, took my baby to college with me. Had another one, my second year. But that didn't stop me. I just, I kept going, working full time, going to school full time.

And being a mom full time. So I got my bachelor's degree, got my master's degree and got my doctorate because school was my way out of the living conditions that I grew up in. And so, um, there's a lot of stuff involved in that. But I'm sure at some point we'll probably get to those things.

I immediately thought of Allie when Val told me about her teen pregnancy and especially being a single mom, full-time college student and working to pay the bills at the same time. An experience full of so much uncertainty and suffering, which they both overcame.

Valerie recalls her mother finding out about her first [pregnancy](#):

I didn't know what to do. So I tried to hide it from my mom. And I will never forget, one day I was laying across her bed and we was watching TV and she turned the TV down. It was a commercial. She turned the TV down and she said, so when are you going to tell me that you're pregnant? And I'm sitting there like, what, what are you talking about? *When are you going to tell me that you are pregnant?* And then at that point, you know, crying and everything like that. She was like, I knew it. I knew it. You know how I knew, you didn't ask me to get any maxi pads from the store. And you've been sleeping and you've been eating. And so it was that initial shock, but at the same time, I felt like a truck was lifted off my back because I didn't have to hide it anymore. She went and told my dad and my dad was very disappointed, is the way that I could say it, because I was going to be the first person in my family to go to college, I was on that college trajectory. I was, you know, going to have everything that they didn't have. And so one of the things I did when I got pregnant is that I promised my dad I would still go to school. And my dad said, well, if you go to school, then I'll help you.

Valerie ended up enrolling at Northern Illinois University, which had family housing. She wasn't able to keep up with the work her first semester and was placed on academic probation, struggling to balance being a single mother, working part time, and being a full-time student. She eventually got on her feet, only to be shocked again by the discovery that she was pregnant with her second child. Her dad still believed in her, and she stayed in school and took care of her babies completely on her own. A coworker taught her how to navigate the public services system, and she got food stamps, medical care, and daycare, and then was able to apply for low-income housing. She ended up graduating in four years, something most of her classmates weren't even able to do. The same way I felt with Allie, I felt with Val—amazement at her determination to keep [going](#).

I had that, I'm gonna go, I'm gonna do this. And from there, I just, I never stopped going to school. I would say one of the downsides of all of this is, I didn't get to spend a lot of time with my daughters. Because I was so busy creating a life for them, and wanting them to have a lot of things that I didn't have, that I had to sacrifice spending time with them. So I wasn't around when my baby made her first steps. I wasn't around when she started talking, both of them. What was good though, is they were in a home daycare and I had a home daycare provider that treated them like they were her own and so that really, really was a blessing and even though I missed those moments, there was one consistent person in their lives that they knew would take care of them.

I asked her where she thinks this determination to keep going comes [from](#):

My daughters allowed me to keep going. I would say that not wanting to disappoint people that believed in me as well, was something that gave me drive. And then I wanted

to challenge myself. Can I count on myself to do things that a lot of people said I wouldn't be able to do? And so, the neighborhood that I grew up in, it just wasn't good, and I didn't want my daughter's to grow up that way. So everything was laser focused on, I want to buy a house, put a backyard, you know, I'll be able to give them everything that they wanted and needed...just really wanting to defy the odds. My high school class started off with 355 students, freshman year. By the time I graduated, there was 110 of us left. And to see what I saw with my eyes made me realize that I have an opportunity. And it was my decision to either take that opportunity or to end up like some of my friends did. And I chose to go after opportunities.

Valerie ended up graduating from Section 8 (part of the Housing Act which helps low-income families pay for housing) and was able to buy her first first [condo](#):²³

And so that was kind of like a breath of fresh air because now I felt like there would be stability in my life and stability in that I didn't have to depend on the rules and regulations of the public assistance....And that was one of the things I wanted for my girls, was to buy a house so that they could see prosperity, in a sense...And so that was my first, I'm in a new house, like I can have granite countertops and I can have hardwood floors and I get to pick cabinet colors and all of those things. And so that was just a very, very exciting time and feeling like here is the American dream. This, this is what they talk about when they say the American dream.

²³ "Section 8 Housing," *USAGov*, <https://www.usa.gov/housing-voucher-section-8>. Accessed 1 Oct. 2024.

Her excitement as she recalls this time was palpable. Valerie ended up becoming a teacher and then the District Director for an education program in Chicago Public Schools.

Valerie seemed to become overwhelmed with emotion when she recalled a period of deep depression after her father passed away from COVID. He died in April and she lost her job the following June. She didn't know how she would move forward and asked a mentor for help, calling her and saying the words: "I need help." She moved to Nevada, found another teaching job, and picked herself back up—but she marks this as the lowest point of her life, something I could feel through her.

Valerie had recently become an empty-nester when she discovered she was pregnant [again](#):

And I was you know, cool, chilling, living by myself and had a boyfriend. And found out I was pregnant. When I first told him I was pregnant, his response was, What are you telling me for? So I said, okay, alright, here we go. Here we go. We've been off and on for 10 years. And your first response is, What are you telling me for? So that was a punch in the gut that that one was hard, but I was, you know, I was going to continue with the pregnancy. Went through morning sickness and things of that nature. When you first get pregnant and you call the doctor, they want to wait a couple of weeks before you come in. I have high blood pressure. I was obese at the time. I had sleep apnea. I had all these types of things. I was older, that made my pregnancy high risk. And so because I had a high risk pregnancy, I went to a maternal fetal medicine specialist...I tried to contact who, in my head, was still my boyfriend at the time. And, again, stop calling me. So I went to my doctor's appointments and every two weeks they would give me a ultrasound.

Just because they wanted to see, you know, check on the health of the baby. Also check on my health, make sure everything is stable. Well, we got to the point around 13 weeks where she did an ultrasound and she looked at the nasal bone. And she said, you know, there might be a problem. I see that the baby's nasal bone is flat, and that is usually an indicator of several types of conditions, she said, but let's just keep an eye on it. So she also wanted to do genetic testing, because I was adopted and she wanted to see, okay, if there was anything, any markers that was present, and all the genetic testing, everything came back. It was cool. I found out I was having a boy and that did excite me a little bit because I had two girls and I'm like, wow, I'm going to have a boy. I had to start, let me find a way to put it, I had to start changing my attitude to be excited about the pregnancy, because I was devastated from the responses that I got from my boyfriend at the time. So fast forward, I go in, have another ultrasound, and this time the ultrasound was taking a long time. I'm like, normally like 20 minutes we're done. The first time it was taking over an hour and she just, you know, started going over different parts of my belly. I know how to follow around the pictures in the ultrasound, I can tell where the head is, I can tell where everything is. I got to a point where I lost track and I was like, dang, I don't know what part she's on. So when she finished, I thought she was done, but she ended up going to get another ultrasound tech that did my ultrasound. And again, here it is. It's taking a while. This time I didn't speak up. I didn't know what to think. I didn't want to ask. I was just thinking maybe she's training another person and so they both got up they said, you know, we'll go to your doctor, your doctor will be in to tell you the results. And my doctor came in and he looked at me and he said, let me show you something. And what he did was he put a picture of a brain with a butterfly on the little x-rays. He said, this is

what a baby's brain should look like. So you see how it's connected. You see how it has these butterfly wings. He said, this is a healthy brain. And then he said, this is your child's brain. And it wasn't connected. There was a lot of fluid, there were traces of a butterfly, but there definitely wasn't a butterfly. And he said, the name of the condition was alobar holoprosencephaly. And he said, this is one hundred percent incompatible with life. And at that moment, I was like, I can't even remember, what I thought. I did have a friend that went with me, so I had some support there, but, I said to the doctor, I said, well, okay, so what happens next? Do I get admitted to the hospital, I mean, like, what do we do? And he says, well, the pregnancy can end in a couple of ways. You can terminate the pregnancy. You can continue to carry until you have a birth, but the baby wouldn't survive the birthing process, you would miscarry. And so, I immediately knew at that time that I was going to terminate the pregnancy. It was an extremely emotional time for me. And I love, love, love my doctor because he said, I want you to stay in this room as long as you need to.

Unlike Allie's doctors in Tennessee, Valerie's doctor treated her with care. He treated her like a human-being, aware of the emotional pain she may be feeling. It's hard to stress how much of a difference this makes in a patient's experience—dignity, humanity and [respect](#).

They were getting ready to close for the day. When I asked him if I could have the abortion there, he said, no, unfortunately there's a law in the state of Texas where I can't perform the abortion, but I know somebody at Planned Parenthood, they do have a waiting list. I could do the best that I can because he saw my anxiety level. He actually ended up giving me Klonopin, which is a benzo to take down my anxiety. He said, I can

give her a call. We'll see when we can get you in. But, spend as much time as you need in this room. And I would say I spent maybe about 30 minutes in the room. And when I walked out, everybody had gone home, but my doctor was still there. And he said, I got in touch with Planned Parenthood. You're going to get a call from them. Be on the lookout for it again. I'm sorry. I'm sorry. I can't be there. You know, he just really apologized. And he said, I'd love for you to follow up with me, you know, when you go through the process. So, my friend, she dropped me off at home. She drove me, we had met there, but she just drove me home, left my car there. And the first thing I did was I took the medicine and I got in bed and tried to figure out what I was going to do until I got the call from Planned Parenthood. So I got the call from Planned Parenthood and you know, she's talking to me about it and she said, well, we do have a waiting list because there's this law that shut down abortion clinics across the state of Texas. So, I can't guarantee you that I can get you in soon. So let me tell you, this is how she said it, so let me tell you how the process works. Okay. Day one, you come in and you'd have to talk to a counselor. It was mandatory. You have to talk to a counselor. Um, you have to have an ultrasound...She said after that appointment, then you have a 24 hour waiting period and it is exactly 24 hours. But she also said, I can't guarantee you that I can give you that appointment in 24 hours. Because of how backed up we are. And then she said, after that, you come back and we begin the procedure, and then the next day we finish the procedure. That was the only time she can guarantee me I would, you know, have the two appointments in a row. And I, in my mind, I just, I, I couldn't believe it. I have a medical condition. My doctor diagnosed me. My doctor didn't have the ability to take care of me. And now I'm in the hands of someone that doesn't know me, doesn't know my

background, and wants to take me through this rigorous, if that's the word you want to use, process. And I hung up the phone, I called my aunt, my aunt is a nurse, and she immediately said, you're going to have to leave the state. And I was like, I don't know where to go. Like, where do I go?

You can hear the frustration in Valerie's voice as she recalls this [moment](#).

And she had a friend down in Florida, so she called her friend. And at that time, Florida didn't have the restrictions that they have now. Let me go back. I found a clinic in Florida and I called to make an appointment and the doctor said, yeah, would you like to come in tomorrow? I'm like, here, I got maybe a week or two to wait, where I live at home. And here the doctor's saying, can you come in tomorrow? And I was like, I can't come in tomorrow. He said, well, can you come the next day? I didn't know how I was going to get there or anything. I just said, yeah, because I wanted the procedure done. So I made that appointment and then I was like, okay, the clinic was in Orlando. How am I going to get to Orlando, Florida? That's where Disney World is. I mean, I'm thinking this now, that's where Disney World is. Like, how much is that flight going to be? So I ended up maxing out my credit card to fly to Florida to get a hotel room, to pay for a rental car, to pay for the procedure, because it wasn't covered by insurance. And so I had a friend that traveled with me down there. So the next day was my travel day. And when I got to the clinic, I had my own private escort, um, because there are a lot of pro-lifers around the clinic. He said, don't worry about them. We have security to come. You have your own parking space. We'll be out there. We'll walk you in. And that's what he did. He also had a space in the back of the clinic. For women that had to terminate because of a health

problem. So you kind of separated the two. I would have figured it's because you probably have some women that couldn't be in the same type of environment as a person that would have a different type of abortion, circumstances that are different. And so, um, at that time, I believe the ultrasound was required in Florida, but what he did was, you know, he explained to me everything that was going to happen. He said, I don't know why you have to have the procedure in two days, we can get this done. He had the ultrasound, but he turned the screen away from me and he was doing the ultrasound and he turned to me and he said, I am so sorry. He said, these are very, very, very difficult cases. He said, I'm very sorry. I'm going to take care of you. You're going to be okay. And we'll get, you know, the procedure started. And so they took my blood work. Um, then I had my own nurse. So I had my own personal nurse that would always check on me in my own personal room. So that's how private it was. It was really a good environment for what I had to go through. And she held my hand when I got into the room. And they were getting ready to give me the anesthesia. She held my hand and she rubbed it and she's like, you're going to be okay. Next thing I know, I woke up and the procedure was over and I was on the road to recovery...After the procedure, I went to sleep. I went and got in bed, I call it the depressive cloud. I know when I'm getting depressed and I know when I feel that heaviness and it puts me into bed. So I was in bed, but I was bleeding. So I knew I needed to go, you know, get up and take a shower. So I got up, and I took a shower, and then that's where all the emotions filled. It was the emotion from being left on my own, again, after being in a relationship for 10 years. It was an emotion now of the emptiness, because now I don't feel the little flutters of the baby moving. And then it was the realization that I'm going to have milk coming in and

I'm not going to have a baby to feed. So during that shower, everything just brushed on me and I had a breakdown.

Valerie is swaying back and forth as she remembers this experience. The swaying reminds me of a technique you might use on a baby to soothe them. Her voice becomes shaky and she looks up, perhaps staving off [tears](#).

And my friend, she came in and she, you know, put me in the bed. So I'm in the bed and the next day I wake up and my friend knows me well, she said, let's drive to Tampa so you can get in front of the water. And she drove me to Tampa and I was in front of the water. And I just remember going up to the beach and taking off my shoes to put my feet in the sand and just looking out at you know, the true massive ocean and really walking toward it and being able to stand there and reflect, knowing that I was in a lot of pain, but I was also in a place that gives me peace. And so not only was I in a place that gave me peace, I also had support. And that's when I realized I'm not going through this alone.

She smiles as she lands on the word “peace.” She nods her head, as if to affirm to herself the words she’s saying, and we linger in silence before she recalls what it was like to return home after this [experience](#):

Coming home was dark and gloomy. I was angry. I wrote a thank you card to both the doctor in Florida, but also my doctor here in Texas. And as I was writing it, I got angry, because the question was, why couldn't he continue to take care of me? Why? Just like why? And what is this law in Texas that's causing all of these things? I didn't know about it. I had just heard about it when I called Planned Parenthood. But I also got to a space

where I said, okay, because I'm living at home by myself. My girls are gone. I wonder if there are any support groups for women that had to terminate a pregnancy because of medical reasons. And I just did a quick Google search, and I found a support group that met in person once a week. So I said, well, maybe I need to get up, get out of bed and go be with a community of women that maybe have similar stories. And I got up, and I went to the support group and you know, they welcomed me because I was the only new person that time. So they welcomed me, they got to know my story, I learned more about the Texas law. And one of the women said, Hey, I need you to meet Heather. Heather was the CEO of NARAL Pro-Choice Texas at this time. And Heather was the one that was dealing with a lot of the legislative pieces of the Texas law. So I went, I had lunch with Heather and she listened to my story. She got to know me. And she said, well, there's a Supreme Court case. This issue has gone to the Supreme Court. Have you ever thought about speaking up about it? I said, absolutely. Yeah, I'll speak up. My question is, how many women have gone through this in secret because they feel like they're the only one? Or how many say that, I had a miscarriage, because they didn't want to know, you know, what other people talked about to them. Why in the hell is the state of Texas dictating how I get my medical care? That was the one that really, really angered me. And so now I had the opportunity to speak on that. And she would say, you know, we'll have security, you don't have to use your name. I want to use my name. And that's what I told her. I want to use my name, because you know, sometimes you hear Jane Doe, I want people to know that I am a real person with a real experience. So, yeah, I'll go speak out. Yeah. People need to hear this. And so that's how, I started working in the abortion space as being a speaker and an advocate.

There is so much passion in Valerie. Much like Allie, they both chose this path of speaking up and sharing their stories. They both wanted their pain to become a force for change, advocating for other women like them.

I asked Valerie what her hope was for her [daughters](#):

What I hope from them is that they understand what a strong woman looks like. I want them to be those strong women. I want them to be able to speak out, right? I want them to live the life that they need to live to make sure everything that they care about is taken care of. That's what I see them doing right now. And it is, I would say it's comforting, because you never know emotionally how your children are reacting to something. Now you do know Kenedi, that's my oldest, she had a horrible semester at school when all of that was going on because she was really engaged in trying to process everything. But my hope is for them to continue to carry my legacy of speaking out. Whenever I'm not here, I want you to speak out, speak up, say it. That people know what values you stand on, what values are important to you. And so, strong, strong little, they're not little anymore, but strong women, that's my hope for them. And that they are never afraid of what people think, of how they're going to make people feel, and that they are laser focused on their reasoning behind what they do.

As Val says the words “strong little” and then corrects herself because her girls aren’t necessarily little anymore, she chokes up. You can feel just how much love she has for them. I told her that *she* is what a strong woman looks like.



Valerie in High School when she was pregnant with her eldest daughter. The teddy bears were put there to cover her stomach because they didn't want a pregnant teen in the yearbook.



Valerie (right) with her two daughters, Kenedi and Devin.



Valerie with her mother, Veronica and father, Solomon.



Conclusion

“And I cried. For myself. For this woman talkin’ about love. For all the women who have ever stretched their bodies out anticipating civilization and finding ruins”

— Sonia Sanchez, *Just Don't Never Give Up on Love*.

It's hard to imagine anyone engaging with Allie or Valerie's stories and not walking away wishing they could have been protected. Engaging with lived experiences can transcend the political noise that so often drowns out humanity. Listening is an act of care, a way of resisting indifference. Without it, our minds and hearts remain closed. Storytelling allows us to step into someone else's reality, fostering empathy and understanding. Personal narratives like Allie's and Valerie's transform abstract policy debates into human experiences with real, life-altering consequences. They move beyond data and rhetoric, presenting the undeniable truth of lived experience and emotion.

But stories are only as powerful as the willingness to hear them. Listening—truly listening—is a radical act in a world that often values soundbites over substance. It challenges us to confront uncomfortable realities and to expand our perspectives. Oral history's slow, deliberate nature is what makes this kind of deep listening possible. It invites us to engage with stories like Allie's and Valerie's in a way that stays with us and inspires meaningful change. When people hear these stories, they are more likely to feel compelled to act. Advocacy, then, becomes the vehicle through which personal stories influence not just hearts and minds but also policy. Together, storytelling, listening, and advocacy form a crucial cycle: stories inspire empathy, empathy drives listening, and listening fuels meaningful action. Oral history embodies

this cycle by amplifying voices that might otherwise go unheard and ensuring their stories are not only heard but felt, transforming personal narratives into forces for change.

As I write this on November 6th, 2024, the country has just re-elected Donald Trump as its 47th President. A man convicted of sexual assault, who promised to “support women, whether they like it or not” (October 30, 2024), will once again wield power, and millions of vulnerable people will suffer as a result. One day, we will elect the first female President, and we will cry tears of joy. But today is not that day.

I am heartbroken for women everywhere. This time hurts differently than it did in 2016 when we didn’t yet know the reality of his presidency. The stakes couldn’t have been clearer, with the fight for reproductive rights more crucial than ever, yet here we are. Twenty four hours after the election, phrases like “your body, my choice” surged by 4,600%.²⁴ I grieve the fact that over 75 million people chose to vote against my safety and bodily autonomy. I live in a blue state where I have access to reproductive care, but so many women do not. Like Amber Thurman, they will face life-threatening situations, and some will not survive.

While these heartbreaking stories weren’t enough to stop another Trump term, the power of storytelling remains undeniable. Hope is not lost—seven out of ten states voted to protect reproductive rights. Even as the nation takes a step back, these state-level victories remind us that protecting women is still possible.

This morning, I woke up thinking about Allie and Valerie. These two women, who faced unimaginable barriers, still found the courage to share their stories and fight for change. It is people like them, and stories like theirs, that sustain hope. Now more than ever, we must keep

²⁴ “‘Your Body, My Choice:’ Hate and Harassment towards Women Spreads Online,” *ISD*, https://www.isdglobal.org/digital_dispatches/your-body-my-choice-hate-and-harassment-towards-women-spreads-online/. Accessed 12 Nov. 2024.

fighting, telling, and listening, because women will suffer if we don't. I will give Valerie the last word, who wrote to me on this day: "While the fight will be tougher, we are strong, we are resilient, and we will continue to fight together."

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Works Cited

- Benmayor, Rina. "Emotion and Pedagogy." *Beyond Women's Words: Feminisms and the Practices of Oral History in the Twenty-First Century*, Routledge, 2018.
- Breyer, et al. *19-1392 Dobbs v. Jackson Women's Health Organization (06/24/2022)*. 2022.
- Chow, Nyssa. *Roots and Branches of Oral History Class*.
- Dodd, Lindsey. *Feeling Memory: Remembering Wartime Childhoods in France*. Columbia University Press, 2023.
- Escobar, Molly Cook, et al. "171,000 Traveled for Abortions Last Year. See Where They Went." *The New York Times*, 13 June 2024. *NYTimes.com*, <https://www.nytimes.com/interactive/2024/06/13/us/abortion-state-laws-ban-travel.html>.
- Ewick, Patricia, and Susan S. Silbey. "Subversive Stories and Hegemonic Tales: Toward a Sociology of Narrative." *Law & Society Review*, vol. 29, no. 2, 1995, pp. 197–226. *JSTOR*, <https://doi.org/10.2307/3054010>.
- Fernandes, Sujatha. *Curated Stories: The Uses and Misuses of Storytelling*. Oxford University Press, 2017.
- Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides* / *Guttmacher Institute*. 12 Jan. 2023, <https://www.guttmacher.org/2023/01/inequity-us-abortion-rights-and-access-end-roe-deepening-existing-divides>.
- "Judith Butler: Precariousness and Grievability." *Verso*, <https://www.versobooks.com/blogs/news/2339-judith-butler-precarioussness-and-grievability>. Accessed 7 Aug. 2024.

Lands, Madison, et al. "Sampling Strategies among Studies of Barriers to Abortion in the United States: A Scoping Review of Abortion Access Research." *Contraception*, vol. 131, Mar. 2024, p. 110342. *DOI.org (Crossref)*,

<https://doi.org/10.1016/j.contraception.2023.110342>.

Monthly Abortion Provision Study | Guttmacher Institute. 21 June 2024,

<https://www.guttmacher.org/monthly-abortion-provision-study>.

Norkunas, Martha. "Chapter 4: The Vulnerable Listener." *Oral History Off the Record:*

Toward an Ethnography of Practice, Edited by Anna Sheftel and Stacey Zembrzycki, 1st ed., PALGRAVE MACMILLAN, 2013, pp. 81–95.

Paley, Grace. *Personal Communication with Mary Marshall Clark*. 1990.

Portelli, Alessandro. "Living Voices: The Oral History Interview as Dialogue and

Experience." *The Oral History Review*, vol. 45:2, 2018, pp. 239–48,

<https://doi.org/10.1093/ohr/ohy030>.

---. "The Death of Luigi Trastulli: Memory and the Event." *The Death of Luigi Trastulli and Other Stories*, State University of New York Press, 1991, pp. 1–26.

Ritchie, Donald A. *Doing Oral History*. 2nd ed., Oxford University Press, 2003.

Roe, Emery. *Narrative Policy Analysis: Theory and Practice*. Duke University Press, 1994.

Sanchez, Sonia. "Just Don't Never Give Up on Love." *Homegirls and Handgrenades*, Thunder's Mouth Press, 1984, p. 16.

Schoen, Johanna. *Abortion after Roe: Abortion after Legalization*. University of North Carolina Press, 2015. *JSTOR*,

https://www.jstor.org/stable/10.5149/9781469621197_schoen.

Section 8 Housing / USAGov. <https://www.usa.gov/housing-voucher-section-8>. Accessed 1 Oct. 2024.

Seltzer, Leon F. “Why We Laugh When We’re Nervous.” *Psychology Today*, 2021, www.psychologytoday.com/us/blog/evolution-the-self/202108/why-we-laugh-when-were-nervous.

“Sotomayor: Judging Brings Emotions, but Keep Them in Check.” *Marin Independent Journal*, 2018, <https://www.marinij.com/2017/10/16/sotomayor-judging-brings-emotions-but-keep-them-in-check/amp/>.

Surana, Kavitha. “Abortion Bans Have Delayed Emergency Medical Care. In Georgia, Experts Say This Mother’s Death Was Preventable.” *ProPublica*, 16 Sept. 2024, <https://www.propublica.org/article/georgia-abortion-ban-amber-thurman-death>.

Tilly, Charles. “The Trouble with Stories.” *The Problem with Stories in the Social Worlds of Higher Educations* by Bernice Pesocolido and Ronald Aminzade, Pine Forge Press, 1999, pp. 256–70.

“‘Your Body, My Choice:’ Hate and Harassment towards Women Spreads Online.” *ISD*, https://www.isdglobal.org/digital_dispatches/your-body-my-choice-hate-and-harassment-towards-women-spreads-online/. Accessed 12 Nov. 2024.