

Surveillance of Women's Bodies and Surveillance Technologies

Digital Eyes on Bodies: Analyzing Post-Roe Reproductive Surveillance

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Abstract: Focusing on the intersection of reproductive rights discourse, digital surveillance, and embodied feminist rhetorical practice, this essay examines the repercussions of the 2022 overturn of *Roe v. Wade* and the subsequent erosion of reproductive rights and privacy for people who menstruate and people who can get pregnant. Adopting a feminist “surveillance of care” (Hutchinson and Novotny) framework, this essay analyzes, critiques, and offers a critical feminist response to Flo, a popular period tracking app, its cis-heteronormative interface, and its inadequacy in providing privacy protections for its users. This essay advocates for human-centered interface designs and privacy policies for health monitoring apps and exemplifies how critical digital health literacy and a surveillance of care framework can be used to “talk back” (hooks 128) against the invasive privacy practices of the post-Roe era.

Keywords: [mobile health apps](#), [reproductive surveillance](#), [feminist rhetoric](#), [surveillance of care](#), [health privacy](#)

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Introduction

In 1973, the U.S. Supreme Court ruled in *Roe v. Wade* that the constitutional right to privacy “is broad enough to encompass a woman’s decision whether or not to terminate her pregnancy” (*Roe v. Wade* 113). Despite a decades-long battle to codify *Roe v. Wade*’s ruling to not only allow the right to an abortion but to also protect access to this potentially life-saving health care for people who can become pregnant, July 2022 marked the overturn of the landmark 1973 ruling. The U.S. Supreme Court, in reviewing the case of *Dobbs v. Jackson Women’s Health Organization* in Mississippi, held that the U.S. Constitution does not provide the right to abortion, overruling *Roe v. Wade* as well as the 1992 ruling in *Planned Parenthood v. Casey*, and returning the regulatory power to individual states. This decision sent a clear message that bodily autonomy and reproductive rights are controlled by the power of the government and sent shockwaves across the country in the new age of digital surveillance. Those of us who can get pregnant were left with the realizations that our bodily autonomy was stripped away and that the same entities who stripped these rights now, in the digital era, have the capability to surveil our bodies through online behavior and mobile device data.

As the national landscape shifts towards restricting abortion access, and as many states now hold the threats of “homicide,” “murder,” and “death penalty” over our heads, it is essential to understand how these changes impact reproductive health, bodily autonomy, and privacy. Leading up to and since this legal shift,

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the discourse surrounding reproductive rights has evolved and fractured, and has intersected with the discourse surrounding digital surveillance. In the era of data tracking and monitoring, it is critical to analyze the digital health tracking applications being sold as a way for us to take control of our lives and attend to issues surrounding informed consent, data privacy, and gendered societal expectations.

Ahead of *Roe v. Wade*'s overturn, the fear of government surveillance was sweeping social media. People online were calling for the removal of period tracking apps (@jkbibliophile), and discussing the use of coded language when seeking access to abortion care (@KelliSoby), and the avoidance of any device that tracks geo-location when traveling for essential healthcare (@RonWyden). Despite the attitudes of some indicating the fear of reproductive surveillance was excessive (Harwell), the International Digital Accountability Council (Palfrey and Ghamrawi), state attorneys general (Lucan and Rimm), and several New Jersey lawmakers ("Sen. Menendez") have written to various app developers and app stores, highlighting concerns about information sharing with third parties, restrictions on data deletion, and geo-location tracking. The U.S. Department of Health and Human Services states that, while the Health Insurance Portability and Accountability Act (HIPAA) protects health data from being shared by medical providers, it does not protect health information stored on a mobile application or other personal device ("Health App Use"). In an age of increased surveillance and disregard for reproductive healthcare, it is now more important than ever to understand "how and why data collection, aggregation, and manipulation contributes to systemic oppression" and how this understanding enables us to make educated decisions about the platforms with which we choose to engage (Woods and Wilson 7).

This essay combines a feminist rhetorical analysis of court records surrounding reproductive rights with a critical examination of the privacy policy of Flo, one of the most popular period-tracking mobile apps on the market today, using Les Hutchinson and Maria Novotny's *surveillance as care* framework. This feminist framework serves as a method of analyzing, critiquing, and responding to the state of reproductive surveillance in the U.S., as well as a means of civic and pedagogical intervention. I aim to echo bell hooks' notion of talking back against invasive surveillance practices by reframing patriarchal "power and control" as feminist "compassion and care" (Abu-Laban 53), exploring the ways in which feminist rhetorical theory and queer studies can guide those interventions against the pervasive digital eyes on our bodies.

Intersectional Feminism and Feminist Rhetorical Theory

The language of *Roe v. Wade*, when analyzed through a lens of intersectional feminism, appears to be less concerned with bodily autonomy than the patriarchal belief that the "(male) doctor knows best" (Gibson 312). The Court's majority opinion states, "The abortion decision in all its aspects is inherently, and primarily, a medical decision, and basic responsibility for it must rest with the physician" (*Roe v. Wade* 166). In reviewing the characterization of the physician in this opinion--using only he/him pronouns when referring to physicians, making reference to Soranos as "the greatest of ancient gynecologists," and referring to Hippocrates as "the great Greek Father of Medicine"--it is clear that the idea of the physician is patriarchal,

and that the male doctor alone should be trusted to make health decisions on behalf his patients (Gibson 319).

The rhetorical decisions made in *Roe v. Wade* also neglect to address what we may recognize as intersectional feminism, a framework that examines the intersection of gender with other social identities. Physician bias can involve women being “portrayed as a homogenous group,” but the intersection of identities puts “some women at higher risk for worse health outcomes than other women” (Figueroa et al. e526). Ignoring intersectional identities can lead to medical mistrust and a host of other health-related complications. As Katie Gibson explains, “The Court’s physiological approach to women’s reproductive rights invites a singular understanding of woman-as-womb and occludes considerations of difference” (325). When the medical decision of abortion is placed in the hands of a (assumed male) medical practitioner, and when the center of focus is the *masculinity* of the medical practitioner rather than the health and well-being of the *feminine* patient, the patient is reduced to a *single image* and a passive component of their own health. A single image such as this reduces patients to “empathetic representatives of universal womanhood in crisis, a category that feminists of color have long argued is implicitly synonymous with whiteness” (Kaplan 119).

Anthropologist Kath Weston explains how queer people have long been excluded from representations of the family and are often diminished to an identity solely made up of sexual interest. This means they are “destined to move toward a future of solitude and loneliness” and are treated as “members of a nonprocreative species set apart from the rest of humanity” (23). Pushing back against this homogenous image, Zillah Eisenstein notes that “a middle-class, [B]lack, pregnant woman’s body is not one and the same thing as a working-class, white, pregnant woman’s body,” nor the body of a person on welfare, of a diabetic person, of a surrogate, or of an inseminated lesbian; nor, I will add, is it one in the same as the body of a transgender or non-binary pregnant person (Eisenstein 222). This single image of the patient is not only traditionally feminine, but also white, cis-gendered, heterosexual, decidedly middle-class, and entirely “passive or nonexistent” to the authority of the male doctor (Gibson 320).

The Supreme Court’s decision in *Roe v. Wade* left reproductive health open to political attack for five decades. As *Roe v. Wade* maintained a significant focus on trusting the expertise of medical professionals, the U.S. stood witness to that political attack with a turn of trust in medicine in the wake of the COVID-19 pandemic. While many lauded medical professionals and scientists for their efforts in combating the virus, others saw their trust in medicine faltering à la vaccine hesitancy and rejection, virus denial, and anti-masking. It is worthwhile to consider whether the (largely politically conservative) wavering trust in medicine in 2020 might be connected to the (majority politically conservative) Supreme Court overturning a ruling that privileged the medical professional in 2022. Should this be the case, it would appear as though the Supreme Court, in a doubling-down of valuing anything other than the female patient, now values “errant and authoritarian laws” over the “material complexities of biomedical science” (Kaplan 121). If we take this to be true, it points to a very grim reality in which those in power not only maintain their single image of the feminine patient, but now also disregard the once-lauded medical professional and reject *Roe v. Wade*’s ruling that

pregnant people have a right to privacy as a way to exert further control over the womb.

Reproductive Surveillance in the Digital Age

In Justice Clarence Thomas's concurrence on *Dobbs*, he noted that the Supreme Court should also take up the "error" established in other rulings like *Loving v. Virginia*, *Eisenstadt v. Baird*, and, notably, *Griswold v. Connecticut*, which established the right to privacy in reproductive decision-making for married couples (Thomas 3). However, in an era of increasing digital surveillance, it appears that the right to privacy has already been lost by way of corporate entities and the U.S. government.

Following the ruling overturning *Roe* and *Casey*, many are growing increasingly worried about digital surveillance methods that may be used against those seeking such reproductive healthcare. While some argue against this concern, the reality is that laws like HIPAA do not protect individuals' online behavior, and companies like Google, Facebook, and WhatsApp are not bound by any legal obligation to protect health data (Gupta and Singer). Supporting this concern, Oregon Senator Ron Wyden warned that "your geolocation data, apps for contraception, web searches, phone records" are all "open season for generating data to weaponize the personal information of women across the country" (Vesoulis). The implications of Wyden's warning are especially problematic for those of us living in states that are eager to hand down felony charges for obtaining—or even attempting to seek information on—an abortion.

In 2017, Mississippi woman Latice Fisher was initially charged with second-degree murder after she voluntarily submitted her phone as evidence in her court case. State prosecutors scraped all her phone's data and search history, "which included searches for Misoprostol" to prove that she had "intentionally 'killed' her fetus" (Kalish). Latice Fisher explained during questioning that she was concerned about not being able to afford more children and that she "simply couldn't deal with being pregnant again" (Phillips). In 2022, a teenager in Nebraska was alleged to have conducted a medical abortion at home. Private Facebook messages between the teenager and her mother were entered into court as evidence and both women were given multiple felony charges and misdemeanors including "perform/attempt abortion at > 20 weeks" and "removing/concealing a dead human body" (Koebler and Merlan). During sentencing, the teenager explained to the judge that "she was in an abusive relationship and didn't want to parent a child with her partner" (Rinkunas). These cases demonstrate that *Roe* was overturned "not through the nurturance of individual life but through the surveillance, regulation, and criminalization of raced, gendered, and sexualized life" and reiterate the one-size-fits-all single image of the passive female patient-turned-criminal (Kaplan 127). This broad analysis of the patriarchal language used in both *Roe* and *Dobbs v* traces how we could have gotten to a point in which people who can get pregnant are being made felons due to their private messages and Google searches being surveilled and submitted as evidence. I would now like to heed Senator Wyden's warning and narrow my focus to specific, actionable steps that can be taken to mitigate future risk.

Flo and the Feminist “Surveillance of Care” Framework

Flo, one of the most common “female health apps” on the market today, allows users to track menstrual cycles and symptoms, monitor cycle predictions, prepare for conception and pregnancy, and track menopause (“Flo Homepage”). As of 2022, the app had “more than 48 million active users” and was a popular and somewhat controversial talking point on social media following *Dobbs* (Kilpatrick). Some were praising the app for introducing an “Anonymous Mode” that boasts “an even deeper layer of privacy,” giving users the option to use the app without using their name or email address (“Flo Privacy Policy”). Others, however, were warning users to delete the app entirely. Given these developments, I find it prudent to scrutinize Flo using Les Hutchinson and Maria Novotny’s *surveillance as care* feminist framework. This framework places consideration upon how this app constructs or reinforces expectations relating to women’s bodies and health, and how it empowers or disempowers users in managing reproductive health data. This kind of feminist rhetorical framework can be employed to challenge, resist, or remediate these surveillance practices.

The field of surveillance studies so often looks at surveillance through a “power and control” framework rather than a “compassion and care” framework (Abu-Laban 53). In calling for feminist theorizing on surveillance and care, Yasmeen Abu-Laban demonstrates this by comparing the use of CCTV footage at borders and prisons as an expression of power and control versus the use of baby monitors as an expression of compassion and care. Hutchinson and Novotny’s *surveillance as care* furthers this theorizing and outlines a method of remediating the technical documents and interfaces of health monitoring platforms as artifacts of compassion rather than control. Their framework for this reimagining first requires an analysis of technical documents and data collection practices, then a critique of the “ideological systems and discourses” that are reflected in the app’s interface. The final step is a “reflective feminist response” that demands a complete redesign of the technical documents and the app’s interface that is more ethical and “promotes a critical digital health consciousness” (113). Effectively, I am using this framework to resituate the functions of Flo as *surveillance as care* rather than *surveillance as control*.

Feminist Surveillance as Care: Analysis

In 2021, the U.S. Federal Trade Commission (FTC) launched a complaint alleging that, despite Flo’s claims that health data are kept private and will only be used to provide the app’s services, “Flo disclosed health data from millions of its users” to third parties. The complaint further alleged that Flo “did not limit how third parties could use this health data” (“Developer of Popular”). Later in 2021, Flo and the FTC settled, and Flo agreed to notify all affected users and update their privacy policy to include a user consent clause (Merken). Bearing in mind the number of active users (48 million), post-*Roe* data privacy concerns, and the FTC’s allegations, I find it necessary to compare the 2017 privacy policy that was subject to this complaint to its current (as of June 2024) privacy policy.

There are two noteworthy changes that appear to have been made following the agreement with the

FTC. The first revolves around users having a level of control over how much or what data are collected. In 2017, Flo's privacy policy said, "If you do not want your Personal Information used by the App or the Company as provided in the Privacy Policy, you should not register as a user" ("Flo Privacy Policy Archive 2017"). As of June 2024, the privacy policy says, "You have the right to request that the processing of your personal data be restricted in some circumstances" and "You may ask us to erase your personal data if you withdraw your consent to processing" ("Flo Privacy Policy"). The second change provides users the "right to request information about what personal data we process about you" ("Flo Privacy Policy"). In light of being accused of causing very real and significant harm to its users by the FTC, Flo seems to have made two minor language changes to its privacy policy: informing users that they have the right to restrict their data being processed *in some circumstances*, and that they have a *right to request information* about the processing of their personal data. It appears as though Flo still shares sensitive health information with various third parties, although now this information is disclosed 4,800 words into their 7,000-word privacy policy.

Looking further into Flo's current privacy policy, it details what data are automatically gathered such as device information, storage information, IP (Internet Protocol) address, service provider information, and frequency of use. It also lists the information that can be voluntarily input by the user, such as name, email address, birth year, location information, language, weight, height, body mass index, body temperature, menstrual cycle dates, details of pregnancy, menstrual cycle symptoms, and information relating to the user's sex life. While a key complaint in the 2021 FTC filing revolves around access to data by third-party services, Flo now states that "various partners and providers who help us handle your data on our behalf" have access to user data. It further explains that the purpose of this collection and sharing is to "fulfill our contractual obligations to you in order to provide the Services to you" ("Flo Privacy Policy"). In sum, Flo's privacy policy updates provide *transparency* without changing *practice*.

In reading headlines exclaiming that Flo has changed their privacy policy and has developed an "Anonymous Mode," users have no way of knowing how little was changed without bearing the burden of an in-depth, side-by-side analysis of the former and current privacy policies. Flo's consistent privacy problem is that health data submitted to Flo are "not protected by federal safeguards for patient privacy" such as HIPAA (Gupta and Singer). While Flo has now made clear that they will not sell personal information to data brokers, their privacy policy also states that data may be preserved and shared "in response to subpoenas, court orders, or legal processes" ("Flo Privacy Policy"). Given that we have seen personal health information subpoenas resulting in murder charges in Mississippi and Nebraska (among others), this should be a point of contention for any potential user of Flo.

Feminist Surveillance as Care: Critique

To critique Flo, one must also reflect upon the "ideological systems and discourses that shape the design" (Hutchinson and Novotny 114), which are traced through the patriarchal rhetoric of the *Roe* and *Dobbs* rulings, the male judges and lawyers involved in recent criminal court cases involving abortion, and

the male-identifying Flo founders, Dmitry and Yuri Gurski. Critiquing the aesthetic and linguistic choices made in Flo's interface makes this patriarchal influence abundantly clear. The predominant color used on the site and the app is pink, and any minimal use of secondary colors are pastel shades of green, yellow, and purple. The app has a "Health Insights" section that houses a library of informational articles, videos, and surveys that are organized by information category. Every human character found in this section is gender-normative and female presenting, most characters are white or have lighter complexions, and they are either standalone characters or depicted alongside male-presenting partners.

The most common linguistic theme seen in this section of the app is "libido." Notable headlines include "Faking orgasms? Try this instead," "Is your sex drive normal," "How to boost your sex drive," and "Do you bleed after sex? What to do" ("Health Library"). This language places the burden of a *perceived* low libido or not enjoying sex onto the assumed woman rather than the presumed male partner and assumes a baseline "normal" sex drive. Additionally, the articles listed speak to the heteronormative stance of the app: users should focus on being more sexually available for and pleasing their male partner rather than exploring gender identities or sexual preferences outside of cisgendered heterosexuality. This stance makes clear that a fundamentally women's rights issue is—and has always been—handled by *men in powerful positions* with little care or consideration being given to the viewpoints, interests, desires, or expertise of the *passive woman*.

It is also imperative to look at how Flo promotes itself as female-centric, empowering, transparent, and backed by medical expertise and ask how well it upholds those characteristics in practice. Flo's website proudly proclaims that they are the number one OBGYN recommended application with over 300 million downloads, and states that their purpose is to "build a better future for female health by helping you harness the power of your body signals" ("About Us"). To this, remember that so many of these tracking options, "sold through appeals to 'empowerment,' do not actually help people figure out which questions they should be asking, much less how to ask the next question, test ideas, or make discoveries" (Neff and Nafus 11). More concerning, as these technologies are sold as a way for us to "harness the power" of our body's signals, I emphasize that the same means of this empowerment—our data—are also how our data become "connectible and monetizable for [these] corporations" (Hong 89).

In support of "building a better future," Flo says that their team is made up of doctors, editors, engineers, designers, and marketers who "care passionately about revolutionizing the female health space" and improving the state of female health education "worldwide" ("About Us"). The language used here is meant to invoke a sense of female empowerment. They claim to be furthering the traditionally "underfunded and undervalued" movement of female health education and providing a space for "women and people with periods around the world" to educate themselves and others ("About Us"). Behind the veil of this empowering female-centric rhetoric, however, is the truth that Flo is *selling a product*, has shared extremely sensitive health data with third-party services, and that Flo's gendered aesthetic and language intend to bring "order and control to menstruators' 'chaotic' and 'unpredictable' bodies" with a focus on "a normative gender standard and 'expectation of reproductive citizenship'" (Friedlander 690). Flo also demonstrates the assumption

that every menstruating person in the world has ready access to the technology required to monitor such intimate details about their lives.

Feminist Surveillance as Care: Response

The final step in the *surveillance as care* framework is a response that enacts embodied rhetorical practice. My “reflective feminist response” (Hutchinson and Novotny 113) re-situates Flo as an app capable of care and compassion rather than just power and control by first remediating Flo’s privacy policy then providing a feminist reimagining of Flo’s interface.

In the article, “Data Our Bodies Tell: Towards Critical Feminist Action in Fertility and Period Tracking Applications,” Maria Novotny and Les Hutchinson call for “critical feminist action” that is human-centered rather than company-centered and demands more transparency so that that users are “able to comprehend and understand to what they are consenting” (355). To better suit a human-centered approach, a significant revision to this sentence from Flo’s privacy policy is needed. “We first determine that we have a legitimate interest in conducting and managing our business. We then consider and balance potential impacts to you and your rights” (“Flo Privacy Policy”). I suggest moving this to the top of the privacy policy and revising it to state: “We consider you and your rights to privacy and transparency and our legitimate interest in conducting and managing our business jointly, as we cannot manage our business without you.” This not only signifies its importance as it would be placed at the top of the privacy policy, but also emphasizes user safety and security in managing the business.

While Flo’s privacy policy could be revised throughout to provide additional clarity, one example of this would be under the Limitations section of Retention of Your Personal Data: “You should be aware that although we will delete...data where possible, we may retain certain personal data...this is required and permitted by applicable law” (“Flo Privacy Policy”). While they provide some general applicable circumstances like “as necessary to comply with legal obligations,” Flo could provide specific legal obligations that may require this action to be taken rather than leave such a serious and potentially consequential statement up to user interpretation (“Flo Privacy Policy”). As a lay user, I am unsure as to whether they are referring to subpoenas of records to use in criminal cases against users, or if they are referring to circumstances that are less relevant to the individual user, such as legal action in favor of or opposing the business.

Finally, I also recommend a redesign of Flo’s click-wrap agreement, which is presented to users immediately upon opening the app for the first time (see fig. 1). It states that “your health data will never be shared with any company but Flo, and you can delete it at any time. I agree to the processing of my personal health data for providing me Flo app functions. See more in Privacy Policy” (“Flo Click Wrap”). Concerningly, users are never required to interact in any way with the privacy policy before clicking to agree, preying upon the digital apathy that many of us feel regarding click-wrap agreements. Another concern with the quoted excerpt is that it is patently untrue; Flo’s privacy policy lists five companies with which they share

“all personal data,” “aim and usage purpose,” and/or “data relating to cycle dates, goals, symptoms” (“Flo Privacy Policy”). A critical feminist and human-centered redesign of this opening pop-up would require users to open the privacy policy and, at a minimum, scroll to the bottom to click that they agree. The choice to agree or disagree with the policy could be accompanied by another statement of care: “Your health data, while shared with some third-party services for optimal functionality, will never be sold to data brokers and will be securely stored and encrypted on our servers. You can request to delete your data at any time, and only under select circumstances will we refuse this request. For more information, see the ‘Third Parties Processing Your Personal Data’ and ‘Retention of Your Personal Data’ sections of our Privacy Policy.” These human-centered revisions of Flo’s privacy policy allow users to “feel empowered by their choice in using the application because of their conscious understanding of their role in the engagement with the app” (Novotny and Hutchinson 356). This revision also supports Flo’s purported goal of empowering their users, and better protects user data in the process.



Fig. 1. Flo Click Wrap Agreement. Image description: a hot pink shield in front of a system of gears in silver, gold, and lighter pink, with a block of text below. Under that are the words “Accept all” and a pink horizontal oval button saying “Next.” The agreement pops up immediately upon opening the app for the first time and states that users can delete their health data at any time, and that the health data will never be shared with any company but

Flo. The full Privacy Policy and Terms of Use are both hyperlinks.

An ethical and inclusive aesthetic update to Flo’s current design requires a large-scale overhaul of the characters depicted across the app. Flo’s use of Alegria-like characters entirely defeats the style’s purpose of being “abstracted—oversized limbs and non-representational skin colors help them instantly achieve a universal feel” (“Facebook Alegria”). Their characters maintain traditionally cisgendered, feminine-presenting characteristics such as long hair, wearing dresses and bras, and being presented alongside masculine-presenting partners. Not all characters depicted on the site are Alegria characters, however, as some are photographs of people. One simple redesign solution that could promote inclusivity would be to replace all graphic design

characters with photographs of people that represent a variety of gender, sexuality, racial, and ability presentations. As Alex Monea explains, it is crucial for users to “see representations of queer identities in the context of relationships, embraces, kisses, and sex so they can imagine these scenarios as possibilities in their future, a process that heterosexual people are privileged to take advantage of in most popular media” (147).

Regarding both aesthetic and language use, Caroline A. Figueroa, et al. provide a method of adopting human-centered design: using “a gender-sensitive language app Sheboard, which autofill text-message conversations with empowering words...instead of gender stereotypical words to avoid gender biases in language” (e530). They also recommend including people of varying backgrounds, identities, and communities in the design process to further exclude bias in the app’s design.

Melissa Stone and Zachary Beare provide additional suggestions that can apply to a redesign of Flo’s use of language, noting that it is a distinct linguistic choice to use words such as “female health,” “women,” and “feminine,” and that choice is “exclusionary to queer folks who have fraught relationships with the identity category of ‘woman’” (23). They instead call for a queering of reproductive justice that involves using language accounting for “different ways of conceiving children or becoming a parent, ideas about who can and cannot have children, and... sexual pleasure without reproductive intent” (23). Combining the feminist reimagining of Flo’s privacy policy with these aesthetic and language redesign suggestions would allow Flo to support their goal of empowerment, promote and celebrate diversity, and provide *surveillance as care* health and wellness services to a wider audience.

Future Directions: Critical Digital Health Literacy and Feminist Rhetorical Practice

In discussing the *surveillance as care* feminist surveillance framework, Hutchinson and Novotny note several learning goals for a professional writing course that supports feminist intervention of health monitoring technologies. These goals include “acquire a critical digital literacy of surveillance and privacy, learn to engage in feminist rhetorical intervention of privacy health concerns; [and] understand that feminist intervention requires an ethical stance that situates user advocacy and agency as central outcomes” (114). People who can get pregnant who are concerned about not only their bodily autonomy but also their right to reproductive privacy must situate themselves in this mindset of critical digital literacy and feminist rhetorical intervention in order to “talk back” (hooks 128). With this comes an issue of access: how can these literacies be made accessible to those who need it most? Tackling this question will require service learning in higher education classrooms as modeled by Hutchinson and Novotny, public-facing activism and information dissemination by activists and other civic voices in both online and in-person communities, and a reframing of health monitoring from an act of control to a human-centered act of compassion by the technical writers and developers.

bell hooks writes that the act of talking back is “no mere gesture of empty words,” but rather “the expression of moving from object to subject” (hooks 128). To avoid such empty words, future work in this

arena must stress the importance and exemplify the successful use of intersecting critical digital literacy with feminist rhetorical practice in order to redesign the state of reproductive rights, health, and empowerment from *surveillance of control* to *surveillance of care*. This future work must also be conducted through an intersectional lens; both the technology and our critical understanding of the technology must account for the ways in which “observation and data collection may be gendered, sexed, sexualized, raced, and classed as well as having implications for people with disabilities” (Magnet and Orr 421). Continual critical analyses of court records, the technical documents of health monitoring apps, and patriarchal misconceptions of our wants and needs must take place to truly talk back against the controlling digital eyes on our bodies.

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