



PROTECT YOUR
UTERI, DUDERI

PLOY MEETS
WORLD

BABY SABBATICAL,
PARENTAL POWER

TUBAL LIGATION
STATION

THERE'S AN APP
FOR THAT

REPRODUCTIVE

RIGHTS

ISSUE

MISSOURI LOVES
COVENTRY

FILMIC FLIGHT FROM
PEACH STATE PLIGHT

SCIENCE OR
SCARE TACTICS

GETTING MY
BODY BACK

MONUMENTAL
MALPRACTICE

June 2019: The Reproductive Rights Issue

Resources for the Concerned Uterus by Grace Wells

Poster #1 designed by Nura Hussein

Courting Evangelicals by Leo Smith

Take It or Leave It by Leah Gallant

Poster #2 designed by Raven Mo

Thou Shalt Not Pill by Georgia Hampton

Wires Crossed and Tubes Tied by Cat Strain

Poster #3 designed by Shannon Lewis

Stay & Fight by Kaycie Surrell

Show-Me an Abortion Clinic by Adam Kaplan

Poster #4 designed by Cat Cao

Fact vs Fear by Dustin Lowman

No One Tells You About Your Pelvic Floor by Kaitlin Weed

Poster #5 designed by Unyimeabasi Udoh

A Translucent Approach by Casey Carsel

Dear readership,

How are you? We hope you're doing well. We aren't well. We first told you that in November, and it's still true.

Our first article of this issue — "Resources for the Concerned Uterus" by Grace Wells — was also originally published in our November 2018 "Witch Hunt" issue. Time races on, and yet the nation seems to sink deeper and deeper into the dark ages. With abortion restrictions passing in Georgia (Kaycie Surrell, "Stay & Fight"), Missouri (Adam Kaplan, "Show-Me an Abortion Clinic"), Alabama, Arkansas, Louisiana, and Mississippi, we decided to devote this summer issue to the state of reproductive rights in the nation we must question whether or not we're proud to call home.

Within these pages you, dear readership, will find out how over the last century abortion was turned into a rhetorical tool by the right (Leo Smith, "Courting Evangelicals"), as well as how religious organizations promote an ineffective birth control replacement called fertility tracking (Georgia Hampton, "Thou Shalt Not Pill"). On campus, Leah Gallant examines SAIC's new parental leave policy ("Take It or Leave It"), and Casey Carsel speaks with recent graduate Efrat Hakimi about the impacts of modern gynecology's controversial, ongoing history ("A Translucent Approach").

On sex-ed matters, Dustin Lowman shares the sex education experiences of his friends and family ("Fact vs Fear"), Cat Strain clears up false equivalences between the medical experiences of people with penises and people with uteri ("Wires Crossed and Tubes Tied"), and Kaitlin Weed shares her journey of recovery from vaginismus, a disorder of vaginal muscles common to sexual assault survivors ("No One Tells You About Your Pelvic Floor").

As in November, we dedicate this issue to all those persecuted by this administration, and to those persecuted before.

With you in the resistance,

Casey Carsel and Leo Smith, Managing Editors

Cat Cao, Art Director

1979

“WHATEVER HAPPENED TO THE HUMAN RACE?”

The pro-life propaganda film series, “Whatever Happened to the Human Race?” is produced by Francis A. Schaeffer and pediatric surgeon C. Everett Koop. It tours around Evangelical churches across the country, and is then picked up by Congressman Jack Kemp.

1988

ANTI-ABORTION

The Republican Party platform committee officially adds anti-abortion planks to their position.

2016

EVANGELICAL CHRISTIANS

Over 80% of Evangelicals vote for Donald Trump.

2018

OF HOUSE REPUBLICANS IDENTIFY AS PRO-CHOICE.

COURT EVANGELICALS TINKING

How a medical procedure became a political chesspiece

by **Leo Smith**

It is easy to forget that 60 years ago, most American Christians voted for Democrats. Party platforms were different then, it's true. In the uncertainty of the postwar period, Republicans began to court the Christian vote, particularly Catholic and Evangelical. They searched for wedge issues to rally the cause. At the same time, conservative religious activists like Paul Weyrich and Jerry Falwell were looking for ways to capitalize on the religious voting bloc under their influence.

The first issue that the religious right took on was desegregation. In 1973, *Roe v. Wade* was upheld, legalizing abortion nationally, but evangelical Christians took little notice; they considered abortion a Catholic issue. They were busy in the South, where Christian schools were fighting desegregation in the courts. Weyrich, who would later co-found the Heritage Foundation, saw an opportunity to attract Christian voters, especially evangelicals, to the Republican base.

"The new political philosophy," Weyrich wrote in the mid-1970s, "must be defined by us [conservatives] in moral terms, packaged in non-religious language, and propagated throughout the country by our new coalition." His group came to be called the Moral Majority.

But by the late 1970s, the anti-integration platform was losing its steam. The courts were stubbornly upholding desegregation. President Jimmy Carter, a born-again Christian himself and a Democrat, was up for re-election. Both Christian conservative leaders and Republicans wanted to take him down, and they needed a new issue to rally the religious right.

During the 1976 election cycle, the Republican National Convention adopted a new pro-life policy. Less than 40% of party delegates were pro-life, but they adopted the policy as a temporary ploy, specifically to increase their appeal among Democratic Catholics. The ploy paid off, and soon became anything but temporary.

The 1978 midterms saw the first concrete pro-life wins. In the Senate, several Republican candidates ran successful campaigns on pro-life platforms, motivating local Christian groups for support and clinching surprise victories. In Minnesota, pro-life Republicans took both seats; in Iowa, a Democratic incumbent was upset in a surprise last-minute interception by a pro-life Republican with grassroots Christian support.

In 1979, the pro-life movement picked up more steam with the now-infamous propaganda film series, "Whatever Happened to the Human Race?" by Francis A. Schaeffer and pediatric surgeon C. Everett Koop. Here originated the gory and sensationalist imagery that now characterizes the pro-life movement — images like babies in cages and decapitated dolls strewn about a beach. Republican Congressman Jack Kemp saw the films and rallied congressional support around the issue.

The Republican Party was seeing potential on a national scale. So they made a tactical choice. In 1980, the Republican

Party platform committee officially added anti-abortion planks to their position. They began calling for a "Human Life Amendment" to the Constitution, which would ban abortion.

Over the next 40 years, religious leaders like fundamentalist preacher Jerry Falwell fanned the flames of the pro-life movement with inflammatory rhetoric. It was Falwell who infamously blamed the 9/11 attacks on American "immoralities" including abortion, feminism, and gay rights.

Meanwhile, on Capitol Hill and in state houses across the country, Republican lawmakers adopted an anti-abortion stance to appeal to the ever-more entrenched religious right. State legislatures chipped diligently away at *Roe v. Wade*. In 1976, almost 60% of GOP delegates were pro-choice. As of 2018, zero house Republicans are pro-choice.

But are the majority of Republican voters pro-life? No: in fact 52% of Republicans, polled by NBC News and the Wall Street Journal, support *Roe v. Wade* (compared to 73% of

In 1976, almost 60% of GOP delegates were pro-choice. As of 2018, zero House Republicans are pro-choice.

Americans nationally). So why are Republican lawmakers so staunchly anti-abortion, compared to their constituents? Because abortion is a rhetorical selling point for their evangelical base.

And that base is sizeable. According to a 2008 American Religious Identification Survey, 34% of American adults considered themselves "Born-Again or Evangelical Christians." In 2014, the Pew Research Center found that 25% of Americans were Evangelical Protestants. Some polls show that Christian Evangelism is in decline. Though studies disagree on exact numbers, evangelicals represent a large, loyal voting bloc. And they vote staunchly Republican.

Today, evangelical leaders like Franklin Graham and Jerry Falwell Jr. support Trump, and encourage their followers to do the same. For evangelicals, said Falwell Jr., Trump is "their dream president."

This encouragement works. In the 2016 presidential election, over 80% of Evangelicals voted for Donald Trump, a thrice-married candidate whose rhetoric is anything but Christian. In 2018, 68% of "highly religious" white Protestants approved of Trump's performance as president (compared with the 39% national average).

Some evangelicals do not agree with the GOP platform — some even feel that conservative political rhetoric is exploitative. Michael Gerson, former Bush speechwriter and lifelong evangelical, condemned the hypocrisy of the religious right's support for Trump. In a church lacking a coherent political theory, Gerson wrote, "many evangelicals find their theory merely by following the [...] political movement that is currently defending, and exploiting, them."

The GOP continues to push an anti-abortion agenda in order to maintain their grip on this voter base. The 2018 midterms saw losses in the House but success in the Senate, advancing the Republican goal of confirming as many conservative judges as possible. Dan Schnur, a former longtime Republican strategist, now an Independent, told the *New York Times*, "If you ask social conservative voters, would you be willing to accept Nancy Pelosi as speaker for two more Supreme Court justices, I suspect they would make that trade."

With *Roe v. Wade* in their sights, the Republican Party keeps their base motivated. What began as a political ploy has become an indispensable arrow in a targeted rhetorical strategy.

Leo Smith (BFA 2021) is a managing editor of *F News* magazine and former English student. Their vinyl collection consists of one (1) Tchaikovsky piano concerto.

*Bilateral
Tubal
Ligation
≠
Vasectomy*

*Female
Genital
Mutilation
≠
Circumcision*

On the hormone-free birth control method backed by anti-choice activists and Bible verses alike

by Georgia Hampton

The viability of fertility tracking, a form of birth control, came into public scrutiny recently when a May 30 article published by The Guardian revealed that FEMM — a popular fertility tracking app — is largely funded by an anti-abortion and anti-contraception organization called the Chiaroscuro Foundation. This foundation also supports other anti-abortion and anti-contraception groups such as World Youth Alliance and the Family Life Office of the Archdiocese of New York. But before getting into the details of this scandal, it's important to know more about this method of birth control and why a conservative group like the Chiaroscuro Foundation would want to support it.

While the FDA has approved 19 birth control methods — things like the patch, the pill, and the IUD — other organizations recommend other forms of birth control that don't require a prescription or going to the store. Planned Parenthood, for example, lists the pull-out method and abstinence as forms of birth control. Fertility tracking, sometimes called fertility awareness, is also listed. This method requires an individual to track their menstrual cycle every month and avoid having sex on their most fertile days — around ovulation. This can be done through several means, such as charting your menstrual cycle on a calendar or taking your temperature every day before getting out of bed. Planned Parenthood recommends using multiple methods of fertility tracking at the same time, such as combining the temperature and charting methods.

While fertility tracking is a viable form of birth control, it is also one of the most ineffective; 12-24 couples out of 100 who use fertility awareness as their primary form of birth control will get pregnant each year. But for conservative Americans who take issue with other forms of contraception, fertility tracking — sometimes called fertility awareness — stands apart from the rest.

Fertility tracking, which doesn't rely on medication or other forms of contraception, is particularly appealing to conservative groups. The Office of Family Life of the Archdiocese of New York lauds fertility tracking because it avoids the use of chemicals or "artificial barriers" — including condoms — and treats fertility as a "normal state of health." Fertility tracking is treated as a bonding experience for both members of a heterosexual couple as they jointly decide whether or not to have a child and, in the case of more overtly religious conservative groups, seen as a way of "cooperating with God's design for married love."

To conservative groups, fertility tracking is a more "natural" form of birth control that conveniently avoids the employment of more dubious forms of birth control and repackages the avoidance of pregnancy as "family planning." And while this information is mostly found on websites and literature produced explicitly by these groups, the FEMM app offers an exception to that.

FEMM is one of many fertility tracking apps currently available for download, though most others are marketed to be used by people trying to get pregnant. There are other online sources — such as Planned Parenthood and Bedsider.org — who do treat fertility tracking as a viable, albeit unreliable, form of birth control. So at first glance, FEMM appears to use the same language, even come from the same perspective, as these other, more reputable sites. It advertises itself as a "comprehensive women's health program" where the people who use the app can "learn about their bodies" and "take charge of their health." The kind of fertility awareness they recommend — the cervical mucus method — is described in similar language as it is on Planned Parenthood's website. But quickly, the FEMM app proves itself to be a dubious source of information about reproductive healthcare.

FEMM employs much of the same language used in the conservative groups that The Chiaroscuro Foundation supports. The app encourages its users to opt out of hormonal birth control methods in favor of fertility tracking, promoting it as a form of "natural" birth control. The organization markets itself as a resource for people who don't want to use other forms of contraception, claiming that employing the FEMM method can offer care that hormonal birth control cannot. On its FAQ page, FEMM claims to be able to help with physical conditions ranging from acne to endometriosis and polycystic ovarian syndrome, with little explanation as to how. Hormonal birth control is frequently used to treat all of these things, though FEMM does not mention this.

FEMM also encourages users to meet with "FEMM physicians" at "FEMM clinics" around the country. One of the FEMM physicians — Kathryn Wood, a Texas-based gynecologist — advertises "natural family planning" and "fertility awareness" on her website. On a page titled "Prevention," Dr. Wood insists that "prayer, faith, religious commitment and spirituality significantly prevent and reduce disease and prolong life."

Since its launch in 2015, the FEMM app has been downloaded over 400,000 times, according to The Guardian's report. It is still downloadable on the iTunes App Store and has over 1,000 reviews, almost all of them positive.

The FDA was quick to mention that "no form of contraception works perfectly, so an unplanned pregnancy could still result from correct usage of this device" and that this method does not protect against sexually-transmitted infections (STIs).

FEMM is one of many fertility tracking apps currently available for download, though most others are marketed to be used by people trying to get pregnant. Last summer, the FDA approved the first-ever fertility tracking app that promoted this method as a form of contraception, Natural Cycles. Though this app also came under fire, with The Guardian reporting that a Facebook ad describing Natural Cycles as "highly effective" and "clinically tested" was taken down because it was deemed misleading.

Conversely, FEMM never mentions the risk of pregnancy, nor does it encourage its users to seek out forms of contraception that prevent against STIs.

In its report, The Guardian also discovered that The Reproductive Health Research Institute (RHRI), which provides FEMM its research and training, is run by two physicians who are not licensed to practice medicine in the United States. The Guardian also received confirmation from FEMM Foundation CEO Anna Halpine that FEMM's medical advisers are not licensed to practice medicine in the United States, either.

According to The Guardian's report, FEMM Foundation CEO Anna Halpine also founded the anti-abortion group World Youth Alliance, and "was listed as CEO on the group's most recent tax filings." Despite this and FEMM's financial connection to The Chiaroscuro Foundation, the FEMM app and its website never mention abortion and make no claim to any political or religious affiliation. The FEMM Foundation has yet to make a statement in response to The Guardian's report or provide an explanation for its use of unlicensed doctors.

It is worth restating that fertility tracking is a form of birth control, but not a particularly effective one. And for anyone seeking information about this or any method of birth control, it is important to remember where this information comes from and whether it can be trusted. For those looking for reliable information about fertility tracking or other forms of non-hormonal birth control, both Planned Parenthood and Bedsider.org offer simple explanations of different kinds of birth control and their effectiveness.

Fertility tracking is a form of birth control, but not a particularly effective one.

Georgia Hampton (MANAJ 2020) is the news editor and photo editor of F Newsmagazine. She respects and fears crustaceans.

Q: How hard would it be to line the American countryside with billboards that read:

Pro-Lifers: They Want That Embryo To Grow So They Can Force It Into Medical Debt?

The Georgia film industry boycott leaves many Georgians behind

by Kaycie Surrell

Politician and former Minority Leader of the Georgia House of Representatives Stacey Abrams released an open letter to the Georgia film industry on June 12 detailing her meeting in California with film industry professionals. She met with film executives, producers, show runners, and industry supporters to answer their questions about how best to fight back against Bill HB481, also known as the Living Infants Fairness and Equality (LIFE) act.

Major production companies, including Disney, Sony, and Viacom have already threatened a boycott, and Amazon series “The Power,” based on the book of the same name by Naomi Alderman, has pulled the plug on Georgia production. Abrams stressed that while she respected the role boycotts have played in shedding light on the need for change, Georgia isn’t in a position where an economic boycott is a strategic option. On June 13 she retweeted the link to an article detailing the ways boycotts of Georgia may do more harm than good and reiterating why she’s asked allies to #stayandfight.

Despite their fictional settings in Indiana, Michigan, Missouri, and a slew of other vaguely distinguishable states, more and more highly rated shows, like “Stranger Things,” “Ozark,” and “The Walking Dead” are filmed in Georgia. A state tax credit signed into law in 2008 offers a tax break of up to 30% for productions that film in the state, which has proven incentive enough to tempt big-budget films and television shows to take up residence there. That is, of course, until now.

This past May, Georgia Governor Brian Kemp signed into law what’s often referred to as a “heartbeat” bill — legislation banning abortions between 6 and 8 weeks after conception, when fetal heart activity can be detected, which is before most people know they are pregnant.

While these bans can, have, and will continue to negatively impact the lives of those seeking access to safe abortions and other necessary forms of healthcare, they are also putting a strain on one of Georgia’s most lucrative industries: the film industry.

In an exclusive interview with Variety, Netflix chief content officer Ted Sarandos said the company has many women working on productions in Georgia whose rights would be severely restricted by this law. “It’s why we will

“That shouldn’t mean the higher-ups can use that to their advantage and treat you like a pawn in political games.”

work with the ACLU and others to fight it in court. Given the legislation has not yet been implemented, we’ll continue to film there, while also supporting partners and artists who choose not to. Should it ever come into effect, we’d rethink our entire investment in Georgia,” he said.

NBCUniversal, Disney, WarnerMedia, Viacom, and AMC Networks haven’t issued public statements saying they’d leave the state if the law were to go into effect as planned in January 2020. Instead, they’ve offered up something like a warning or a “stern scolding” suggesting that while they definitely don’t agree with the laws, they’ll just have to wait and see.

According to a HuffPost listicle of network responses to these laws, Disney’s Chief Executive Officer Bob Iger said that a law severely restricting abortion rights would make it “very difficult” for the company to continue filming in Georgia. Viacom responded similarly, stating, “Should the new law ever take effect, we will assess whether we will continue to produce projects in Georgia.”

STAY
&
FIGHT

On March 28, actress Alyssa Milano sent an open letter to Brian Kemp that was signed by 50 actors against HB481. Hollywood has long shown contempt for Gov. Kemp, who was accused of voter suppression prior to election, leading to high-profile industry executives like Frank Rich (executive producer of HBO’s *Veep*) to call for an industry boycott. On November 6, 2018, Rich tweeted: “If Kemp wins in Georgia, Hollywood should put its money where its mouth is and pull all production out of the state.”

While production companies and media corporations have threatened to take their work elsewhere, the production teams making films and television are more interested in fighting back. Some crew members — such as Callie Moore, the 29-year-old camera assistant working on the upcoming Starz show “P-Valley” — decided to take action.

“After the ‘Heartbeat Bill’ was signed and the rush of calls for boycotts to the Georgia film industry started, my coworkers and I were anxious, scared, and frustrated,” Moore told *F Newsmagazine* in an email interview. “We needed to find a way to do something about what was happening to us, as women and as people who depend on the film industry for our livelihoods. I mentioned starting a fundraiser and got it set up, [and] after that the response was incredible. Everyone just wanted a positive outlet to show they wanted to fight for the women of Georgia.”

Her organization, Stay and Fight Georgia, has currently raised over half of their \$25k goal and hopes to continue raising money to support the organizations who are going to fight Kemp’s bill in the courts. As of June 13, donations have been made by 151 people, from individual supporters of the local economy and industry, to production supply companies like New Deal Grips, who have previously worked on shows such as “Big Love,” “The Walking Dead,” and “Stranger Things.”

Fellow Stay and Fight supporter and “P-Valley” crew member Becca Thompson said that when she heard that cinematographer Reed Morano, who has most recently worked on “The Handmaid’s Tale” and “I Think We’re Alone Now,” had decided to pull out of the state after scouting the area for an Amazon project, it felt like a punch to the gut.

“I respect Reed Morano and her work, along with the work of other awesome camera ladies such as Kate Arizmendi and Dagmar Weaver-Madsen (who supported Morano’s decision to leave), [but] it felt like they were turning their backs on us,” Thompson told *F Newsmagazine* in an email interview. “I was upset. Not only was HB481 intruding on our rights, it was also affecting our work life now.”

Former Georgia Governor Nathan Deal reported in 2017 that film and television productions generated \$9.5 billion in revenue in Georgia, and that the 320 productions shot in-state that year represented \$2.7 billion in direct spending. In a press release from that year, Deal explains, “Georgia’s film industry supports thousands of jobs, boosts small business growth and expands offerings for tourists.” He further explained that film production ensures “new economic opportunities and real investment in local communities” in Georgia.

Becca Thompson sees fighting at the local level as a responsibility she has to her new community. “I choose to stay and work in the state because it’s my home now,” Thompson told *F Newsmagazine*. “When you choose this industry, you’re signing up for unpredictable schedules and locations, but that shouldn’t mean the higher-ups can use that to their advantage and treat you like a pawn in political games.”

While it may be tempting to turn on the “Peach State” given its current conservative restrictions, it’s also easier to make that decision when you’re the highly paid network executive or famous actress than it is when you’re the industry transplant or native Georgian just trying to make a living. The only permanent defense is political change — not to leave, but to change the system from within.

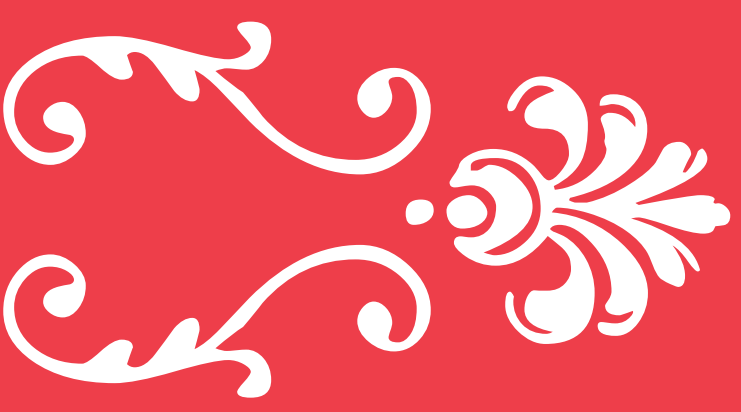
Kaycie Surrell (MFAW 2019) is the entertainment editor of *F Newsmagazine*. She loves dogs, expensive cheeses, and riot grrrl music.



Religious

doctrines

should not



FACT

VS

FEAR

Local variations in sex education curricula

by **Dustin Lowman**

Sex education in the United States is a bewildering topic. Only 24 states (and D.C.) require it, though it is taught in many more, with hugely varied methods. Twenty-seven states require that abstinence be “stressed,” ten merely require that it be “covered.” Nine states require that discussion of sexual orientation be inclusive, while three — Alabama, South Carolina, and Texas — require that non-heterosexual orientations be portrayed negatively. Only 13 states require that information be medically accurate.

My own sex ed was thorough, informative, and impactful. I grew up in Westport, Connecticut, a state in which sex ed is folded into broader health classes. Connecticut parents have the legal option to pull their children out of sex ed classes. In Westport, a liberal-leaning town, this rarely happens.

“A larger percentage opt out in other towns,” John Dodig, principal of Westport’s Staples High School from 2004 to 2015, told me over the phone. “There’s a lot of flexibility within how sex ed is taught in each town, which of course leads to a lot of variation.”

This in-state variation mirrors what happens nationally on a much larger scale — which the Guttmacher Institute’s research made easily perusable (look up “Sex and HIV Education” on their website). To make marks on a chart more tangible, I spoke to friends and family from all around the country about their sex ed experiences.

Holy data war

Two radically different curricula emerge: abstinence-based and comprehensive. Comprehensive curricula start with the idea that more information leads to healthier choices. Abstinence-based curricula begin with the belief that out-of-wedlock sex is not only irresponsible, but unholy.

“Abstinence follows God’s plan for sexuality and reflects a biblical vision of marriage and family,” reads a defense of abstinence-based education on Focus on the Family’s website. “Everyone benefits when students learn godly principles and moral truths.”

Receiving “pretty wild” sex ed in North Dakota, Kaitlin Weed (BFAW 2020) remembered being told that she’d be “unclean for

God if I had sex before marriage. Virginity was sacred.”

Other pro-abstinence articles claim to supplement theology with hard data. One titled “Abstinence Education Works, Condoms Don’t: New Teen Pregnancy Data” bases the contention in its headline on a study showing that “access to condoms in schools increases teen fertility by about 10 percent” — not teen pregnancy, or rate of STI transmission, just sexual activity.

By contrast, a peer-reviewed study published in the October 2007 issue of “Current Opinion in Obstetrics and Gynecology” evaluated federally funded abstinence-only programs, finding “little evidence of efficacy and evidence of possible harm.” Some programs disseminated “scientifically inaccurate information, distort[ed] data on topics such as condom efficacy, and promot[ed] gender stereotypes.”

Testimonials

For Chris Probasco in Indianapolis, Indiana, abstinence was it. “It was largely fear-based the same way drug and alcohol education was,” he said. “We were shown a lot of pictures of STDs and taught that even condoms and birth control couldn’t be relied on 100%.” Chris confirmed that healthy premarital sex wasn’t remotely part of the conversation.

Unsurprisingly, red states — states that have gone to the Republican candidate in at least three of the last four presidential elections — like Indiana tend to match this description. Of the 18 states that require emphasis on sex only within marriage, 12 are red; likewise, a majority of the states in which abstinence is “stressed” are red.

In Emmet, Idaho, in 2002, Jesse Rosenthal faced a similar issue, complicated by the fact that he was gay. “It was extremely religious and extremely conservative,” Jesse told me via text. “I had to teach myself everything I know about sex (especially gay sex) on the internet. And anal is not something that’s easy to learn!”

On the East Coast, it’s a different story — and has been for quite some time. My mom, Diane, who went to high school in Westfield, New Jersey, in the early 1970s, reported a more thorough, biologically-focused experience. “What I recall is

that boys and girls were separated. There were some basic anatomical charts, and stereotypical happy family roles.”

Did it cover contraception? “Yes, for sure. Condoms, IUDs; abstinence was mentioned, although I don’t recall it being preachy. I don’t recall a lot of admonition or scare tactics.”

What does it all mean?

What we have here is failure — or unwillingness — to communicate. Two utterly opposed sides both profess commitment to public health and condemn their opponents’ baseless ideologies. Scientific evidence abounds in favor of comprehensive curricula, but this does little to sway abstinence-only pundits, who seek refuge in studies of their own.

The abstinence-only crowd argues that nothing supersedes the condition of your eternal soul, especially a satisfied libido. Those of us who don’t adhere to ideologies based on eternal souls struggle with this, and are constitutionally permitted to reject it. A 2014 survey conducted by the Public Religion Research Institute found 13 U.S. states reporting a majority of religiously unaffiliated citizens.

You won’t be surprised to hear that I don’t think religious doctrine should determine public health policy. I think information on sex ought to be thorough and accurate. Having been educated on the mechanics of sex long before my health classes began, I think there’s hardly an age at which children are too fragile to take in the information. But what worked for me won’t work for everyone, and my value system has just as much to do with my cultural origins as any Iowan’s or Oklahoman’s has to do with theirs.

States’ mismatched values and the resultant range of rigor in what passes for sex ed is dumbfounding. But apart from one more disturbing index of the nation’s division, I think the practical takeaway should be that we never assume what someone’s sex ed did or didn’t consist of. In light of this, we should all seek to be as thoughtful and communicative as possible in sexual situations.

Dustin Lowman (MFAW 2020) is the SAIC editor of F Newsmagazine. In 2020, he would like to see a cardigan elected president.



**How can we rebuild things
using the right materials?**



Artist Efrat Hakimi investigates the violent roots of modern gynecology

by Casey Carsel

In an extended investigation that partially culminated in her “MFA Show” installation in April this year, Efrat Hakimi (MFA 2019) used her time at the School of the Art Institute of Chicago (SAIC) to investigate the controversial origins of the field of gynecology in the United States of America.

For Hakimi’s MFA Show video installation, “In Situ,” she presented two to-scale paper barricades that stood guard in front of two paper embossings and a two-channel video installed on the wall. The process of bringing together the installation began with the footage of an art historian defending a monument of James Marion Sims, the so-called “father of gynecology” at a public meeting (part of the two-channel loop). In defense of the monument, the art historian tells us “History matters, don’t run from it.”

Hakimi’s work began with her intrigue around the speculum, a medical tool used in gynecological exams. The first part of her research looked at the tool itself, but took a turn when she began to focus on its history. She found out that the speculum as we know it today was prototyped in Alabama in the mid-19th century by Sims, who between 1845 and 1849 experimented on enslaved black women that were brought to him because they suffered from vesicovaginal fistulas — a painful condition that occurs after prolonged labor.

Sims experimented extensively on a number of women, only three of whom are named in his records: Anarcha, Lucy, and Betsy. Though he claimed he obtained consent from these women, some of whom he operated on without anesthesia as many as 30 times, no other record of their consent exists (and

as slaves in any case, the possibility of true consent is questionable). During a very successful career, Sims also performed at least one clitoridectomy (see: “Wires Crossed and Tubes Tied”) and a number of “normal ovariectomies” — a practice in which, to cure dysmenorrhea, diarrhea, or epilepsy, one or both healthy ovaries are removed — that mutilated some women and killed others.

“At first I considered this research from my own feminist point of view, but then I realized it gives a vantage point on these really painful, still bleeding areas of American history,” Hakimi said.

“It’s such an important piece of living history and I was fascinated by that, and also by the fact that the history so physically ties back to our bodies. ... We are somehow connected to this story through our own reproductive health.”

Sims eventually discovered cures for many ailments, but even some of his colleagues thought his procedures resulted in needless harm to the patient. British and French doctors also agreed that his treatment for vaginismus was unnecessarily dangerous and invasive (for the actual treatment of vaginismus, see “No One Tells You About Your Pelvic Floor”). And the New York Academy of Medicine put him on trial in 1870 for violating patient confidentiality by writing publicly about the condition of a celebrity he had seen in private practice.

For his experiments, Sims chose lower-class or enslaved women over upper-class white women, who would have had more opportunity to advocate for themselves and have others advocate on their behalf. His acts do not stand alone in the

history of this country: Between 1932 and 1972 in the infamous Tuskegee syphilis experiments, known treatments for syphilis were withheld exclusively from black patients; while in 1951 the cells of African American farmer Henrietta Lacks were taken without her consent and have since been used in the development of various scientific breakthroughs, raking in high profits without any compensation to Lacks or her family, who only accidentally learned her cells had been turned into research material.

Sims died in New York in 1883. A group of his followers commissioned a monument to his memory, which was subsequently donated to the city and placed in Bryant Park. Thirty years later, the location was being renovated; the sculpture was removed and placed in storage under the Williamsburg Bridge. The City Commissioner of New York later happened across it and decided to re-erect it outside Central Park, at 5th Avenue and 103rd Street, in front of the Academy of Medicine and near Girls’ Gate.

At the end of Hakimi’s first semester at SAIC, an article was published in Harper’s on the monument and the calls for its removal that have surrounded it for the past decade. Shortly afterwards, a Mayoral Advisory Commission released a report recommending to relocate it, which the mayor subsequently acted upon.

“For me it’s really fascinating the way this monument came into the city,” Hakimi said.

“It’s not that the city held a forum to decide whom to commemorate. Rather, the moneyed friends of a powerful person

Casey Carsel (MFAW 19) is a managing editor of F News-magazine. Her Japanese isn’t helping her Yiddish.



Installation view, "MFA Show." Work shown: Efrat Hakimi, "In Situ," 2019. Photography by Jesse Meredith. Courtesy of the artist.

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bought the honor in his name. But 100 years later, people are saying, hold on, there's a controversial history here, he's not our hero, we don't want this in our neighborhood. It takes almost a decade of effort, and then it takes Charlottesville for Bill De Blasio to put together a commission of outside experts to look at all the contested monuments and see if we need to remove any of them."

The report mentioned three other controversial statues: Christopher Columbus, Philippe Pétain, and Theodore Roosevelt. Of the four, Mayor De Blasio only ordered the relocation of Sims', to Brooklyn's Green-Wood Cemetery, where he is buried. With a couple of small exceptions, no statue has ever been permanently removed from the city.

"There's this climate right now of people saying that history and ideology are intertwined and we can open a conversation about what should be in public space, but then they don't go

"It's a perpetuation of the same behavior, where it's more about things being out of sight than paying the price or actually letting justice take place."

all the way to remove this person who had committed moral crimes. It's a perpetuation of the same behaviour, where it's more about things being out of sight than paying the price or actually letting justice take place."

Hakimi hoped to work with the City of New York to escort and film the process of the monument's de- and re-installation, but despite her best efforts she couldn't get the City to respond. Rather, only two days in advance she found out from East Harlem Preservation, Inc. — the group that has called for its removal for nearly a decade — that it was going to be relocated.

Hakimi rushed over to record the process, but the relocation did not take place; instead, the monument was taken down and put in storage once more. On the still-standing monument platform, the city installed a placard that explains that the monument was removed by order of the mayor and a new monument will be erected in its place.

"Empathy was never part of a lot of it: It wasn't part of Sims' experiments, and in a way it wasn't part of the city's decision to remove the monument," Hakimi said.

Hakimi later added footage to her video of a news reporter speaking in front of Sims' empty platform to play alongside the art historian's speech. Each woman (the historian and the reporter) offers a different framework for the story. One of Hakimi's embossings offers her own version of the narrative, in the form of an alternatively worded placard that focuses on the history of the monument and its calls for removal.

Hakimi made the paper barricades that stand in front of the video screens in consideration of the barricades that have surrounded the monument since protests at the site began in 2017.

"It's this symbolic barrier being used to protect what belongs to the authorities or what should be protected by the state or the city," Hakimi said.

When asked why she chose to work in paper, Hakimi told *F* Newsmagazine it was a long-term medium of her practice but also reflective of the research, bureaucracy, and materiality that surrounded the monument's history.

"When we go to the gynecologist and we lay on the table, we're in this very vulnerable position for our body to meet an intrusive foreign object. I see this monument as this very intrusive, hard material also, so I thought, how can I fragment or interrupt that? How do we rebuild things using the right materials? Using a softer approach, a translucent approach?"

The City of New York has created an open call for proposals for a work to take the place the monument. In her proposal, Hakimi offers to do away with the idea of a static monolith, turning the platform into a stage that can host the work of various artists over time.

Two other monuments to Sims remain standing — one in his home state of South Carolina and the other in Alabama, where his initial experiments took place.



A personal essay

by **Kaitlin Weed**

“It’s not your hymen; the vagina is open. Okay, inserting the speculum. Breathe. Speculum is in. Hmm ... no abnormalities. I know, I know it hurts, but I need to figure out what’s wrong. There, does this hurt?”

“Yes,” I croaked, vision beginning to spot, “Right there.”

My gynecologist pulled her finger out, watching as I became a sheet-white ghost. Quickly, I tried to sit up to prove I was fine. Almost instantly, my vision went completely black. The next thing I knew, my gyno had caught me. She lowered me down, as if I were nothing more than a movie trope.

“You have vaginismus. It’s a disorder of the pelvic floor muscles causing them to constantly clench. We most commonly see it in sexual assault victims like yourself. You’re one of the most severe cases I have ever seen. We have patients go through what we call pelvic floor physical therapy. We offer it with an all-women staff.” I began to choke up a sob. “I’ll put in the order today. We’re very booked, but I’ll try to get you in sooner.”

How could this possibly be? It was as if the repressed nightmare from five years ago had stolen my physical body away from me. I was in shock and, for the first time since the assault, I began to finally broach the topic with people. When my friend texted me to ask about the gyno visit, I replied, “My vagina needs therapy!” The next thing I knew, staring at an ad for deliverable Viagra on the subway, I finally confessed to the underlying trauma.

One by one, I began to disclose to only my closest peers what had happened and my diagnosis. While everyone was supportive, I can still hear my mother sobbing, “Who? How? I should have known. I’m sorry.” I never told my father, knowing he would have torn up the country roads, hunting like a bloodhound.

My insurance was not accepted for physical therapy by Northwestern. In a fury, I called all around Chicago to find a physical therapist who both accepted my insurance and offered the treatment. Some of the places didn’t even know what it was. Many of the referrals given were dead-ends until, finally, I rang Athletico Gold Coast.

When I met my therapist, I was pleasantly surprised. She made sure I had processed the trauma enough to move forward with therapy. We set goals: to be able to use a tampon, to have penetrative sex, and to get an IUD.

My first physical therapy session was excruciating. My therapist would ask me my pain level on a scale from 1 to 10. Despite my insistence that it was only a six or seven, she would probe no further than half a knuckle because she knew I would faint on her table. Just like at my gyno, I was one of the most severe cases my physical therapist had ever seen.

Physical therapy became my escape every week. We would work on both internal stretching, where she would work on relaxing my pelvic floor muscles, which had spent nearly five years pulling as tight as they could. We would work out kinks, knots, and general tightness. We would do external stretches as well. She taught me belly breaths to activate my diaphragm to calm me. This, by far, was one of my hardest lessons, and it took me over a week to learn.

I learned the most important lesson, rather quickly: Within the third or fourth session, she gave me instructions on how to relax. Relaxing was both a mental and physical process. I would breathe deeply, center myself, and try not to tighten any muscles below my stomach. Most of my relief came from this technique. I picked this up much faster than most. Preparing for an ultrasound, I asked for tips. She described what I unconsciously had learned: “You need someone to go slow and walk you through it. You need consent, which is what you didn’t have.”

I had homework, as well. In the beginning, with generous amounts of lube, I had to use just my finger to make an asterisk shape. I would pop on my favorite podcast to relax. Sometimes it would be only for a few minutes but everything counts. I started to make such rapid progress in homework that, instead of upgrading to dilators, I was able to upgrade straight to the “V Wand.” Basically, it looks like a sex toy but it is actually a carefully designed wand created to reach problematic and tight areas.

I started talking to people and letting them know about vaginismus. I started finding people who had it. I didn’t feel so alone. I told people who didn’t know. People who had never heard of vaginismus began to align their symptoms with mine. I gave them the test, touching their pelvic floor walls to see if that generated the most pain, and recommended lube, a wand, finding a gyno, and the best physical therapist I had seen. Penetration, by far, is overrated, but if I could tell one more person something that could help reduce their pain, I would leap for it.

Eventually, near the end of my therapy, I began to reach my goals. I used a tampon for the first time. I had penetrative sex for the first time. I never thought, after everything that had happened, my body would be capable of it. Finally, the day of truth came and I got my IUD. My doctors had believed it wouldn’t be possible and yet I did, “better than 90% of their patients.”

I went back to therapy after the IUD for a check-up. I had no pain upon stretching despite the heavy cramps. Therefore, it was decided this would be my last session. I picked up an Athletico shirt and hugged my therapist goodbye.

I had my body back.

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On May 24, Missouri Governor Mike Parson — the replacement for the now-disgraced “revenge-porn governor” Eric Greitens — vaulted the state into the nationwide race to challenge abortion law when he signed a bill that bans abortions after eight weeks and requires dual parental consent for an abortion obtained by a minor.

As with many of these recent legislative coups, the Missouri bill contains no exception for rape or incest. This comes as no surprise, given the history of anti-abortion action by Missouri’s religious right. TRAP laws — arbitrary restrictions pertaining to building codes and admitting privileges for abortion providers — have already turned Missouri into an abortion desert. Down from five in 2008, the Show-Me state’s last operating clinic is now hanging by a thread.

Among the many kinds of firsts, surely “first state since *Roe v. Wade* without an abortion clinic” is an embarrassing one. Nevertheless, the state government of Missouri, under Parson’s leadership, has been looking to earn that distinction. Citing vague “deficiencies” in abortion practices at the Planned Parenthood clinic in St. Louis, state officials demanded interviews with its doctors under threat of closure, an injunction to which only two of seven doctors acquiesced. On June 21, the Missouri Health Department declined to renew the clinic’s license; at the time of writing, a judge’s injunction is the only thing keeping it open.

Anti-abortion sentiment has always been strong in the Midwest and the South, and enthusiasm on the Christian Right has surged across the country with the election of Donald Trump and the subsequent spate of right-wing judge appointments. These factors explain the recent wave of anti-abortion legislation around the country. U.S. anti-choice activists want to force a Supreme Court challenge, and they believe they finally have an opportunity to win.

But it’s important to contend with the history, as well. There’s a tendency in the broader national narrative to make conservative states in the Midwest and the South a monolithic and static blob of reactionary bumpkins — I’m always hearing liberal complaints about “ignorance” and “lack of education” as root problems in the war of social values. And, to

instrumental in activating the Christian Right against the amendment that five state legislatures reversed their ratification, and the amendment never passed.

If you read any of Eagle Forum’s literature, you’ll find a common theme: the identification of an enemy, however far-fetched. One of the most recent anti-choice articles on their website is an anti-abortion screed entitled “The Culture of Death,” which accuses liberal elites of reveling in the fresh blood of murdered infants. This kind of writing has been a

Among the many kinds of firsts, surely “first state since *Roe v. Wade* without an abortion clinic” is an embarrassing one.

major mobilizing strategy since the organization’s inception. It’s repugnant, but, unfortunately, it’s a convincing call to action for many people.

Just under a month ago, Andrei Iancu, Director of the U.S. Patent and Trademark Office, gave a speech to Eagle Forum members sponsored by a host of pharmaceutical lobbying groups. According to a recent Huffington Post article from Daniel Marans, socially conservative and anti-abortion organizations partner with big business all the time, laundering elite interests by lending the credibility of their own stamps of approval. Last month’s fundraiser was in support of “preserving and strengthening patent protections that guarantee them competition-free streams of profits for their products.” In essence, this was about keeping pharmaceutical prices artificially high.

The gap between pro-choice and pro-life sentiment in Missouri is not nearly as wide as the national discourse or the recent barbaric legislation suggest. According to the Pew

SHOW-ME AN ABORTION CLINIC +

Socially conservative policies in Missouri reflect the views of prominent political families, not the total population
by Adam Kaplan

be sure, the statistics on the matter demonstrate a significant relationship between higher education and pro-choice views. But such a single-faceted story is both fatalistic and reductive. There is a reason Missouri and states like it are the way they are today, and it isn’t because all their inhabitants are naturally right-wing lunatics or stupid and ignorant.

When I was a teenager in St. Louis, it wasn’t uncommon for one of my friends with a fake ID to run to the liquor store and pick up a six-pack of Schlafly, perhaps St. Louis’s most well-known craft beer. I didn’t know anything about the famous family’s surname in those days, but I later learned that the founder’s aunt, Phyllis Schlafly, played a monumental role in shifting American politics to the right in the wake of the sexual revolution. She did it by organizing and mobilizing.

The Eagle Forum, an Alton, IL, “family values” organization and mid-level donor in the right-wing PAC ecosystem, claims a nationwide membership of 80,000 — evidence of the late Schlafly’s activism at work. Schlafly founded Eagle Forum in response to the Equal Rights Amendment, which seemed destined to guarantee gender equality as a federal constitutional right in 1975: it had received 35 of the 38 necessary state ratifications. Eagle Forum and Schlafly were so

Research Center, 50% of Missourians believe abortion should be illegal in most or all cases, while 45% believe the opposite. This is a surmountable difference, and one that the right propaganda campaign identifying the right enemy could alter. Of course, real change will also require reformulating the state’s highly partisan districting, a task that voters seem ready for despite Republican opposition and sabotage.

How hard would it be to line the American countryside with billboards referencing Iancu’s Eagle Forum speech — harnessing America’s near-universal distaste for the pharmaceutical industry — that read: “Pro-Lifers: They Want That Fetus To Grow So They Can Force It Into Medical Debt”? Unfortunately, the answer — with billboards usually costing at least \$1,000 — is “pretty hard,” and left-wing activists don’t tend to be endowed with Phyllis Schlafly’s mounds of cash.

In the meantime, you ought to lend whatever time and money you have to the ACLU, the Yellowhammer Fund, and other organizations that fight for reproductive justice. We owe it to the thousands of people in places like my home state who might not have access to basic reproductive healthcare to put up a mean fight for justice. Phyllis Schlafly is dead, and I for one would like to make her turn in her grave.

A: Pretty hard.



WIRES CROSSED

Righting some false equivalences

by **Cat Strain**

The United States is a bit confused about the nuances of reproductive health. Women, female, and trans reproductive health seems to have been condensed down into a thick brew — a curious soup that contains only the bodily autonomy of zygotes, the Lord God our Savior, and white men, and is seasoned with the latter's feelings on the proper way for people with uteruses to conduct themselves. Aside from the obvious lack of separation between Church and State, a consequence of this culture that has racially and monetarily stratified over the years like an old tub of yogurt is a power structure that only allows the moneyed and elite to be seen and heard. The remainder of this nation's pasteurized masses are left to curdle in the back corner of the fridge.

With this division and historical series of misunderstandings in mind, a refresher course in reproductive health is overdue. Below is a selection of general, traditional, and commonplace procedures that the non-medical layperson may regard as comparable experiences between the biological sexes.

Making your circum-decision

Male circumcision is generally conducted soon after birth. It's a personal decision in which the guardians of a baby will choose whether they would like the foreskin that covers the head (glans) of the penis to be removed. The practice of circumcision has roots in religious traditions. In the United States, it's most commonly seen in Judaism, where it is called a bris.

Although some critics have tried to compare the two, female genital mutilation is in no way a parallel experience to male circumcision. Female genital mutilation, which is a cultural practice concentrated in parts of East Africa and the Middle East, also entails using a sharp surgical instrument on the external reproductive organs, but the similarity stops there. Female genital mutilation is not female circumcision. Doctors and activists alike are pushing for its official name, and only its official name, to be recognized — call the procedure what it is: Female Genital Mutilation or Cutting (FGM/C).

In FGM/C, the female external genitals are partially cut, entirely removed, sewed shut, pierced, pricked, scraped, and/or cauterized without medical necessity. FGM/C can include clitoridectomy — the partial or total removal of the clitoris, an organ that modern gynecology believes exists purely as a pleasure enhancer. This removal of pleasure has no equivalent in the male circumcision process.

Both circumcision and FGM/C are procedures that involve removing and/or altering flesh on the external genitals. However, a well-executed circumcision does not cause

lifelong pain or impair the organ's function, while FGM/C does. FGM/C provides no medical benefits. Some reasons for FGM/C include to ensure that a girl remains a virgin until marriage, as a rite of passage to becoming a woman, and for girls to be seen as suitable for marriage. Some also hold the belief that it can create greater pleasure for the men. Although survivors of FGM/C have become activists, community leaders, and medical providers working to end the practice, their voices are not always centered by nonprofits based in the Global North that are campaigning to stop FGM/C.

FGM/C is sometimes misunderstood as hygienic removal of unclean parts. This is simply untrue. In some cases, FGM/C can prevent proper urination; cause a fistula; make sex, menstruation, and/or childbirth more painful; and/or lead to infection, trauma, or death. Cleanliness is also a concern with male circumcision: the removal of the foreskin can help prevent the build up of smegma — a combination oils and dead skin cells — to avoid infection, there is little conclusive evidence that people who are circumcised have fewer health issues.

Tubal ligation station

People with penises have vasectomies, while people with uteruses undergo a bilateral tubal ligation (BTL), informally known as having one's tubes tied. A vasectomy is a surgical procedure that involves cutting and tying or sealing the vas deferens to prevent sperm from leaving the body during ejaculation and fertilizing an egg during penetrative intercourse.

Fertilization only occurs if semen is able to swim through the vaginal canal to the cervix, then through the uterus into one of the fallopian tubes to penetrate the single ovum (egg). BTL blocks the ovum from being able to travel to the uterus through the fallopian tubes. This block is created by burning, cutting, or removing sections of each tube, or by clipping each tube.

In 2013, the Center for Investigative Reporting found that BTL had been performed on incarcerated women in California as a form of forced sterilization. From 2005 to 2006 and 2012 to 2013, 144 people were sterilized. Of those 144 people, 39 cases were performed without lawful consent.

Both BTL and vasectomies are reversible, although vasectomy reversal carries fewer risks and steadier chances of the reversal being a success. Both surgeries are not intended to be temporary.

Ouch, my gonads

I am not here to say that getting punched in the balls is more, less, or equally as painful as giving birth, but given that these experiences are often paired, it seems prudent to have a brief discussion.

A baby leaving through the birth canal can last for over a day, the average birth time is eight hours. It's accompanied by contractions — the muscles of the uterus tightening to push the baby out. The pain is unavoidable, while getting kicked in the balls can, theoretically, be avoided. Pain is felt once a threshold is crossed, when the brain lets the body know something wrong is happening. Getting kicked in the crotch is painful because the male gonads are covered in nerves, which are attached to the stomach and "vomit center." Comparatively, it's said that giving birth feels like 20 bones breaking, and most people defecate while in labor from the force of the contractions — muscles that are involuntarily flexing to force the baby out.

Decidedly, one doesn't prepare for years to experience a punch to the penis.

All's well that works well

All in all, debates about the validity of experiences and their level of seriousness are futile. Most of the experiences described here are, at this time, relegated to the reproductive organs one is born with. Unless you are an empath all this debate does is the equivalent of telling a child to finish their meal because, "there are children starving in Africa." It's derivative, offensive, and leads nowhere, except to undermine everyone's emotional and physical feelings.

AND TUBES TIED

*Childbirth
≠
A Kick
in the Nuts*

TAKE IT

New SAIC benefits policy formalizes first paid parental leave for faculty and staff, but still leaves part-time faculty scrambling

by Leah Gallant

When Maria Gaspar, assistant professor in the Department of Contemporary Practices at the School of the Art Institute of Chicago (SAIC) was three months pregnant with her first child in Fall of 2018, she started talking to anyone and everyone about how to balance birth, parenting, teaching, and her own practice as an artist.

She met with friends of friends. She connected with people over Facebook. She asked other faculty members about how to balance teaching work, birth, creative work, and options for taking time off. With no formal school policy in place, she relied on a network of artist-parents for advice on how to proceed.

"I really did my research," Gaspar told F Newsmagazine in a phone interview.

This past spring, this informal process, in which faculty and staff members had to negotiate arrangements for parental leave on a case-by-case basis changed. After speaking first to her department head, whom she found supportive, Gaspar spoke with Lisa Wainwright, then Dean of Faculty, about taking a leave of absence.

But the lack of any policy in place made the process uncertain. "It felt like a take-what-you-can-get type of thing," Gaspar said of the arrangement, but added that she was grateful to have been offered paid time off.

In March 2019, SAIC implemented its first-ever paid parental leave policy for benefits-eligible staff and faculty. It offers four weeks of paid parental leave, which can also be combined with other forms of paid time off. The benefit extends to adoptive and non-birth giving parents, with some variance in allowances. Birth mothers, for example, may receive six to eight weeks of paid maternity leave, four weeks of paid parental leave, and two weeks of paid caregiver leave.

"It's really, really important that this policy has been set in place, because before that, faculty, and particularly part-time faculty, were afraid to ask — because even full-time faculty didn't have it," said Christa Donner, adjunct associate professor in the Department of Painting and Drawing. She gave birth in 2011, when she was a part-time professor.

"So much of this relies on your ability to negotiate, and women in particular are often not taught those skills — they're often less comfortable negotiating around things that they need professionally," she said.

The policy, which went into effect March 1, 2019, offers compensation at 70% salary for staff members and 100% salary for faculty members. The reason for the salary difference, according to Irina Melnik, SAIC Human

Resources director of benefits, is that faculty don't have paid time off, but staff do. The difference in salary is intended to equalize this difference.

SAIC's benefits for caregiver leave and medical leave were also expanded. The school wanted to extend benefits to caregivers, said Irina Melnik, in order to support employees dealing with older parents, ailing family members, or other urgent family issues.

"For higher education, we're leading the pack in offering these benefits," said Melnik.

Faculty members who teach fewer than six credit hours per year — the equivalent of two classes — are not eligible for any job benefits. This means that many part-time faculty have no access to paid family leave.

The policy does not extend to contracted staff, including security guards, housekeeping staff, and Food for Thought employees. Technically, these staff are not SAIC employees and their benefits are dependent on the policies of their employers.

The updated policy is the culmination of more than a year of meetings and proposals between the Working Parents group, a voluntary group of faculty and staff, and the school administration.

Human Resources has publicized the new policy through email announcements and inclusion in employee guidelines, but some faculty members expressed confusion over its various stipulations. Because employees may combine their four weeks of paid family leave with additional weeks paid leave, it is possible for parents to take as many as 12 weeks off.

The U.S. is the only developed country that has no federal guarantee for paid maternity leave.

"Three months seems like a long time, but it's actually very little," Gaspar said. Gaspar, who gave birth before the policy went into place, spent the spring semester of 2019 on paid leave, with the understanding that at some point in the future she would teach an additional course on top of her standard load of three courses per semester. Gaspar noted that in countries like Germany, parents have one year of paid leave.

SAIC's implementation of the policy is part of a slow but gradual shift in the United States, which is the only developed country to offer no federal guarantee for paid maternity leave. Private employers have gradually been adding paid leave guarantees, but according to a 2018 Bureau of Labor Statistics survey, only 17% of private sector employees currently have access to paid parental leave.

Some states have laws guaranteeing paid leave — but in Illinois, which has no state law, benefits vary significantly from employer to employer. This means that employees rely on two federal laws for workplace rights: the Pregnancy Discrimination Act, which ensures reasonable accommodations, like extra bathroom breaks for pregnant employees, and the Family Medical Leave Act (FMLA), which allows employees up to 12 weeks of unpaid leave.

However, according to the Center for Economic and Policy Research, about 40% of women don't qualify for the Family Medical Leave Act, meaning they rely on whatever sick leave or vacation allowances are part of their standard job benefits.

For artists who are also parents, family leave is one of several challenges to maintaining a career, a family, and an art practice.

Artists who are mothers, said Lise Haller Baggesen, who graduated in 2013 and has also taught at SAIC, still face discrimination.

"The art and academic worlds are very afraid of the 'M' word," Baggesen told F Newsmagazine in a phone interview. She felt that she had to "check her motherhood at the door." One fellow Visual and Critical Studies student, Baggesen said, told her she was "a sellout as a feminist because [she] became a mom."

For artists, balancing creative, professional, and family life "makes it feel like we have two or three jobs overall," said Gaspar. "That feels really restricting when you are living in a country that does not honor that kind of labor, especially in the creative field."

When Alberto Aguilar, who graduated from SAIC with a BFA in 1997 and an MFA in 2001, and his partner, Sonia Aguilar, started having children, Aguilar was a graduate student at SAIC. Professors, particularly older, male, professors — "an older generation," he told F Newsmagazine in a phone interview — told him that families were antithetical to the idea of life as an artist.

Since then, Aguilar, who has also taught at SAIC, has noticed a shift in how parenting is perceived by the art community. "It's become much more present, accepting, and supportive," he said. "There are also more resources, like family-friendly artist residencies."

"There are remaining challenges to being a parent, teacher, and artist," said Donner. Other ways to make SAIC more supportive of parents and families include accessible breastfeeding rooms in every campus building, on-site childcare, and flexible meeting hours.

But faculty agree that the new policy is a good start.

"I hope that the school furthers this commitment by really thinking about what [its] policy looks like at a time when reproductive justice is being threatened, and at a time when women in particular in the field of art have consistently been left out, erased, and penalized for having families," said Gaspar. "I hope that the school recognizes that it has the potential to be innovative not just in the field of making, but also to be really innovative and radical in its way of honoring and recognizing the creative lives of artists."

OR LEAVE IT

A HISTORY OF ABORTION RIGHTS IN THE GOP PLATFORM

1973

ROE V. WADE

Roe v. Wade is upheld in the Supreme Court, ruling that restrictive state regulations on abortion are unconstitutional. Most conservatives at this time view the ruling as a win for limited government and states' rights.

1976

THE REPUBLICAN NATIONAL CONVENTION

Delegates at the RNC add a pro-life policy to their platform as a temporary ploy, to defeat Jimmy Carter in the presidential election. At this time, less than 40% of GOP delegates are pro-life.

1978

SENATE CAMPAIGNS

In Iowa and Minnesota, Republican congressional candidates win midterm campaigns on pro-life platforms.

Resources for the Concerned Uterus

In the face of an abortion ban, the effort to prevent pregnancy and dangerous home abortions will depend on us

by **Grace Wells**

There is a rich history pre-Roe of people helping each other have access to healthcare; it's what we've done to survive in the face of the patriarchal stripping of our bodily autonomy.

Text-Based Resources

While access to abortion is a primary concern, general healthcare is also under threat. Our country's limited sex education — particularly around uteruses and vaginas — combined with a history of people with uteri being ignored or violently treated by doctors has effectively boxed them out of dialogues on sexual health.

"Our Bodies, Ourselves"

This historic book from the Boston Women's Health Collective has been an essential resource for gynecologic and obstetric health information since its first publication in 1970. Included in the book is a comprehensive overview of uterine health. This includes information on safe contraception methods, as well as home care tools like the Del-Em, emergency contraception, and medical abortion.

World Health Organization (WHO)

On the WHO website, you can find research on the safety of abortion, statistics on medical and home abortions, and guides to accessing contraception, abortion, and gynecologic/obstetric care.

A new website created by WHO offers PDF- and web-based interactive guides developed by medical professionals with information on reducing the number of unsafe abortions, and instructions on how to be safe yourself.

Abortion Pill Resources

There are three ways to induce abortion: medical (pills), surgical (in-clinic, often by suction), and home (physical, chemical, or herbal). Home abortion methods are extremely dangerous and are performed through physical violence or poisoning. They often involve blunt force from objects like coat hangers, which run the risk of death, seizure, internal bleeding, and loss of fertility. The extreme danger of home abortion is the precise reason keeping abortion legal is so important in the first place. Abortions will happen whether they are legal or not; legalization provides access to abortions that are safe. The pills, like any medication, don't come without risk. However, the risk is low. Legal abortions are safer than giving birth or having a colonoscopy.

One of the best ways to reduce the risk of unsafe home abortions is to educate yourself on how to safely access an abortion by pills. Abortion by pill is safe for up to 10 weeks of pregnancy, though the World Health Organization's guide recommends it up to 9 weeks (there is about a five percent drop in effectiveness between weeks 9 and 10). Mifepristone and Misoprostol are prescribed together in the United States, though Mifepristone may only be taken at clinics, hospitals,

and doctors offices. Patients then take a dose of Misoprostol at home. The pills cause contractions of the uterus and shedding of the lining, which removes an embryo in a similar fashion to a heavy period.

Abortion by pill can be obtained through a healthcare provider. Planned Parenthood is one of the most cost-effective organizations providing access to abortion pills.

In the United States, it is illegal to obtain abortion pills without a prescription from a clinician, or to take Mifepristone outside of a physician's office. However, those seeking access to abortion pills outside of the physician's office, an illegal act that F does not condone, may find information on safe access through the International Women's Health Coalition.

Contraception: Emergency and Long-Term

The best way to avoid needing an unattainable abortion is to not get pregnant. While there is no way to completely prevent pregnancy, there are options that come close. As mentioned above, Planned Parenthood has a comprehensive guide to all of the birth control options currently available.

IUD

I'm a strong proponent of the IUD. It is over 99% effective, has minimal side effects, and may help protect you from cervical cancer.

The hormones in the IUD are the same in Plan B and many birth control pills. Hormonal IUDs — like Skyla, Mirena, and Kyleena — continuously release a super low — lower than birth control pills — dose of a hormone called Levonorgestrel. Levonorgestrel prevents the uterine lining from building up enough for a fertilized egg to stick around. If you don't want hormonal birth control or are sensitive to hormones, get the copper IUD, the Paragard. The Paragard is good for up to 12 years and has no hormones at all.

Depending on the brand, IUDs can provide consistent, maintenance-free birth control for anywhere between 3 and 12 years.

Nexplanon: Birth Control Implant

The birth control implant is a great option for people whose uteruses are too small for an IUD, just don't want an IUD, or have a pelvic disorder that makes insertion difficult. The Nexplanon releases progestin, a hormone that thickens the mucus of your cervix and prevents ovulation. The implant is about the size of a match, and is inserted into your bicep. It lasts for five years.

Nurx

Nurx is a web-based service that provides birth control consultations with doctors and prescriptions online, then delivers your prescription to your door. Nurx allows you to access birth control from home with or without insurance.

Emergency Contraception: Plan B and its Generic

Emergency contraception can be purchased at your local pharmacy and works for up to 72 hours after unprotected sex. Commonly referred to as Plan B, the emergency contraception pill is different from the abortion pill in that it doesn't end an existing pregnancy. Instead, it provides a high dose of Levonorgestrel that prevents a fertilized egg from implanting in your uterus.

Plan B costs between \$38 and \$50 for a single dose. Its generic, My Way, costs about \$48 a dose in-store. Both can be purchased at a pharmacy. Plan B and My Way have four-year shelf lives. This means you can throw a box in your cart at the grocery store every few trips and save up boxes of emergency contraception. You can also provide an emergency contraception response to friends if it becomes unavailable in your area.

A caution: Taking multiple emergency contraception pills will not cause an abortion. It can poison you. Abusing this method is neither a safe nor effective way to end an existing pregnancy, and shouldn't be used as such.



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