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Essential Labor

Michelle Millar Fisher

The exhibition for which I am a cocurator, *Designing Motherhood: Things That Make and Break Our Births*, opened at its first touring venue, MassArt Art Museum (MAAM) on June 11, 2022. It was a joyful occasion. The project knocked at the doors of so many other institutions before it found the constellation of terrific partners that finally midwived it into existence (initially in Philadelphia in 2021; a longer story we cover in the introduction to the accompanying book). The *Designing Motherhood* exhibition explores the arc of human reproduction—an under-researched topic long regarded as taboo—through the lens of design, bringing together various forms of contraception, a DIY at-home abortion kit, breast pumps, maternity fashion, midwifery manuals, and many other materials.



Reproductive rights buttons, c. 1980s. Photo: Erik Gould. Image courtesy *Designing Motherhood*

Thirteen days after the opening of our exhibition, the US Supreme Court confirmed a decision leaked two months prior in the case of *Dobbs v. Jackson Women's Health Center*. Lawmakers in the highest court in the land revoked the constitutional right to abortion and turned its accessibility into a state-by-state lottery. As I write, the right to abortion is at risk of being severely limited or prohibited in twenty-six states and three US territories.¹

In the wake of this seismic shift in the agency of people with uteruses, the recurrent question we have been asked by visitors as well as the reporters who have covered our exhibition is whether our work now feels more timely or prescient. Our resounding

response has been to remind those asking that misogyny, racism, and contempt for poverty—the conditions that engendered the majority of the Supreme Court currently seated—have been alive and kicking for almost as long as humans themselves. As Jenny Holzer puts it: abuse of power comes as no surprise.

The range of inequities, as well as the innovations designed in their wake, that our project puts on display links abortion rights to a much wider conversation on personal and collective agency. So much ink has (rightfully) been spilled over the *Dobbs v. Jackson* decision. It is often presented as *the* issue in the current polarized two-party political landscape under which we suffer in the United States. However, the stakes are much larger, the inequity much more systematic. This national crisis is rooted in what we—individually and collectively—care about and train our skittish attentions on as much as it is about access to forms of care.

It is only by strategically joining the dots between the *Dobbs* decision and broader issues of care—a linkage that demands solidarity foreign to the core of the American Dream fallacy—that we have any chance of changing course. While the wedge issue of abortion access has dominated news headlines and been instrumentalized in fundraising campaigns, other statistics related to reproduction, postpartum recovery, and childcare in the United States remain grim but receive less attention or action. Around a quarter of postpartum people in the country return to work within ten days of giving birth. Little wonder the United States has the highest maternal mortality rate among developed countries; although a large number of these deaths occur in the postpartum period, the United States is the only high-resource country that does not guarantee access to postnatal provider home visits or paid parental leave.² The compounding lack of universal healthcare in the United States severely diminishes opportunities for preventive and primary care at all life stages. And let us not even get started on the inequities involved in the gendered labor of child- and eldercare, which includes caring across generations and care work performed professionally for nonfamily members.³ Such care desperately lacks investment across the board and is often completely inaccessible to those who need it most. Child- and eldercare workers are among the lowest paid workers in our economy, when they are paid at all. I've just finished reading Lynne Tillman's masterful memoir of looking after her ailing mother over a long decade. Even with the author's insulation of economic privilege and siblings to share the load, her book, *Mothercare*, is a miserable read, as are the many headlines about the egregious pressure the pandemic has put on women's workload.⁴

The recourse for these interconnected issues is collective action pursued with tenacity and stamina to sustain a marathon, not a sprint. I have witnessed this approach when participating in labor-organizing efforts in museums. A salary-transparency document can go viral and catalyze awareness, but it is regular, unfailing activity over *years* that produces a union and then bargained contracts—though I have yet to see a museum-union bargaining agreement that offers meaningful benefits for things like childcare subsidies. Such benefits are usually the first things to drop off the table. In the *Designing Motherhood* exhibition, among many similar stories, we highlight the work of reproductive-justice advocate Professor Loretta Ross, who has campaigned tirelessly for the last fifty years against the Dalkon Shield intrauterine device and racist medical practices that rendered her infertile and menopausal in her twenties. The class action

lawsuit in which she participated was second in scale only to that staked against asbestos manufacturers, and both took years before victory was won.

A majority of Americans believe in a person's right to choose the fate of their own uterus. A majority of Americans also believe that universal paid leave matters. It is not our beliefs that are the problem but the way we approach action to support them. Cultural anthropologist Anne Helen Petersen interviewed author Angela Garbes recently about the latter's excellent new book, *Essential Labor: Mothering as Social Change*. Their conversation pinpointed the crux of the disparity between what we want and what we get in terms of so many forms of care: our blinkered and individualistic approach to issues, whether abortion or otherwise. These issues do not occur apart from one another in a vacuum, and making change necessitates looking beyond our singular selves. A second-generation Filipina-American, Garbes, who writes lyrically about care work, notes that as a child and young adult, "[I] barely acknowledged the labor [my own mother, a nurse] put into her family . . . it took being pregnant with my first child to start considering the care I took for granted."⁵ Petersen highlights a wider impulse among (particularly white, middle-class) parents "to resource hoard and make fiercely individualistic choices, then label them 'doing what's right for my family' and wonder, in the aftermath, why they still feel pretty miserable."⁶

It strikes me that there is a similar issue at stake when we speak about Dobbs. Existing political structures fail to join the dots between the misogyny that perpetuates such a decision, the misogyny that gutted the Build Back Better bill of a measly four weeks of paid leave, the misogyny that thrives in the political sphere where only 27 percent of Congress has a uterus, and the misogyny that drives domestic terrorism and disregard for environmental resources. . . . The list goes on.

Care work is, as Garbes stresses, essential labor. Yet care work often reflects our own small bubbles of importance, the people or issues we have chosen to care for. But caring as much about others as we do ourselves and caring about wider issues that might not touch us directly but help form the systems that govern us, too, are the most critical political acts of our time. It is the only way to counter the increasing polarization that begat the current Supreme Court. It is caring about paid leave *and* about maternity replacement so colleagues (often without children by choice or otherwise) do not have to pick up the burden unfairly. It is recognizing eldercare as an issue as complicated as infant care and childcare. It is understanding bodily autonomy as a human right while acknowledging that not everyone will agree. While the slogan is "my body, my choice," radical collective care begins with the "we" of *Our Bodies, Ourselves* and, better, with the community of the Reproductive Justice movement. We all have to roll up our sleeves and get to work, for each other and with each other, not only for ourselves.

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Notes

¹ For comprehensive information on abortion access in the United States, see <https://www.gutmacher.org>.

² Roosa Tikkanen, Munira Z. Gunja, Molly FitzGerald, and Laurie Zephyrin, "Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries," *Commonwealth Fund Issue Briefs*, November 18, 2020, <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>; "American is the Only Rich Country Without a Law on Paid Leave for New Parents," *Economist*, July 18, 2019, <https://www.economist.com/united-states/2019/07/18/america-is-the-only-rich-country-without-a-law-on-paid-leave-for-new-parents>.

³ Eliza Dennis, Jeanette Woods, Anya Kamenetz, and Sami Yenigun, "What to Do about America's Child Care Crisis," NPR.org, February 26, 2022, <https://www.npr.org/2022/02/10/1079957911/what-to-do-about-americas-child-care-crisis>.

⁴ Claire Cain Miller, "The Pandemic Has Been Punishing for Working Mothers. But Mostly, They've Kept Working," *New York Times*, May 11, 2022, <https://www.nytimes.com/2022/05/11/upshot/pandemic-working-mothers-jobs.html>.

⁵ Angela Garbes, *Essential Labor: Mothering as Social Change* (New York: HarperCollins, 2022), 2.

⁶ See Anne Helen Petersen, "Raising Children Is Not an Individual Responsibility: It Is a Social One," *AHP Substack Newsletter*, July 10, 2022. I think a lot about this atomization of care; I was a nanny for eight years (as long as I've been a curator), and as children, my siblings and I provided care for our disabled mother.