

Transcript – Marlene Gerber Fried, class of 1972

Narrator: Marlene Gerber Fried

Interviewer: Amanda Knox, Pembroke Center Assistant Archivist

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Amanda Knox: Good morning. My name is Amanda Knox. I am the Assistant Archivist at the Pembroke Center at Brown University. It is Thursday, May 21. It is 9:30 in the morning, and I am here today recording another COVID-19 interview with an interviewee who is actually referred to us by Felicia at the Sarah Doyle Women's Center. Would you like to introduce yourself to our listeners?

Marlene Gerber Fried: My name is Marlene Gerber Fried. I'm a professor at Hampshire College. I'm also a longtime activist in the reproductive health rights and justice movements. And I'm a Brown alum, my PhD is from Brown. Dusting it off. I received it in 1972.

AK: Fabulous. Well, thank you so much for being here with me today to talk about all the various aspects of COVID-19 and this weird situation that we're in. And I'd like to start from the beginning. If you could tell me a little bit about the first time you heard about [1:00] COVID-19, and what you were thinking about in those moments.

MGF: I also, I just want to thank you and Sarah Doyle for doing this. It is, it's a remarkable moment in, in our history, and I think it's really important what you're doing. So, thank you.

AK: Thank you.

MGF: So, the first time I learned about COVID, is that what we're focusing on?

AK: Yes.

MGF: It was the, I would say it's the was, I remember it almost exactly because my husband and

I were in Baltimore, and we were taking care of our grandchildren so that my son and daughter in law could have a little vacation. So, we returned from that on March 2, and it was all just beginning to be known. And as we were headed to the airport, our son said, just, “You know, they’re saying that people over 60 shouldn’t fly.” And we’re like, “Well, okay, but we’re going home. I have to work tomorrow.” And so that was kind of the beginning and it didn’t [2:00] have a lot of reality at that point. I flew home, I got up, I drove to Hampshire as I always do, and taught my class. And then things started to change quite rapidly. And about 10 days later, we went on spring break. And that was the moment at which the college had decided that after spring break, we would be virtual.

AK: Was there any kind of lead up in the communications to kind of warn students that they might not come back to campus or to warn professors that this might be the last time you see your students in person?

MGF: Well, you know, it’s interesting. We’re in a consortium with the other five colleges. So, in my class, in addition to Hampshire students, I had Mount Holyoke College students and UMASS students, and the communications were rather different. Mount Holyoke students were told, pack up your room, take everything. This is, this is it for the semester. But Hampshire had not yet made that decision. So, our students went home and quite a few actually ended up [3:00] staying because they couldn’t leave. I worked with a student who’s from Pakistan and they shut down all the flights. So, you know, there were people who just did not have places to go or couldn’t go. Almost 200 stayed, but for the ones who left, and they, they had not decided whether students would be able to come back or not. So this week for example, people who left and have graduated have made one on one appointments to come back and get their stuff. One of my students is returning the thing, the book, some files that I lent her, to my office on campus.

So I, you know, I think I don’t actually fault anyone for not having figured it out. It’s totally unprecedented. I think it was a rapidly moving situation, the public health information was changing a lot and also, there was, as there still is, quite a bit of [4:00] panic, hard to figure out which, which is the, the accurate, most accurate information that we can make decisions about. Sorry?

AK: What was the transition like to online learning? Or do you want to kind of touch on what that experience has been like for you?

MGF: Right. So, at first I had never taught online, although I must say it's something that I have thought about over the years in terms of the ability to open the classroom to people all over the world. And so in addition to the sort of democratizing function of online teaching, just the ability to connect to a much broader universe was something that interested me. But at Hampshire, our education is so deeply embedded in the face to [5:00] face classes, not lecture classes, but a lot of interaction and discussion, everything is like a seminar, just about. Even classes of 20 or so people are discussion-based classes. So I never invested the time. I know now that there are ways to do this and I'm learning some other than those huge, you know, one person lectures and everybody listens. I know that there are alternatives. And the Hampshire IT department really geared up to help us figure out how to do this because most of us had never taught online. I have to say I was completely panicked. I thought, oh, there's just no way. I'm not the top of the line, technologically advanced person in the group. And I was really concerned about whether I could actually do this. And I think I was the, the person most at [6:00] the daily tech instruction. I was joking with the tech support person. If I didn't show up for a day I'd say, I bet you missed me. I bet you thought something happened to me." So that was enormously helpful. And just on the basics, I really would not say that I am, have expertise in this at all. And I think that's an important thing that one of the messages that we were quite rightly given an answer is actually, this is not online education. What this is, is an emergency moving to remote learning because we don't have anything else that we can do. So do the best that we could to hold the students that we had been holding in person holding in, in the sense of keeping people engaged. We can keep, keeping people engaged with each other, but not really being able to use all the tools [7:00] that are out there that would really allow you to transform your class into a great online teaching experience or classroom experience.

So, I would say that said, I was pleasantly surprised. I mean, at first, I was surprised that it didn't just all go up in flames. But actually, it was, I was teaching a small class, it was a small seminar class and I think that made a tremendous difference. The class was, had had enough time to be connected to each other, they were used to talking to each other. They were used to each other's classroom personalities. So you would know well, who was going to, who was likely to

say something like that, which I think does help a lot. It was okay for teasing in terms of, gentle at you know, how you treat each other. So I was quite pleased with the experience. [8:00] Again, I don't know what it would be like, if it was with a group of people with, with, with whom I and they had not had already prior existing relationships and education. But and I also made a lot of adjustments in the syllabus. Initially my instinct was okay, well you just do everything the same you were going to do as if you were in the classroom. And it was early on talking to a few other friends, those who teach in other institutions, we partly thought it kind of doesn't make sense to do that. I mean, we're in a global pandemic. You cannot act as if everything is the same as usual. It's not even responsible as an educator, that it's really important for students to be able to have a classroom space to think about what's going on. You know, we're all thinking about it every second in our personal lives, but to have a [9:00] space where you actually could stand back from the experience, think about what this means. Not theoretically, but being able to use your, your analysis part of your life as opposed to your emotional, but connecting it to the emotional. So I don't know if you want me to keep going or ask a different –

I was going to say, one of the, one of the adjustments is that each class I began with a check in. I'll see, how are people doing, what's happening in your family? Where are you? Have you moved from one place to another? Which I think was really important for students to be able to in a certain way, "Okay, now we've done that. Okay. Everybody knows where I am in what I'm dealing with. And if my you know, little sister comes in the room behind me and is starting to do something, you will know who that is, and it's okay." So I think that there was that was a huge thing and then the other is to adjust in terms of readings and [10:00] adjusting the topics of the class. This was not a big stretch. My class is called "From Choice to Justice: The Politics of the Abortion Debate." And so, we were actually in that part, the entire class is about race, the, the intersection of race, gender, disability, all the forms of discrimination and oppression and how they shape a person's reproductive life. So it was not a huge stretch to connect the course material to what was going on. And I would also say, given that the anti-abortion forces use COVID as a moment to try and further restrict the access to abortion meant that there was just an explosion [11:00] of information coming all the time. So it wasn't, it wasn't hard to find things. You know, really more I thought the issue was how to curate it and, and also how to deal with a situation that was changing minute by minute. How many states had decided that abortion, for example, that abortion was not an essential service, right? So I think all of, all of that helped in

terms of keeping people engaged both personally and academically, because it seemed it, what was going on and one's own position in the world was connected to what we were doing which is true anyway, you know, every this these are very personal topics. Everybody's got some connection to this, especially in, in the understanding of reproductive [12:00] justice, which is much broader than abortion and contraception, but we looked at reproductive access to health and rights for people who are incarcerated, people who are transgender and gender non-conforming, disability justice and how that intersects. So once you have that wider lens around reproduction, everybody's got some skin in the game, so to speak. So I'm going to take a pause and you can sort of direct me to, if I'm going where you where you would like me to go?

AK: Yes, absolutely. I mean, I want this to be conversational. So the more you feel like talking, please feel free and I will not be bashful about pausing to ask a question, but you're kind of bringing me perfectly to my next point. Or next question is, broadly, I guess, would you like to speak to how the pandemic and COVID-19 is impacting the fight for reproductive [13:00] justice, maybe specifically in terms of abortion, or, or not, just generally. The pandemic has given the government and many people cause to kind of, to get in the grooves, you know. So yeah, would you like to comment on that?

MGF: Well, I want to say a couple of different things. First, the pandemic is a kind of lesson in clarity about differential access to rights and, and health, and so, and differential impact. So one of the core ideas of reproductive justice is to really pay attention to what's happening on the margins, that those who are most marginalized and disenfranchised by every form [14:00] of oppression bear the brunt of all of the restrictions, legal, policy, financial. That's one.

Secondly is it, it has been a case study in intersectionality. That is, abortion doesn't mean the same, or isn't the same experience to people no matter what their race and class, where they live, their age, all of those pieces of a person's situation and identity collude to shape the, the experience that you have, be it abortion, be it having a baby, be it having your job and what does it mean to have childcare and, and not be able to do the work that you need to do and who's going to take care of your kids. So all of these issues [15:00] which, in some moments, are not so apparent to people. It's always apparent to people whose multiple identities are very clear to them, you know, they're part of daily life. But I think to people whose identities don't usually

obstruct their access, this has just like been revelatory or should be revelatory. Whether it'll stick, whether, I mean, I've been impressed, delighted is not the right word, but really I think it's so important to be pounded with the knowledge that how this virus impacts communities is totally dependent on race and it's just remarkable. And there's something every day that highlights this. And I, I think that, that with respect to [16:00] the communities, the vulnerable communities all over this country, it's just, it's dramatic and obvious and everything else. That the opponents of abortion and reproduction, reproductive justice have taken advantage of this moment is not surprising, although the speed with which they acted is almost breathtaking. And I've often thought that it's as if they have a playbook somewhere, you know, that has all the things you would do first, you try this and then you try that. And unfortunately, I don't think the proponents of reproductive justice have a similar big book somewhere that we go to all the time. But the speed with which they moved to shut down abortion in Texas, Alabama, you know, in all those states, and to – which is not a new strategy. This was [17:00] the strategy that they were working on. But the angle of abortion not as an essential service was, you know, oh, look, now we have a new weapon in the war against abortion. And that is ongoing and some of it will succeed, some of it won't. I think in this moment, the fragility of reproductive rights such as they are, is even more apparent, and the extent to which people have thought we could rely on the courts, it's, it becomes clearer and clearer that that this is not the moment that we're in. And I, you know, we all knew this. We knew this around Cavanaugh, I mean, we understood that the Supreme Court was going to be problematic, but with respect to restrictions on abortion and contraception, this all starts at the state level and then bubbles up and so all of these efforts to shut down abortion, they were all [18:00] unconstitutional if Roe v. Wade stands, and the opponents of abortion know that. They're, they're just trying to get to the Supreme Court because it's a differently configured Supreme Court and if you keep trying eventually you will get decisions that are more hospitable, or more terrible for those of us who believe in justice and freedom in the area of reproduction. Ask me something else.

It's all in, it's all it's all there and, and also, the fury. It's the the, the, the anger and then the ability to resist it, which I think is so important always and not to get defeated by it. And I feel that the organizations who are out there in the reproductive [19:00] health rights and justice movement are really doing their best to mobilize in many states like my own in Massachusetts, there is a move to codify the provisions of Roe v. Wade and actually to do better in case Roe v.

Wade is overturned, because a lot, I don't actually know what I think about whether it will or won't be. What I do know is that it makes tremendous sense to try and secure protections if that should happen. So here we have the Protect Roe Act which people are trying to pass which would also go beyond and would, would remove the restrictions on abortion for minors. We are one of the many states that require minors to either get the consent of their parents to have an abortion or to go before a judge, the judicial bypass it's called. And so the Roe Act would [20:00] remove those, those limitations. So it could be a moment and again, I've also been tremendously inspired by the resistance that's going beyond what we had. That isn't because, you know, it's a moment where everyone could just say, "Oh my God, we just save every possible thing we can." And I was on a webinar where Angela Davis was one of the speakers and it was about mass incarceration. And, and, and part of the issue was initially COVID in the population of people who are incarcerated and how it's, you know, just that that's a population that has disproportionately suffered the impact of COVID. And so there were demands to early release which has happened in some states, people who are older and people who have underlying conditions and people who are only in prison [21:00] because they committed some kind of non whatever offense. But then what was wonderful about it was to also lead the discussion and the thinking into ending mass incarceration, into thinking about prison abolition. So yes, there are things that we have to do right now. But then there is this much bigger future, hopefully, of justice and liberation. And this could be a moment where maybe more people understand it, can be moved. You know, you just move the dial, move more people, as far as they can go. Move the dial as far as it can go. So, I, I don't know. I don't know what I would have predicted. I mean, really, who ever thought we would be in something like this except I was listening to some, somebody talk about wargames that they did 20 years ago, [22:00] and those people thought about it a lot. They just couldn't really do much. But I think in terms of all of the different organizing that people are doing, and the way to think about it, so to really have a, use this as a moment to go farther than we were.

And I want to say something about self-managed abortion, which is, which is the ability to have an abortion outside the formal medical system. And I'm going to, I'm going to limit myself to talk about abortion with pills. There are other forms, but in this time where we have abortion pills and they are safe, and for the most part, you, if you can get access, I think the issue is access, then the impediment to self-managed abortion with pills in the United States is the law.

[23:00] In most states, it's a crime to, to help somebody get an abortion outside the medical system, to give them. You can give information. It's still, it's still a human right to receive information anywhere in the world. But in terms of the, the ability to have access, my understanding is that the inquiries about abortion with pills have skyrocketed. Not a surprise. Part of the issue at this moment however, it is the supply change, chains, sorry, and where the medicines come from. But you can get the medicines on the internet, I'm told, as a way to think about this and there have been studies of different internet suppliers and the, the product [24:00] as a bit okay. I looked at these studies myself, but I've read accounts of the studies. So, but so I think in this moment, people are doing what they, they're trying everything they can because contrary to the opponents of abortion, abortion is an essential service. It can't wait. You can't wait weeks while we see what happens with the virus. You know, it's a, it's a moving situation. And I think that people, as always, do what they must do when they have a pregnancy that they consider unsupportable at this time, for whatever reason. And you know, it's your, it's everyone has the reason, their own reason, for deciding that they cannot bring a pregnancy to term at this, at this point, [25:00] whatever that point is. Which is part of what's, to me, always so outrageous, not even in COVID moment, but the idea that somebody else thinks they could make that decision for you, that decision which is so, has such a profound impact on your entire life. And I say this as the mother of two grown sons. And as someone who had a lot of trouble in my entry into reproductive politics, was that I was pregnant, finally, after really trying, but I'd had a couple miscarriages, I couldn't get pregnant. And I honestly could not have explained this to anyone. I can do better now, but back in the day, somehow the experience of not being able to be pregnant when I wanted to connected me directly to the experience of being pregnant when you didn't want to. You know, sort of just both sides [26:00] of the same coin. And so that was my entry into reproductive politics and it was focused on abortion and then over the years understanding that all the different aspects of reproductive, what is now reproductive justice, we didn't have that concept then. But blessedly, we have it now as a way to connect all the different areas that come into play. I don't usually use the notion of reproductive choice because it's a bit class biased and doesn't really fit how people feel when they have a pregnancy and they don't want to be pregnant. It doesn't exactly feel like a choice. It feels like survival. It feels like if you read accounts of the extent to which a person feels desperate, like I must not, I cannot do this at this time, that choice is such a minimizing [27:00] word to describe that. So I feel like the ideas



that, that justice brings to it and all the ideas about equity and fairness and the importance of access and not just having privileges for some but rights that actually extend to everybody. So I'm hoping, I'm hopeful. I'm always hopeful. I'm hoping that out of this moment we'll become even more, in terms of opening access and freedoms and, and doing what I can to advance that, that cause.

AK: So I want to ask you about activism in this time, but before I move onto [28:00] that, are you familiar with any ways in Massachusetts, for example, or in more progressive states, that, that doctors are interacting with patients to get them this access to abortion, whether it be in the hospital or at home? For example, do you know if telehealth is playing a part or what ways women are getting access in this time?

MGF: So I think it's important to distinguish between telehealth which is within the medical system, right. So, and of course, the opponents of abortion have been trying to shut down telehealth as well so you know. In every possible way in which you could get access is a target for the opponents of abortion. So I think there is that and then there's the people who are [29:00] trying on their own, or through the communities of activists who are out there to spread information to people outside the formal medical system. So I think no, nobody – what do I want to say? I want to say it, what I want to say are these are two really different systems. The risks are really, I mean, the risks of telehealth or not, whereas the, there are a lot of legal risks to the other routes. And that said, I don't actually know. I don't, I don't know what's going on at the clinics here. I don't know what the numbers are. And I, I don't even know like I work on the advisory board of the abortion rights fund in Western Mass which is an organization that raises money for low-income people who need [30:00] abortions and can't get them. And I, I don't know, even about our hotline. My sense is that it's, I actually, I don't know. I don't know if the numbers are reducing or not. I mean, my guess would be that given so many people out of work, and so many fewer paychecks coming around, that there are more and more people – I, my sense is, my guess is that it would be like food pantries. I have a friend who runs the local food pantry here and it's just the, the need has escalated. And I would say the need for economic support for abortion must be escalating in this moment. And, and so, my again, hope, is that people who can write checks and support the effort [31:00] are thinking about that too, because in some ways,

food is survival, having an abortion is survival, getting contraception is survival. It's all part of what we need in order to live the lives that we need to live to support our families, to support the children that we already have.

So I don't, I think I can't really, I don't think I can answer your question in exactly the way that you're asking it. But I really hope that what people will think about is what about this moment, in addition to the policy efforts, what about this moment is creating obstructions for people? I think about the parental consent laws and the, the, one of the impacts in a non-COVID moment is to drive young people to other states [32:00] in order to try and avoid needing parental consent, because while most teens do consult at least one parent, or an important adult in their life, when they're going to have an abortion, the ones who don't, there's a good reason. You know, there's the potential for violence in the home, or fear of being thrown out, or just shame in, you just, you really don't want your, your family to know what you're doing. So all of those things and the mobility issues are very difficult now, in terms of how you get from one place to another, how you even get to the clinics. And I think about people who have to go on the T here, which is the public transportation system. And I guess ridership is really down because people don't, it's one of the places where there was a lot of contagion and people are close together. So I think that in addition to the public policy issues, [33:00] there are all these other barriers that you might not even think about. And if you live in a rural area, I mean, you know, here in the state of Massachusetts, most abortion services are in the Boston area. If you live outside of the Boston area you already, and this is not a COVID issue, this is just the way that it's been for a long time, you have to travel a long distance. If you live in the western part of the state where Hampshire College is there's, there's not the kind of mass transportation system that you have here. There are not even taxicabs in the, in the same way. It's all much more difficult and expensive. So thinking about all of the people who, for whom access was already an issue. And this is a state that has MassHealth so a portion is covered by MassHealth. If you, [34:00] and if people have it and they don't know that, they need to make sure that they do know that. But even here, there are three abortion funds in this state, all of whom raise money for people who fall through those cracks, who can't, are not eligible in one way or another, are not able to access what should be their due. It's one of the things I always think it's important to think about is that if abortion is really going to be a right, it is something that has to be covered in regular health care insurance and by the government. It can't be that we're all out there with our little cans asking people to

contribute for money, which of course is what the network of abortion funds is doing. That's because there is this gap. And so even as the abortion funds and, and their national organization, which is the National Network of Abortion Funds, even as those [35:00] organizations try and fill as much of the need as possible now, can't substitute for the government covering the service. And so there, it's sort of the long term and then the immediate term.

AK: Absolutely. And so, to turn to activism, either yours specifically or activism in general, how have you, if at all, been able to participate in activism in this moment of having to maintain social distancing and in different kinds of regulations just in terms of togetherness?

MGF: Right. So, I think like everything else, a lot of activism is online now, and it was again before the virus, but it's just sort of stepped up. So, it's a long time till we all gather at the statehouse to express what we think. But that said, there [36:00] are a gazillion petitions that people can sign, which I think are important. I think in terms of providing knowledge and information about, say self-managed abortion, there's a lot of online trainings that are happening that people can engage with. I think in terms of the abortion funds, I've been really moved by the creativity, but one of the major fundraisers for the abortion funds nationwide, is this, is a bowl-a-thon, which happens in bowling alleys, but not this year. And so people have done really great things in terms of setting up little bowling things in their own home and, and creating teams. So I think people, it's unleashed a lot of creativity. In terms of activism in the form, I didn't used to think of [37:00] raising money as active. But I think standing up on Zoom, or anywhere, and saying to people, "I'm raising money for people who need abortions and can't afford them and that is a justice issue," is a political statement. And so the, to the extent that people can find a way to interact with that, I think that's really important.

I think it's also a moment where people can really educate themselves and others. There's just a sort of outpouring of information coming online. And so in terms of getting ammunition, with the, the battles that we're all in. The battles are not stopping and certainly the legal battles are ongoing, and that's another place where people are engaging and supporting those efforts. [38:00] And I think in general, unfortunately, there's like no time to gear up. It's like, it's not a moment for holding action. You know, like that's you think, oh like, okay, the whole world's on pause, we'll just take a breath here. But you know that, that's what we were talking about earlier

is the opponents of abortion are not taking a breath. And so we have to match that with our activism, outpourings of letter writing to legislators. Don't, don't let the other side have the megaphone and drown out the majority, which is, you know, fairly easy. I mean that, the anti-abortion movement has often out mobilized, even though they're a minority. And so I think this is a moment where that, we cannot let that happen. [39:00]

AK: Well, as we wrap up our time here today, is there anything else you would like to add that you were hoping to get into the historical record that I didn't get a chance to ask you about today?

MGF: I'm sure there will be. But I can't think of it right now. I wanted to, maybe I can just send it to you. There's some links of ways that people could get involved. And I think it would be good if people could have them. So in terms of what you're going to be, how this is going to be packaged, it would be great to have that.

AK: I can definitely make those available on your interview page for sure.

MGF: And I think, that other thing I wanted to say, so my paid work at Hampshire College is with the Civil Liberties and Public Policy Program, which is a program in reproductive rights, education, and activism. And one of the programs that we have, we run this huge conference every year for activists and sadly this year [40:00] it didn't happen. But we were hoping to partner with an organization in Atlanta in the fall to have an activist conference in reproductive justice. But we also have a paid internship program in the summer. And I've been really heartened to see that most of the intern placements have been able to figure out a way for this, the interns to actually do the work without being physically present. So again, you know, the these moments of creativity and determination and persistence, are really fantastic. And I'll give you the links too. Because just as, as the other side never is taking a pause in terms of recruiting newer younger people. So, the reproductive justice movement has to be doing the same thing. And that's what the Civil Liberties and Public Policy Program is really about, [41:00] is continuing to, to bring new generations into this work. Because the need never seems to go away, I used to think, "Oh, I can't believe we're still having to do this." But I don't actually say that

anymore because I can understand, I understand what the stakes are, the stakes around individual autonomy and, and community autonomy. I mean really, reproductive health, rights, and justice is not really just my individual situation, but it's about whole communities and whose reproduction is supported and valued in a society. So, I, I'm hoping again, I use hope a lot, which I think is important. Obviously, this is a day when I need to be thinking about it as well. But it's again, a moment for us all to reflect on the importance of solidarity, [42:00] of community based activism, of connecting the, the work that we're interested in to the, to the work that other people are doing, you know, thinking about the intersections of violence against women and prison abolition and reproductive justice. So I, there's many opportunities now to make those connections. And I hope that we will. There's that hope again.

AK: Well, thank you so much for your time today. This has been absolutely amazing, and I'm sure that it will be useful to our researchers in the immediate future and beyond. So, thank you.

MGF: Thank you. I encourage people to be in touch with me. I'm also happy to share my COVID, COVID-related syllabus that I created, but it's a moving target. So, I think if I were doing it today, it would have even different articles, but just to give people an idea how you do [43:00] this.

AK: Absolutely, please forward that along and I'll be sure to make that available.

MGF: Okay, that's great. Thanks so much, Amanda.

AK: Thank you.

MGF: Thank you, everybody who's listening, watching, and resisting, keep resisting

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