

Safe Internet Searching and Black Reproductive Rights

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SCIENCE, MEDICINE & PUBLIC HEALTH

Collins, Mali. "Safe Internet Searching and Black Reproductive Rights." Just Tech. Social Science Research Council. May 10, 2023. DOI: doi.org/10.35650/JT.3056.d.2023.

The recent overturn of *Roe v. Wade* renewed attention toward reproductive violence, which disproportionately impacts Black reproductive life in the United States. Not unrelated, and nearly 20 years since the widespread introduction of the internet, low-income and Black and Brown areas have been disproportionately affected by internet inequities. Combined with limited to no access to abortion care and noninstitutional healthcare options, like homebirth, many folks in these communities rely on internet searches, when they can, to glean information about their options for pregnancy care and termination.^[1] Renewed attention to reproductive rights also calls for renewed attention to how a lack of digital privacy is part and parcel of the injuries against reproductive choice for Black birthing people. This provides a crisis for the originary injustice of lack of equitable healthcare for Black birthing people, as well as the issue of medical racism within institutional settings.

Without denying the fundamental issue of medical racism, internet search surveillance of reproductive health information is one dimension of the overall abuse of reproductive rights taking place in our digital present. Now more than ever we must pay particular attention to the frontiers of reproductive rights where the fight is won, and potentially lost, through digital and technological modalities such as internet searches. In this frontier, we can see the need for scholarship committed to the rights of privacy and consent as the attending throughline between histories of brutal treatment of enslaved Black women and today's Black Maternal Health Crisis.

The Surveillance of "Baby Internet"

Black folks are more likely to seek and get abortions, experience maternal morbidity, and premature

birth in the United States. As a birth doula and childbirth educator, I lead groups, specifically for Black pregnant people, to support each other in securing better birth outcomes for themselves and others. I often begin my childbirth classes by asking the group a very simple question: “Where are you getting your information about pregnancy?” One close friend answered, “I don’t read baby books. I read baby *internet*.” Meaning, when she has a question about her pregnancy, she uses a search engine when looking for an answer. This anecdote illustrates another way Black pregnant people attempt to mitigate the harm they may receive at the hospital or from a doctor. It is in these attempts where digital surveillance and reproductive rights intersect.

My friend’s logic was in-step with 30 percent of all Black women who said they’ve experienced microaggressions from their OB/GYNs—there was no need to read a book or talk to a condescending provider when a quick online search could tell them exactly the size of their baby on any given day.^[2] We are often willing to risk *death* rather than work with a bad provider. At first blush, seeking medical information online seems like an excellent alternative to the medical experiences that are statistically more likely to leave Black women dead. Avoiding high cost, culturally insensitive providers is worth the risk of their pregnancy; research suggests^[3] this is common and is partially responsible for why we have early death rates—the stigma around seeking medical care and community distrust results in folks being less inclined to visit their doctors.^[4]



Doctor drawing blood from a patient as part of the Tuskegee Syphilis Study. (NARA, Atlanta, GA)

The History of Medical Racism and Technology

Black people have been historically used to “perfect” medical technology under abusive conditions without their consent. Tools like the speculum are technological instruments that were developed on Black women and girls during chattel slavery and beyond.^[5] Harriet Washington’s landmark text *Medical Apartheid* documents the experimentation of chemicals, medicines, and heart technology on Black people, which, in the late 1980s, was responsible for killing several Black men prematurely.^[6] Every medical technological advance and its connection to Black lives cannot be discussed here; however, the common thread linking the particular exploitation of Black folks in the codevelopment of medicine and technology, often under coercive conditions cannot be ignored.

Along with ever-changing medicine and healthcare technologies, the early 1990s saw the consequences of the converging of health information and the World Wide Web. WebMD, an online health database, emerged in 1996 as a leader in health information distribution. The highest group of users of the online medical search site are women ages 25 to 34—peak reproductive years. Where racial demographic data is not available on the trafficking of this well-known site, it is apt to infer that women are more likely to search for health information for themselves, and potentially for reproductive health questions. Not coincidentally, the 1990s marks the era in which homebirth, one of the primary means of circumventing the institutional birth room, became more popular.^[7] The correlation between the advent of the internet and the rise in home births is an example of the ways that the internet could have potentially given women and birthing people access to information about birthing choices.

To date, there is a gap in research on Black pregnant people and their reliance on the internet for medical advice in order to mitigate in-person microaggressions and the judgment over certain reproductive choices.

Currently, up to 73 percent of adults get their health information online.^[8] Following the leak of the US Supreme Court’s draft decision on *Roe v. Wade*, internet searches for abortion access spiked.^[9] Where our digital world has given us access to information on reproductive choices, the surveillance of these choices is also an articulation of reproductive rights violation. To date, there is a gap in research on Black pregnant people and their reliance on the internet for medical advice *in order to* mitigate in-person microaggressions and the judgment over certain reproductive choices. Research on specific surveillance of reproductive choice via internet search is urgent. In 2019, Cynthia Conti-Cook wrote about the dangers of searching “misoprostol,” or the abortion pill, for a Mississippi woman named Latice Fisher. Fisher went to jail for a spontaneous miscarriage, and her internet search history was used to prosecute her.^[10] Though Fisher and her team eventually beat the charge of second-degree murder, the crisis over the repeal of *Roe v. Wade* is not just about abortion access, but the prosecution of those who are *seeking* information related to reproductive choice.

A Black Feminist Approach to Search Engine Surveillance Eradication

Internet search surveillance exacerbates medical racism. Black feminism invites us to center Black reproducing people as a paradigm rather than a statistic. It asks us how we can pursue any human rights violation without centering those it affects the most. My research hypothesizes if and how technological tools disproportionately and negatively target Black folks. In 2019, for example, the state of Missouri was found to have spreadsheets of all menstrual cycles of every patient who had been to the state's only Planned Parenthood. Missouri's state health director, Dr. Randall Williams, stated that they kept the spreadsheets to track who had failed abortions.



Conti-Cook, an attorney and digital rights advocate, writes, “Young people of color, including girls and women from low-income communities, are surveilled, searched and seized by multiple state authorities at disproportionately higher rates than their white peers, making it more likely that their digital devices will be as well.”^[11]

When put at the center of discussions of internet-search surveillance, the reproductive rights of Black reproducing people are alarmingly vulnerable. Black feminism centers Black people as sovereign people with valuable lives. This approach should be the first step in recognizing that Black health choice is imperative yet disproportionately leads to incrimination for Black people with the capacity to become pregnant. Digital surveillance advocates and reproductive choice activists could work together to illuminate the multifaceted issues that concern the problem of medical racism and subsequent internet search surveillance that comes from increased interest in noninstitutional care.

Medicalized racism should not need to be circumvented, because it should not exist.

Intersections of Black feminism and the medical humanities provide a schema through which we can support Black people with the capacity for pregnancy through the barrage of attacks on reproductive rights, including surveillance. We must also work to strengthen community access to noninstitutional healthcare while raising awareness about digital surveillance. Seeking advice from the internet does not equate to comprehensive healthcare. Medicalized racism should not need to be circumvented, because it should not exist. Focusing on internet search surveillance as an extension of medicalized racism reveals two things: (1) The original issues of medicalized racism that hinge on the premise that Black folks are nonhuman and do not deserve care must be mitigated by hospitals and practitioners; and (2) medical surveillance and injustice occurs for even those who attempt to circumvent the traditional medical system.

My research and practice take place in the DMV/Baltimore and Los Angeles metro regions, both places that I've called home. My research suggests refocusing attention on childbirth education and parent/child education to reach those who may be more likely to be affected by digital surveillance or abuse related to their reproductive bodies. Community-based community care must incorporate internet search and digital surveillance education within family planning and childbirth education.

For my practice, this takes the form of formal workshops and personal classes. In my most recent workshop with Plan C, we discussed the importance of understanding how search word combinations are incriminating. Inquiries such as, "How to Get a P.O. Box" and "How to get abortion pills mailed to you" can and will be found in legal discovery, as it was in the case of Latice Fisher. This can lead to your incrimination in states where pregnancy termination is outlawed.

In my personal childbirth education classes, the age of my clients has ranged from 12 years old to mid-life. A common thread in my conversations with younger folks is parsing what is appropriate to share online, who may be watching, and who they are comfortable seeing their bodies and pregnancy. We also discuss the risks of sharing health information, how these images and photos can be reproduced and shared without consent, and even the risk of searching different birth outcomes. In the cases of my older teen parents (17-19), I speak to the importance of safer search engines such as DuckDuckGo to ask questions about their pregnant bodies and options for pregnancy outcomes. In my sessions with mid-life clients, we talk about similar risks of internet surveillance. For them, this looks like birth photography of births that may be outlawed (for instance, delivering multiple babies, like twins or triplets, at home is illegal in some states). In some states, it may not be wise to share photos from homebirths or send your friends text messages about it. By addressing the different facets of digital surveillance, my research and practice encounter a new terrain of medical technology as a field and its renewed attention to anti-Blackness and reproductive injustice.



Where Safe Internet Searching and Community Health Work Together

The use of the internet for medical information is a response from an underserved population who historically have experienced discriminatory medical practices. In the wake of the repeal of *Roe v. Wade*, we must ask ourselves what kind of people will deny *all* dimensions of digital rights. Protecting digital use gives Black families a chance to oversee their own lives: When they can search online without fear of retribution, they are free to make more informed decisions about their healthcare. Our commitment to saving them defines an entire new movement of reproductive justice and digital surveillance inequity.

Many iterations of reproductive violence manifest as the violation of privacy of Black people with the capacity for pregnancy. It is becoming increasingly clear that digital use does not always equate to safety for users that are gendered and racialized as Black and reproducing, and/or uterus having. As reproductive choice is increasingly criminalized, our posts, messages, photo libraries, and even data collected by internet search engines create a digital trail that can be used as criminal evidence for violating pernicious laws that outlaw reproductive choices. Internet searching leads to the same outcomes that folks aim to avoid by using it.

Activists and researchers could support community organizations and by extension the birthing communities around them by:

- Providing talking points or white papers to childbirth educators and doulas on internet search surveillance;

- making easy-to-teach digital surveillance education materials available for childbirth classes;
- creating infographics and easy-to-use guides for downloading alternative search engines with more security measures; and
- offering support in learning how to document births and birth outcomes as they feel comfortable, without fear of legal or surveillance outcomes.

Taking a humanities approach that works with community-based healthcare models as a space for surveillance training is the first step in empowering Black birthing people to know the risks of accessing information about their bodies and those of their kin.

Acknowledgements

This essay is dedicated to Maryann Wills for giving me inspiration for this project.

Footnotes

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